



To Study Applicability Of Second Prescription In Treatment Of Osteoarthritis Of Knee Joint

Dr.Vineeta Neeraj Kumar

BHMS,MD(Hom), DNHE

Assistant Professor, Department of Surgery, Aarihant

**Homoeopathic Medical College & Research Institute, Swarnim Startup
And Innovation University, Bhoyan Rathod, Near ONGC WSS, Adalaj**

Kalol Highway, Gandhinagar, Gujarat-382420

Abstract

Osteoarthritis also known as degenerative joint diseases. Osteoarthritis of knee commonly known as wear and tear arthritis because the natural cushioning between joints and cartilage wear away. Due to this, the bones of the joints rub more closely against each other, so the shock absorbing benefits of cartilage is lost in a great way and progressively it may lead to disability. It is believed to be the fourth leading cause of disability in the world.

The prevalence of Osteoarthritis rises strikingly with age as it is weight bearing joint. Osteoarthritis is uncommon before the age of 40 and highly prevalent over the age of 60. Therefore it is most common in elderly. It is more common in women than in men. It is also common in persons who are involved in physical labour.

Keywords

osteoarthritis, homoeopathy, therapeutics, 2nd prescription

Clinical symptom of osteoarthritis of knee joint includes

knee pain which is gradual in onset and worsen with activity & relieved by rest, knee stiffness most common in morning, crackling noise(crepitus) when affected joint is moved and swelling. Usually symptom progress slowly over years. The intensity of clinical symptom may vary in each individual.

second prescription is that which follows the first prescription that has already acted." After taking case we derive totality which characterize a patient and from that totality the remedy is selected this remedy is to be considered as a first prescription. First prescription alter the symptom picture either by relieving it, worsening it or by producing new symptoms. Therefore, second prescription is the prescription after the first one has acted.

As osteoarthritis is a chronic disease which requires long term treatment, so second prescription becomes almost important in management of osteoarthritis.

AIM AND OBJECTIVES

To know the role of homoeopathic medicine in the applicability of second prescription in treatment of osteoarthritis of knee joint.

To know the most effective medicines in the treatment of OA Knee.

SECOND PRESCRIPTION MAY BE FOLLOWING:

1. Repetition of the first remedy
2. Antidote of the first remedy
3. Change of then first remedy
4. Complimentary to the first remedy
5. Cognate
6. Change in the total plan of the treatment

1. Repetition of the First Remedy

If there has been a relief caused by the first prescription, and then the symptoms return somewhat as in the original, this one of the reasons for believing that the first prescription was a good one. In such a case when the symptoms return when the patient has the same general and particulars as formerly, it means that the first prescription was a good one, that the case is curable, and that the second prescription must be a repetition of the former.

2. Antidote to the First Remedy

Appearance of new symptoms after the first prescription indicates that the remedy was not homoeopathic to the case; and yet it was an unfortunate prescription, because it has caused the disease to progress in another direction, developing another group of symptoms. This coming up of new symptoms means that they must be antidote, if it is possible.(as said by Dr J.T.kent).

Dr Samuel Hahnemann in aphorism 249, “every medicine prescribed for a case..... order throughout.” has also described when to antidote.

3. Change of the First remedy

After the administration of the medicine, when a new group of symptoms appears somewhere in the body relative to the patient, such as the patient has never had, this new group of symptoms means that a new remedy must be considered, and under such circumstances the change of the remedy will be the second prescription.

4. Complementary to the First Remedy

A second prescription is sometime necessary to complement the former and this is always a change of remedy. Dr J.T.Kent here gives an example of belladonnacalcarea carb.

Dr H A Roberts has also explained complementary medicine by giving examples of belladonna –calcarea carb,pulsatilla-silicia.

Dr. Hahnemann had clearly mentioned about the use of complementary medicine in aphorism 194, 222 & 240.

5. Cognates (Related to Each Other)

Those remedies that are closely related to each other are called cognates. A medicine always leads to one of it's cognate. Dr J T Kent gives example of A bilious fever in a Sepia constitution is likely to call for Nux Vomica, and as soon as that bilious fever or remittent fever has subsided the symptoms of Sepia come out immediately, showing the complementary relation of Nux and Sepia. If the patient has been

under the influence of Sepia some time, and comes down with some acute inflammatory attack, he is very likely to run towards Nux or another of its cognates. The whole Materia Medica abounds with these complementary and cognate relationships.

6. Change of Plan of Treatment

In chronic diseases, after a thorough study the physician diagnoses predominant miasm and gives a first prescription. The first prescription may remove all the symptoms of that miasm. Then suddenly another condition may arise that shows the symptoms of another miasm which was subdued all these days by the previous miasmatic condition. In such conditions the second prescription has to be changed based on the current totality and the miasm that is responsible for it. We cannot expect to cure any mixed miasmatic condition by a single dose of one single remedy. But to cure such conditions, we need various remedies to be administered in succession i.e. one after another.

HOMOEOPATHY MEDICINE FOR OSTEOARTHRITIS

There are many medicines for osteoarthritis in homoeopathy and the main medicines are mentioned below.

BRYONIA ALBA:

Pain with inflammation, which is aggravated by movement and relieved by moderate pressure and rest. There is inflammation of joints which are hot and swollen. Stiff knees and painful, joints red, swollen, hot, with stitches and tearing, with movement aggravates. Painful spot on pressure. Worse, warmth, any motion, morning, eating, hot weather, exertion, touch. Pressure and rest relieve the symptoms. Pain in serous membranes and joints.

RHUS TOXICODENDRON:

There is restlessness and the pains are worse on first motion, better by continued motion. The joints are hot, painful and swollen. Tearing pains in tendons, ligaments and fascia. Limbs stiff paralyzed. The cold fresh air is not tolerated; it makes the skin painful. It acts on cellular ligaments and fibrous joints. Tenderness about the kneejoint. Complaints increased during sleep, cold, wet rainy weather and after rain; at night, during rest, and relieved by warm, dry weather, motion; walking, change of position, rubbing, warm applications, from stretching out limbs.

KALI CARBONICUM:

The nature of pain is stitching, stabbing and burning character which is relieved temporarily by cold application and not by rest or motion. The patient shrieks on account of pain. Pain is tearing in nature in limbs with swelling. The complaint increased in cold weather from soup and coffee, better in warm weather. The pains are sudden and so sharp which make the patient cry.

ARNICA MONTANA:

Arthritis which is of a chronic nature with a feeling of bruised soreness can indicate a need for this remedy. Sprained and dislocated feeling. Soreness after over exertion. Rheumatism begins low down and works up. Rheumatism begins low down and works up. The complaint aggravated during least touch, motion, rest, wine and damp cold. And better, lying down. Recent and remote affections from injuries, especially contusions or blows.

RUTA GRAVEOLENS:

Arthritis with a feeling of great stiffness and lameness, worse from cold and damp, and worse from exertion often is relieved by this remedy. Tendons and the capsules of the joints may be affected. Arthritis

may have developed after overuse, from repeated wear and tear.

APIS MELLIFICA:

This remedy is mostly used in acute conditions with redness, tenderness and swelling. Joints feel hot and have stinging pain. Warmth can aggravate the symptoms and cool applications bring relief. The complaint got aggravated from heat in any form touch, pressure, late in the afternoon, after sleeping, in closed and heated rooms and relieved by open air, uncovering, and cold bathing.

CALCAREA CARBONICA:

Arthritis in a person who is flabby or overweight, and easily tired by exertion. Swelling of knees in fatty constitution with sweats on the head and hands worse in cold and damp weather. Aggravated from exertion, mental or physical, ascending, cold in every form, water, washing, moist air, wet weather, during full moon, standing. Better, dry climate and weather; lying on painful side.

STICTA PULMONARIA:

The main action reduces fluid in the joints. Housemaid's knee. Shooting pain in knees. Joints and neighbouring muscles red, swollen, painful. Rheumatic pains precede catarrhal symptoms. Worse with sudden changes of temperature. Mainly curative in inflammatory rheumatism of the knee joint. It is very sudden in its attacks and unless promptly relieved by strict will go on to the oxidative stage and become chronic in character. Peculiar symptom legs felt as if floating in the air, or felt light and airy as if not resting on the bed.

ELATERIUM:

Pain in the knees, toe thumb and fingers worse cold and damp weather.

FOMICA RUFA:

Pains, stiff and contracted joints. Better by warmth, pressure and rubbing. Muscles feel strained and torn from their attachment. Weakness of lower extremities. Rheumatism comes on with suddenness and restlessness. Sweat does not relieve. Relief after midnight and from rubbing.

LACHESIS:

The knee are dislocated, stiff and weak. Stinging in knee. Sensation of hot air through knee joint. Shortening of tendon. Worse after sleep, left side, in the spring, warm water bath, pressure. Better by warm application.

PHYTOLACCA:

Aching, soreness, restlessness, prostration are general symptoms guiding to phytolacca. Has a powerful effect on fibrous and osseous tissues, fascia and muscle sheath. Pain fly like electric shocks. Shooting, laminating, shifting rapidly. Pain like shocks. Pain like shocks. Pain in legs, patient dreads to get up. Exposure to damp, cold weather, night, motion, right side. Better warmth, dry weather, rest.

NATRUM MURIATICUM:

Arms and legs, but especially knees, feel weak. Drawing pain in knees while sitting. Numbness and weakness of lower extremities. Coldness of legs with congestion to head, chest and stomach. Worse about 10 am and lying down. Better by cold bath, lying on right side.

SEPIA:

Lower extremities lame and stiff, tension as if too short. Crackling in knee and stiffness, Restlessness in all limbs, twitching and jerkings night and day. Coldness of legs and feet. Better by pressure, hot applications, drawing limbs up, after sleep and by exercise

LYCOPodium:

Numbness also drawing and tearing in limbs, especially while at rest or at night. heaviness of arms. One foot hot the other cold. Profuse sweat of the feet. Pain come and go suddenly. Cannot lie on painful side. Right foot hot, left cold. Limbs go to sleep. Twitching and jerking. Worse right side, from right to left, from above downward, 4 to 8pm, bed. Warm application better by motion, after midnight, on getting cold, from being uncovered.

MATERIALS AND METHOD

It includes collection of data, methodology, assessment and interpretation of data

COLLECTION OF DATA**SOURCE OF DATA :-**

A sample of 30 cases was selected among the patients with OSTEOARTHRITIS OF KNEE JOINT visiting the OPD, IPD and Rural Centres of ARIHANT HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE for homoeopathic treatment had randomly assigned in the study.

SAMPLE SIZE :-

- Sample Size: Minimum 30 cases.
- Sampling Technique: Random Sampling

METHOD OF COLLECTION OF DATA :-

Patients were selected on the basis of clinical features, history, examining the patient. Data were obtained from the patients, bystanders and investigator's observations. Recording done in pre structured case record format of ARIHANT HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE. Cases were selected according to the inclusion criteria.

INCLUSION CRITERIA

- >Patients of age group 45-65.
- >Both sexes.
- >Diagnostic criteria are mainly based on the clinical presentation and X-ray.
- > Improvement criteria are based on the symptomatic relief.

EXCLUSION CRITERIA

- >Patients with disability, bed- ridden patients are excluded.
- > Osteoarthritis of knee associated with any chronic and systemic disease on active treatment.

SELECTION OF TOOLS

- Pre-structured AHMC case format
- ADLS scores
- Verbal pain intensity scale
- Repertory –radar-synthesis 9.1
- Homoeopathic repertory KENT
- Homoeopathic medicine for osteoarthritis of knee

METHODOLOGY

Random selection of 30 cases of patient with Osteoarthritis of Knee from the OPD, IPD and Rural Centres of ARIHANT HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE. The case details will be recorded in standardized pre structured case format of ARIHANT HOMOEOPATHIC MEDICAL COLLEGE AND RESEARCH INSTITUTE. The case will be analyzed totally erected. The symptoms will be evaluated and the susceptibility of patient assessed with scoring chart. The case will be repertorised (if needed) and a remedy will be prescribed. Potency and repetition of doses will be done under the homoeopathic principles based on the susceptibility. Assessment is done every week and the changes recorded.

ASSESSMENT

Assessment was done based on general and symptomatic improvement of the patient. Assessment was done and the changes are recorded for OPD and Rural patients. For effective assessment and evaluation, disease intensity score were given for each case. Before and after treatment scores were analysed by using pairedtest.

INTERPRETATION OF DATA

The datas were interpreted according to clinical features, potency, repetitions of dose, disease intensity score and improvement. The results are represented in tables and figures. The pairetest was applied to study the level of significance of the investigation.

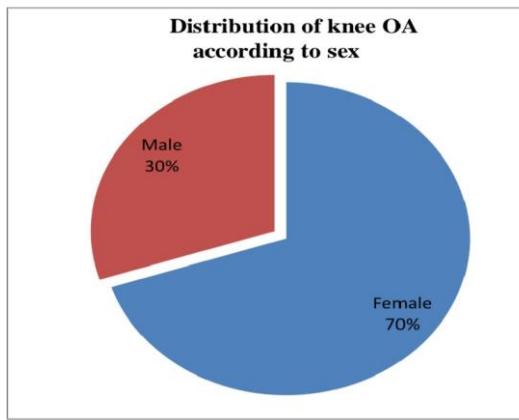
OBSERVATION AND RESULTS

The present study includes a sample of about 30 patient who a diagnosed to have knee OA. All these 30 cases were followed up for a period of 6 months were considered for the statistical study. The description of the data collected from 30 cases using tables and charts are described in these section.

1.DISTRIBUTION OF KNEE OA ACCORDING TO SEX

Table:1 Distribution of knee OA according to sex

Sr. No	Sex	No. Of patient	Percentage
1.	Female	21	70%
2.	Male	9	30%



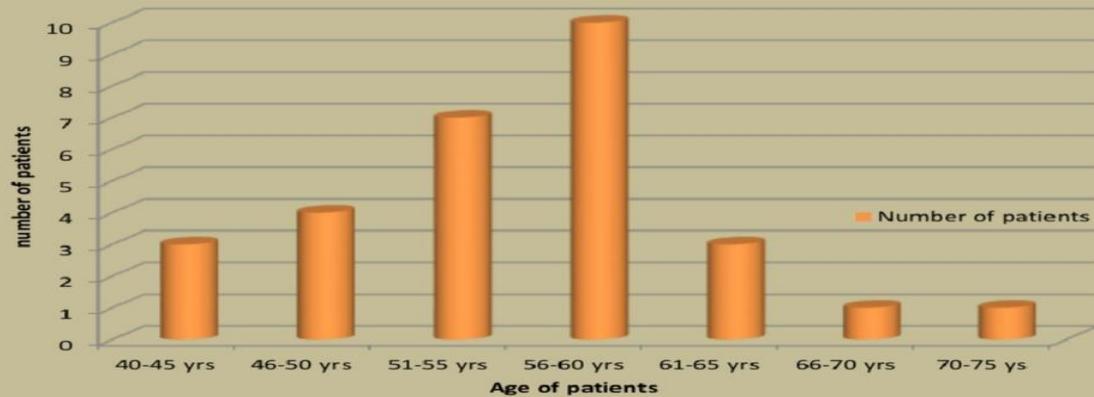
FINDINGS: The distribution of knee OA according to sex differentiation is 30% (9) in males and 70% (21) in females.

2 .DISTRIBUTION OF KNEE OA ACCORDING TO AGE GROUP

Table :2 distribution of knee OA according to age group

Sr. No	Age group affected	Number of patient	Percentage
1.	40-45 year	3	10%
2.	46-50 year	4	13.33%
3.	51-55 year	7	23.33%
4.	56-60 year	10	33.33%
5.	61-65 year	3	10%
6.	66-70 year	1	3.33%
7.	71-75 year	1	3.33%

Distribution of OA Knee according to the age of patients

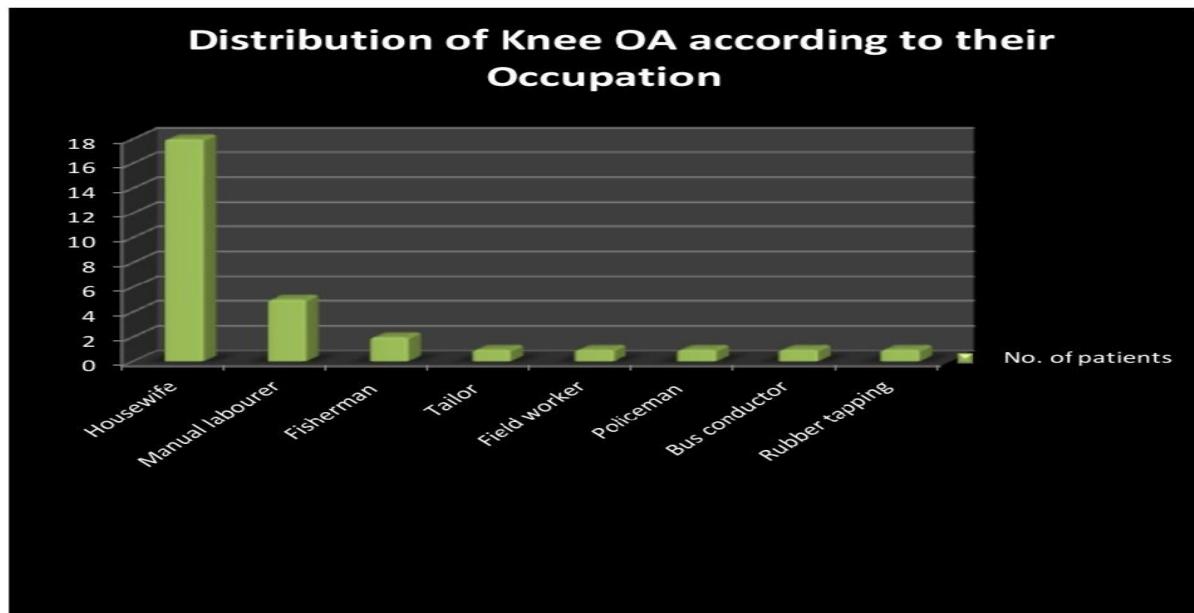


FINDINGS: Out of 30 patients 3 patients (10%) are between the age of 40 years to 45 years, 4 patients (13.33%) the age of 46 yrs to 50 yrs. 7 patients (23.33%) are between the age of 51 yrs to 55 yrs. 10 patients (33.33%) between the age of 56yrs to 60 yrs. 3 patients (10%) between the age of 61 yrs to 65 yrs, 1 patient between the age of 66 yrs to 70 yrs. And 1 patient comes under 70-75 yrs of age group.

3. DISTRIBUTION OF KNEE OA ACCORDING TO THEIR OCCUPATION

Table: 3 Distribution of Knee OA according to their occupation

Sr. No	Occupation	No. Of patient	Percentage
1.	Housewife	18	60%
2.	Manual labourer	5	16.66%
3.	Fishermen	2	6.66%
4.	Tailor	1	3.33%
5.	Field worker	1	3.33%
6.	Policeman	1	3.33%
7.	Bus conductor	1	3.33%
8.	Rubber tapping	1	3.33%



Findings:

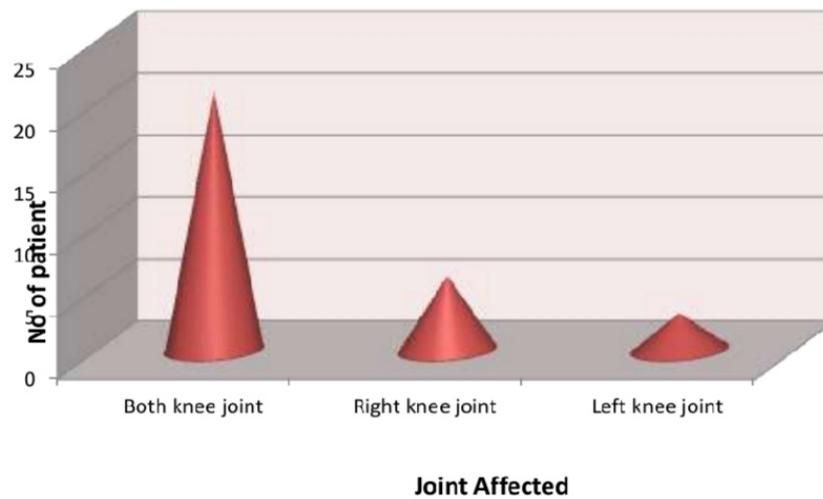
The distribution of Knee OA according to their occupation. Out of 30 cases, 60 % (18) belonged to housewives, 16.66% (5) belonged to the category of manual labourer, 6.66% (2) belonged to the category of fisherman, 3.33% (1) of rubbertapping, 3.33% (1) of tailor, 3.33% (1) of field worker, 3.33% (1) of policeman and 3.33% (1) of bus conductor.

4.DISTRIBUTION OF KNEE OA ACCORDING TO THE INVOLVEMENT OF KNEE JOINT

Table:4 Distribution of Knee OA according to the involvement of knee joint

Sr. No	Knee joint involved	No. Of patient	Percentage
1.	Both knee joint	21	70%
2.	Right knee joint	6	20%
3.	Left knee joint	3	10%

Distribution of Knee OA according to the involvement of knee joint



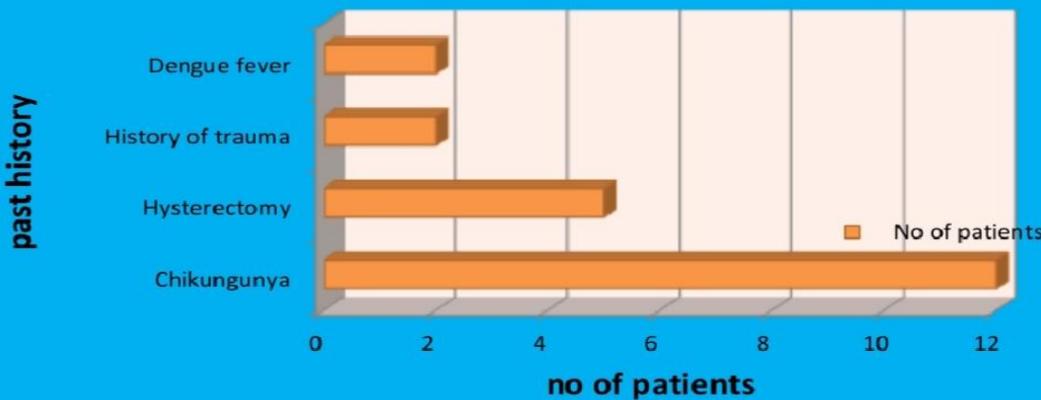
Findings: The distribution of knee OA according to the involvement of knee joint. In 70 % (21) of cases affections seen in both knee joint, 20% (6) cases affections are seen in right knee joint and in 10% (3) cases affections seen in left knee joint.

5. DISTRIBUTION OF KNEE OA ACCORDING TO THE PAST HISTORY WHICH IS RELAVENT TO THE DISEASE.

Table: 5 Distribution of Knee OA according to past history which is relavent to the disease

Sr. No	Past history	No. Of patient	Percentage
1.	Chikungunya	12	40 %
2.	Hysterectomy	5	16.66%
3.	History of trauma	2	6.66%
4.	Dengue fever	2	6.66%

Distribution of Knee OA according to past history



Findings: The study shown that about out of 30 patient, 12 of them (40%) had a past history of chikungunya, 5 of them hysterectomy (16.66%) done. 2 of them about (6.66%) had history of trauma. 2 of them (6.66%) had history of dengue fever.

6. DISTRIBUTION OF KNEE OA ACCORDING TO DURATION OF ILLNESS

Table: 6 Distribution of Knee OA according to duration of illness

Sr. No	Duration of illness	No. Patient	Percentage
1.	1-2 year	10	30%
2.	2-4 year	8	26.66%
3.	4-6 year	4	13.33%
4.	6-8 year	5	16.66%
5.	8-10year	3	10%



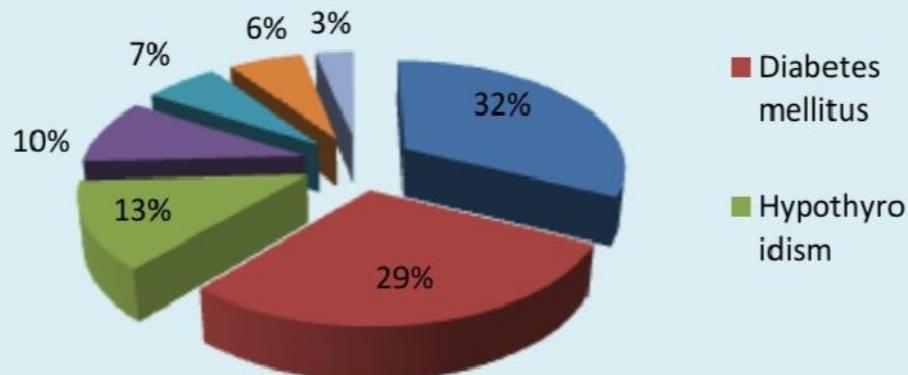
Findings: Distribution of knee OA according to the duration of illness. Out of 30 patients 10 patients (30%) gave suffering history for 1-2 years. 8 patient (26.66%) gave history of illness for 2-4 years. 4 patient (13.33%) gave the suffering history for 4-6 years. And 5 patient (16.66%) have a duration of complaint for 6-8 years and remaining 3 patient (10%) had duration of 8-10 years.

7. DISTRIBUTION OF KNEE OA ACCORDING TO CO MORBID ILLNESS

Table :7 Distribution of Knee OA according to co morbid illness

Sr. No	Co morbid illness	No. Of patient	Percentage
1.	Backache	10	33.33%
2.	Diabetes mellitus	9	30%
3.	Hypothyroidism	4	13.33%
4.	Hypertension	3	10%
5.	DM+hypothyroidism	2	6.66%
6.	Bronchial asthma	2	6.66%
7.	Gastritis	1	3.33%

Distribution of OA Knee according to co morbid illness

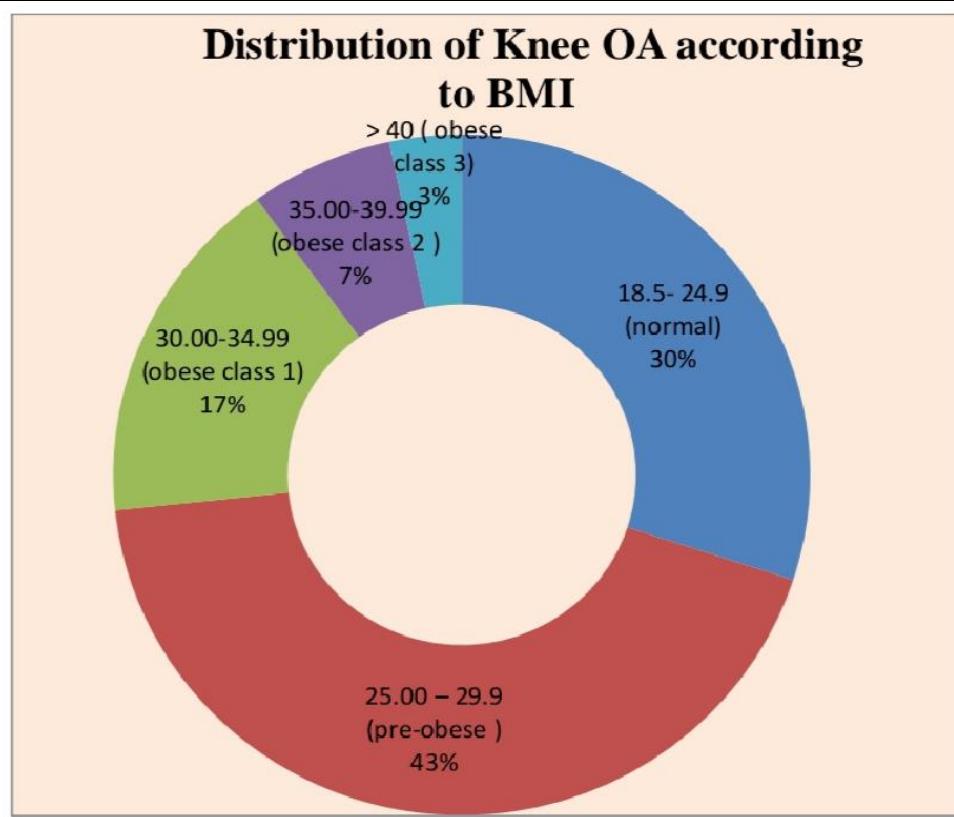


Findings: The study shows that out of 30 patients suffering from OA knee 10 patients (about 33.33%) have backache, about 9 patients have diabetic mellitus (30%), 4 patients (13.33%) have hypothyroidism, 2 patients have both diabetic mellitus and hypothyroidism (6.66%) and 1 patient have gastritis 3.33%.

8.DISTRIBUTION OF KNEE OA ACCORDING TO BMI

Table:8 Distribution of knee OA according to BMI

Sr. No	BMI (kg/m ²)	No.of patients	Percentage
1.	18.5- 24.9 (normal)	9	30%
2.	25.00 – 29.9 (pre-obese)	13	43.33%
3.	30.00-34.99 (obese class 1)	5	16.66%
4.	35.00-39.99(obese class 2)	2	6.66%
5.	> 40 (obese class 3)	1	3.33%



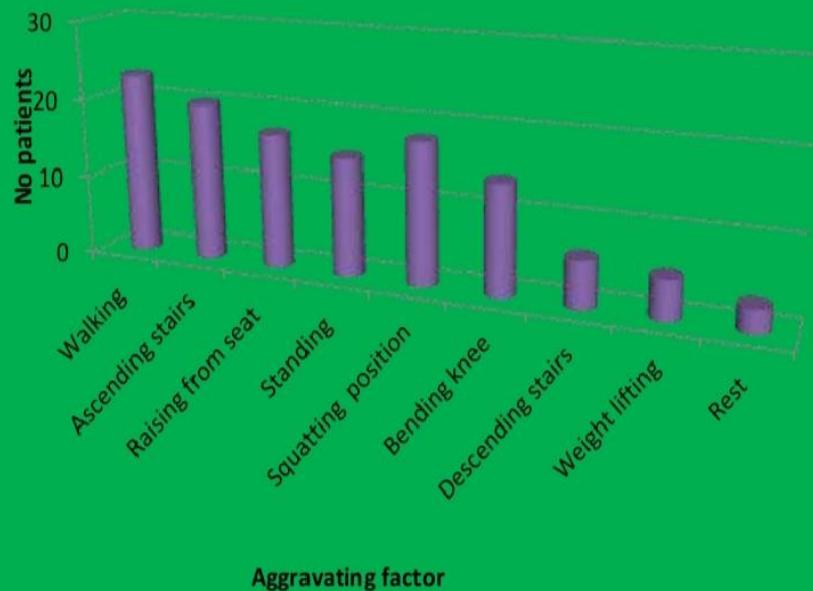
FINDINGS: Distribution of Knee OA according to BMI. 9 patients (30%) are normal weight. They have BMI between 18.5-24.99, 13 patient (43% cases) are preobese and the BMI is between 25.0 and 29.99. 17% cases are obese class 1 BMI between 30.0- 34.99. 2 patients (6.66%) come under obese class 2 (BMI between 35.00 - 39.99). 1 patient (3.33%) out of 30 come under obese class3 (BMI above 40).

9.DISTRIBUTION OF KNEE OA ACCORDING TO THE COMMON AGGRAVATING FACTORS

Table :9 Distribution of Knee OA according to common aggravating factors

Sr. No	Aggravating factors	No. of patients	Percentage
1.	Walking	23	76.66%
2.	Ascending stairs	20	66.66%
3.	Raising from seat	17	56.66%
4.	Standing	15	50%
5.	Squatting position	18	60%
6.	Bending knee	14	46.66%
7.	Descending stairs	6	20%
8.	Weight lifting	5	16.66%
9.	Rest	3	10%

Distribution of Knee OA according to aggravating factors

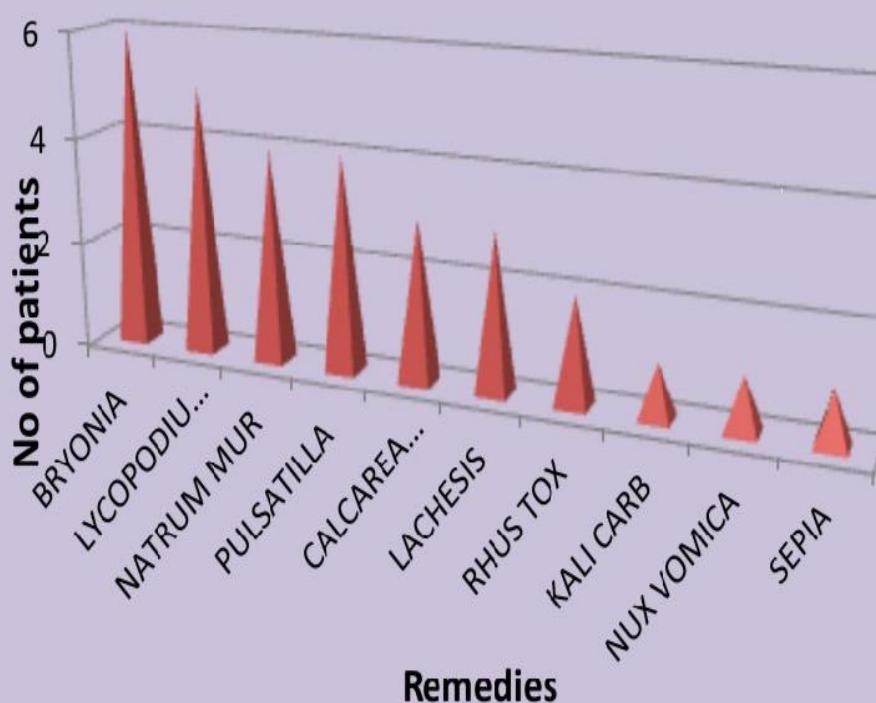


FINDING: Out of 30 patient 23 patient (76.66%) had aggravation during walking , 20 patient (66.66%) has aggravation during ascending stairs, 17 (56.66%) patient aggravation during raising from seat, 15 (50%) aggravation during standing, 18 patient (60%)had aggravation squatting position, 14 patient (46.6%) aggravation bending knee, 6 patient (20%) aggravation descending stairs, 5 patient (16.6%) aggravation weight lifting and 3 patient (10%) had aggravation rest.

10. DISTRIBUTION OF OSTEOARTHRITIS OF KNEE ACCORDING TO THE REMEDY GIVEN

Table :9 Distribution of OA knee according to the remedy given

Sr. No	Remedy	No. Of patient	Percentage
1.	BRYONIA	6	20%
2.	LYCOPodium	5	16.66%
3.	NATRUM MUR	4	13.33%
4.	PULSATILLA	4	13.33%
5.	CALC CARB	3	10%
6.	LACHESIS	3	10%
7.	RHUS TOX	2	6.66%
8.	KALI CARB	1	3.33%
9.	NUX VOMICA	1	3.33%
10.	SEPIA	1	3.33%



FINDINGS: Out of 30 cases 6 cases (20%) were given Bryonia, Lycopodium was given 5 cases(16.66%), Nat mur in 4 cases (13.33%), Pulsatilla 4 cases (13.33%) Cal carb 3cases (10%), Lachesis in 3 cases (10%), Rhus tox in 2 cases (6.66%), Kali carb, Nuxvom and Sepia for one case each(3.33%).

BIBLIOGRAPHY

1. Allen T.F.- Boenninghausens therapeutic pocket book, Reprinted edition 1984, B.Jain Publishers Pvt. Ltd., Delhi.
2. Close Stuart- The Genius Of Homoeopathy Lectures And Essays On Homoeopathic Philosophy. Low price edition. U.P: B. Jain Publishers (p) LTD. 2002
3. Dhawe M.L- Principe & Practice of Homoeopathy B. Jain Publisher(P) LTD
4. Kasper- Harrison's Principle of Internal Medicine.19th edition. United State: Mc Graw Hill Education.2015
5. Kent J.T.-Lectures on homoeopathic philosophy, Reprinted Edition 1984, B. Jain Publishers Pvt. Ltd., Delhi.
6. Munjal Yash Pale- API Textbook of Medicine. 9th edition. Mumbai: The association of physician of India. 2012
7. Nagendra Babu G. :-Comprehensive study of Organon-An attempt to understand the organon of medicine as a scientific treatise,B.Jain Publishers (P)Ltd.
8. Robert H.A.- The principles and art of cure by homoeopathy, Low price edition 2002, B. Jain Publishers Pvt. Ltd., Delhi
9. Sarkar B.K. Hahnemann's Organon of Medicine.14th edition.Shahdara, Delhi: B. Jain Publishers (P) LTD. 2013-2014.
10. Stanelly Davidson- Davidson's Principle and Practice of Medicine. 23rd edition. London:
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5017174>
12. Bansal VP. National Journal Of Homoeopathy. 1999 March/April: Vol V111; Issue no 2. p. 112.
13. Bickley S Lynn, Szilagyi G Peter. Bates guide to physical examination history taking 10th edition; p. 625-628.
14. Boericke William. Pocket Manual of Homoeopathic Materia Medica & Repertory.B. Jain Publishers (P) Ltd; p. 132, 554,610, 293.
15. Boger CM. A Synoptic Key to Materia Medica, New Delhi B. Jain Publishers. (P) Ltd; p. 289.
16. Clark JH. Dictionary Of Practical Materia Medica, B. Jain Publishers: vol 1.1987; p. 256.
17. Clinical research study series 1 published by CCRH New Delhi 2009.
18. Das S. A manual of clinical surgery. 3rd edition; Calcutta. B. Jain Publishers (P)

Ltd; 1987. p. 568.

19. Dey SP. Common types of rheumatism and arthritis. First Edition. 2005. Indian periodicals publishing: p.14-15.

20. Ebenezer John, Textbook of Orthopaedic, 3rd Edition. New Delhi B. Jain Publishers. (P) Ltd: p. 543.

21.. Ernst E. Musculoskeletal conditions and complementary/alternative medicine. Best Pract Res ClinRheumatol. 2004 Aug;18(4): p. 539–56.

22.. Fauci S. Anthony. Harrison's Rheumatology 3rd Edition. The McGraw-Hill Companies (P): 2008. p. 238.

23. Hahnemann Samuel. Organon of Medicine. 5th&6th Edition's B. Jain Publishers (P) Ltd: 2002. p. 135.

24. Homoeopathy for all. Osteoarthritis. A Holistic Approach to a Common Degenerative Joint disorder. February 2015. p. 17-20.

25. Long L, Ernst E. Homeopathic remedies for the treatment of osteoarthritis: A systematic review. Homeopath Journal. Jan 2001; 90(1): p. 37–43.

26. Bansal VP. National Journal of Homoeopathy. March/April 1999; vol V111 No 2.

27. Nash EB. Leaders in Homoeopathic Therapeutics with grouping and classification. 5th Edition. New Delhi. B. Jain Publishers (P) Ltd; 2005. p. 134.

28. NCBI Indian Journal of Orthopedics 50(5); September 2016. p. 518.

29. Pendleton A, Arden N, Dougados M, Doherty M, Bannwarth B, Bijlsma JW, et al. EULAR recommendations for the management of osteoarthritis: Report of Task Force Standing Committee for International Clinical Studies including Therapeutic Trials. Rheumatic Diseases. Dec 2000; 59(12): p. 936.944.

30. Gopinadhan S, Kurup TNS, Sumitran PP, Vasanthiamma T, Sivadas PS, Nair Jal KR. Osteoarthritis. Clinical Research Studies: Series 1. New Delhi, India: Central Council for Research in Homoeopathy, 2008. p. 9-104.

31. Chaurasia B.D, Chaurasia's, Human anatomy regional and applied : Lower limb abdomen and pelvis 7th edition. Page no 147

32. <https://www.doi.org/10.1093/rheumatology/key379>.

33. <https://www.homoeopathy/clinic.com>

34. <https://www.orthoinfo.org>.

35. <https://www.wellinghomoeopathy.com/treatment/of/osteoarthritis>.

FEW CASES REPERTORIAL TOTALITY

CASE-1

CASE-2

Remedy Name	Arnica																
Totality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Symptom Covered																	
[A1] [Extremities pain] Pain Elbow-Elephantic																	
[A1] [Extremities pain] Pain Elbow-Walking, after																	
[A1] [Extremities pain] Pain Elbow-Extending to Hand																	
[A1] [Extremities pain] Pain Elbow-Extending to Wrist																	
[A1] [Extremities pain] Pain Elbow-Bend of Morning																	
[A1] [Extremities pain] Pain Elbow-Bend of Touched when																	
[A1] [Mind] Irritability (see anger) Pain,during																	
[A1] [Face] Expression,Anxious																	
[A1] [Extremities pain] Pain Aching,Shoulder,Moving arm, on																	
[A1] [Extremities pain] Pain Tearing,Upper arm,Moving arm, and																	
[A1] [Extremities pain] Pain Shoulder Left																	

Symptoms 15

Remedies 113

CASE-3

Remedy Name	Arnica																
Totality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Symptom Covered																	
[A1] [Extremities pain] Pain Joints																	
[A1] [Extremities pain] Pain Joints,Night																	
[A1] [Extremities pain] Pain Joints,Motion																	
[A1] [Extremities pain] Pain Joints,Walking,While																	
[A1] [Mind] Anger,irascibility(see irritability,quarrelsome)																	
[A1] [Fever] Paroxysmal,fever																	
[A1] [Fever] Paroxysmal fever,Morning																	
[A1] [Fever] Paroxysmal fever,Night																	
[A1] [Mind] Anxiety,Health,about																	
[A1] [Extremities pain] Pain,Knee,Acute																	

Symptoms 10

Remedies 189

CASE-4

Remedy Name	Arnica																
Totality	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Symptom Covered																	
[A1] [Mind] Anger,irascibility(see irritability,quarrelsome)																	
[A1] [Mind] Irritability (see anger)																	
[A1] [Extremities] Rheumatism																	
[A1] [Extremities pain] Pain,Knee																	
[A1] [Extremities pain] Pain,Knee,Motion, Cramped,acute																	
[A1] [Extremities pain] Pain,Knee,Rheumatic																	
[A1] [Mind] Anxiety,Health,about																	
[A1] [Generalities] Weakness,excretion (see lassitude,weariness) Daytime																	

Symptoms 8

Remedies 12



MASTERCHART

S L. N C	NA M E	A G E	S E X	OCCUP ATION	DU RA TIO N OF ILL NE SS	PRESENTING COMPLAINTS	P/H	COMO RBID ILLNESS	B M I	REM EDY	REMAR KS	
1 .	Mr .KS	5 2 y	M	Construction worker	9mo nth	Stitching pain in knee joints <walking, flexion of knee	both	NR	DM	37	Bryonia 30	Improvement
2 .	Mr s.E	5 7	F	Housewife	2yea rs	Pain in both knee joints more on right		NR	DM	26 .9	Lachesis 200	Improvement
3 .	Mrs .V	5 0	F	Housewife	1yea r	Pain and stiffness in both knee joints <walking, squatting position, night > rest		Hysterectomy	Cervical spondylosis	26 .5	Lachesis 200	No improvement
4 .	Mrs .B	6 0	F	Housewife	1yea r	pain and swelling in both knee joint <walking > motion		NR	Gastritis	30 .2	Natrum sulph 200	Improvement
5 .	Mrs .A	5 6	F	Housewife	8 mon th	Pain, stiffness and swelling in right knee joint < ascending stairs, walking, r aising from seat > warm application	Chikungunya 8 years back	NR	NR	24 .4	Ledum pal 200	No improvement

6.	Mrs.L	60	F	Housewife	2years	Painin bothkneejoint <walking,morning ,raisingfromseat,night	NR	Hypo thyroidism	35.5	Lycopodium200	Improvement
7.	Mr.S	55	M	Tailor	7 months	Stitchingpainin right kneejoint&odema present<ascendingand desendingstairs,hangin gdowntheleg	NR	Cervical spondylosis	24.7	Calcar b200	Improvement
8.	Mrs.F	48	F	Housewife	2years	Pain&stiffnessinboth kneejoint<walking, raisingfomthesseat. >pressure	NR	Bronchial asthma	41.1	pulsatilla 200	Improvement
9.	Mrs. R	43	F	Field worker	2years	Achingpaininleftknee &weakness<raising fromseat,sitting>war mapplication	NR	DM	26.1	Natmur 200	Improvement
10	Mrs. RN	56	F	Housewife	3years	Burningpainin both kneejoint<touch, walking,movements ofleg,standing	NR	Lumbar spondylosis	27	Medorrin um1m	Improvement
11	Mr .LB	40	M	Painter	8 months	Drawingpaininleftknee joint<hanging thelegs, walking,evening>lying	Dengue fever 2 years back	NR	27.1	Pulsatilla 200	Improvement

12	Mrs WA	52	F	Housewife	3years	Paininbothkneejoint< standing,squatting position	NR	NR		Rhurstox 1m	No Improvement
13	Mrs. LA	55	F	Housewife	6years	Paininbothmoreon right<bendingknee,col dposure	Chikenguna a 10 years back	HTN	27.4	Pulsatilla 200	Improvement

14	Mr .SK	56	M	Autodriver	4years	Paininbothkneejoint< ascendingstairs,night, continuouswalking	NR	DM	25.3	Lachesis 0/1	No improvem ent
15	Mrs SB	52	F	Housewife	1year	Painin bothkneejoint	NR	Hypothyroidism	24	Natmur 0/1	Improve ment
16	Mrs. ML	49	F	Housewife	3years	Paininrightkneejoint <walking, bendingof knees,squattingposition	Hystectomy-4 years back	DM hypothyroidism	36.2	Natmur 200	Improvem ent
17	Mrs VS	62	F	Housewife	1year	Stiffnessandbruised paininbothknee< squattingposition ascendingsta is >pressure,warm application	h/o trauma	Lumbar spondylosis	29.9	Sepia200	Improvem ent
18	Mr. Kd	75	M	Tapping	7 months	Paininbothkneejoints	Chikengunea	NR	23.9	Pulsatilla 200	No improvemen t

19	Mrs VD	57	F	Housewife	3years	Painin bothkneejoint	Chikengunea Hystectomy	DM	28.5	Lycopodium 0/1	Improvem ent
20	Mrs MS	60	F	Housewife	1year	Paininleftknee joint<walking,ascendi ng,bendingofknee	NR	Hypothyroidism DM	25.6	Nux vomica200	No Improvement
21	Mrs PV	45	F	Shop keeper	6 months	Paininrightkneejoint	Dengue fever 2 Hystectomy	Cervical spondylosis	22	Natmur 200	No improveme nt

							my				
22	Mr.M	58	M	Retired conductor	2years	Aching pain in both knee joint < raising from seat, standing > pressure, rest	NR	NR	24	Bryonia 200	Improvement
23	Mrs.S	57	F	Housewife	15years	Pain in both knee joint	Hysteric rectomy 15 yrs	DM-10 yrs	26.3	Kallicarb 200	Improvement
24	Mrs.P	52	F	Housewife	3years	Pain in both knee joints < rest	NR	NR	30.1	Calccarb 200	Improvement

25	Mr. SP	55	M	Fisherman	5years	Aching pain in both knee joint < flexion of knee, squatting position, physical exertion, raising from seat	Chikungunya	Hypertension	24	Bryonia 200	Improvement
26	Mrs. TM	65	F	Housewife	6 months	Aching pain in both knee joint < walking, raising from seat	Chickengunaea	NR	30.2	Rhustox 200	Improvement
27	Mr. M N	67	M	Coolie	5years	Pain in both knee joint < walking, ascending stairs > sitting > during sleep	NR	Bronchial asthma	19.7	Bryonia 200	Improvement
28	Mr. D N	65	M	Police	6 months	Stitching pain in left knee joint < walking, initial motion, descending stairs > pressure, continuous motion	NR	DM	23.1	Bryonia 200	Improvement
29	Mr. JJ	49	M	carpenter	9 months	Stitching pain in right knee joint < walking, ascending stairs,	Dengue fever-2yrs	NR	22.1	Bryonia 200	Improvement

						descendingstairs>rest						
30	Mrs.J T	58	F	Housewife	10years	Achingpaininbothknee joints<walking, prolongedstanding, raisingfromsitting position>hard pressure	Chike nguna	Hypertension	31.4	Calccarb 200	Improvement	

