Original article

Overview of Homoeopathic Approach to Osteoarthritis - A Review

Parth Aphale1*, Shashank Dokania2, Dr. Dharmendra Sharma3

1-Professor & HOD, Department of Homoeopathic Pharmacy, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India
2-II BHMS Student, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India
3-Principal, Professor & HOD, Department of Forensic Medicine & Toxicology, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India
*parth.aphale@dpu.edu.in – https://orcid.org/10000-0002-1004-2605

Abstract

Introduction: Leading the world towards disability and prolonged suffering, osteoarthritis (OA) multiplies the number of cases to about 113.25% over a decade. Homoeopathic principles are way beyond palliation, a much more reliable approach to minimum doses in treating OA. Objective: This article reviews the homoeopathic management of OA. 7 studies (3 experimental studies, 1 double-blind randomized placebo-controlled trial, and 3 randomized controlled trials) have been reviewed in this article and the effects of Homoeopathic attenuations on OA patients have been studied.

Methods: Parameters including oxidant stress, physiotherapy, analog scales, Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score, erythrocyte lipid peroxidation (LP) and Superoxide dismutase (SOD) levels, and Activities of Daily living (ADL) have been compared and results have been outlined before and after treatment with homeopathic ultra-high dilutions.

Results: In one of the studies, Rhus Toxicodendron was more effective in treating OA, whereas in other studies individualized homeopathic medicines showed promising results than that of standalone remedies and placebo group. Homeopathic external application was also found to be effective compared to conventional external applications in one of the studies. Clinical analysis and statistical data verify improved WOMAC score, reduction in stiffness and pain in the joints, and reduction in marginal deposition of osteocytes, erythrocyte LP, and SOD levels post-treatment with homeopathic remedies.

Introduction

Osteoarthritis (OA) is a degenerative disease of joints more specifically it is the degeneration of articular cartilage in synovial joints. Osteoarthritis commonly occurs in synovial joints and affects mostly the larger joints & the weight-bearing joints of the body. Pain in osteoarthritis is derived either from constant background pain or intermittent intense pain. Clinical features of OA may include bone deformity of the joints and synovial fluid accumulation which could further be assessed using C-reactive protein levels and Erythrocyte Sedimentation Rate.[1,2]

As we enter into this ocean of chronic dilemmas, cure is way beyond our reach under palliation. Patients failing to respond to conservative treatments undergo total joint arthroplasty. Post cartilage injury, chondrocytes proliferate into several clusters. This change induces cartilage outgrowth to form osteophytes. Prolonged exposure to damage causes the chondrocytes to undergo apoptosis.
This reduces the spacing between the bones, providing a scope for friction and reducing mobility. The inciting factor in OA is the presence of calcium phosphate and calcium pyrophosphate dihydrate crystals [3,4]. The prevalence of osteoarthritis is increasing due to the aging population and the rise in obesity rates. It is estimated that by 2050, over 130 million people worldwide will have osteoarthritis. The disease has a significant impact on the quality of life of those affected, leading to disability, reduced mobility, and increased healthcare costs. The causes of osteoarthritis are multifactorial, with both genetic and environmental factors playing a role. Age, obesity, joint injury, and repetitive stress are all risk factors for the development of osteoarthritis. The disease is also associated with inflammation, which can further damage the joint and exacerbate symptoms. [5,6]

There are various factors called the predisposing factors for osteoarthritis some of which include age >50 years, obesity, female preponderance, hormonal causes like estrogen deficiency, overuse of joints, any sort of previous injury to the joint, any deformities prevailing like valgus/varus formations & finally some genetic causes, etc. The causes are majorly divided into two - genetic & environmental causes. The pathogenesis includes the activation of immune cells leading to the activation of inflammatory pathways till the formation of osteophytes & joint space narrowing, and destruction. [7,8]

Quite a few methods have evolved to bring the disease progression in control including lifestyle modifications, physiotherapy, and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Yet the prognosis of the disease with modern techniques remains a question. These methods are largely monetized, leaving no sustainable treatment for the underprivileged. Research-based evidence verifies the association of lack of Transforming growth factor-β (TGFβ3) with cartilage damage. This reduces the protective action of TGFβ3 in osteoarthritis progression, inducing cartilage degeneration

For patients with failed pharmacological or non-pharmacologic modalities, who have surgery as the only option, the homeopathic approach can provide one such line of treatment that is cost-effective, and reliable leaving the least side effects behind. To counter the progression of the disease and bring about a responsive treatment than a counter treatment, homeopathic ultra-high dilutions can play a key role in establishing a foundation for the treatment of OA.[9]

This review article has taken into consideration all the different homeopathic approaches that could help in the management of OA. 3 experimental studies, 1 double-blind randomized placebo-controlled trial, and 3 randomized controlled trials have been included and a comparison has been made. The action of homeopathic external applications has also been compared to that of conventional external applications. The efficacy of individualized homeopathic medicines have been compared to that of standalone single remedies and medicines prescribed based on constitution. In addition, the efficacy of an individualized homoeopathic approach against biochemical remedies has also been studied in the article. Furthermore, a sharp contrast is also observed in the action of homoeopathic medicines with that of the placebo group and alternative modes of treatment (physiotherapy).

Wherein, homeopathic complexes have shown outstanding results in patients with severe OA, this article will also review their effectiveness and their application in clinics. It is however important to note that individualized homoeopathic trials are what adhere to the principles of homoeopathy and research for the same is of utmost importance.
Methodology

Study Selection

The criteria for a study selection in this review article were that it should involve one or more homeopathic attenuations, should be backed by substantiated data to draw out a probable conclusion, and should be from an English-language journal.

Those articles that were excluded failed to meet the requirements or did not possess substantiated data to link a reasonable association to the disease condition.

Search Study

The researchers performed an intensive web search on the National Library of Medicine’s PubMed search engine and Google Scholar Search to shortlist articles (whether case studies or clinical trials) that were associated with the implication of homeopathic remedies in the treatment and regulation of Osteoarthritis.

Results

Study Characteristics: (Fig: 1)

48 studies were obtained in an initial PubMed and Google Scholar Search. Out of the 48 studies, 16 duplicates were removed and 32 were considered for preliminary examination. Out of the 32 studies, 13 studies were removed on grounds of irrelevance to the topic. The remaining 19 studies were studied and 12 were excluded due to insufficiency of data, language used, etc. Therefore, 7 studies were systematically reviewed which matched the selection criteria (Table: 1).

Fig: 1- Prisma Chart used in this Review Article
### Table 1 - Characteristics of Studies included in the Review Article

<table>
<thead>
<tr>
<th>SR.NO.</th>
<th>Title</th>
<th>Authors</th>
<th>Publication</th>
<th>Objective</th>
<th>Result</th>
<th>Conclusion</th>
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<tr>
<td>1.</td>
<td>Lipid peroxidation, erythrocyte antioxidants &amp; plasma antioxidants in OA before &amp; after Homoeopathic treatment</td>
<td>S. Pinto, A.V.Rao, A.Rao</td>
<td>16th Dec 2017 (online)</td>
<td>This study was put forward to analyze the oxidative stress in OA and antioxidants in blood pre and post-treatment with Homeopathic remedies.</td>
<td>Erythrocyte LP (&lt;0.05) &amp; SOD (p&lt;0.05) as per observation were found to be significantly higher, whereas plasma vit c (p&lt;0.01) &amp; total antioxidant activity (AOA) (p&lt;0.001) were comparatively lower in patients suffering with OA versus that of the control group. Patients asked to follow up, the erythrocyte LP (0hr, p&lt;0.01);2hrs, p&lt;0.01 &amp; susceptibility to LP(p&lt;0.01) &amp; SOD(p&lt;0.01) were significantly lower when compared to the values obtained in previous treatment.</td>
<td>Oxidative stress increased in OA with marked levels of LP, SOD, and decreased vit c &amp; AOA. Post-treatment, levels of LP increased in the erythrocytes (reduced oxidative stress). This can be further evidenced by returning of plasma vit c and erythrocyte SOD to the normal levels. However, oxidant stress could not be completely overcome because plasma AOA remained low post-treatment.</td>
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<td>2.</td>
<td>Physiotherapy &amp; a Homoeopathic complex for chronic low-back pain due to OA: A randomized, controlled Pilot study</td>
<td>Mary Morris, Janice Pellow, Elizabeth Margaret Solomon, Tebogo Tsele-Tebakang</td>
<td>2016 jan-feb 22</td>
<td>The study aimed to investigate the efficacy of Homeopathic Complex in combination with physiotherapy for treating Chronic Low Back Pain (CLBP) due to OA.</td>
<td>Intergroup analysis data reveals the significant improvement in treatment group versus control group with regards to pain, daily functioning, and patient’s range of motion (ROM).</td>
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<td>Sample size was however insufficient to draw out a probable conclusion to the action of Homeopathic remedies with alternative forms of treatment. However statistical data reveals the efficacy of the same.</td>
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<p>| 3. | A double-blind randomized placebo-controlled feasibility study evaluating individualized homeopathy in managing pain of knee osteoarthritis | Munmun Koley, Subhranil Saha, Shubhamoy Ghosh | To evaluate the action of Homeopathic individualized remedies in correlation to placebo group in managing knee osteoarthritis. | Significant reduction could be seen in 3 visual analogue scales (measuring pain, stiffness, and loss of function) and Osteoarthritis Research Society International scores in both groups 2 weeks post treatment (P &lt; .05); however significant differences between the groups could not be established (P &gt; .05). | The overall effect of homoeopathy in comparison to placebo group could not be established due to insufficiency of characterizing data. |
| 4. | A randomized controlled trial comparing topical piroxicam gel with a homeopathic gel in osteoarthritis of the knee | R A van Haselen 1, P A Fisher | To evaluate the efficacy and safety of a homeopathic gel (ingredients: Symphytum officinale, Rhus Toxicodendron, Ledum palustre) versus NSAID (piroxicam) gel in the treatment of osteoarthritis of the knee. | In terms of aggravation as a result of external application, piroxicam gel showed quite a few side effects. Mean pain Visual Analogue Scale (VAS) levels were significantly better in the homeopathic group compared to the piroxicam group. | Better results were obtained in homoeopathic group which highlights the efficacy of homeopathic external applications with minimum side effects. |</p>
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<th></th>
<th>To study the efficacy of <em>Rhus tox</em> in management of cases of osteoarthritis of knee joint</th>
<th>Atul B. Rajgurav, Parth Aphale</th>
<th>DOI: <a href="https://doi.org/10.18203/issn.2455-4510.IntJResOrthop20164832">https://doi.org/10.18203/issn.2455-4510.IntJResOrthop20164832</a></th>
<th>To assess the action of homoeopathic attenuation <em>Rhus toxicodendron</em> in managing osteoarthritis using WOMAC scale.</th>
<th>Over a period of 12 months, oral dose of <em>Rhus toxicodendron</em> reported a greater pain reduction during walking including reduction in structural deformities.</th>
<th><em>Rhus toxicodendron</em> was found to be effective in managing OA of knee joint with occurrence of zero acute complications during the period of the trial.</th>
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<td>Effectiveness of individualized homoeopathic medicines versus <em>Calcarea Fluorica</em> 6x in the treatment of osteoarthritis: An open-label, randomized, pragmatic clinical trial</td>
<td>Dr, Tanya Rai &amp; Dr, Arpan Bhanja</td>
<td>IJIS 2022; 6(4): 417-424</td>
<td>To assess and outline a contrast between the efficacy of Individualized Homeopathic Medicines (<em>Sulphur, Sepia, Pulsatilla, Natrum muriaticum, Medorrhinum, Lachesis, Ignatia amara, Causticum and Bryonia alba</em>) and <em>Calcarea Fluorica</em> 6x in treatment of OA.</td>
<td>Results of WOMAC and NRS scores indicated no significant difference in the levels of IH group versus CF group (76.23±3.90 versus 76.06±3.70; p=0.866). However, the Individualised Homeopathic (IH) group surpassed the <em>Calcarea Fluorica</em> (CF) group in WOMAC and Numerical Rating Scale (NRS) scores.</td>
<td>Both the lines of treatment showed satisfactory results however IH group results were better than that of the CF group. Although, no relation between the two could be established due to no significant difference.</td>
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<td>7.</td>
<td>An observational study on the effect of individualized homoeopathic medicine administered based on totality of symptoms vis-à-vis personality in cases of osteoarthritis knee.</td>
<td>N Kumar, N Iyer</td>
<td>Print ISSN: 0974-7168 E-ISSN: 2320-7064</td>
<td>To observe the action of individualized homoeopathic remedies administered on the basis of symptom similarity versus remedies prescribed on the basis of the personality of the patient in OA of knee.</td>
<td>The paired difference mean of Routine Assessment of Patient Index Data 3 (RAPID3) in totality of symptom-based administration was 4.06 whereas that of 1.92 in personality-based administration was with a standard deviation of 3.91 &amp; 3.29 respectively. The test result is statistically significant at 0.05 level (p&lt;0.05)</td>
<td>Administration of individualized homoeopathy medicine based on totality of symptoms was found to be more effective compared to individualized homoeopathy medicine based on personality in OA cases. This study also shows a clear connection between the principles of homoeopathy and results obtained in clinical trials.</td>
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Discussion

1. **Lipid peroxidation, erythrocyte antioxidants & plasma antioxidants in OA before & after Homoeopathic treatment**

This study evaluated the oxidative stress in patients suffering from OA. The parameters included in this study were Erythrocyte lipid peroxidation (LP), erythrocyte antioxidants viz., glutathione (GSH), glutathione reductase (GR), superoxide dismutase (SOD), catalase (CT) and plasma antioxidants viz., ceruloplasmin, glutathione-S-transferase (GST), vitamin C, total antioxidant activity (AOA).

When any reaction in the living organism takes place, there is a formation of products and by-products. Similarly, whenever any oxidative processes take place in a living body, along with the desired products, there occurs formation of by-products too. ROS is a by-product of the normal metabolism of oxygen. They play the role of cell signaling & homeostasis in the body. An increase in the ROS can damage the cells & their performance which is also known as oxidative stress. This results when there is either uncontrolled production of ROS or inefficient elimination by the antioxidant system. There are 2 sources of ROS viz. endogenous & exogenous. When focusing on our topic of OA, we will focus on ROS produced endogenously in immune cell signaling via the NOX pathway. The phagocytic cells like neutrophils, eosinophils & mononuclear cells produce ROS when stimulated. This particular study was conducted by measuring some parameters of oxidant & antioxidant products and oxidative stress in OA.

A total of 81 people were included in this study suffering from OA & the other 53 were normal. Out of this, 47 patients were given Homoeopathic treatment and these patients were included in follow-up studies. Erythrocyte LP, SOD, Vit C, and AOA were the major parameters taken into consideration. Levels of erythrocyte LP & SOD were found higher in people suffering from OA as compared to the normal people included in the control group whereas Vit C levels were found lower. After taking follow-up, the Erythrocyte LP & SOD were found significantly lower in values after the Homoeopathic treatment. Even plasma vit C was found in the normal range but there was no difference in AOA activity after the treatment. Hence, based on this study, we can conclude that oxidative stress can be controlled by Homeopathic medications partially in the treatment of OA. Also, there was a significant increase in antioxidant levels in plasma post-treatment.

2. **Physiotherapy & a Homoeopathic complex for chronic low-back pain due to OA: A randomized, controlled Pilot study**

This study shows the efficacy of Ultra High Dilutions when used on people suffering from OA manifesting their symptoms as chronic lower back pain together with the treatment of physiotherapy. This study set a benchmark for alternative forms of treatment in alignment to homeopathic treatment. The study was conducted in a private physiotherapy OPD. 30 participants (males and females) between the age group 45-75 yrs already undergoing physiotherapy treatment for OA were treated with homeopathy medicines. 30 patients were further divided into 2 groups, controlled and interventional groups. The control group was given a placebo while the interventional group received a Homoeopathic combination of *Bryonia alba, Kalmia latifolia, Rhus toxicodendron, Causticum, Arnica montana & Calcarea fluorica* each in 6C potency. The objective of this study was the evaluation of the visual analog scale (VAS) for pain, the Oswestry Disability Index (ODI), patient’s range of motion (ROM) of the lumbar spine. The outcome of the study post-treatment with homeopathic medicines was a significant improvement in pain, daily functioning, and ROM. Hence,
this suggests the effectiveness of homeopathic complex together with physiotherapy in improving symptoms associated with OA.


In this study, Munmun Koley, Subhranil Saha, and Shubhamoy Ghosh conducted a double-blind randomized placebo control study to evaluate the role of homeopathic medicines in managing pain associated with knee osteoarthritis. 60 patients with acute knee osteoarthritis were selected to study three visual analog scales (measuring pain, stiffness, and loss of function). Patients had to undergo detailed screening of their symptoms and single individualized medicines were prescribed based on symptom similarity. Inclusion criteria are age group 50-86 years, both sexes. Patients with knee surgery, knee transplants, or any vital organ failure, homeopathic treatment for the chronic disease were excluded from the study. 30 patients were treated with placebo.

Each dose of homeopathic medicine consisted of four globules (size 30). 76 patients as per the inclusion criteria were screened, 6 patients dropped out and 54 completed the study. The study found that after 2 weeks of treatment, the homeopathy group showed significant reductions in pain VASs (–15.1; 95% CI, –45.3, 15.1; P < .0001, 2-tailed, paired t-test), stiffness VASs (–17.2; 95% CI, –62.5, 28.1; P = .0004), and loss of function VASs (–13.4; 95% CI, –47.9, 21.1; P = .0003), as well as in Osteoarthritis Research Society International scores (–3.2; 95% CI, –11.0, 4.6; P < .0001). The placebo group also showed significant reductions in pain, loss of function, and Osteoarthritis Research Society International scores, but not in stiffness. The most frequently prescribed medicines were Bryonia alba, Rhus toxicodendron, Calcarea carbonica, Arnica montana, and Natrum muriaticum, and the frequencies were comparable between the homeopathy and placebo groups.

4. A randomized controlled trial comparing topical piroxicam gel with a homeopathic gel in osteoarthritis of the knee

This study evaluated the efficacy of homeopathic gel (ingredients: Symphytum officinale, Rhus Toxicodendron, Ledum palustre). Piroxicam gel containing 0.5 % piroxicam was used as a comparator. Participants were instructed to apply one gram of the gel 3 times daily. Oral NSAIDs were continued during the trial. Pain during walking was recorded on a 100 mm visual analog screen. Paracetamol tablets were used as a rescue analgesic and their total number was maintained. A total of 184 eligible patients were included out of which 91 were allocated piroxicam gel and 89 were allocated homeopathic gel. The mean pain reduction in VAS levels in the homeopathic gel group was 16.5 mm whereas 8.1 mm in the piroxicam group. 61 % of the patients in the homeopathic gel group used paracetamol as an analgesic and 63% in the piroxicam group. The occurrence of adverse effects in the homeopathic gel group also showed significant reductions in pain, loss of function, and Osteoarthritis Research Society International scores, but not in stiffness. The most frequently prescribed medicines were Bryonia alba, Rhus toxicodendron, Calcarea carbonica, Arnica montana, and Natrum muriaticum, and the frequencies were comparable between the homeopathy and placebo groups.

5. To study the efficacy of Rhus tox in the management of cases of osteoarthritis of the knee joint

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30 eligible participants (30 males and 30 females) as per the defined case for diagnosis of OA between the age group 45-79 years were selected for this study. To assess the action of homeopathic attenuations, the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) and the Kellgren and Lawrence system were used. Tabulation of results obtained before and after the treatment determined the action of Rhus tox.

Assessment criteria under the WOMAC scale include pain, stiffness, physical function, scale, and score range (on the Likert Scale). Higher scores obtained on the WOMAC scale were clear indications of aggravated pain, physical function, and stiffness. Kellgren and Lawrence system as proposed by Kellgren et al classifies knee OA as:

(a) Grade 0: no radiographic features of OA are present
(b) Grade 1: possible joint space narrowing (JSN) and osteophytic lipping
(c) Grade 2: definite osteophytes and possible JSN on the anteroposterior weight-bearing radiograph
(d) Grade 3: multiple osteophytes, definite JSN, sclerosis, possible bony deformity
(e) Grade 4: large osteophytes, marked JSN, severe sclerosis, and definite bony deformity

20% of total cases recorded knee injury as a causative factor whereas 66% of the cases showed overweight being the causative factor. 30% of the total cases had associated symptoms of hypocalcemia, 36.6% had certain areas of the side affected first, 9 cases experienced some swelling around the knee joint and 80% of the cases outlook some or the other modalities associated with OA.

Out of the thirty cases studied, the clinical staging of the patient was distributed as under:

(a) stage of early synovitis (Grade I)= 1 case = 3.33%
(b) stage of chronic synovitis(Grade II)= 21 cases = 70%
(c) stage of fibrosis(Grade III) = 8 cases = 26.66%

Over 12 months, an oral dose of Rhus toxicodendron reported a greater pain reduction during walking including a reduction in structural deformities. It is also important to note that no acute complications were seen in patients during the trial. In certain cases where the lower potency of Rhus toxicodendron failed to act, higher potency accelerated the curing process. This study has outshone the ability of Rhus toxicodendron not only in regulating inflammation associated with OA but also accelerating the cure.

6. Effectiveness of individualized homeopathic medicines versus Calcarea fluorica 6x in the treatment of osteoarthritis: An open-label, randomized, pragmatic clinical trial

This study was undertaken not only to evaluate the effectiveness of homeopathy in the management of OA but also to compare the mode of treatment and cure within multiple selected homeopathic attenuations. Individualized homeopathic (IH) medicines were tested for their effects and the results were compared with that of Calcarea fluorica 6x (CF). 60 patients suffering from OA, having an age more than 35 years of either sex, were divided into two equal groups (IH = 30 and CF = 30). In the IH group, medicines were selected after taking into consideration all the symptoms presented by the patient, be it acute or chronic, modalities, repertorisation, and final selection based on Homeopathic Materia Medica. Dose and repetition were based on the susceptibility of the patient. The numerical Rating Scale (NRS) was used to measure pain whereas the Western Ontario and McMaster Universities Arthritis Index (WOMAC) index was used to measure functional outcome.
Medicines prescribed under IH included Sulphur, Sepia, Pulsatilla, Natrum muriaticum, Medorrhinum, Lachesis, Ignatia amara, Causticum, and Bryonia alba. Baseline scores of WOMAC in the IH and CF group stood at 76.23±3.90 and 76.06±3.70 respectively. After 6 months of treatment, WOMAC scores of IH and CF groups were 55.06±1.52 and 56.63±1.69 respectively. NRS score at baseline for IH and CF groups stood at 6.46±1.56 and 6.20±1.12 respectively. After 6 months of treatment, NRS scores of the IH and CF group were 2.20±1.32 and 4.63±1.27. Between the two groups, there was no significant difference in WOMAC and NRS scores. This implied that both individualized remedies selected based on symptom similarity and Calcarea Fluorica 6x were effective in treating OA in 6 months. However, individualized medicines overall showed better scores of WOMAC and NRS compared to Calcarea Fluorica 6x. This outcome complies with the principles of homoeopathy. In homeopathy, every case is unique and requires a detailed case study of the symptoms only to find out a minimum.

7. **An observational study on the effect of individualized homoeopathic medicine administered based on totality of symptoms vis-à-vis personality in cases of osteoarthritis knee.**

This study by N. Rajeev Kumar and N. Harihara Iyer compared the effect of ultra-high dilutions based on symptom similarity versus personality on patients suffering from knee osteoarthritis. 60 diagnosed cases of knee osteoarthritis were included in this study out of which 30 were treated with homeopathic medicine selected based on symptom similarity and the remaining 30 based on personality. Individualized medicines prescribed based on symptom similarity were Sulphur and Kali. carb. (n = 4, 13.3%), Natrum muriaticum and Lycopodium clavatum (n = 3, 10%), Arsenicum album, Graphites, Pulsatilla nigricans, Calcarea phosphorica, Phosphorus and Rhus toxicodendron (n = 2, 6.7%), Aurum metallicum, Kali bichromium, Lachesis and Calcarea carbonica (n = 1, 3.3%). On the other hand, homeopathic medicines prescribed based on personality were Lachesis and Arsenicum album (n = 5, 16.7%), Sulphur, Calcarea carbonica, Phosphorus and Natrum muriaticum (n = 3, 10%), Lycopodium clavatum and Pulsatilla nigricans (n = 2, 6.7%) and the rest of medicines were Nux vomica, Causticum, Ignatia amara and Aurum metallicum (n = 1, 3.3%). 200C potency medicines in two doses (night and morning) were given and the same was repeated after 3 months of follow-up.

Pre and Post Scores on FN (Physical function); PN (Pain); PTG (Patient global estimate) were noted on the RAPID3 (Routine Assessment of Patient Index Data) sheet. A five-point scale of 44-item BFI was used to mark the response of patients selected for personality study. RAPID3 scores were evaluated at the end of 3rd and 6th month. For the analysis purpose, the final score was the score evaluated after 6 months.

**For patients under symptom similarity study:**

Mean FN value before treatment = 3.82, after treatment = 2.40;
Mean PN value before treatment = 3.52, after treatment = 2.41;
Mean PTGE value before treatment = 3.93, after treatment = 2.41;
Mean RAPID value before treatment = 11.27, after treatment = 7.21.

**For patients under personality study:**

Mean FN value before treatment = 3.59, after treatment = 2.97;
Mean PN value before treatment = 4.25, after treatment = 3.58;
Mean PTGE value before treatment = 4.47, after treatment = 3.83;
Mean RAPID value before treatment = 12.30, after treatment = 10.38.

RAPID 3 mean difference for the symptom similarity group stood at 4.06, for the personality group at 1.92. Therefore results obtained through the analysis of data indicated that medicines prescribed based on symptom similarity showed better results and further revealed the importance of framing a picture of the disease. It is also important to note that results obtained as a result of the BFI scale were also effective to some extent in regulating the disease.

Conclusion

Randomized double-blind trials are the base for unbiased and effective results. Statistical analysis of the results are an important distinguishing factor to trace minute observations throughout proving. All the above articles reviewed showed a sharp contrast in the action of homoeopathic medicines given as per the desired case. Individualized homoeopathic medicines have withstood their action in treating cases of OA compared to conventional treatment and standalone homoeopathic remedies. Individualized homeopathic medicines are one of the basic principles of homeopathy. The action of homoeopathic medicines has surpassed the action of the placebo group which upholds the fact that homoeopathy is not merely a placebo treatment. A collection of different study designs in this article has established the diversity of this mode of treatment. There are numerous possibilities that homoeopathy offers and this lays a strong foundation towards studying the mode of action of the same and understanding the prima causa morbi. However further research on the action of individualized homoeopathic medicines is the need of the hour.

CONFLICT OF INTEREST

None declared.

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REFERENCES


