Osteoarthritis and Homoeopathy

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Definition
Osteoarthritis is a disease which characterizes a state of pathological imbalance, consisting of degenerative (Syphilis) as well as reparative processes, involving the whole joint and its component parts, with secondary inflammatory changes (Psora/ Sycosis), especially in the synovium, but also in the articular cartilage.

Classification
OA is classified as primary or idiopathic and secondary to metabolic variations, anatomic abnormalities, trauma, or inflammatory joint conditions.

PRIMARY (IDIOPATHIC) OA
Peripheral joints and spinal apophyseal joints as well as intervertebral joints are involved.

It may be-
- Generalized osteoarthritis (Psora/ Syphilis/ Sycosis)
- Erosive inflammatory osteoarthritis (Syphilis/ Sycosis)
- Diffuse idiopathic skeletal hyperostosis (Psora/ Sycosis)
- Chondromalacia patellae (Psora/ Syphilis)
- Hereditary (Syphilis)

SECONDARY OA
It may be caused by-
- Trauma, whether acute or chronic (occupational, sports). (Causa occasionalis)
- Underlying joint disorders like local (fracture, infection) or diffuse (rheumatoid arthritis). (Causa occasionalis/ Psora/ Sycosis)
- Systemic metabolic or endocrine disorders like ochronosis (alkaptonuria), Wilson disease, Hemochromatosis, Kashin-Bek disease, Acromegaly or Hyperparathyroidism. (Psora/ Sycosis)
- Crystal deposition disease like Calcium pyrophosphate dihydrate (pseudogout), basic calcium phosphate (hydroxyapatite-octacalcium phosphate-tricalcium phosphate) or Monosodium urate monohydrate (gout). (Psora)
- Neuropathic disorders (Charcot joints) like Tabes dorsalis, Diabetes mellitus or Intra-articular corticosteroid overuse. (Psora/ Syphilis)
- Miscellaneous like Bone dysplasia (multiple epiphyseal dysplasia, achondroplasia) or Frostbite. (Psora/ Syphilis/ Sycosis)
Pathogenesis
Osteoarthritis is characterized by morphologic, biochemical, molecular, and biomechanical changes of both cells and matrix, which lead to softening (Syphilis), fibrillation (Psora/Syphilis), ulceration (Syphilis), articular cartilage loss (Syphilis), sclerosis as well as eburnation of subchondral bone (Sycosis), osteophytes (Psora/Sycosis), and subchondral cysts (Psora/Syphilis/Sycosis).

Clinical Picture
General Symptoms: OA may be associated with depression (Psora/Syphilis), disability (Psora), and sleep disturbance (Psora). Pain (Psora), stiffness (Psora/Sycosis), gelling (Psora/Sycosis), crepitus (Psora/Syphilis), bony enlargement (Sycosis), limited range of motion (Psora/Sycosis) and malalignment (Psora).

Hands: DIPs (Heberden nodes), PIPs (Bouchard nodes), carpometacarpal joint; squaring of the base of the hand; medial and lateral deviation at the DIPs and PIPs.

Knees: Patellofemoral joint symptoms worse on the stairs than on the flat; varus changes with medial compartment disease, valgus with lateral compartment disease; Baker's (popliteal) cysts and tenderness of the pes anserine bursa are common.

Hips: Typically groin pain, but occasionally in buttocks; less so in knee or below knee; flexion contractures and Trendelenberg's sign may be present.

Cervical spine: Localised spine pain, muscle spasm, and limited motion (lateral flexion and extension); radicular pain with pain, sensory loss or muscle weakness or atrophy in nerve root distribution; cervical myelopathy with long tract signs, bladder dysfunction.

Lumbar spine: Localised pain and muscle spasm, limited extension, buttock pain, worse in PM, but not nocturnal; radicular pattern with pain, sensory and motor changes in nerve root distribution; spinal stenosis pattern pain with back/leg pain with standing, walking relieved by sitting.

Local Symptoms
Pain, limited range of motion, and stiffness are the cardinal symptoms. But picture is highly variable, depending on the joints affected, its severity, and the number of joints involved. Bony enlargement and malalignment are common. Crepitus may be present with or without pain. Effusions may be present, usually without heat or erythema. OA of spine and hip, may be associated with symptoms of adjacent nerve root compression. Symptoms may be from mild to severe and may lead to altered function and disability. End-stage osteoarthritic joints, especially weight-bearing joints, are extremely painful.

Pain
Typical OA pain is worse by use of the joint and relieved with rest. In some, it may variate with changes in barometric pressure and whether.
Since cartilage is aneural, joint pain arises from adjacent structures like joint capsule stretched by bony enlargement, periosteal reaction, subchondral bone microfractures, increased intra-osseous venous pressure, and synovitis.
Stiffness
Morning stiffness (Psora/ Sycosis) may occur with OA. The stiffness is localized to the region around the affected joints and is not as the diffuse morning stiffness characteristic of rheumatoid arthritis. When it occurs during the day following periods of immobilization, it is called as gelling.

Limited Joint Function
OA may lead to decreased function for recreational, occupational, and even self-care activities. These activities may be limited due to pain; lost range of motion in the joint because of loss of joint space; associated muscle weakness due to atrophy of the adjacent muscles; need to work harder to move the joint as the coefficient of friction increases as the cartilage surface eroses and loses integrity; or joint instability.

Signs
The symptoms arise from a joint and not a periarticular process such as a bursitis. The examination reveals which joints are involved, the number of joints, their range of motion, joint effusion or bony enlargement, malalignment, instability and crepitus. Observation includes the gross appearance of the joints, splinting because of pain or muscle spasm, decreased range of motion, and gait assessment for limp. Each joint is palpated for tenderness, effusion, and crepitus. Passive and active range of motion can be measured. It should be noted if there is pain with motion. Neurological examination may reveal nerve compressions.

Tenderness
Tenderness or pain with pressure on the joint or along the joint margin is typical.

Joint Enlargement
Joint enlargement (Sycosis) may comprise of bony enlargement due to osteophytes and/or joint effusions. These are very characteristic in the distal interphalangeal (DIP) and proximal interphalangeal (PIP) joints of the hand. The bony enlargements of DIPs are called Heberden’s nodes.

Effusions
Effusions are generally noninflammatory. (Sycosis)

Crepitus
Crepitus is an audible or palpable sensation of roughness, crunching, or crackling sound over a joint during active or passive movement. Crepitus is most likely caused by irregularity of joint surfaces or intra-articular debris.

Limitation of Motion
Range of motion is restricted by pain, effusions, flexion contractures, muscle spasm, mechanical inhibition like loss of cartilage, malalignment, or intra-articular loose bodies.

Malalignment
Medial compartment knee OA is frequently associated with a varus malalignment, and lateral compartment degeneration with a valgus angulation. Malalignment is a risk factor for the progression of OA of the knee. Severe angular deviations of the fingers may occur with Heberden’s OA. Hallux valgus, or bunion of the first metatarsalphalangeal joint, is a characteristic presentation of OA.
Musculature
The muscles related to the peripheral joints may have atrophy (Syphilis) and fasiculations in OA of the spine. Intrinsic muscle wasting in the hands may mirror cervical spondylosis, and quadriceps femoris atrophy may exist in presence of knee OA.

Acuity
Typically, OA is a chronic process (True miasmatic). An acute inflammatory presentation would suggest a systemic inflammatory arthritis, crystal arthropathy, or infection.

Differential diagnosis
- Ankylosing Spondylitis
- Avascular Necrosis
- Bursitis
- Conditions that affect bone (e.g., cancer, osteonecrosis, Paget's disease, and osteoporosis)
- Conditions that affect cartilage such as osteochondritis dissecans and osteochondromatosis
- Crystal deposition disease (e.g. Calcium Pyrophosphate Deposition Disease, Gout)
- Charcot Joint
- Infected joint
- Inflammatory arthritis
- Lyme Disease
- Patellofemoral Arthritis
- Patellofemoral Syndrome
- Pigmented villonodular synovitis
- Prepatellar Bursitis
- Primary or metastatic bone cancer
- Psoriatic Arthritis
- Radicular spine pain
- Reactive arthritis
- Rheumatoid diseases (e.g., rheumatoid arthritis, ankylosing spondylitis, pseudogout, psoriatic arthritis)
- Rhinosporidiosis
- Seronegative spondyloarthropathies
- Tendinitis
- Underlying mechanical pain

Investigations
X Ray, CT Scan, Arthroscopy, Synovial Fluid/ Biopsy

Uric acid, RA factor, ESR, CBC, Anti CCCP, HLA B27, CRP, ACE, ANA
Homoeopathic Remedies for OA

Short Repertory of OA

**GENERALS - INFLAMMATION**
- Joints; of - accompanied by - sensitivity; excessive colch.
- Joints; of - accompanied by - Skin; complaints of rad-br.
- Bones; long caust.
- Chronic Caust. mang-act. rad-br. scarl.
- Joints; of - fails; when all else morg-p.
- Joints; of - gonorrheal clem. kali-i. med. nat-s. puls. rhus-t. sulph. thuj.
- Joints; of - injuries; after arn.
- Large joints Arb.
- Joints; of - night cimic.
- Joints; of - osteoarthritis bacls-7. cassia-s. dys. prot.
- Joints; of - subacute dulc. Led. merc. Puls. rhus-t.
- Joints; of - wet damp weather nat-s.

References

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- Encyclopedia Homoeopathica
- Chapter 332. Osteoarthritis Harrison’s Online