

# RHEUMATOID ARTHRITIS

## INTRODUCTION

Rheumatoid arthritis (RA) is a chronic systemic inflammatory disease of undetermined etiology involving primarily the synovial membranes and articular structures of multiple joints. The disease is often progressive and results in pain, stiffness, and swelling of joints. Typically, it affects the small joints first, including the joints of the hands and feet. In late stages deformity and ankylosis develop.

The onset is most common between the ages of forty and sixty, though no age group is exempt; it affects women three times more often than men.

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## CHANGES IN THE JOINTS

Changes in the joints often, though not always, progress through three stages.

1. **Stage I.** The synovial membrane becomes inflamed and is, therefore, hyperaemic and infiltrated by inflammatory cells. The secreting cells become more active and the result is an oedematous membrane and effusion into the joint cavity. Inflammation tends to spread, to involve the peri-articular soft tissues, the capsule, ligaments, bursae, tendons and their sheaths. Clinical examination shows a tender swollen joint with movement probably limited by pain and muscle spasm. If the disease is arrested at this stage, the joint can return to normal though there is no certainty that the inflammation will not flare up again at a later date.
2. **Stage II.** If the disease progresses, granulation tissue is formed within the synovial membrane and peri-articular structures. It tends to spread from the membrane over the periphery of the articular cartilage. The cartilage, now covered by this tissue, gradually thins and disintegrates, leaving areas of bone covered only by granulation. Sometimes granulation tissue invades the bone ends from the remains of the perichondrium and from the tissue growing in over the cartilage. Much decalcification of bone occurs, probably due to the hyperaemic condition around the bone ends.

With the destruction of articular cartilage and filling of the joint with granulation tissue, adhesions are formed between the synovial membrane and the thickened capsule and the tendons and their sheaths. Thus the joint movement is permanently impaired. Some cases never progress beyond the second stage and may retain a useful, though reduced, movement even in the face of active inflammation.


3. **Stage III.** The granulation tissue becomes organized into fibrous tissue and thus the soft tissues are matted together with adhesions forming between tendons and capsule and between the articular surfaces. Contractures develop and deformity and gross limitation of movement result. In such joints the articular surfaces may be partly covered with cartilage and partly with fibrous tissue, giving rise to much irregularity, or they may be completely joined by fibrous tissue or even by bone. Where such changes have occurred, little improvement in function can be expected.

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## SIGNS & SYMPTOMS

Joints in which some or all of these changes have developed will show certain characteristic features. Pain and tenderness, swelling, limitation of movement, muscle atrophy and deformity are all to be expected, though they will occur in differing degrees according to the severity of the changes.

## SIGNS & SYMPTOMS

- **Pain** is present in all three stages. In the first stage it is often continuous, and since several joints may be affected, the patient's life may be a misery unless the pain is medically controlled. Movement increases the pain; hence the joints tend to be held rigid. In the second stage, pain is often less noticeable at rest but is more marked on movement or weight bearing, so that if the knees or ankles are involved, walking is a real difficulty. In the third stage, when inflammation has subsided and fibrous tissue has formed, there is usually no pain at rest but only on movement when the fibrous tissue is stretched and a pull is, therefore, exerted on sensitive tissues.
- **Tenderness** will always be present when there is any active inflammation in the joint. It can be elicited by gentle pressure of the joint and by palpation along the joint line. The degree of tenderness is a good indication of the activity of the arthritis. When the inflammation has subsided there may still be tenderness, but this is localized and not on pressure of the joint. It is felt over structures which are being persistently irritated by stretching, the result of abnormal posture. For example, at the knee there is often localized tenderness over the ligamentum patellae, the tibial attachment of the medial ligament, and the insertion of the hamstrings. In the latter case, the tenderness may be explained by the fact that the hamstrings are often contracted and then pull on the periosteum at their insertions.
- **Swelling** is usually present at all stages of the disease. In the stage of early inflammation, the swelling is soft, and often fluctuating owing to the presence of effusion. Sometimes there is edema not limited to the joint only; for example, the whole finger or fingers and hand may be puffy, while if the joints of the lower extremity are affected, there is often edema of the feet and legs. Later, as granulation tissue forms, the swelling feels firmer and spongier. It is often at this stage more noticeable owing to muscle atrophy proximal and distal to the joint giving rise to the spindle-shaped or fusiform swelling so often described in textbooks.
- **Muscle spasm** is a common feature. In the first stage the spasm is protective, its object being to prevent movement of a painful joint.
- **Muscle atrophy** is an outstanding feature and is largely the result of disuse. If movement causes pain then the patient moves the joint as little as possible. In some patients, atrophy exceeds that which could be explained by disuse alone. Atrophy is a serious feature because it means less protection of the already damaged joint and more likelihood of the development of fixed deformity.
- **Deformity** is one of the greatest dangers to fight against in rheumatoid arthritis. Each damaged joint has a characteristic deformity pattern. There is some position in which the capsule and ligaments are most relaxed and there is, therefore, most room for swelling with minimal pressure on nerve endings. In addition, at each joint, some muscle groups are more powerful than others. In many cases gravity has a powerful influence over the direction of the deformity. Thus we find a flexed knee, a dorsi-flexed everted ankle, clawed toes, adducted and medially rotated shoulder, flexed elbow, pronated forearm and flexed wrist. At the hand the deformity consists of ulnar deviation of the fingers (See Figure), flexion of the metacarpophalangeal joints, hyperextension of the proximal interphalangeal joints and adduction of the thumb. At first the deformities are held by muscle spasm, but later they become more fixed due to contracture of the muscle framework, permanent shortening of the muscle fibers and shortening of the fascia and ligaments. Later destructive changes predominate with subluxation and dislocation sometimes proceeding to fibrous or bony ankylosis.
 
- **Limited movement** is another serious feature of the disease. In cases of gradual onset there is often a history of stiffness first thing in the morning, which wears off during the day, but recurs after exercise and at night. If an acute attack develops, the joint movement becomes grossly limited by spasm. Later, movement is restricted in all directions as a result of muscle weakness and contractures, and, sometimes, because of gross destruction of the articular surfaces. Eventually, in some cases, movement is completely lost, due to fibrous or bony ankylosis.

It should be realized that no two cases are alike, and that each case varies from time to time. Thus there may be one joint at **Stage I**, another in **Stage II**, and several in the **Stage III**, all at the same time. A joint in **Stage III** or **Stage II** may suddenly flare up and show all the features of acute inflammation. The disease is in fact unpredictable.

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## CHANGES IN OTHER TISSUES

As rheumatoid arthritis is one of the collagen diseases, other systems of the body may also become involved.

- **The skin** is shiny, perspires freely, and becomes atrophic. A common feature is the formation of subcutaneous nodules around bony points, particularly around the elbow and along the posterior border of the ulna. These nodules have been found to consist of a central area of necrotic tissue, a group of phagocytic cells and an outer ring of proliferating connective tissue.
- **Muscles.** Similar nodules form in the connective tissue framework of the muscles, and there is usually atrophy of the muscle fibers. Thus there is a general reduction in muscle bulk throughout the body predisposing to faulty posture and defective function. In later stages, there may be rupture of the extensor tendons, due to invasion of granulation tissue from the joint, or from erosion due to roughened bone ends at the wrist.
- **Lymphatic glands** often show enlargement. The spleen is occasionally enlarged and the epitrochlear gland can be readily palpated at the elbow.
- **Vascular system.** Patients often complain of cold hands and feet. This is due to vasoconstrictor spasm particularly in cold weather, although the occurrence of a diffuse inflammatory vasculitis has long been recognized in rheumatoid arthritis.

In general, during a fairly active phase of the disease, the patient presents, in addition to joint troubles, a picture of ill health. Continuous pain leads to a sense of frustration, marked depression develops as the patient finds she cannot play her part in family life, and the worries and problems of life are liable to give her a 'flare-up' of the disease. There is a loss of weight and appetite, a feeling of lassitude bordering on exhaustion, and often anemia and osteoporosis.

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## DIAGNOSIS

If you have signs and symptoms of rheumatoid arthritis, your doctor will likely conduct a physical examination and order laboratory tests to determine if you have this form of arthritis. These tests may include:

- **ESR.** People with rheumatoid arthritis tend to have elevated ESR. The ESR in those with osteo-arthritis tend to be normal..
- **Rheumatoid factor.** The rheumatoid serum factor is positive in eighty per cent of cases **of over one year's duration, although it may be absent early on in the disease**. It's also possible to have the rheumatoid factor in your blood and not have rheumatoid arthritis.
- **Imaging.** X rays are used to determine the degree of joint destruction. They are not useful in the early stages of rheumatoid arthritis before bone damage is evident, but they can be used later to monitor the progression of the disease.

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## DIFFERENTIAL DIAGNOSIS

In the average case of rheumatoid arthritis there is usually little difficulty in reaching a diagnosis, but when the disease starts in an atypical manner it will have to be distinguished from the following conditions:

1. **Rheumatic Fever.** In rheumatic fever the joint pain is of a flitting character. The fever is usually higher and spindling of finger joints is rare. Occasionally sub acute rheumatic fever may be difficult to distinguish from rheumatoid arthritis with a febrile onset, but the articular symptoms of rheumatic fever are more likely to be suppressed by full doses of salicylic acid.
2. **Gonorrheal Arthritis.** An acute polyarthritis with fever may follow a gonorrheal infection, but since the advent of antibiotics this complication has become much less frequent. It can be distinguished from rheumatoid arthritis by obtaining a history of urethritis preceding the joint symptoms by two or three weeks. In the majority of cases, a demonstration of the gonococcus in smears from the urethra, "prostate or cervix uteri will confirm the diagnosis. In only about 25 %, however, can the gonococcus be cultured from the synovial fluid. The gonococcal complement fixation test is positive in about 80 %, of cases.

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## DIFFERENTIAL DIAGNOSIS

3. **Reiter's Syndrome.** Reiter's syndrome is characterized by acute urethritis, conjunctivitis and arthritis. The condition may occasionally be difficult to distinguish from rheumatoid arthritis. Urethritis & conjunctivitis, however, are comparatively rare complications of rheumatoid arthritis. The joint symptoms in Reiter's syndrome usually clear up completely, but in a small proportion of cases the disease becomes chronic and the radiological changes in the joints may be indistinguishable from those in rheumatoid arthritis.
4. **Acute Pyogenic Arthritis.** An acute pyogenic arthritis is usually monoarticular. The joint is acutely inflamed and exquisitely painful. The other signs of a generalized infection, including high fever, are present.
5. **Gout.** Gouty arthritis in its earlier stages may be confused with rheumatoid arthritis. In the classical case the first joint to be affected is the metatarso-phalangeal joint of the big toe. The onset is very sudden, the pain extremely acute, but the attack usually clears up completely, leaving no residual changes in the joint. A high blood uric acid will usually be found in this disease.
6. **Tuberculous Arthritis.** Tuberculous arthritis may at times be mistaken for rheumatoid arthritis. In this condition the onset is insidious. Usually only one joint is involved, but occasionally several are affected. However, the involvement of three or more joints is a point against the diagnosis of tuberculous arthritis. The condition is most common in children. In adults tuberculosis of the spine is the most common form. The radiological appearances and demonstration of the organisms in the synovial fluid will usually serve to differentiate this condition from rheumatoid arthritis.
7. **Osteoarthritis.** Osteoarthritis usually affects the larger joints such as the knees, hips and spine, and presents little difficulty in diagnosis. In post-menopausal women, however, osteoarthritic changes not uncommonly affect the fingers, and care should be taken to distinguish this condition from rheumatoid arthritis. In a typical case Heberden's nodes appear in relationship to the terminal interphalangeal joints. At first these nodules may be painful, but later they subside to leave a firm hard nodule which frequently causes deformity of the distal interphalangeal joint. The blood sedimentation rate is usually within normal limits and there is no sign of a systemic disturbance.
8. **Psoriatic Arthritis.** It is now generally accepted that an erosive arthritis distinct from rheumatoid arthritis may complicate psoriasis. It is characterized by early involvement of the terminal interphalangeal joints, ridging, thickening, cracking and pitting of the nails, and the absence of subcutaneous nodules. The spine and sacro-iliac joints are not infrequently affected. The sensitized sheep cell test is negative.
9. **Felty's Syndrome.** The triad of rheumatoid arthritis, splenomegaly, and granulocytopenia, occurs in subset of patients who are at the risk for recurrent bacterial infections and non healing ulcers.
10. **Sjögren's Syndrome.** It is characterized by failure of exocrine glands, also occurs in subset of RA patients, producing sicca symptoms (dry eyes and mouth), parotid gland enlargement, dental caries and recurrent tracheobronchitis.

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## EXAMINATION OF PATIENT

Before the treatment plan made for the patient a careful examination of the patient is necessary. The purpose of the examination is three-fold.

**First**, its purpose is to find out something of the patient's background, without which an assessment of suitable treatment cannot be made.

**Secondly**, it is essential to know the state of the general health, how much work the patient is capable of, and what present or past medical treatment he/she is having.

**Thirdly**, it is necessary to have a knowledge of the present state of each affected joint. This changes so frequently that it is possible that the joint may not be in the same state when the patient reaches to the Homeopath as it was when the patient was seen by the another physician. The actual physical examination is always preceded by a thoughtful reading of the patient's notes. These will nearly always give the facts about the patient's general health, the level of the ESR and the condition of the blood.

Also social history of the patient should be found out, including such points as the number and age of the family, type of house, and the amount of help in the house. A detailed account of the state of the joints at the time of examination should be included. It might well be asked what more do we need to know.

## EXAMINATION OF PATIENT

The answer is not, in fact, difficult to seek. We must add, in order to carry out adequate and safe treatment (Medicinal & Physiotherapy). The state of the skin which tells us whether certain physical measures are suitable or not; the power of the muscle groups which guides us as to the most suitable type of exercise; the presence of pain, including how and when pain is produced; the degree of tenderness and its site, both of which help us in the use or omission of massage and exercises. It is also necessary to know the degree of deformity, and if movement is limited, the reason for this limitation in terms of spasm, contracture or ankylosis. Perhaps most important of all, we have to ask: is the patient independent, what can she not do for himself/herself?

### Method of examination

Most of the times patients visit to a homoeopath after he/she has been treated by Rheumatologists / General Physicians. As such the **first step** in any examination of such patient, is the study of the brief history of the patient along with clinical reports/notes written by the physician/rheumatologist. In most hospitals, these are readily available with the discharge card.

The **second step** is the observation and questioning of the patient. The patient should, as far as is possible, be left to undress and settle down by himself/herself, careful watch being kept to note her particular difficulties. When he/she is comfortably settled, warm and in a good light, his/her co-operation is obtained by an explanation of the purpose and method of the examination.

While talking to patient, the general appearance should be noted. It is possible to begin to assess how depressed, how tense, how ill he/she may be, and how painful his/her joints are, and whether pain keeps him/her awake at night. A slight idea of the general muscular condition and posture and what joints are affected may also be obtained.

As the main aim of any treatment is to return the patient to a full normal life, or to assist his/her in overcoming his/her difficulties and making the fullest use of what powers remain with him/her, a very careful and detailed examination must be made, with particular attention being paid to the patient's ability to cope with the ordinary, but vital, things of daily life; such as the ability to get in and out of the bath, to wash the back of her neck and do his/her hair, to sit down on a lavatory seat, to turn a door handle and even to feed himself/herself. An assessment chart is valuable.

The joints must not only be tested individually, but also as a functionally useful limb. The hand and arm are of paramount importance and will, therefore, be taken as an illustration.

The patient should be sufficiently undressed for both arms, shoulders and her neck to be seen easily, and also so that her movements are not impeded by clothes. In dealing with a rheumatoid patient, the hands should be examined carefully as the disease very often shows itself first in the hands and feet. The appearance and range of movement of the fingers, thumbs and wrists, the tenderness on pressure of individual joints and the strength of the patient's grip should be noted.

This is followed by testing the range and power of movement of the elbows and observing any painful spots such as occur in tennis elbow. The shoulders and acromio-clavicular joint should be put through the full range of all movements, or as much as the patient can manage, both actively and passively. Palpation of the shoulders will elicit any tender spots, and possibly crepitus will be felt. No examination of the shoulder would be complete without all the movements of the neck being tested also, as pain arising in the cervical region may sometimes be felt most intensely in the arm.

The patient should be watched during the whole procedure, because in spite of explanation, some patients will not readily admit to pain. Note is, therefore, made of muscle contraction, wincing and facial expression. One of the objects of these tests is to find out what particular change is leading to limited movement. If there is no movement at all, it is likely to be because there is bony ankylosis, or severe muscle spasm. Very slight movement is often the result of complete loss of cartilage and fibrous ankylosis. Some limitation is often present due to habit spasm or contractures. All movements should be kept within the limit of pain.

This could be followed by detailed examination of legs and spine.

The **third step** is the careful examination of each individual joint. To make this clear, the knee joint will be taken as an illustration, but the same procedure may be used for any joint. The patient should be in the lying position with the head and shoulders comfortably raised, and no pillow should be used beneath the legs.

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## EXAMINATION OF PATIENT

**Observation.** The legs should be viewed together and equally. A careful check of bulk of the quadriceps muscle, the position of the knee, the contour of the joint, the presence of swelling should be made. The knees are compared since there is rarely symmetry in this disease. Note may also be made of any movements the patient makes, because if the knees are painful, he/she often cannot keep them still for long.

**Palpation.** The swollen area should be gently palpated with the fingertips to ascertain whether it feels soft, spongy or firm. If fluid is suspected, the flat hand may be gently placed above the supra-patellar pouch and pressure exerted towards the toes. If there is effusion the fluid will move and the patella will be floated off the lower end of the femur. Gentle pressure by the fingers of the free hand will cause the patella to tap against the femur. This tap can be felt.

Palpation is then carried out to note the presence or absence of tenderness and whether the tenderness is the result of 'activity' within the joint or a localized tenderness of ligaments or tendons. The joint is gently grasped between the hands and they are then gradually approximated, careful note being made of how much depth of pressure is required before pain is experienced. The patient is watched during this procedure. With the fingertips, palpation is carried out along the joint line, over the medial ligament, the ligamentum patellae and the insertions of the hamstrings.

Some knowledge of the state of the muscles may be gained by palpation. Tone can be tested by touch; the muscles vary in softness or firmness according to their state of tone.

**Measurements.** These are useful if there is any doubt as to difference in size, and for record purposes, to check the progress of the joint. The bulk of both thighs, circumference of the joint and the degree of flexion and extension should all be measured.

From this examination it should be possible to plan homoeopathic treatment schedule including physiotherapy and whether the patient needs any aids.

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## HOMOEOPATHIC TREATMENT

**Bryonia:** This is the first remedy to be applied in Stage-I RA as Bryonia attacks the joints themselves, producing articular rheumatism, and it also inflames the muscle tissue, causing muscular rheumatism. The muscles are sores and swollen, and the joints are violently inflamed, red, swollen, shiny, and very hot. The pains are sharp, stitching or cutting in character, and the great feature of the drug should always be present, namely the aggravation from the slightest motion. Touch and pressure also aggravate. Ledum Pal has some points of similarity. It would come in in articular rheumatism, where there is a scanty effusion, while Bryonia tends to copious exudation. Bryonia seems to suit well the acid condition of the blood, which gives rise to rheumatism; it has a sour sweat; also, Kali Carb has stitching pains, but absence of fever will distinguish it from Bryonia.

Bryonia, Ledum, Nux and Colchicum are the four chief remedies having aggravation from motion. General constitutional symptoms will most likely be present in cases calling for Bryonia.

**Rhus Tox:** Restlessness and desire to move about continually, on still, since moving causes an account of the relief it to aggravation of all aches and pains. and yet sometimes pains force patient to move. Suitable when fibrous joints and of muscular tissues, sheaths of muscles itself are affected. RA in case of Rhus Tox though exposure to wet whereas Bryonia from overheated and perspiring. these causes. All Rhus Tox rheumatic symptoms are relieved by motion. They are worse from sitting and worse from rising from a sitting position, or on first commencing to move; continued motion, however, relieves. Warmth also relieves the Rhus Tox rheumatism. Damp weather and the approach of storms aggravate. Cold also aggravates. The character of the Rhus Tox pains is first a stiffness and soreness. there are also tearing pains, drawing, paralyzed sensations and even stitches. The sudden pain in the back known as "crick" is met well with Rhus Tox. Rhus Tox has an especial affinity for the deep muscles of the back. The great keynote of Rhus are the following:

1. Relief from continued motion; the lumbago, however, being sometimes worse from motion.
2. The stiffness and soreness.
3. The aggravation when first beginning to move.
4. The aggravation from damp weather and cold. cold air is not tolerated; it seems to make the skin painful.
5. The relief of all the symptoms by warmth.

## HOMOEOPATHIC TREATMENT

**Ledum Pal:** is one of our best remedies for rheumatism and gout, especially the latter. The great symptom which has always been regarded as the distinctive characteristic is the direction the pains takes, namely, going from below upwards. Like Caulophyllum and some others, Ledum Pal seems to have a predilection for the smaller joints. Nodes form in them and the pains travel up the limbs. The pains are made worse from the warmth of the bed. the effusion into the joints is scanty and it soon hardens and forms the nodosities. Ledum Pal like Colchicum, causes acute, tearing pains in the joints; weakness of the limbs and numbness and coldness of the surface.

Kalmia also has pains which travel upwards, but the character of the pains will distinguish. It may also be mentioned that Ledum Pal is an excellent remedy in erythema nodosum, which is of rheumatic origin. Ledum Pal produces and cures in certain cases an obstinate swelling of the feet. Wine aggravates all the symptoms of this drug. The characteristics of Ledum Pal may be thus summed up:

1. Upward extension of the pains
2. Tendency to the formation of nodes in the small joints.
3. Aggravation ;by the warmth ;of the bed.
4. Aggravation by motion.

It is useful, too, after the abuse of Colchicum in large doses.

**Guaiacum:** is a remedy with many rheumatic symptoms. It is in the chronic forms of articular rheumatism where the joints are distorted with concretions that it will do the most good, given earlier it will prevent the formation of these concretions, It is good remedy with which to follow Causticum. A characterizing symptoms will be contraction tendons, which draw the limb out of shape, worse on any motion. We have already seen a number of remedies having these deposits in the joints, but none having these contractions. Stiffness and soreness of the joints and soreness ;of the muscles are also present. Syphilitic or mercurial rheumatism may be also met at times with Guaiacum. Gonorrheal rheumatism, where many joints are affected, they are rigid, hot, swollen and painful, and the contraction will be present; the muscles seem too short.

**Calcarea Carb:** Rheumatic affections caused by working in water will call for Calcarea Carb. Rhus Tox may fail, and then oftentimes Calcarea Carb will complete the cure. Gouty nodosities about the fingers are also present (Arthritis Nodosa Deformans). It is also useful in Tubercular origin.

Calcarea fluorica has proved of service in lumbago. It has much the same symptoms as Rhus Tox; the patient is worse on beginning to move, but continued motion improves.

Arnica has rheumatism, resulting from exposure to dampness, cold and excessive muscular strain combined. The parts are also sore and bruised. Rheumatism of the inter-costal muscles is also met with Arnica.

Rheumatic stiffness caused by getting the head and neck wet will be best met with Belladonna. An other of the Calcareas, Calcarea phos, is useful for rheumatism appearing on any change in the weather; pains especially in the sacral regions and extending down the legs. These symptoms suggest also Dulcamara.

**Phytolacca:** The sphere of Phytolacca seems to be where there is a syphilitic taint. It is particularly useful in pains below the elbows and knees. There is stiffness and lameness of the muscles; the pains seem to fly about, are worse at night and are especially aggravated by damp weather. Rheumatic affections of the sheaths ;of the nerves; periosteal rheumatism or rheumatism of the fibrous tissues often is benefited by Phytolacca. Rheumatism of the shoulder and arms, especially in syphilitic cases, may call for this remedy. It cured a case of right deltoid rheumatism of twenty-seven years standing. Kali hydroiodicum has rheumatism of the joints, especially the knees. The knee is swollen, has a doughy feel, and the pain is worse at night; usually the trouble is of syphilitic or mercurial origin.

Mercurius has some rheumatic pains, worse at night, but sweating, as the patient always will when the drug is indicated, aggravates them.

Silicea is a remedy to be thought of in treating hereditary/tubercular rheumatism. The pains are worse at night; worse from uncovering, better from warmth.

**Pulsatilla** is usually brought prominently to mind when there is a tendency for the rheumatism to shift about, wandering rheumatic pains being one of its red strings. But other remedies have this symptom also, prominent among them being Kalmia, Bryonia, Colchicum, Sulphur, Kali bich and that member of the tissue family most resembling Pulsatilla, namely, Kali sulph.

## HOMOEOPATHIC TREATMENT

There is little trouble in distinguishing Pulsatilla from any or all of these remedies by its general symptoms. Kali sulph, however, will give the most trouble, but it is not a well-proven remedy and need only be thought of to try when Pulsatilla seems the remedy yet fails. Other characteristics of the Pulsatilla rheumatism are the aggravation from warmth, aggravation in the evening, and the relief from cold. The knee, ankle and tarsal joints are the most usual seat of the trouble when Pulsatilla is indicated. There is, too a restlessness with the remedy, the pains are so severe that the patient is compelled to move, and slow, easy motion relieves, as also with Lycopodium and Ferrum. A prominent use for Pulsatilla is in gonorrhoeal rheumatism. The joints are swollen and the pains are sharp and stinging, with a feeling of subcutaneous ulceration. Kali bich is also a remedy for gonorrhoeal rheumatism, as well as for wandering rheumatic pains; it has relief in a warm room, which at once distinguishes it from Pulsatilla. Thuja is another remedy for gonorrhoeal rheumatism. Rheumatism dependent on disturbance of the liver or stomach is apt to find its remedy in Pulsatilla.

**Causticum:** The symptoms calling for Causticum are a stiffness of the joints. The tendons seem shortened and the limbs are drawn out of shape. Rheumatism from damp wet Rheumatism caused by dry, cold weather. There are drawing muscular pains and soreness of the parts of which the patient lies. It has been found useful in rheumatism about the articulations of the jaw. Rhus Tox has a cracking of the lower jaw when chewing. Colocynth has a stiffness about the joints and is also a useful remedy in articular rheumatism.

Causticum, like Guaiacum and Ledum Pal, has gouty concretions in the joints. There is much weakness and trembling with Causticum, as with all the preparations of potash, and it is of little use in arthritic troubles if fever be present. Weakness of the ankle joint, contracted tendons, and a sprained feeling in the hip-joints are some of its important symptoms.

Burning in joints, Arthritis Deformans. Pain > from warmth especially heat of bed < Coffee, fats, dry cold air.

**Caulophyllum:** RHEUMATISM OF THE PHALANGEAL AND METACARPAL JOINTS (Act. sp.), with considerable swelling also when shifting from extremities to nape of neck, with spasmodic rigidity of muscles of back and nape of neck, especially in CONJUNCTION WITH UTERINE AND OVARIAN TROUBLES (after Delivery); rheumatic and neuralgic headaches; rheumatism alternating with asthmatic affections, panting breathing oppression of chest, nervous excitement. ARTHRITIS DEFORMANS IN WOMEN.

**Actea Spicata:** Very severe agonizing pain in METACARPAL AND METATARSAL JOINTS, WRISTS, FINGERS, ANKLES AND TOES, of a tearing, drawing character, (<) from least motion or touch, at night. Great stiffness of joints after rest; swelling of joints after fatigue; pains as from a paralytic weakness of hands; great swelling between the joints; periosteal pains. Patient goes out feeling comfortably, but as he walks, the joints ache and swell.

**Apis Mel:** Acute Inflammatory Rheumatism, mostly articular; affected parts feeling very stiff and exceedingly sore to any pressure, often with sensation of numbness; sensation as if the swollen joints were stretched tightly, of a pale-red color; some fluctuation about joint; burning, stinging pains, (<) from any motion, even that of hands, increases pain of lower limbs; stiffness in back and lame feeling in scapulae; darting, sticking pains in upper and lower limbs, with a paralyzed feeling; burning pain in lower limbs, from thighs to ankles, could not move the feet; rheumatic lameness of limbs; before retiring at night a hard shivering fit; headache and sleeplessness; skin warm; profuse sweat relieves.

**Ammonium-Phos:** Arthritis Nodosa, joints of fingers, hands and back swollen and bent; loss of appetite, emaciation, sleeplessness; nervous irritability; evening fever.

**Lithium-Carb:** Chronic Cases. Swelling, tenderness, sometimes redness of last joints of fingers, with general puffiness of body and limbs; increase of bulk and with clumsiness in walking at night and weariness in standing; sometimes intense itching of side, feet and hands at night, without apparent cause; debility with or in consequence of joint affections. Rheumatic Heart Disease with VALVULAR INSUFFICIENCIES CAUSED BY CALCAREOUS DEPOSITS; mental agitation, causes fluttering of heart, pain in heart when bending forward; jerks and shocks about heart, (>) by urinating; painfulness of feet, ankles, metatarsus, all the toes, chiefly of border of foot and of soles; burning in great toe; pain goes down the limbs (Gettysburg).

**Lycopodium:** Chronic forms, especially of old people, with painful rigidity of muscles and joints, and feeling of numbness in affected parts, forgetfulness, vertigo, congestion to head, sour belching, early nausea, flatulence oppression of chest, palpitation, etc.; rheumatism of finger-joints or about instep and ankle; drawing tearing in limbs at night and on alternate days, worse at rest and in wet weather, better in warmth; rheumatic tension in right shoulder-joint, in left hip; severe flying pains about the heart, causing him to press his hand there, dread to move or to be moved.

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## HOMOEOPATHIC TREATMENT

**Rhododendron:** Chronic Rheumatism Affecting The Smaller Joints; when there is a fibrous deposit in the great toe-joint; great susceptibility to changes in the weather, particularly to changes in cold winter weather and to electric changes in the atmosphere, especially during hot season; (<) at night towards morning, before rain, at rest (>) by motion; pains move from above downward, even to fingers and toes; acts best on right side.

### Vibronic Remedies

**Rheumatism & Arthritis 30:** Indicated in all types of Stage-II & III RA. It is very useful in RA including OA. It is the one that has given successful results.

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## REFERENCES

- A Text Book of Medical Conditions for Physiotherapists By JE Cash.
  - The Principles & Practice of Medicine By Sir Davidson
  - The Washington Manual of Medical Therapeutics
  - Homoeopathic Therapeutics By Lilienthal
  - Practical Therapeutics by Dewey WA
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## WARNING

Under no circumstances One should take any Homoeopathic & Vibronic remedies at his own, mentioned in this article. It is advised that one should seek professional help.