**UNDERSTANDING OF ROBERT’S CONCEPT IN DERIVING MIASM IN RHEUMATOID ARTHRITIS –**

**A CASE SERIES STUDY**

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| **NAME OF UNIVERSITY** | Maharashtra University of health Science, Nashik |
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| **NAME OF SUBJECT** | Homoeopathic philosophy |
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**ABSTRACT**

Background - Autoimmune disorders express at various physical sectors. Musculoskeletal system is one such sector. Rheumatoid arthritis is an auto immune chronic and progressive disease which not only involves small joints but also have extra articular manifestations. In modern medicine, management, DMARDs can control and modify disease but at cost of side effects. Homoeopathic constitutional similimum selected on basis of understanding that chronic diseases are caused and progressed by miasmatic influences, can improve the susceptibility of the patients without any side effects.

To come to a diagnosis of Rheumatoid Arthritis one needs to know the proper evolution of the disease and the clinical symptomatology and proper interpretation of lab investigation. The precipitating and aggravating factors, mental stress, family and past history, have a definite role in the course and progress of the disease.

METHODS – In this retrospective study, 30 cases of Rheumatoid arthritis were studied in detail to understand the Robert concept of Miasm through their clinical presentation, understanding the person’s disposition and the precipitating and maintaining causes from his/her life story to understand the role of miasm in selection of similimum.

30 cases were selected using purposive sampling method and worked out by using conceptual image table. The observed data was analysed and conclusions were made.

RESULT- According to Dr. Robert’s concept the study demonstrates that sycosis miasm is seen in large number of cases of RA & majority of the medicines given are from the group of body constructive elements. One case from syphilitic miasm is observed & the medicine given to that patient has atomic weight of above 53.

KEYWORD- Robert’s concept, Miasm, Rheumatoid arthritis.

**TABLE OF CONTENT**

|  |  |  |
| --- | --- | --- |
| **SR. NO** | **SECTION** | **PAGE NO.** |
| 1 | TITLE PAGE | 1 |
| 2 | ABSTRACT | 3 |
| 3 | TABLE OF CONTENT | 4 |
| 4 | LIST OF FIGURES | 5 |
| 5 | LIST OF TABLES | 6 |
| 6 | LIST OF ABBREVIATIONS | 7 |
| 8 | INTRODUCTION | 8-9 |
| 9 | AIMS & OBJECTIVES | 10 |
| 10 | REVIEW OF LITERATURE | 11-33 |
| 11 | METHODOLOGY | 34 |
| 12 | OBSERVATIONS & RESULTS | 35-56 |
| 13 | DISCUSSION | 57-64 |
| 14 | CONCLUSION | 63-64 |
| 15 | SUMMARY | 65 |
| 16 | RECOMMENDATIONS | 66 |
| 17 | REFERENCES/ BIBILIOGRAPHY | 67-69 |
| 18 | ANNEXURE 1- CASE RECORDING FORMAT | 70-71 |
| 19 | ANNEXURE 2- CONSENTS | 72-73 |
| 20 | ANNEXURE 3- CONCEPTUAL IMAGE | 74 |
| 21 | CASE RECORDS OF PATIENTS | 75-114 |
| 22 | MASTER CHART | 115-118 |

**LIST OF FIGURES**

|  |  |  |
| --- | --- | --- |
| **SR.NO** | **CONTENTS** | **PAGE NO.** |
|  | Gender distribution | 35 |
|  | Age wise distribution | 36 |
|  | Onset of symptoms | 37 |
|  | Types of RA | 38 |
|  | No. of cases with sudden onset in both the types of RA | 39 |
|  | No. of cases with gradual onset in both the types of RA | 40 |
|  | Progress of the disease | 41 |
|  | Type of pathology | 42 |
|  | Types of structural pathology | 43 |
|  | Associated diagnosis | 44 |
|  | Miasm | 45 |
|  | Onset of the disease in sycosis miasm | 46 |
|  | List of psoric symptoms | 48 |
|  | List of symptoms of sycosis Miasm | 50 |
|  | List of symptoms of Tubercular Miasm | 50 |
|  | List of syphilitic symptoms | 51 |
|  | Constitutional medicine used | 54 |

**LIST OF TABLES**

|  |  |  |
| --- | --- | --- |
| **SR.NO** | **CONTENTS** | **PAGE NO.** |
|  | Gender distribution | 35 |
|  | Age wise distribution | 36 |
|  | Onset of symptoms | 37 |
|  | Types of RA | 38 |
|  | No. of cases with sudden onset in both the types of RA | 39 |
|  | No. of cases with gradual onset in both the types of RA | 40 |
|  | Progress of the disease | 41 |
|  | Type of pathology | 42 |
|  | Types of structural pathology | 43 |
|  | Associated diagnosis | 44 |
|  | Miasm | 45 |
|  | Onset of the disease in sycosis miasm | 46 |
|  | List of psoric symptoms | 47 |
|  | List of symptoms of sycosis Miasm | 49 |
|  | List of symptoms of Tubercular Miasm | 50 |
|  | List of syphilitic symptoms | 51 |
|  | Medicine and Its Atomic Weight | 52 |
|  | Constitutional medicine used | 53 |
|  | Pathologies under sycosis miasm | 54 |
|  | Pathologies under syco-tubercular miasm | 55 |
|  | Pathologies under syphilis miasm | 55 |
|  | Sycosis miasm covered by medicine | 55 |
|  | Tubercular miasm covered by medicine | 56 |
|  | syphilitic miasm covered by medicine | 56 |

**LIST OF ABBREVATION**

|  |  |
| --- | --- |
| IPR = inter personal relations | O= Onset |
| MSS = Musculoskeletal system | D= Duration |
| MTP= Metatarsal phalanges | P= progress |
| PIP= Proximal interphalangeal | HTN= hypertension |
| MCP= Metacarpal phalanges | SNRA= Sero negative rheumatoid arthritis |
| Jt = Joint | I = Intensity |
| Rt= Right | C/O= complaint |
| Lt= Left | Agg, < = aggravation |
| CVS= Cardiovascular System | Amel, >= amelioration |
| RS= respiratory system | Cr =craving, Av=Aversion |
| CNS= Central nervous system | WBC= White blood cell |
| P/A= Per abdomen | ANA= Anti-nuclear antibody |
| Temp= Temperature | DIP= Distal interphalangeal |
| BP= Blood Pressure | H= Husband |
| RA =Rheumatoid Arthritis | CR= Constitutional remedy |
| MIL = Mother-in-law | IR= Intercurrent remedy |
| SIL = Sister-in-law | A/F= Ailments from |
| FIL= Father-in-law | B/L= bilateral |
| **-**ve = negative | Mo= mother |
| +ve= positive | Fa = father |
| Hb= hemoglobin | Wt= weight |
| S. uric acid = serum uric acid | P= pulse |
| ESR= Erythrocyte sedimentation rate | AEBE= Air entry bilateral entry |
| CRP= C Reactive protein | H/O= history of |
| DM= diabetes mellitus | FTND= Full term normal delivery |
| CVA= Cardiovascular accident | Occ. = occasionally |
| Pulm Koch’s= pulmonary Koch’s | MI= Myocardial infarction |
| BA= Bronchial asthma | TSH= Thyroid stimulating hormone |
| Adeq= Adequate | Plt=platelets |

INTRODUCTION

Rheumatoid arthritis is one of the commonest reasons for which patient visit our clinics. It is an illness afflicting the society and is likely to cause a tremendous drain on the quality of life. It also affects the productivity of an individual, thus influencing the loss of man-hours problem faced by our country. At an individual level we see it affecting the person at all levels- emotional, intellectual, physical, social and financial.

The illness begins with very trivial pain or ache. due to this, the early diagnosis of rheumatoid arthritis becomes difficult. The progression of this illness is extremely variable. In some individual it goes on at a very fast pace, while in some it goes at an extremely slow pace.

The variability is also seen in the clinical presentation, from what has been observed by me in the cases of Rheumatoid arthritis. If one tries to correlate the pathology with the existing symptoms, then too it seems to be having disparity.

Psychological and physical stressors affect the presentation of the illness. It definitely is seen to affect the person’s day to day activities, as already stated. Individuals gets very disturbed and stressed out because of the illness.

Homoeopathy is effective in treating even such so called incurable diseases, provided the patient comes to us early and the medicine selected considering the constitutional factors and the miasmatic background as well.

As a Homoeopath, one has to understand the person as a whole. The Homoeopathic concept of miasm and its effect on the disease process is very important to note with this respect. The disease evolves from dynamic plane to functional plane then to structural change in a very short time. To find answer to these queries miasmatic evolution has to be studied.

How the disease process progressed and how the clinical feature unfolds over a period of time. One may ask how the miasmatic phase of psora, sycosis, tubercular, and syphilis correlate with the pathogenesis of illness. Other have written treatise of homoeopathic philosophy, making its basic principle shine out clearly, but no one else has correlated this philosophy with modern chemistry and biological principle as done by Dr Roberts.

Homoeopathic approach in rheumatoid arthritis is holistic, in which along with the disease symptoms the constitutional tendencies of the person at the level of mind and body is the basis of selecting the similimum. Robert’s concept of miasm revolved around periodic table. He tried to explain Anti-psoric, Anti-sycotic and Anti-syphilitic remedies according to periodic table. There is lack of certain element in the system or inability to assimilate them from food is the great common so called psoric condition. In sycotic manifestations there is inflammatory rheumatism, sycotic stigma present the problem in physical construction. The syphilis is the only miasm or stigma that actually destroys living tissue.

So, through this dissertation, we will understand that, how miasmatic preload at the level of mind and body, makes the individual to suffer from the crippling disease like Rheumatoid arthritis, and the role of anti-miasmatic remedies to make this journey from sick to cure.

These are some of the many questions that come to my mind, which made me take this topic as the one for my dissertation.

**AIMS AND OBJECTIVE**

**AIM**

Understanding of Robert’s concept in deriving miasm in rheumatoid arthritis.

**PRIMARY OBJECTIVE**

To derive the miasm in rheumatoid arthritis by applying Robert’s concept.

**REVIEW OF LITERATURE**

CLINICAL ASPECT

The word “rheumatoid” is derived from the Greek rheumatic meaning "flowing", the suffix -oid meaning "in the shape of", arthr meaning "joint" and the suffix –it is, a "condition involving inflammation". (1)

Rheumatoid arthritis (RA) is a chronic, symmetrical, inflammatory autoimmune disease that initially affects small joints, progressing to larger joints, eventually the skin, eye, heart, kidney and lungs. Often the bone and cartilage of joint are destroyed, and tendon and ligament weaken. All this damage to the joint causes deformities and bone erosion, usually very painful for the patient. (2)

If we see the normal physiology, Bone is composed of tough organic matrix that is greatly strengthened by deposits of calcium salts. The crystalline salt deposited in the organic matrix of bone are composed principally of calcium and phosphate. The magnesium, sodium, potassium and carbonate ion are also present among the bone salt, X-ray fail to show the definite crystal formed by them. The ability of many types of ions to conjugate to bone crystal extends to many ions normally foreign to bone, such as strontium, uranium, plutonium, the other transuranic element, lead, gold other heavy metals. The deposition of radioactive substance in the bone can cause prolonged irradiation of bone tissue. And if sufficient amount is deposited, an osteogenic sarcoma bone cancer develops in most cases. When we co-relate this with Robert concept of miasm So, Dr Robert also says that the radioactive element having destructive property. Which cause destruction in tissue. (3)

DEFINITION –

Rheumatoid arthritis is a multisystem inflammatory disease primarily affecting the synovium and adjacent tissues. (4)

EPIDEMIOLOGY-

Rheumatoid arthritis affects people worldwide and affects females more frequently than males with F:M ratio of 3: 1. (5) RA is extremely heterogeneous with regard to severity and progression. The incidence is 4-5 times higher below the age of 50 years. (6)

Indian data suggest the prevalence to be around.0.65% to 0.75 % of the population. (7)

The prevalence increases with age and sex difference diminish in the older age group. RA is seen throughout the world and affects all races.  (8)

The prevalence is lowest in black African and Chinese, and highest in Pima Indian. In Caucasian approximately 0.8 -1.0% are affected. the clinical course is prolonged, with intermittent exacerbation and remission. (9)

ETIOLOGY –

The cause of RA remains unknown. It has been suggested that RA might be manifestation of response to an infectious agent in a genetically susceptible host.

Rheumatoid arthritis is multifactorial disease with complex genetic and environmental factors including possible infection. (7)The concordance rate of rheumatoid arthritis is higher in monozygotic (12-15%) than in dizygotic twins (3%), and there is increased the frequency of disease in first-degree relative in patient. (9)

1. Immunogenic factor –HLA-DRB1 are important in determining the development and expression of the disease.

Other factors-

1. Hormonal factor- Incidence of rheumatoid arthritis in women is greater before menopause and remission of RA during pregnancy is well known.
2. Oral contraceptive – It may postpone onset of disease. (4)

PATHOGENESIS –

There is complex dysregulated inflammatory process that, in the presence of yet undefined environmental trigger, develop in genetically predisposed individual. This lead to the development of an autoimmune synovitis with subsequent hypertrophy that, if inadequately treated, lead to cartilage and bone destruction, progressive joint damage and disability. The inflammatory process also potentially affects many other tissues, including the lungs and cardiovascular system.

Many cells and molecules are appearing to play central role in pathogenesis of rheumatoid arthritis. small soluble immune system messenger, cytokines also play a crucial role. These in tumour necrosis alpha factor (TNF-@) and interleukin-6 (IL-6) both of which are target successfully by highly effective biological drug.

The possible environmental trigger is smoking. It is though that this might lead to citrullination of protein that in turn can act as antigen and trigger the development of an autoimmune response. (10)

The pathological change is mediated by antibodies against self-antigens and cytokine-mediated inflammation, predominantly secreted by CD4+ T-cell. CD4 + T helper cell may initiate the autoimmune response in RA by reacting with an arthritogenic agent, perhaps microbial or a self-antigen. The T cell produce cytokines that stimulate other inflammatory cell to effect tissue injury.

TNF has been most firmly implicated in the pathogenesis of RA and TNF antagonist hove proved to be effective therapies for disease. The synovium of RA contains germinal centres with secondary follicle and abundant plasma cell which produce antibodies, some of which are against self-antigen. In RA antigen antibody complex containing citrullinated fibrinogen, type II collagen and vimentin deposit in the joint. (11)

Micro vascular injury and an increase in number of synovial lining cell appear to be the earliest lesion in the rheumatoid synovitis followed by perivascular infiltration with mononuclear cell. Before the onset of clinical symptoms, the perivascular infiltrate is predominantly composed of myeloid cell, where in symptomatic arthritis, T cell can also be found, as the process continues, the synovium become oedematous and protrude into the joint cavity as vilious projection.

Light microscopic examination disclosed the characteristic feature, which include hyperplasia and hypertrophy of the synovial lining cell, focal or segmental vascular change, including micro vascular injury, thrombosis, and neovascularization; edema, and infiltration with mononuclear cell. Rheumatoid synovial endothelial cell express increased amount of various adhesion molecules involve in this process.

The predominant infiltration cell seen in processes are:

* T lymphocyte- CD4 + T cell predominate over CD8+ T cell
* Macrophage and dendritic cell.
* B-cell
* Antibody producing plasma cell
* Fibroblast secreting enzyme, which degrade components of articular matrix.
* Osteoclasts.

In the rheumatoid synovium polyclonal immunoglobulin and the autoantibodies rheumatoid factor are produced, which lead to formation of immune complex. The rheumatoid factor is autoantibody direct against antigenic determinant of the Fc fragment of the immunoglobulin G. It includes not only IgM, IgA, IgE type. Their production in the Rheumatoid arthritis is driven by the T lymphocytes. (12)

CLINICAL MANIFESTATIONS –

A typical onset of insidious pain, stiffness, and symmetrical swelling of small joints is only one of several presenting patterns. Up to one-third of patients may have a subacute onset with symptoms of fatigue, malaise, weight loss, myalgia, morning stiffness, and joint pain without overt sign of swelling or radiological evidence of joint erosion. Any synovial joint can become involved in RA. The hand, wrist, elbow, shoulder, and knee are involved most commonly, followed by the hip and temporomandibular joint. (5)

Articular manifestations-

Hand- The hand is the major site of involvement, and a significant portion of disability that RA causes is because of damage and dysfunction of hand. Typically, disease start with swelling of the PIPs and MCPs. The distal interphalangeal (DIP) joint are almost never involved; significant involvement of the DIP joint should suggest the possibility of different diagnosis. Ulnar deviation of MCP joint and swan-neck deformities that are commonly seen in late disease. Deformities also occurs as a result of hyper flexion of PIP joint. Sudden loss of function of individual finger may occur as a result of tendon rupture.

Feet-feet particularly the MTP joint are involved early in the most RA. Subluxation of toes is common and lead to dual problem of breakdown of skin and ulcer on the top of the toes and malignant of MTP hand.

Wrist –synovial proliferation may invade tendons and lead to rupture of extensor tendons.

Large joint – synovial cyst may occurs around any of the joint, and they occasionally manifest as soft, fluctuant masses that present diagnostic challenges. When the knee produces excess synovial fluid, it may accumulate in the popliteal space. Inflammatory content produces significant pain and swelling and may be confused with thrombophlebitis.

Neck – cervical spine is commonly involved, particularly the C1-C2 articulation. Bony erosion and ligament damage can occur in this area and may lead to subluxation. (13)

Extra-articular manifestations –

RA is a systemic disease with a variety of extra-articular manifestations. It is estimated that as many as 40% of patients may have extra articular manifestations, and in 15% these are severe. Extra-articular manifestation may be the major evidence of the disease activity and source of morbidity and require management per se. These manifestations occur in the individuals with high titre of autoantibodies to Fc component of immunoglobulin G (Rheumatoid factor) or with antibodies to CCP.

Although the frequency of the patient with severe extra-articular manifestations appears to be declining, the patients have an increased mortality compared to the other person with RA. (8)

Systemic features of RA such as fatigue, weight loss, low grade fever occur frequently.

Skin – subcutaneous nodules are seen in the patient. Rheumatoid nodule may develop in the 20 to 30% of parsons with RA. The nodules are usually found in the extensor surface. The common location includes the olecranon bursa, the proximal ulna, the Achilles tendon and the occiput.

Rheumatoid vasculitis – Rheumatoid vasculitis which can affect nearly any organ system, is seen in patient with severe RA. And high titre of circulating rheumatoid factor. Rheumatoid vasculitis can cause polyneuropathy and mononeuritis complex, cutaneous ulceration and dermal necrosis, digital gangrene and also visceral infection. (8)

Cardiovascular involvement –Patient with RA have a significant increased morbidity and mortality from coronary artery disease. And congestive heart failure. Pericardial effusion is common in RA, but usually asymptomatic.

Pulmonary manifestation – Pulmonary manifestation of RA include pleural effusion, and parenchymal disease. Diffuse interstitial fibrosis occurs in RA. (13) Pleuropulmonary nodule, pneumonitis and arteritis. Pulmonary fibrosis can produce impairment of diffusing capacity of the lungs. Pulmonary nodule may appear singly or in cluster. (8)

Ophthalmologic manifestation – The most common manifestation of RA in the eye is keratoconjunctivitis sicca (dry eye) from secondary sjogren’s syndrome. Patient may have associated xerostomia (dry mouth), parotid gland swelling, or occasionally, lymphadenopathy. Scleritis also can occurs and may be painful, with progression to thinning of the sclera, deep pigment showing through on physical examination, and may progress to perforation.

Felty’s syndrome – felty’s syndrome is triad of RA, splenomegaly and neutropenia and on occasion anaemia and thrombocytopenia. This complication is seen in patient with severe, RF /ACPA positive disease and may be accompanied by hepatomegaly, thrombocytopenia, lymphadenopathy, and fever.

Osteoporosis- Osteoporosis is secondary to rheumatoid involvement is common and may be aggravated by glucocorticoid therapy. Osteopenia in RA involve both juxta-articular bone and long bone distant from involved joint. RA is associated with the modest decrease in mean bone mass and moderate increase in the risk of fracture, these adversely affect by functional impairment and active inflammation especially early in the course of disease.

RA is associated with an increased incidence of lymphoma, especially large B cell lymphoma. (13)

DIAGNOSTIC CRITERIA-

American College of rheumatology criteria for diagnosis and classification rheumatoid arthritis.

|  |  |
| --- | --- |
| 1. 1.Morning stiffness | morning stiffness is and around the joint lasting at least 1 hour before maximal improvement |
| 2. Arthritis of three or more joint areas | At least three joint areas simultaneously have had soft tissue swelling or fluid observed by a physician. The possible area is right or left PIP, MCP, Wrist, elbow, knee, ankle and MTP joint |
| 3. Arthritis of hand joint | At least one area swollen in wrist, MCP or PIP joint. |
| 4. Symmetric arthritis | Simultaneous involvement of the same joint area on both side of body. bilateral involvement of PIP, MCP OR MTP joint is acceptable without absolute symmetry. |
| 5. Serum rheumatoid factor | Demonstration of abnormal amount of serum rheumatoid factor by any method for which the result has been positive. |
| 6. Rheumatoid nodule | Simultaneous nodule over body prominence or extensor surface, or in juxta-articular region, observed by physician. |
| 7. Radiographic change | Radiographic change typical of rheumatoid arthritis on postero anterior hand and wrist radiograph; which include erosion or unequivocal bony decalcification localized in or most, marked adjacent to the involved. |

(5) (7)

The most people with RA have seropositive RA. This means that they have a substance known as anti-cyclic citrullinated peptide (anti-CCP) antibodies or rheumatoid factor, in their blood.

When a person has RA without also having these antibodies, the condition is instead known as seronegative RA. The symptoms of seronegative RA are similar to those of seropositive RA. (14)

Though Seronegative rheumatoid arthritis is associated with a milder course of progression compared to Seropositive disease, but according to a case report published by BioMedCentral musculoskeletal disorders – Seronegative rheumatoid arthritis can be destructive. They have studied 4 cases with a rare disease entity of aggressive destructive Seronegative rheumatoid arthritis with 20-35 years of follow up. All cases share a common feature that of a severe, destructive disease in Seronegative rheumatoid arthritis with involvement primarily of the wrists, sub-talar and ankle joints, as well as large joints. So, they concluded that although destructive Seronegative rheumatoid arthritis is rare, it can have devastating consequences and early recognition and intensive treatment is paramount. (15)

On examination, there may be swelling, stiffness, and tenderness of the PIP, MCP, Wrist, knee joints referred to as synovitis, and there may be a decreased range of motion.

Rheumatoid nodules may be present in 20% of the patient with rheumatoid arthritis; these occurs over extensor surface at the elbow, heals, and toes.

Late in the course of the disease patient may present with “boutonniere (flexion at PIP and extension at DIP), swan neck (flexion at DIP and extension at PIP) deformity, subluxation of MCP joints and ulnar deviation. (16) According to the study done by M Yoshida et al. in 1999, it was observed that, minimum 8 to 15 years are required to develop the deformities in the patients of Rheumatoid arthritis. (Prevalence of mutilans-like hand deformities in patients with seropositive rheumatoid arthritis-a prospective 20-year study, PubMed) (17)

LABORATORY DIAGNOSIS-

The frequency of rheumatoid factor in the general population increases with the age. The presence of rheumatoid factor can be of prognostic significance because patient with high titre tend to have more severe and progressive disease with extra articular manifestation. Rheumatoid factor is uniformly found in patient with nodule or vasculitis. A test for presence of rheumatoid factor can be employed to conform the diagnosis in individual with a suggestive clinical presentation and, if present in high titter to designate patient at risk for severe systemic disease.

Antibodies to anti-CCP can also be used to evaluate patient with RA. These antibodies are most commonly found in rheumatoid factor – positive patient, on occasion they can be detected in the absence of rheumatoid factor.

The development of anti-CCP is most frequent in individual with RA.

Erythrocyte sedimentation rate (ESR) is increased in nearly all patient with active RA.

The other acute –phase reactant including C-reactive protein are also elevated, and generally such elevation correlate with disease activity and progressive joint damage.

Synovial fluid analysis confirms the presence of inflammatory arthritis, although none of the finding is specific. The fluid is usually turbid, with reduced viscosity, increased protein content and slightly decrease or normal glucose concentration. The white blood cell count>2000/ul with polymorph nuclear leukocyte is high is characteristic of inflammatory arthritis. (8)

Radiographic sign of RA such as joint space narrowing, erosion and subluxation develop at later stage of RA process. Synovitis is the early finding of RA and it is strong predictor of bone erosion. Soft tissue swelling and mild juxtra-articular osteoporosis may be the initial radiographic feature of hand joint in early –RA.

In contrast sonography and MRI are more sensitive and used in limited centres.

Sonography is reliable technique that detect more erosion than radiography especially in early RA. The sensitivity of conventional radiography in detection of bone erosion in one study was 13%, whereas, the sensitivity of MRI and sonography in detection of bone erosion were in 98% and 63% respectively. (18)

COURSE AND PROGNOSIS-

Disease progression:

Stage 1:

It is characterized by synovitis, or an inflammation of synovial membrane, causing swelling of involved joints and pain upon motion. During this stage there is high cell count in synovial fluid as immune cell migrate to the site of the inflammation. No destructive changes on X-ray. With the exception of soft tissue swelling.

Stage 2:

In moderate RA, stage II there is spread of inflammation in synovial tissue, affecting joint cavity space across joint cartilage. This inflammation will gradually result in destruction of cartilage, accompanied of narrowing of joint space.

presence of x-ray evidence of periarticular osteoporosis, subchondral bone destruction but no joint deformity.

Stage 3:

In severe RA, stage III is marked by formation of pannus in the synovium. Loss of joint cartilage exposes bone beneath the cartilage. These changes will become evident on x-ray.

X- ray evidence of cartilage and bone destruction in addition to joint deformity and periarticular osteoporosis.

Stage 4:

Stage IV is called as the terminal or end stage RA. The inflammatory process has subsided and formation of fibrous tissue and /or fusion of bone result in ceased joint function this stage associated with the formation of subcutaneous nodules. presence of bony or fibrous ankylosis along with stage three feature. (19) (20) (21)

Rheumatoid arthritis varies over time in individual patients and there are marked difference between patient in its impact and progression. The course of RA is therefore unique to each individual patient and is affected by the overall pattern of disease. Many patients have the classical polyarticular disease but there is also range of subtype, such as fibromyalgia and polymyalgia disease.

Some patients with RA enter a period of sustained remission, these vary between 10% and 36% of cases; its frequency is mainly influenced by the different approaches to studying RA patient over time, and does not represent a true difference in disease outcome. Most patients have persisting synovial inflammation and disease activity. There is some evidence that inflammation is less marked in late RA. Persisting synovitis results in increasing disability. Comorbidities and extra-articular feature are commonplace: about one-third of patients, respectively, have associated cardiovascular disease, lungs disease or extra-articular features, although the extra-articular problem like vasculitis affect only about 10% of patients. (19)

PSYCOSOMATIC ASPECT OF RHEUMATOID ARTHRITIS

The central theme of rheumatoid arthritis is the polarity between motion and rest, between mobility and rigidity. The history of all the patients reveals the excessive activity and mobility, thus the disease gives the stiffness and rigidity, right up to the point where disablement finally forces them to keep still.

The people suffering from the rheumatoid arthritis show a compulsive tendency towards over-conscientiousness and perfectionism, as well as depressive tendency with a strong need for self-sacrifice and exaggerated helpfulness, combined with excessively moral behaviour and proneness to depressive moods. These character traits show how rigid and stubborn, how inflexible and immobile of soul such people are.

Pain is result of aggression, as they cannot express their anger due to feeling of guilt of hurting other people’s emotions. (22)

HOMOEOPATHIC REVIEW

The word ‘Miasm’ is derived from the Greek meaning furrow or rut, being implicated that a person become stuck in a rut grooved into present time by past action. A similar Latin word ‘miasma’ which also identified with the meaning of which is pollution or stigma. It was the word loosely used during his time to express the morbific emanation from putrescent organic matter, vegetable or animal, polluting exhalation, malarial poisons or an aerial fluid combined with atmospheric air, the effluvia arising from the bodies affected by certain disease which is regarded an infectious and other are not. (23)

In the course of his clinical work, Hahnemann noticed that there were certain chronic conditions that he could not treat satisfactorily with homoeopathy. he searched for an explanation of why certain person were not cured after repetition of the similimum. He noticed, in some cases, that after each dose of a well-chosen remedy, there was less and less of response.

So, he concluded that it was not due to a failure of method but that he had not solved the question of chronic diseases. (24)

After the twelve year of his careful investigation and observation, he discovered that the obstacle to cure of many cases which seemed very often to lie in former eruption of itch, which was not frequently confessed and the beginning of all the subsequent suffering usually dated from that time and after a careful inquiry it usually turned out that little trace of it ( small pustules of itch, herpes ,etc.) had showed themselves with them from time to time , even if but rarely, as an indubitable sign of former infection of this kind .Against this original malady he called by the general name psora against the internal itch disease with or without it attendant eruption on the skin. He also stated that they must therefore all have for their origin and foundation constant chronic miasm whereby there parasitical existence in the human organism is enabled to continually raise and grow and according to all investigation ,in Europe and also on other continents only three chronic miasms are found, which manifest themselves the disease through local symptom and most if not all chronic disease originated namely, first syphilis which is more widely spread and for three and half centuries has been source of many other chronic ailments. Then sycosis or the fig-wart disease which widely spread during Napoleonic wars but later become rare and finally psora which lies at the foundation of the eruption of itch. In the aphorism 80 of the Organon of medicine, he defined psora as the monstrous internal chronic miasm, which is the only real fundamental cause and producer of all the other numerous forms of disease (after the completion of internal infection) reveals by the peculiar cutaneous eruption sometimes with only few vesicles accompanied by intolerable voluptuous tickling, itching and peculiar odour. Sycosis (the condylomatous disease) is a chronic miasmatic disease of a peculiar character which reveals its specific internal dyscrasia by cauliflower like growth (in syphilis by venereal chancre) after the completion of the internal infection of the whole organism. (23)

KENT CONCEPT OF MIASM

Dr Kent developed Hahnemann theory of miasm in late 19th century, he says the very first spiritual sickness of human race (thinking, willing and acting are the three things that make up the science of life of the human race) progressed to development of psora, the underlying cause and the beginning of all physical sickness. The other two chronic disease (sycosis and syphilis) would not be possible if miasm of psora had never been established upon the human race. The will and understanding (internal state of man) are the fundamental and prior to man’s action, environment is not the cause. The disease corresponds to man’s affection and are but the outward expression of man’s interior.

STUART CLOSE CONCEPT OF MIASM

He viewed miasm as infectious, contagious, excessively minute and invisible living creatures, the term bacteriology what we mean today express the same idea as apply to cholera by Hahnemann. He described the miasmatic-parasitic nature of cholera as a miasm which find a favourable element for its multiplication and grows into an enormously increased brood of those excessively minute, invisible, living creature, so inimical to human life. (23)

DR. ROBERT’S CONTRIBUTIONS TO HOMOEOPATHY

Dr. Herbert A Roberts articles on homoeopathic philosophy are unanimously accepted and read for their scholarly exposition.

Dr Herbert A. Roberts was born on 7 may 1868. He graduated from New York Homoeopathic medical college in 1896. Dr. Roberts started his medical practice as a homoeopathic physician in 1896.He practised homoeopathy for nearly fifty years.

He was a member and president of the Connecticut Homoeopathic Medical Society, member of American Institute of Homoeopathy and Secretary Treasurer of International Hahnemannian Association. He was also Editor-in-Chief of Homoeopathic Recorder.

Dr. Roberts is the only and first man to serve in the US Army Medical Corps during World War, with a rank of First Lieutenant. He was master of homoeopathic philosophy and his command over homoeopathic Materia medica was overwhelming. His "Study of Remedies by Comparison" is a classic work of Materia Medica. "The Rheumatic Remedies" with a detailed repertory is another great contribution to the Materia medica specially to the therapeutics of Rheumatism gout, arthritis or any other disease syndrome affecting certain groups of tissues.

From this it is observed that, Robert has worked mainly on Materia Medica and Repertory where portrait of the medicine is explained in comparison with the other medicines. This comparison is made at various level, where expressions of mind including fear, anxiety, melancholy, irritability, also sleep, dreams, side, circulation etc are available. The portrait of miasm was derived from these expressions and correlation with Hahnemannian miasmatic theory is made, the re-interpretation can be attempted. (25) (26)

Dr. Robert has also talked about the miasm in his book, whereby he has re-examined Hahnemann’s theory of miasm.

CRITICISM ON HAHNEMANN’S THEORY OF PSORA

The criticism of Hahnemann’s psora theory has raged for a century. It is not feasible to follow minutely Hahnemann’s line of reasoning that lead him to the declaration of the psora theory, but this theory has been developed over the years of thoughtful process and sound observations. And Hahnemann has written enough about it with a logical reasoning. Yet, there were new arguments arouse to assail this theory. So, to prove the authenticity of Hahnemann’s theory of psora, Robert took up this topic to examine in the light of knowledge of chemistry and modern pathology.

ROBERT’S CONCEPT OF MIASM

Robert demonstrated the application of Materia Medica to the study of miasm in correlation with the tissue affinity and pathology. He was the one who integrated the concept of miasm with that of Materia Medica, tissue affinity and pathology. And further conjoined this with the applied biochemistry.

He took up Boenninghausen’s list of antipsoric remedies and explained the theory miasm on basis of sphere of action of remedies. This list, comprises of 50 remedies, which was published in Hahnemann’s time and has shown remarkable success in the treatment of the so called psoric condition from that time forward.

He observed that, out of 53 remedies, 33 were belonging to the chemical elements or inorganic substances or combined from these elements or substances. Amongst them, 3 (Baryta, Aurum, Platinum), were having higher atomic weight than those essential to the construction of the human body and hence these remedies represent destructive tendency. Iodine, number 53 of the elements, regarded as the highest in atomic weight. So, the elements below 53 atomic number represents the constructive tendency, which he considered in the psora and sycosis. (27)

According to common definition, miasm is defined as polluting exhalation or malarial poisons.

Psora means Tsorat: A groove, a fault; a pollution; a stigma; often applied to leprous manifestation and to the great plagues. A groove, a fault with our growing knowledge of the so-called deficiency disease.

**PSORA:**

Dr. Robert considered the general symptomatology forming the psoric group

Dr H.A. Robert has called psora or deficiency as there is decreased assimilation of the system to assimilate the essential element lead to development of psoric trait and manifest as functional change and hypersensitivity. The Psoric patient is unable to assimilate sufficient element from sunlight, air, water, food etc.

There is lack of certain element in the system, or the inability to assimilate from the food, and lack of balance in the equilibrium of health that manifest through a hypersensitivity of impression. Psoric condition is always itch, in fact not only was psora considered mother of all disease, but it has been considered the source of all subjective symptoms. Those described by the patient “sensation as if’’.

The action of stigma is to debilitate the life force, to deform the body, to dull the intellect and to upset reason. While pure psora does not produce any structural changes, psora produce functional changes. These are manifest in the chest condition by the anaemic manifestation that have their effect on the duty of furnishing oxygen for the red blood cell. There is some essential failure of the system to assimilate the necessary constructive material that provide the background of the so-called psoric taint. Calcium is essential of bony structure and is a necessary small but constant, essential of the blood.

**APPEARANCE**

Shape of psoric patient is inverted, pyramid. appearance of ear is normal, small and medium size. Lips are red, dry, often red to blue. Over the face is simple acne and dry itching pimple.

Hair and scalp dry rarely combed. Hair falls out after an illness. grey to early. Or white in spot it breaks and end split.

Itching and dandruff and dry eruption on scalp either popular or eczematous. Eruption are<open air, evening, > by scratching. Psoric eye is intolerant of daylight or sunlight < morning, rising of sun,> heat.

Nose oversensitive to odor, unusual odor awakens from sleep. He cannot sleep there are strong odors. Perfume makes her ill and faint. There is painful boil or pimple on the septum. Sore about mouth. There is swelling and burning about lips rather than fissure. Thrush stomatitis in mouth. Tase perversion, bad taste in the mouth, or it may be bitter or sour sweet. Regurgitation of the taste of food. symptoms of burnt taste.

**PHYSICAL GENERAL**

Psora is always hungry, hungry even full meal. craves for sweet, acid, sour thing. In fever crave for indigestible things. Weak and debilitated.

Weak empty all gone sensation. Hungry in night. Sensation of heat and cold in stomach. Craved for fried and highly seasoned food.in fever crave for acid and aversion to sweet. Sensation of fullness of gas and bloating and accompanied by heartburn and waterbrash. Most of aggravation of psora after eating.

Psora desire for hot food. Syphilis for cold food. Psora desire meat. but combination of psora and syphilis aversion meat.

**MENTAL SYMPTOMS**

Psoric patient always fear that he will die from heart trouble. Heart condition very much influenced by strong emotion, joy grief, fear. repeated emotional strain important factor for developing psoric condition.

It is not necessary to compare the symptomatology of many of our remedies with the body element to bear out our contention that the problem of psora and deficiency are closely related. The emotional strain was an important factor in developing the psoric condition, the inability to relaxed for the natural and important function demanded by nature.

**LATENT PSORA**-

During this latent state it require only a slight shock to vital energy to bring the miasm or stigma, to the fore and make its presence actively manifest in an acute disturbance. Whatever the cause it shows poisonous effect of the stigma.

**MENTAL STATE OF LATENT PSORA-**

The strongest characteristic of the latent psora is the mental state, the patient is mentally alert quick and active in their motion. This activity is very pronounced, they will work like trojan for the short time, but they are easily fatigued, both mentally and physically.

Fatigue is accompanied by desire to lie down, and this desire is quite characteristic of type of patient. Mental irritation is that it produces a sense of bodily heat, and these patients will have flushes of heat while they are working. Another peculiarity of the mental state is anxiety. Anxious, worry and fear. Fear that they will not be able to accomplish what they attempt. If they get sick, they fear death. Or that they will be incurable, depressed with the fear and they will dependent. Sudden anxiety and anxiety about heart, particularly when stomach condition is present.

In children fear of dark, fear of stranger, fear of imaginary thing, fear that they will not get on in school, timid about going to school.

In adult, they find difficulty in concentrating upon their work their thought keeps changing about, shifting from one thing another, they cannot concentrate because their thought gets ahead of their work and they become confused. In their uneasiness, anxiety and restlessness they are compelled to move about they cannot keep still.

Psora has fits of anger. Yet with this fit of anger there is seldom any desire to harm other in the purely psoric case.

Psoric patient have much depression of spirit. If patient is women, she will suddenly burst out crying, which relives the whole condition. They get into this depressed condition everyone known of their trouble. Melancholy. Patient on awakening from sleep have heart palpitation, they become nervous and anxious.

On the basis of the table of atomic weight in relation to the disease condition we are considering the problem of venereal taint, syphilis and sycosis just we find remedies pre-eminently anti-psoric in the lower register of atomic weight below 53 and just we find these closely related to constructive element in living tissue, so we find the element with the highest power of destruction in the upper and highest register of atomic weight.

**SYCOSIS:**

Sycosis is generally understood to be the gonorrhoeal poison. suppressed gonorrhoeal infection is very apt to first show itself over attacking the blood and producing anaemic condition and catarrhal condition. Often time inflammatory rheumatism develops. There is inflammation in the soft tissue and change in the fibre of muscle. Sometimes stasis develops in the lymphatics, swelling in the groin following the suppression, and inflammation of prostatic gland. The prostatic gland trouble is combination of all three miasm. Sycotic manifestation is slowness of recovery.

In the secondary period of sycosis almost every disease that may arise take on an inflammatory nature in some form, it may be acute, subacute or chronic.

**MENTALS**

Mentally the sycotic patient is very suspicious, the suspicion extends to point, where he dare not trust on himself. Go back and repeat what he has done or said, misunderstood, this suspicion turned upon other lead to worst form of jealousy of his friend, vindictive in their own light. Its tendency to harm other and animal, produce worst form of cruelty and cunningness and worst of mania.

Mind of sycotic patient is irritable and absent minded in certain thing, difficulty in finding right word, mental slow power. Disposed to fits to anger. When the sycosis coupled with psora is the basis of most criminal insanity and suicides. The general amelioration of mental condition is when there is return of the menstrual period or catarrhal condition of leucorrhoea.

Headache in the vertex is the sycotic origin. Or frontal headache. < lying down and night. hair fall out in the circular spot, hair of the beard falls. scalp is perspiring in sycotic.

**PATHOLOGICAL**

In sycotic manifestation there is more overgrowth of the tissue than destructiveness. Deposition of gouty concentration is sycotic stigmata. The discharges are like tubercular greenish yellowish or greenish. Due to thickening of membrane and enlargement of the turbinate of the bone causes nasal stoppage.

The combination of psora and sycosis causes valvular cardiac disturbance with change in the organic structure. There is no mental distress and no subjective symptom the patient dies suddenly without warning in sycotic and syphilitic stigma. Sycotic manifestation in the women is in pelvic organ like inflammation of ovaries, fallopian tubes, all inflammatory diseases of female pelvis are in this taint. Colic paroxysmal and spasmodic type of pain is coming into this miasm. Fish or fish brine odour of discharge.

The sycotic patient is especially liable to rheumatic trouble, and where this taint appears if there has been any attempt at suppression of rheumatic manifestation then trouble in heart. There are pain in the small joint with infiltrations and deposits. Stiffness, soreness and lameness are characteristic of this stigma. The trouble in the joint, where there is deposit of lime salt as in arthritis deforming are sycotic.

If we analyse the sycotic miasm in relation to table of element and their atomic weight, then we find the new grouping of symptoms. In sycotic there is infiltration and overgrowth of tissue. The sycotic patient is too susceptible to the available constructive element; seizes upon and assimilate to point of overgrowth of tissue. The remedies fall within the group of body construction element, but it is significant that so called “double salt” predominate. Predominantly double salt, fluoric acid, nitric acid, ammonium muriaticum.

**TUBERCULAR:**

Tubercular patient is manifesting the union of the syphilitic and psoric dyscrasias.

**MENTALS**

The child who has this stigmatic combination has tendency toward tuberculosis. In this type of child there is slow of comprehension, dull unable to keep the line of thought: he is kept to himself and become morose and sullen. With the help of homoeopathic treatment, using weapon the antipsoric and antisyphilitic remedies useful.

Haemorrhage from the nose clear up the mental state for some time, and in tubercular adult it clears up the old neuralgias. Pre-tubercular child will have haemorrhage from the nose at slightest provocation., the is headache which is relieved by haemorrhage.

In tubercular patient there is eruption on the scalp are < by bathing. In tubercular diathesis odorous of old cheese, and thick yellow discharge. expectoration is purulent, greenish yellow, often offensive. There is deep fissure, especially in the lips, oedema and swelling of the face in the pre-tubercular patient, in the morning and after waking and after nap. face is pale and redness on the cheekbone during the fever.

**PHYSICAL GENERAL**

In tubercular sweet taste in mouth. ravenous hunger, hunger after full meal, hunger at all time. Craving for acid, sweet, meat, potatoes, longing to chew chalk, lime and pencil, indigestible thing, craving for salt particularly noticeable in tubercular, inability to assimilate starch, these marked symptoms of appetite show the psoric percentage of tubercular diathesis. Tired feeling, better in daytime and worse at night.

Tubercular patient suffers from neuralgias, prospalgias, sciatica’s, insomnias, hysterias, persistent headache, severe dysmenorrhoea will stay for time the disease progress in the lungs itself.

The pre-tubercular manifestation is more psoric than syphilitic. Lymphatic involvement of abdomen, hernias, lack of muscle tone.

The tubercular stool to be slimy, bloody, musty, mouldy smell, nausea and gagging before stool and prostration with desire to left alone after stool.

**PATHOLOGICAL**

Haemorrhage from the rectum is signpost of tuberculosis, tubercular patient trouble with pin worm and seat worm. The characteristic alteration of symptoms in the tubercular patient may be noted in the alteration of rectal disease with heart chest and lungs trouble especially in asthma and respiratory disease. In the rectum, stricture, sinuses, fistulas and pocket are all the tubercular origin. nocturnal enuresis with the <during sleep and after falling asleep. nightly emission is the combination of the psoric and syphilitic taint. Usually, the prostatic trouble comes under the union of two stigmata. corn and like hypertrophied comes under this stigma. The nails are irregular, brittle break and split easily these is sign of tubercular taint. varicose vein is the tubercular origin. and varicose ulcer are the last destructive manifestation of syphilitic taint. Urticaria occurs in the tubercular diathesis

**SYPHILIS:**

The syphilis is the only miasm or stigma that actually destroys living tissue. The syphilitic stigma attacks the long bone. The syphilitic has its hallmark ulceration and destruction of tissue, even to bony tissue. Anti-syphilitic remedies include those whose atomic weight is more destructive and unstable element. When we consider the radioactive element, we find the problem an entirely different one, and necessarily their homoeopathic action will be different. We cannot expect construction from essentially destructive forces, so long as they remain in their natural state. They cannot rest in in their ceaseless self-destruction and they cannot come in contact with the other substance without in turn destroying them.

Syphilis is supposed to be contracted from an impure coition. Syphilis is from its inception a constitutional disturbance. The susceptibility and lowering of the defence toward the specific poison is developed and maintained because of mental attitude of the individual, in its inception it is violation of his moral standard and therefore react upon and lower the vitality. In syphilis there are many constitutional tendencies such as malformation, deformities, chronic catarrhal condition of the nose and throat, malformation of the teeth and bony structure and other manifestation.

At the primary disturbance find that infection of syphilis become grafted on to psoric base.

**APPEARANCE**

Appearance observed that head is large and bulging, hair moist, gluey, greasy and with offensive odour. Hair falls out in the bunches, beginning from the vertex and then temples, eyebrow and eyelash fall down, hair of beard falls down.

**PHYSICAL GENERAL**

Syphilis alone has few cravings in the way of food. It is aversion to meat. There is desire for cold food, Scalp is perspired and hair become wet: the scalp perspires when they are asleep or when they are awake. Aversion to meat. In syphilis there is particular affinity for glandular tissue.

**MENTALS**

The mental power is slow in reaction, melancholic. There is slowness of the compression the thought, forgot what they were say.

In latent syphilis are mentally dull, heavy, stupid and especially stubborn, sullen and morose and especially suspicious. They are always depressed, but in depression they keep their trouble theme self and sulk over them. They like to be alone, desire to escape from themselves and from other. There is slowness in the comprehension the thought they had in starting a sentence will vanish, forget what they were about to say and hard to get back into their conversation. Criminally insane.

**PATHOLOGICAL**

One of the cardinal signs of syphilitic taint is destruction of tissue. This is the only stigma in which the bone of the nose is destroyed. The syphilitic stigma destroyed not only the tissue, but it destroyed also the power of the body to assimilate the proper materials from the food. Bony structure is changed in syphilitic stigma.

The element with the highest power of destruction in the upper and highest register atomic weights. Mercury is the closest remedial synonym for the syphilitic, and from osmium 76 onward we may consider the proven range of antisyphilitics. The homoeopathic materia medica gives us the clear outline of symptomatology of osmium, iridium, platinum, aurum, mercury, radium and uranium.

Dr Roberts in his chapter of vital energy in its universal application says that vital energy is that force which animate each individual. Vital energy is responsible for all growth and development in all spheres of existence.

Many substances which are closely grouped together many have a vital energy within them capable of raised by potentization from purely physical plane to that of mental and spiritual. Those substances are derived from the animal, plant and mineral kingdom. We cannot definitely say that the mineral substance in themselves possess vital energy, but they are fragment of that which compose the planet, earth, and that planet either possesses some form of vital energy in itself or itself or is susceptible to being activated by vital energy to such an extent that it performs its appointed movement according to law. we can use these minerals in proper preparation, in the form of vital energy, to influence in the three planes of mind, body and spirit. (27) (28)

**MATERIAL AND METHODOLOGY**

* STUDY DESIGN: A retrospective case series study
* STUDY SETTING: Cases from homoeopathic OPD belonging to institute/peripheral OPD
* STUDY POPULATION: Rural and urban area
* SAMPLE SIZE- 30 cases of rheumatoid arthritis
* SAMPLING TECHNIQUE: Purposive sampling
* METHOD OF SELECTION OF STUDY SUBJECT: Data will be collected through 30 clinical cases of rheumatoid arthritis
* INCLUSION CRITERIA

A) Age group between-16 to 60 years

B) Sex – Both male and female

C) Both sero-positive and sero-negative case of rheumatoid arthritis. Including only those cases which have been treated by remedies from mineral group remedies.

* EXCLUSION CRITERIA:

Patient with rheumatoid arthritis with other autoimmune disease and immunocompromised host.

* SUBJECT WITHDRAWAL CRITERIA: Not applicable it is an observational study
* STUDY INSTRUMENT/DATA COLLECTION TOOL- Conceptual image
* DATA MANAGEMENT & ANALYSIS PROCEDURE. All the data will be recorded and organised as per the plan. Coding of all the patient done by using excel sheet.
* DATA ANALYSIS PLAN AND METHODS- Identifying the case according to the inclusion criteria. Cases will be worked by using the tool conceptual image. Data will comprise of discussion of each case. The data is qualitative type and descriptive analysis done. Final conclusion will be drawn.

**OBSERVATION AND RESULT**

The retrospective study of the 30 thirty cases of Rheumatoid Arthritis was done to analyse the facts.

The observation and studies were as follows:

EPIDEMIOLOGICAL STUDIES

1. GENDER DISTRIBUTION

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Gender** | **No. of patients** | **Percentage** |
|  | Female | 29 | 97% |
|  | Male | 01 | 3% |

*Table No. 1- Gender distribution*

*Graph No.1- Gender distribution*

In the thirty cases of rheumatoid arthritis 29 patients were female and 1 patient were male.

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No** | **Age** | **No. of Patients** | **Percentage** |
|  | 21-30 | 09 | 30% |
|  | 31-40 | 07 | 24% |
|  | 41-50 | 07 | 23% |
|  | 51-60 | 07 | 23% |

1. AGE WISE DISTRIBUTION OF RA

*Table No. 2- Age wise distribution*

*Graph No.2- Age wise distribution*

It has been observed that 21-30 age group has 09 cases (30% cases) was most prone to Rheumatoid arthritis in my study then, 31-40 age group has 7 cases (24%), 41-50 & 51-60 have 7 cases each (23%).

1. MODE OF ONSET OF SYMPTOMS

|  |  |  |  |
| --- | --- | --- | --- |
| **SR.NO** | **ONSET** | **NO. OF PATIENTS** | **PERCENTAGE** |
|  | Gradual | 21 | 70% |
|  | Sudden | 09 | 30% |

*Table No.3- Onset of symptoms*

*Graph No. 3- Onset of symptoms*

It was observed that 21 cases (70%) cases have gradual onset in cases of Rheumatoid arthritis and 9 cases (30%) have sudden onset.

1. TYPES OF RA

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO.** | **DIAGNOSIS** | **TOTAL NO OF CASES** | **PERCENTAGE** |
| 1. | Seronegative RA | 07 | 23% |
| 2 | Seropositive RA | 23 | 77% |

*Table No.4- Types of RA*

*Graph No. 4- Types of RA*

It was observed that 7 cases (23%) are of Seronegative RA and 23 cases (77%) of Seropositive RA.

1. SUDDEN ONSET IN SEROPOSITIVE AND SERONEGATIVE RA

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO** | **Type of RA** | **Sudden onset** | **percentage** |
| 1 | Seropositive | 05 | 56% |
| 2 | Seronegative | 04 | 44% |

*Table No. 5- No. of cases with sudden onset in both the types of RA*

*Graph No. 5- No. of cases with sudden onset in both the types of RA*

It has been observed that 05 (54%) cases of sudden onset in seropositive, and 04 cases (44%) is seronegative RA.

1. GRADUAL ONSET IN SEROPOSITIVE AND SERONEGATIVE RA

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO** | **TYPES OF RA** | **GRADUAL ONSET** | **PERCENTAGE** |
| 01 | Seropositive RA | 18 | 86% |
| 02 | Seronegative | 03 | 14% |

*Table No. 6- No. of cases with gradual onset in both the types of RA*

*Graph No. 6- No. of cases with gradual onset in both the types of RA*

It has been observed that 18 (86%) case of seropositive have gradual onset and 3 cases 14% cases have gradual onset in seronegative RA.

1. PROGRESS OF DISEASE

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO** | **PROGRESS** | **NO. OF CASES** | **PERCENTAGE %** |
| 1. | Rapid | 09 | 30% |
| 2. | Slow | 21 | 70% |

*Table No. 7- Progress of the disease*

*Graph No. 07- Progress of disease*

It was observed that 09 case (30%) has been rapid progressive and 21 cases (70%) slow progressive in Rheumatoid arthritis.

1. TYPE OF PATHOLOGY

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO** | **TYPE OF PATHOLOGY** | **NO. OF CASES** | **PERCENTAGE** |
| 01. | Chronic inflammation of connective tissue | 29 | 97% |
| 02. | Destruction | 01 | 3% |

*Table No. 08- Type of pathology*

*Graph No. 08- Type of pathology*

It observed that in 30 cases of Rheumatoid arthritis 29 cases (97%) were at chronic inflammation of connective tissue and 01 Case (3%) at level of destructive pathology.

1. STRUCTURAL PATHOLOGY

|  |  |  |  |
| --- | --- | --- | --- |
| **SR NO** | **STRUCTURAL** | **NO. OF CASES** | **PERCENTAGE** |
| 01 | Reversible | 29 | 97% |
| 02 | Irreversible | 01 | 3% |

*Table No. 09- Types of structural pathology*

*Graph No. 09- Types of structural pathology*

The study showed that 97% of cases had structural reversible pathology with synovitis whereas 01 case (3%) had structural irreversible pathology with deformity.

1. ASSOCIATED DIAGNOSIS

|  |  |  |  |
| --- | --- | --- | --- |
| **SR. NO** | **ASSOCIATED DIAGNOSIS** | **NO OF CASES** | **PERCENTAGE%** |
| 01 | Allergic rhinitis | 01 | 12% |
| 02 | APD | 01 | 12% |
| 03 | Rectum fistula | 01 | 12% |
| 04 | Essential hypertension | 02 | 24% |
| 05 | Hypothyroid & allergic rhinitis | 01 | 13% |
| 06 | Spasmodic dysmenorrhea | 01 | 13% |
| 07 | Tinea &allergic rhinitis | 01 | 13% |

*Table No.10- Associated diagnosis*

*Graph No. 10- Associated diagnosis*

Out of thirty cases of RA, seven cases had associated diagnosis while twenty-three cases did not have any associated diagnosis.

1. MIASM

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr No.** | **Miasm** | **Total number of cases** | **Percentage %** |
| 01 | Sycosis | 28 | 93% |
| 02 | Syco-Tubercular | 01 | 4% |
| 03 | Syphilitic | 01 | 3% |

*Table No. 11- List of miasm*

*Graph No. 11- Miasm*

In the study of Thirty cases of RA. 28 cases (93%) have sycosis miasm, 01 case (4%) have syco-tubercular, and 01(3%) is syphilitic Miasm.

1. MODE OF ONSET OF DISEASE IN SYCOTIC MIASM

|  |  |  |  |
| --- | --- | --- | --- |
| **SR. NO** | **SYCOSIS MIASM** | **NO. OF CASES** | **PERCENTAGE** |
| 1 | SUDDEN | 8 | 29% |
| 2 | GRADUAL | 20 | 71% |

*Table no. 12- Onset of the disease in sycosis miasm*

*Graph no. 12. Onset of the disease in sycosis miasm*

1. LIST OF PSORIC SYMPTOMS

|  |  |  |
| --- | --- | --- |
| **Sr. No** | **Total symptoms found in cases** | **Number of cases** |
| 1 | Cr sweet | 08 |
| 2 | Cr chicken | 03 |
| 3 | Cr sour | 08 |
| 4 | Cr spicy | 07 |
| 5 | Cr egg | 02 |
| 6 | Cr ice cream | 02 |
| 7 | Cr fish | 06 |
| 8 | Cr pungent | 05 |
| 9 | Cr milk | 06 |
| 10 | Av salty | 03 |
| 11 | Av sour | 03 |
| 12 | Av sweet | 05 |
| 13 | Av milk | 03 |
| 14 | <Hunger | 06 |
| 15 | <motion | 05 |
| 16 | <sun | 06 |
| 17 | <odour | 05 |
| 18 | Perspiration profuse | 09 |
| 19 | Greying hair | 01 |
| 20 | Impatient | 01 |
| 21 | Hurried | 01 |
| 22 | Conscientious | 02 |
| 23 | Dream religious | 02 |
| 24 | Dream dead bodies | 04 |
| 25 | Dream accident | 01 |
| 26 | Dream falling | 01 |
| 27 | Dream god | 01 |
| 28 | Dream snake | 09 |
| 29 | Fear dark | 03 |
| 30 | Fear ghost | 01 |
| 31 | Fear blood | 01 |
| 32 | Fear future | 01 |
| 33 | Fearful | 02 |
| 34 | Shy | 01 |
| 35 | Timid | 01 |
| 36 | Anxious about health | 02 |
| 37 | Sensitive | 03 |
| 38 | Responsible | 03 |
| 39 | Sympathetic | 05 |

*Table No. 13- List of psoric symptoms*

*Graph No. 13- List of psoric symptoms*

1. LIST OF SYCOSIS SYMPTOMS

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Total symptom found in cases** | **Total number of cases** |
| 1 | Pain in joints | 30 |
| 2 | Stiffness in joints | 30 |
| 3 | Swelling in joints | 29 |
| 4 | Shifting pain in joints | 04 |
| 5 | Sensation of heaviness in joint | 02 |
| 6 | Sensation of Beaten pain in joints | 02 |
| 7 | Sensation of Soreness in joints | 01 |
| 8 | Sensation of Lameness in joints | 01 |
| 9 | < damp | 09 |
| 10 | <cold weather | 24 |
| 11 | <morning | 27 |
| 12 | >moving | 14 |
| 13 | >warm | 25 |
| 14 | >stretching | 03 |
| 15 | >dry weather | 04 |
| 16 | Perspiration offensive | 02 |
| 17 | Offensive menses | 04 |
| 18 | Menses staining | 06 |
| 19 | Desire for hot food | 05 |
| 20 | Hypertrophied turbinate | 02 |
| 21 | Suppress anger | 09 |
| 22 | Anxious | 18 |
| 23 | Self-reproach | 03 |
| 24 | Reserved | 11 |
| 25 | Suspicious | 01 |
| 26 | Obstinate | 04 |
| 27 | Irritability | 15 |
| 28 | Egoistic | 01 |
| 29 | Brooding | 10 |
| 30 | Suicidal thought | 01 |
| 31 | Suppress emotion | 03 |
| 32 | Contradiction aggravation | 04 |

*Table No 14- List of symptoms of sycosis miasm*

*Graph No. 14- List of symptoms of sycosis miasm*

1. LIST OF TUBERCULAR MIASM

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Total symptoms found in cases** | **Total number of cases** |
| 1 | Rectum pain | 1 |
| 2 | Rectum Burning | 1 |
| 3 | Bleeding per rectum | 1 |

*Table No-15 List of symptoms of Tubercular miasm*

*Graph No. 15 -List of symptoms of Tubercular miasm*

1. LIST OF SYPHILITIC SYMPTOMS

|  |  |  |
| --- | --- | --- |
| Sr No | Total symptoms found in cases | Total number of cases |
| 1 | Boutonniere deformity | 01 |

*Table No-16 List of syphilitic symptoms*

*Graph 16-List of syphilitic symptoms.*

1. MEDICINE AND ITS ATOMIC WEIGHT**.**

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Medicine** | **Atomic weight** |
|  | Silicea | SIL-28.08 |
|  | Natrum. Mur | Na-22.98, CL-35.45 |
|  | Kali. Bich | K-39.09 |
|  | Silicea | SIL-28.08 |
|  | Ferrum | Ferrum-55.845 |
|  | Calc.Phos | CAL-40, PHOS-30 |
|  | Calc.Carb | CAL-40, CARB-12 |
|  | Phos | PHOS-30 |
|  | Kali.Carb | K-39.09, Carb-12 |
|  | Kali.Carb | K-39.09, Carb-12 |
|  | Silicea | SIL-28.08 |
|  | Silicea | SIL-28.08 |
|  | Silicea | SIL-28.08 |
|  | Natrum. Sil | NAT-22.98, SIL-28.08 |
|  | Calc.Phos | CAL-40, PHOS-30 |
|  | Natrum. Mur | Na-22.98, CL-35.45 |
|  | Aurum Met | AUR-196 |
|  | Natrum. Phos | Na-22.98, Pho-30 |
|  | Kali.Carb | k-39.09, Carb-12 |
|  | Kali.Carb | k-39.09, Carb-12 |
|  | Silicea | SIL-28.08 |
|  | Natrum. Mur | Na-22.98, CL-35.45 |
|  | Natrum. Mur | Na-22.98, CL-35.45 |
|  | Calc.Carb | Cal-40, Carb-12 |
|  | Calc.Flur | Cal-40, Fluroin-12 |
|  | Magnesium Carb | Mag-24, Carb-12 |
|  | Kali.Carb | k-39.09, Carb-12 |
|  | Silicea | SIL-28.08 |
|  | Silicea | SIL-28.08 |
|  | Natrum carb | Na-22.98, Carb-12 |

*Table No-17 Medicine and Its Atomic Weight.*

1. CONSTITUTIONAL MEDICINE USED

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr No** | **Rx given** | **No. of cases** | **Percentage%** |
| 01 | Silicea | 08 | 27% |
| 02 | Phosphorous | 01 | 03% |
| 03 | Natrum carb | 01 | 03% |
| 04 | Natrum Phos | 01 | 03% |
| 05 | Natrum Sil | 01 | 03% |
| 06 | Natrum Mur | 04 | 14% |
| 07 | Magnesium Carb | 01 | 03% |
| 08 | Kali. Carb | 05 | 17% |
| 09 | Kali. Bich | 01 | 03% |
| 10 | Ferrum Met | 01 | 03% |
| 11 | Calc. Phos | 02 | 07% |
| 12 | Calc. carb | 02 | 07% |
| 13 | Calc. flur | 01 | 03% |
| 14 | Arum met | 01 | 03% |

*Table No. 18 Constitutional medicine used*

*Graph-17. Constitutional medicine used.*

1. PATHOLOGIES UNDER SYCOTIC MIASM

|  |  |  |  |
| --- | --- | --- | --- |
| SR. NO | LIST OF PATHOLOGIES | COMPLAINTS | NO. OF CASES |
| 1 | Chronic inflammation & infiltration of connective tissue | Chief complaint | 28 |
| 2 | Hypertrophic turbinate | Associated complaint | 2 |
| 3 | Thickening of blood vessels | Associated complaint | 2 |
| 4 | Inflammation (tinea) | Associated complaint | 1 |

*Table no. 19: Pathologies under sycosis miasm*

1. PATHOLOGIES UNDER TUBERCULAR MIASM

|  |  |  |  |
| --- | --- | --- | --- |
| SR. NO | LIST OF PATHOLOGIES | COMPLAINTS | NO. OF CASES |
| 1 | Ulceration (fistula) | Associated complaint | 1 |

*Table no. 20: Pathologies under tubercular miasm*

1. PATHOLOGIES UNDER SYPHILIS MIASM

|  |  |  |  |
| --- | --- | --- | --- |
| SR. NO | LIST OF PATHOLOGIES | COMPLAINTS | NO. OF CASES |
| 1 | Chronic inflammation and destruction | Chief complaints | 1 |

*Table no. 21: Pathologies under syphilis miasm*

1. SYCOSIS MIASM COVERED BY MEDICINE

|  |  |  |
| --- | --- | --- |
| **Sr No** | **Medicine** | **Atomic weight** |
|  | Silicea | SIL-28.08 |
|  | Natrum. Mur | Na-22.98, CL-35.45 |
|  | Kali. Bich | K-39.09 |
|  | Calc.Phos | CAL-40, PHOS-30 |
|  | Calc.Carb | CAL-40, CARB-12 |
|  | Phos | PHOS-30 |
|  | Kali.Carb | K-39.09, Carb-12 |
|  | Natrum. Sil | NAT-22.98, SIL-28.08 |
|  | Aurum Met | AUR-196 |
|  | Natrum. Phos | Na-22.98, Pho-30 |
|  | Silicea | SIL-28.08 |
|  | Calc.Flur | Cal-40, Fluroin-12 |
|  | Magnesium Carb | Mag-24, Carb-12 |
|  | Natrum carb | Na-22.98, Carb-12 |

*Table no.22: Sycosis miasm covered by medicine*

1. TUBERCULAR MIASM COVERED BY MEDCINE

|  |  |
| --- | --- |
| Kali.Carb | K-39.09, Carb-12 |

*Table no.23: Tubercular miasm covered by medicine*

1. SYPHILITIC MIASM COVERED BY MEDICINE

|  |  |
| --- | --- |
| Ferrum | Ferrum-55.845 |

*Table no.24: syphilitic miasm covered by medicine*

**DISCUSSION**

1. **GENDER AND RHEUMATOID ARTHRITIS**

Graph 1 shows gender prevalence in cases of RA. Out of 30 cases studied, there is higher preponderance of females as compared to males, which is in consonance with the standard literatures. Women have got greater susceptibility to RA because there is basic difference between immune response of men and women, with women producing a more vigorous immune response and increased antibody production.

1. **AGE OF ONSET AND RHEUMATOID ARTHRITIS**

In the studied 30 cases, from the Graph 2, it was observed that, the age of onset of RA is seen maximum below the age of 50 yrs. The mostly affected age group was 21-30 years (70%), followed by 31-40 years (24%), then 41-50 years (23%) and 51-60 years (23%). This suggests that the prevalence of RA is more in middle age group as stated in article.

1. **ONSET OF SYMPTOMS IN RHEUMATOID ARTHRITIS**

On the basis of Graph 3, it was seen that, in the studied 30 cases of RA, 21 cases which constitutes 70% of the total cases, were having gradual onset while 9 cases (30%) were having sudden onset. That means, the study shows that a greater number of the cases were having gradual onset than sudden onset. This corresponds to the available literature, which states that predominantly RA have insidious onset of appearance of the symptoms.

Graph 5 shows that sudden onset of disease was more in seropositive rheumatoid arthritis i.e., 56% than seronegative arthritis i.e. 44%. And in Graph-6, it was observed that, gradual onset of disease was seen more in the seropositive RA. However more number cases will give more clarity.

1. **TYPE OF RA**

From the Graph 4, in the studied 30 cases, it was observed that 7 cases (23%) were having Seronegative RA and 23 cases constituting 77% were of Seropositive type of RA.

1. **PROGRESS OF DISEASE**

From the Graph 7, It was observed that, 09 case (30%) were having rapid progress while 21 cases (70%) showed, slow progress in Rheumatoid arthritis. Out of those 09 cases having rapid progress, only one case was of seronegative rheumatoid arthritis and other were of seropositive rheumatoid arthritis. For example, in case no.5, complaints started suddenly and within 1 year, progressed to the development of deformity, so this case was evident of the disease showing sudden onset and rapid progress.

1. **TYPE OF PATHOLOGY IN RHEUMATOID ARTHRITIS**

Graph No -08 & 09 shows that, in the 30 cases of Rheumatoid arthritis, 29 cases (97%) were at the level of reversible type of pathology i.e. pathology limited up to the chronic inflammation of connective tissue and structural irreversible pathology with destruction was seen only in one case (3 %). If we correlate this with the literature available, most of the cases of RA, belongs to the reversible type of pathology than the irreversible one.

1. **ASSOCIATED DISEASES AND RHEUMATOID ARTHRITIS**

In reference to Graph-10, in this study of 30 cases, 8 cases were having associated diseases like hypothyroidism, hypertension, menstrual disorders etc.

1. **CLINICAL PRESENATATION OF RHEUMATOID ARTHRITIS**

Out of 30 studied cases, the following symptoms were observed to be prevalent-

1. Pain in small and large joints, stiffness and swelling were seen in all the patients.
2. There was availability of various type rheumatic pains such as shifting type of pain, soreness and heaviness etc.
3. Structural reversible pathology i.e., pathology limited up to stage of synovitis was seen in 97% of cases and structural irreversible pathology with deformities was seen in 03% of cases.
4. Out of the thirty cases studied, symptoms of moderate intensity were seen in maximum number of cases.
5. Cases showed active local inflammation with swelling, warmth and tenderness which is result of synovial inflammation and deposition of rheumatoid factors.
6. **MIASM AND RHEUMATOID ARTHRITIS**

From the Graph 11, it was observed that, in this study of 30 cases, maximum number of cases (93%) i.e., 28 cases, were having sycosis as miasm, and all of them showing reversible pathology i.e., chronic inflammation of connective tissue. This supports the literature that autoimmunity is the sycosis predominant activity where confusion of self-versus non-self arises. There is aberrant immune response in which tissues get damaged due to antigen antibody reaction. This also suggests that Sycosis miasm plays a major role in the way, the pathology behaves. And it is mostly in the reversible stage as sycosis miasm is associated with sluggishness of response of the system at all the levels and in all the areas.

Amongst the 28 cases of sycosis miasm, 20 cases constituting 71%, showed gradual onset of the disease while 8 cases were having sudden onset i.e., 29% which is observed from the Graph no. 12.

As homoeopathic literature state that in manifestation of sycosis miasm there is more overgrowth and infiltration of tissue than destruction, also sycotic patients are liable to rheumatic trouble. Table no.14 show that, symptoms of sycosis miasm in the studied 30 cases of rheumatoid arthritis. The list shows, various types of sensation, aggravating and ameliorating factors, mental symptoms corresponding to the sycotic miasm.

According to Dr. Robert, correlation of medicine with its atomic weight helps in understanding the miasm. As he mentioned in literature the medicine from mineral group and its atomic weight below the 53 comes in psoric and sycosis miasm and more than that come in syphilitic miasm. The Table no. 16 shows that most of the medicine comes under the sycosis miasm.

1. **MIASMATIC EXPRESSIONS IN THE CASES OF RA**

Table no.13, show the list of various psoric symptoms found in the 30 studied cases.

Table no. 14, is the list of various sycotic symptoms observed in the studied 30 cases.

Table no. 15, shows the list of the symptoms of the tubercular miasm in the studied 30 cases.

And the Table no. 16, consists of only one symptom of the syphilitic miasm which is Boutonniere deformity. As per the literature, it is seen that, it takes 8 to 15 years to develop any kind of deformity in the patients of the Rheumatoid arthritis.

From this, it was observed that the symptoms belonging to the sycotic miasm were more followed by the psoric miasm and only 3 symptoms was seen having tubercular miasm and only one symptom has syphilitic miasm.

There is only one case of syco- tubercular miasm observed in the study, Dr. Robert states that union of psoric and syphilitic dyscrasia manifest the tubercular miasm. In one case, it was observed that there is bleeding from rectum which come in tubercular miasm, and the pathology of Rheumatoid arthritis at the level of chronic inflammation of connective tissue without any destruction.

It was observed that out of 30 cases, in one case of syphilitic miasm, there is irreversible type of pathology i.e., destruction which was seen in the form of deformity. The constitutional medicine i.e., Ferrum met, given to this patient has atomic weight above 53, so according to Dr Robert, it comes under syphilitic miasm.

1. **CONSTITUTIONAL MEDICINE**

In this study, all the 30 cases received constitutional remedy. Table 18 and graph no 17 depicts that kali carb, Silicea, Natrum Mur and Calcarea group are the predominant remedies seen in this study. All the remedy belongs to mineral Kingdom. In the literature of Dr. Robert’s consists the list of antipsoric and antisycotic remedies complied from the book of Materia Medica and includes only those remedies with a primary chemical relationship. And all these falls within the group of body construction elements. Also, they have included miasm differentiated according to the atomic weight of remedies. In 30 cases of Rheumatoid arthritis, it was observed that a greater number of medicines comes from body constructive elements and atomic weight of all those medicines is below 53.

The themes covered in mineral kingdom are rigidity, organized, fastidious, responsibilities, relationship structure, lack of security, angry, inexpressible, fear of losing. All these dispositional qualities were commonly found in the 30 cases.

Psoric patient do not assimilate sufficient elements from the food, sun, water, air etc. and sycotic patients are susceptible to the available constructive elements and assimilate to the point of overgrowth of tissue, and this is reason of their pathology. And from assimilation of radioactive elements in the body which are destructive in nature, we cannot expect construction from destructive force.

So, from the 30 studied cases, we can say that assimilation of constructive element causes constructive pathology but it does not go at the level of destruction or deformity but assimilation of destructive element E.g., in the case of Ferrum met where destruction is seen in the form of deformity.

**12) PATHOLOGIES UNDER SYCOSIS MIASM**

Table No.19 shows that Chronic inflammation and infiltration were the prominent pathology present in the all 28 cases, along with that, 2 cases were having associated complaint of hypertrophied turbinate indicating hypertrophy as the pathology and 2 cases were having associated complaint of essential hypertension, indicating thickening of blood vessels. These all helped to derive sycosis miasm according Robert’s concept.

**13) PATHOLOGIES UNDER SYCO-TUBERCULAR MIASM**

Table No.20 show that Chronic inflammation and infiltration along with the ulceration which was evident in the form of rectal bleeding as an associated complaint, helped to derive tubercular miasm.

**14) PATHOLOGIES UNDER SYPHILIS MIASM**

Table No.21 Chronic inflammation and destruction were observed in 1 case, which helped to derive syphilis miasm according to the Robert’s concept.

**15) MIASM COVERED BY MEDICINE**

Table No.22 show that the according to Robert’s concepts of miasm medicine comes under sycosis miasm. Considering the symptomatology, pathology, tissue affinity and atomic weight of medicine all this medicine come under the sycosis miasm.

Table No.23 show that medicine covered tubercular miasm and symptomatology and pathology of case covered by this medicine.

Table No.24 show that medicine covered by syphilitic miasm considering the symptomatology, pathology and atomic weight of medicine it comes under syphilitic miasm.

**CONCLUSION**

Following conclusions can be drawn from this study of thirty cases on Rheumatoid arthritis.

* Sex– Rheumatoid Arthritis is more prevalent in females as compared to males.
* Age – Prevalence of Rheumatoid Arthritis is more in middle age people.
* Clinical presentation – Rheumatoid Arthritis presents with local symptoms like joint pain, morning stiffness, bilateral symmetrical affection and constitutional symptoms like fever, malaise, anorexia. It affects small as well as large joints.
* Thus, synovitis is the common, clinical stage seen in case of RA, followed Fibrosis.
* Onset of rheumatoid arthritis is gradual in greater number of cases.
* Rheumatoid arthritis is predominantly a disease having sycotic background. According to Dr. Robert’s concept Sycotic dominant presents with structural reversible pathology i.e., chronic inflammation of connective tissue in cases of RA whereas syphilitic present with structural irreversible pathology i.e., destructive type in cases of RA.
* Dispositional emotional attributes of Irritability and anxiousness seen at greater number at disposition level.
* Dispositional Intellectual -Conscientious, responsible, sympathetic prone to development of RA seen in many cases.
* Most commonly used constitutional remedies in the management of Rheumatoid Arthritis cases were from mineral kingdom such as kali carb, Silicea and Natrum Mur and Calacrea group.
* The study shows that the well indicated similimum selected in the basis of Robert’s concept of miasm along with the intercurrent remedy helps to bring out desirable positive results which provides relief to the patient symptomatically as well as helps to halt the further progress of the diseases like joint deformity.
* 8 cases were having associated complaints indicating hypertrophy and inflammation and thickening of blood vessels depicting sycosis, ulceration indicating tubercular miasm.
* Chronic inflammation and infiltration were the prominent pathology along with the pathology of associated complaints helped to conclude the sycosis miasm.
* Chronic inflammation along with ulceration in the form of fistula as an associated pathology, depicted syco-tubercular miasm.
* And chronic inflammation along with destruction in the form of deformity depicted syphilis miasm as per the Robert’s concept.
* As per the Robert’s instruction, the list has been prepared for the symptoms of psora, sycosis, tubercular and syphilis miasm.
* According to Dr. Robert, in 30 cases of Rheumatoid arthritis, it was observed that a greater number of medicines comes from body constructive elements and atomic weight of all those medicines is below 53.
* The mineral group of remedies have strong specificity seat for rheumatic affections of the joint. Maximum number of medicines like Silicea, natrum mur, calc. phos, Kali.Carb, natrum phos, magnesium carb calc fluor, natrum carb aurum, kali bich, phos, natrum silica covers the symptomatology and pathology and according to Robert concept of miasm these medicines indicate sycosis miasm.
* It was observed that in one case of Ferrum met. pathology and symptomatology covered and also the atomic weight of medicine is 55. So, according to Dr. Robert which comes into syphilitic miasm.

**SUMMARY**

The study titled, “Understanding of Robert’s concept in deriving miasm in Rheumatoid arthritis- A case series study” was a small effort carried out to understand the Role of miasm in Rheumatoid arthritis and its effect on the clinical process at different times. This study is an attempt to observe the various clinical presentations of rheumatoid arthritis. An attempt was made to understand the miasmatic evolution and implication of these in prescribing homoeopathic medicines.

Thirty cases were chosen and studied in detail, with respect to clinical presentation of Rheumatoid arthritis, their miasm in consideration of Robert’s concept was studied. Also, the role of mineral group of medicines and its atomic weight in the cases Rheumatoid arthritis was studied. The understanding of the patient as a person was done through the life space. The various miasmatic expressions were observed at mental, physical and pathological level.

The study correlates with the available literature in respect to the epidemiology, clinical presentation, the mode of onset and pathology of the Rheumatoid arthritis. The miasm found to be most of the cases were sycosis. The former was seen more in the reversible cases and the letter was found in the irreversible.

Study shows environmental as well as psychological factor play important role in the maintained of Rheumatoid arthritis.

After overall study we are able to conclude that the relapse that are due to miasmatic block can very well be handled by Anti-miasmatic remedy in most of the cases and also that even constitutional remedy can bring about the cure if it includes the miasm.

**RECOMMENDATION**

* Understanding the role of mental predisposition in the development of Rheumatoid Arthritis.
* Understanding the psycho-somatic correlation in the cases of Rheumatoid Arthritis.
* Exploring the miasmatic co-relation of antisyphilitic remedy in rheumatoid arthritis

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**ANNEXURES**

ANNEXURE 1-Case Record Format

PRELIMINARY INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME: | Regd. No. : | Chronic case date: |
| AGE / sex: | Education: | Occupation: |
| Status: | Religion: | Address: |
| Spouse Name: | Daughter: | Son: |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |

ASSOCIATED COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance | Aversion |
| Perspiration | Hunger |
| Craving | Thermal |

Sleep

Dreams

Menstrual History

Past History

Family History

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| T | P |
| BP | PALLOR/ICTERUS/CYANOSIS |
| RR |  |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS: | CVS |
| Per abdomen: | CNS |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joints | Swelling | Warmth | Movement | Tenderness | Deformity |
|  |  |  |  |  |  |

INVESTIGATIONS

DIAGNOSIS-

ASSOCIATED DIAGNOSIS-

LIFE- SPACE

PRESCRIBING TOTALITY

FINAL REMEDY

MIASM

FOLLOW UP SUMMARY

DISCUSSION

ANNEXURE 2

**Informed Consent Form**

Title: UNDERSTANDING OF ROBERT’S CONCEPT IN DERIVING MIASM IN RHEUMATOID ARTHRITIS –A CASE SERIES STUDY

Name of student:

Name of college:

Date:

Time:

I, Mr. / Mrs. / Miss. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am willing to participate in the above mentioned

study. All the procedures have been read carefully by me/ explained in detail

to me, in a language that I comprehend. I confirm that I have had the opportunity to

ask questions and clarify my doubts.

I understand that my participation is voluntary and I am free to withdraw at

any time, without giving any reason, without my medical care or legal right

being affected.

I am willing to share this information for this study on a condition that confidentiality

will be maintained throughout the study and publication.

Name:

Signature:

Date:

Time:

सूचित संमती फॉर्म

शीर्षक: रूमेटोइडमध्ये मिसाम देताना रॉबर्टच्या संकल्पनेची समज

आर्थराइटिस - एक प्रकरण मालिका अभ्यास

विद्यार्थ्याचे नाव:

महाविद्यालयाचे नाव:

तारीख:

वेळ:

मी, श्री / श्रीमती / मिस. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ वय

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, वर नमूद करण्यात सहभागी होण्यास तयार आहे

अभ्यास सर्व प्रक्रिया मी काळजीपूर्वक वाचल्या आहेत/ तपशीलवार स्पष्ट केल्या आहेत

माझ्यासाठी, मला समजत असलेल्या भाषेत. मी पुष्टी करतो की मला संधी मिळाली आहे

प्रश्न विचारा आणि माझ्या शंका स्पष्ट करा.

मला समजते की माझा सहभाग ऐच्छिक आहे आणि मी मागे घेण्यास मोकळा आहे

कोणत्याही वेळी, कोणतेही कारण न देता, माझ्या वैद्यकीय सेवेशिवाय किंवा कायदेशीर अधिकाराशिवाय

प्रभावित होत आहे.

मी या अभ्यासासाठी ही माहिती गोपनीयतेच्या अटीवर सामायिक करण्यास तयार आहे

संपूर्ण अभ्यास आणि प्रकाशन दरम्यान राखले जाईल.

नाव:

स्वाक्षरी:

तारीख: वेळ:

ANNEXURE 3

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  |  |  |  |
| Pre -disposition  P/H |  |  |  |  |
| Type- Intellect |  |  |  |  |
| Type Emotional |  |  |  |  |
| Type-Behaviour |  |  |  |  |
| Type-physical |  |  |  |  |
| Diathesis |  |  |  |  |
| Prodrome |  |  |  |  |
| Functional phase |  |  |  |  |
| structural phase |  |  |  |  |
| Cause |  |  |  |  |
| <in general, |  |  |  |  |
| >in general, |  |  |  |  |
| S & C in general &pathological general &sleep |  |  |  |  |
| Sex |  |  |  |  |
| mental state.  Emotional/intellectual & behaviour  Dream and interpretation |  |  |  |  |
| characteristic particular |  |  |  |  |

**CASE RECORD**

CASE NO: 1

PRELIMINARY INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME: Mrs. H.A. V | Regd. No: 69871/1369 | Chronic case date: 18/12/2015 |
| AGE / sex: 34 yr./f | Education: 10th std | Occupation: Service |
| Spouse name: Mr. AV (expired) | Daughter :10 Yr. &12 yr. | Son: No |
| Status: widow since 2009 | Religion: Hindu | Address: P |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
| MSS  B/L. Shoulder joint  B/L. Elbow joint  B/L proximal and distal  IP joint  Meta tarsal joint  O – sudden  since 1 year  Duration of stiffness (1-2hr)  last episode 1 year before  now since 2 month  P- Non progressive  D – 2-3 Hours  F – Daily  Right> Left | Pain+2 with heaviness  cannot move  Stiffness+2& heaviness  pain as if beaten-sore  Swelling+2  Redness+  Stiffness | <night+2 (12 am to 1am)  <sour food+2  <morning+3  >warm water+2  <Cold weather+2  <fish /pulses+2  <morning hours+3 | Anxiety-health &work  About pain.  sleep disturb |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance – Lean thin average built. | Aversion-NAD |
| Perspiration--Offensive | Hunger- tolerate |
| Craving-Sweet+3, Chicken+2, Sour+2, Spicy+2, banana+2, fish+2 | Thermal- Chilly |

Sleep – Light, sleep on abdomen. Disturbed due to pain

Startle during sleep

Dreams- NAD

Menstrual History- Cycle 30 days

Duration -3 days

Discharge – Dark red, large dark clot

Past History- NIL

Family History- Father- HTN, Cellulitis, Mother- DM, HTN

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| Temp- Afeb | P- 82/min |
| BP- 110/70 | PALLOR/ ICTERUS/ CYANOSIS- NAD |
| RR- 18/min |  |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS- clear | CVS- S1 and S2 heard |
| Per abdomen- Soft | CNS- Conscious, oriented |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joint | Swelling | Warmth | Movement | Deformity | Tenderness |
| Shoulder joint | - | - | Full | - | + |
| Elbow joint | + | + | Painful | - | + |
| PIP& DIP JOINT | ++ | ++ | painful restricted | - | + |
| Metatarsal joint | ++ | ++ | Painful | - | + |

INVESTIGATIONS-

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | 07/09/2015 | 11/12/2015 | 09/12/2015 |
| HB | 8.5 |  | 12.5 |
| WBC | 5200 |  |  |
| ESR |  | 43 | 40 |
| RA | NEGATIVE |  |  |

DIAGNOSIS -Seronegative rheumatoid arthritis

LIFE- SPACE –

Born and brought up in M. They are 2 siblings, 1 elder brother. patient was one of the good students till 8th standard, but after 8th std, she started failing. She had to perform household responsibilities; there was no tuition due to financial problem. She failed in SSC 3 times. Her father was mentally ill and used to strike her mother. Patient always had a fear of his striking but he never hit patient.

As she couldn’t pass exam, she joined stitching class and did job in cloth shop. After marriage, her in laws were good but used to get irritated on patient. Patient’s work pace is slow, if there are many things to do at one time, she can’t do it. If she could not make lunch on time, her in law used to get angry and show anger to her. She used to feel bad and guilty as she was unable to do it. If there are many things together, she gates late. Now due to complaint she is always worried that how she will do it. If there are few works to complete in the morning, then she gets anxious in the night and thinks over it that how she is going to make it possible. She also does her daily office work on time, she makes sure that it gets completed or else it gets piled up and if there is much work at a time, she would feel burdened.

She feels anxious whether she will able to do it or not, now due to complaint she feels bad every morning. She thinks, “I have to do it, I am the one who is responsible: cannot be dependent” and when she requires 3 hours to finish work, she feels very sad about. Now she has become slower.

Occasionally she gets very angry whenever there is lot of work at a time. she becomes irritable on small things. She is apprehensive about completion of task. If anyone lies, she gets angry. She quietly talks to them and makes sure that they understand their mistake.

Patient’s husband died in 2009, due to food poisoning. The grief remained for 1 and half month. Appetite and sleep were reduced initially. At that time patient felt she should search and do some job. At that time no one supported her, she did everything all alone.

Now patient is staying with father-in-law and taking care of him. Her IPR with everyone is good.

Her daughters are good, one is in 8th and another one is in 6th std. Her MIL expired in 2004 due to uncontrolled DM. There was bad feeling for a week or two. She takes care of her FIL and his health.

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  | MO-HTN  FA-HTN, CELLULITIS | MO- DM |  |
| Type- Intellect | Conscience + |  |  |  |
| Type Emotional |  | Anxious+3 |  |  |
| Type-Behavior |  | slow working |  |  |
| Type-physical | Cr-sweet++, chicken++, sour++,  spicy++, fish++, banana++  thermal-chilly | perspiration offensive++ |  |  |
| Diathesis |  |  |  |  |
| structural phase |  | Rheumatoid arthritis |  |  |
| <in general |  |  |  |  |
| >in general | >sun exposure+ |  |  |  |
| S & C in general &pathological general &sleep | sleep- lies on abdomen, |  | startles during sleep |  |
| Sex | no desire after husband death |  |  |  |
| mental state.  Emotional/intellectual & behavior  Dream and interpretation |  | Anticipatory anxiety+3  Self-reproaches +3  Sleep disturbed anxiety from+2  Anxiety health about+2  Anxiety work +2  anger trifles +2 |  |  |
| characteristic particular |  | Pain+2 with heaviness cannot move  Stiffness+2 and heaviness.  pain as if beaten sore  <night+2(12am -1am)  <sour food+2  <morning+3  >warm water+2  <cold weather+2  <fish/pulses+2 |  |  |

PRESCRIBING TOTALITY:

|  |  |
| --- | --- |
| Mind ailment from anxiety+3  Mind Anticipatory anxiety+3  Mind reproaching oneself+3  Mind anxiety health about+2  Sleep disturbed anxiety from+2  Mind anger trifles about+2  Perspiration offensive  Desire sweet +2 | Desire sour+2  Desire fish +2  Desire chicken+2  Extremities pain beaten as if+2  Extremities pain morning agg. +3  Extremities pain cold weather agg. +2  warm application amel. +2 |

FINAL REMEDY: Silicea

MIASM - Sycosis

FOLLOW UP SUMMARY-

Treatment was started with Silicea 200 (1P) HS. After that the swelling of joints decreased. Patient came after one month, the constitutional medicine continue with same. After that there is morning stiffness in joint still present, but swelling in joint reduce. The Silicea (3P) HS was given which showed improvement of symptoms. The complaints were 80% better, hence patient was shifted on placebo. Then patient came after a gap of 8 months, pain in joints had increased again. Continued with Silicea 200 (3P) HS. The joint pains decreased; duration of stiffness also decreased.

DISCUSSION:

* Based on symptomatology available in the case, it was observed, many of the subjective symptoms like pain in small joint as if beaten, stiffness, soreness and lameness, < cold damp weather, < night and objective symptoms such as swelling, redness, indicates sycosis miasm.
* At pathological level, chronic inflammatory changes and infiltration is seen at the level of tissues involving musculoskeletal system, represent sycotic process. So, it helped to derive miasm according to the Roberts concept.
* On mental level there is anticipatory anxiety, self-reproach, sleep disturbed from anxiety observed in case. And at physical general level there is offensive perspiration which also indicate sycosis miasm.
* On the basis of symptomatology, underlying pathology and Robert’s concept of miasm, Silicea was selected as a constitutional remedy. The Silicea has action on rheumatic affection of joint, fibrous part of the joint producing chronic inflammation and swelling and belongs to the sycosis miasm.
* The atomic weight of Silicea is 28.08 and it is a member of group 14 in periodic table, according to the Roberts concept, Silicea falls within the group of sycotic remedies, and also falls within the group of body constructive element.

CASE 2

|  |  |  |
| --- | --- | --- |
| NAME: Mrs. D.P. D | Regd. No. :53942 | Chronic case date: 11/3/19 |
| AGE / sex: 45/female | Education: Graduate | Occupation: special educator |
| Status: Married | Religion: Hindu. | Address: - P |
| Spouse name: Mr. P. D | Age-36 Yr. | Son -1, 8yr old |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION   1. MSS   B/L- DIJ  B/L- metacarpal joint.  B/L- Wrist joint  occ. knee joint.  Onset-Gradual  Duration-8 to 9 months  Progression- progressive  2)MSS  Left upper extremities  Onset- Gradual  D- 2year  Frequency- on and off | SENSATION  Pain+  Swelling+  Redness+  Shifting pain+3  Stiffness (1-2 hr.)  Tingling  Numbness  Goose bump like sensation | MODALITIES  <morning+3  <evening+2  <slightest +2 <motion+2  <cold exposure+2  >hot water application+2  >painkiller  > rest+3  >sun exposure+  >pressure+ | CONCOMITANTS  Irritability+2 |

ASSOCIATED COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION  GIT  Stomach  Duration – 1 to 2 years | SENSATION  Sour water brash  Nausea | MODALITIES  <night watching  >after vomiting | CONCOMITANTS |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance-fair complexion, round face. | Aversion- milk+2 |
| Perspiration-profuse+3 | Hunger-intolerance |
| Craving- sour+3, pungent spicy+2 | Thermal- hot |

Sleep- occasionally disturbed

Dreams- religious, god, snake

Menstrual History-menopause 1 ½ month

Past History- NAD

Family History-father -DM, HTN.

Maternal aunt-HTN. Paternal aunt 1) ca breast 2) ca breast

Uncle 1) IHD 2) IHD paternal grandmother-CA throat

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| T- Afebrile | P- 78/min |
| BP-130/70mmhg | RR- 18/min |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS: clear | CVS: S1 /S2 Hear |
| Per abdomen: soft | CNS: conscious |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joints | Swelling | Warmth | Movement | Tenderness | Deformity |
| B/L IPJ | ++ | + | Painful | ++ | - |
| B/L DIP | ++ | + | Painful | ++ | - |
| B/L wrist joint | ++ | + | Painful | ++ | - |
| Knee joint | - | - | Free | - | - |

INVESTIGATIONS-

|  |  |
| --- | --- |
| Date | 26/02/2019 |
| Hb | 13.2 |
| Uric acid | 4.8 |
| CRP | 22.89 |
| ACCP | 29.82 positive |
| RA | Positive |

DIAGNOSIS – SERO-POSITIVE RHEUMATOID ARTHRITIS

LIFE- SPACE:

35-year-old female stocky built, fair complexion, having smiling expression on face, came for case definition with her husband. Patient was born and brought up in p. in a well to do family. Family consisted of father, mother, one younger brother and one younger sister. Patient was the eldest child. Both father and mother were principle at ZP high school. Father was strict by nature, whereas mother was soft by nature. Patient was close to both the parents. IPR with siblings was good. Occasionally there used to be playful fights. Financial condition of the family was good.

Patient studied in A. High school where his maternal uncle (mama) was the principle. Patient had fear of mama as he was strict in nature, she never received any special treatment at school. She was average in studies, used to score above 60%. Father used to take her studies. She had few friends, was friendly by nature, used to easily mix with others, easily make friends while travelling. She had no interest in sports or other extra-curricular activities. Later, college life was good, she used to study as well as enjoy with friends. She had no restriction from parents. Completed BA in 2005. She wanted to make her career in teaching profession like her parents, but could not qualify for it. So, she took admission in special education course (diploma) of 2 years.

Patient had affair with her classmate since 9th std, they studied together up to 12th std. Boy belonged to SC caste, they were in a serious relationship and wanted to marry. Patient’s parents suspected about her relation, so they started searching a match for patient. At that time patient directly told her parents not to search any match for her, because she had already chosen someone. Parents opposed for this relation as boy came from a lower caste and didn’t have good job. Father got very angry. After that patient left her house and did court marriage. Patient didn’t have any regret for that, she was confidently narrating the event, made eye to eye contact with physician with firm expressions on her face. After her marriage parents stopped talking with her. Patient felt bad for parents that she had hurt them.

Husband had studied up to 12th std, worked as a security guard. He was caring and understanding. MIL was strict and dominant, whereas FIL was calm. Patient was almost in depression due to torture by MIL. She had to take HOM. medicine. MIL used to taunt her over household work and patient didn’t like her behavior as she had come from a disciplined family and was not used to this type of behavior. She felt angry but suppressed her anger, never back answered thinking MIL was elder. Pt and her husband took a new flat on rent and got separated from in-laws in 2010.

At that time, pt. had completed diploma course and was working at J School. She worked till 2010. In 2010, she got pregnant, was working even during pregnancy, but later left the job. MIL didn’t look after patient during pregnancy, pt. said “she did not expect it from her’’.

In 2012, pt. joined a convent school, she had financial responsibility and responsibility of her family. Apart from teaching at school, she also took classes for children at home. She used to get anxious, had headache, tension and loss of sleep.

Patient had a strong desire to do social service since childhood. She used to help friends, give them money without informing parents. She helped elderly people at old age home, she read out letters for them, was extremely happy and satisfied with her work, she liked training special children, wanted to open a hostel for them. She thinks about them all day and night, like what more she can do for them. She does counselling of parents, gives them positive hope. She is a special educator, also does speech therapy, occupational therapy physiotherapy, etc. She learned all this and started providing these facilities to children. When she was working at N. School, she took 17 students for special child Olympic game, out of which 16 students got gold medal. She feels sad and pity after hearing others difficulties. Patient doesn’t mix with her relatives, she remains busy in her work, she doesn’t react. At present, she is anxious about her complaints as she is not able to work properly due to her complaints. All financial responsibilities are on her. Patient is very suppressive and reserved.

Her husband was alcoholic and used to beat her a lot, used to torture her. Patient hidden all these things from PP. After marriage, father had stopped talking to her, but she occasionally talks with mother secretly.

Husband is angry in nature and doesn’t work. Patient had depressive thoughts, wanted to run away from home.

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  | Fa-HTN  M.Aunt- HTN | Fa- DM | P. aunt  1)ca. breast  2) ca. breast  P. Gm- ca throat  Uncle- 1) IHD  2)IHD |
| Type- Intellect | MWD -good |  |  |  |
| Type Emotional | compassionate+3  Sympathetic+3  Sensitive+3 | Suppressed emotions+3  Anxious+2  Irritable+2 |  |  |
| Type-Behavior |  | Reserved+3 |  |  |
| Type-physical | cr-sour+3  aversion -milk+2  thermal-chilly  perspiration- profuse+3, axilla+2  premature graying of hair | Perspiration -scalp+2 |  |  |
| Diathesis |  |  |  |  |
| structural phase |  | Rheumatoid arthritis |  |  |
| Cause |  | a/f suppressed emotion |  |  |
| <in general, | Sun+2< headache |  |  |  |
| >in general, |  |  |  |  |
| S & C in general &pathological general &sleep | Hyperemesis gravidas.  Sleep disturbed |  |  |  |
| Sex |  |  |  |  |
| mental state.  Emotional/intellectual & behaviour  Dream and interpretation | Dream – religious+  God, snake | Anger suppressed+2  Anticipatory anxiety+2  Anxiety head pain with+2  Irritable pain from+2  Anxious about money matter+2 |  |  |
| characteristic particular |  | Pain at joint+2  Shifting type pain+2  Stiffness+  <morning+2  <evening+2  <cold exposure |  |  |

PRESCRIBING TOTALITY-

|  |  |
| --- | --- |
| Mind -sentimental+3  Mind -sympathetic+3  Mind -reserved+3  Mind ailment from suppressed emotion+3  Mind ailment from anger suppressed+2  Mind anxiety anticipation from+2  Mind anxiety headache with+2 | Mind anxiety money matter about+2  Mind irritability pain during+2 rheumatic  Head pain sun exposer from+2  Dream religious+  General sour craving+3  General milk aversion+2  Extremities pain wandering, shifting+2 |

FINAL REMEDY- Natrum muraticum

MIASM -Sycosis

FOLLOW UP SUMMARY-

The patient has started with Natrum muraticum 200 (1P), the wrist pain, elbow pain and stiffness better. After that patient came after gap of three month continue with the same remedy and potency for 2 weeks. Overall, 80% complaint was better. After 2 weeks complaint increase then Nat.mur 200 (3P) started. Still pain in joints present. Thuja 200 (1P) with Nat.mur 200 (6P) HS prescribe which show relief of complaint.

DISCUSSION-

* Based on symptomatology available in the case, it was observed, many of the subjective symptoms like pain at joint, shifting type pain, stiffness, <morning, <evening, <cold exposure and objective symptoms such as swelling, warmth, redness, also from the duration of associated compliant of GIT, indicates sycosis miasm.
* On mental disposition level, suppressed emotion, anxiety, irritability and reservedness is observed and at physical general level scalp perspiration which also indicate the sycosis miasm.
* At pathological level, chronic inflammation and infiltration is seen at the level of tissues involving musculoskeletal system, also inflammation is mucous membrane of GIT which represent sycotic process. So, it helped to derive miasm according to the Roberts concept.
* The portrait of the patient at symptomatology and pathological level, was matched with the help of Robert’s concept of miasm and Natrum mur was selected. Because Natrum mur. is deep acting polychrests remedy, which is prepared from common salt. Due to excessive accumulation of these salt, it gives rise to symptoms loosely described as gouty or rheumatic gout. This salt also acts on the stomach by favoring the excessive secretion of gastric juice, and belongs to sycosis miasm.
* Sodium is an alkali metal in group 1 periodic table and atomic weight is 22.98, chlorine is group 17 of the periodic table and its atomic weight is 35. 45
* According to Roberts concept of miasm, Natrum muraticum falls in the group of antisycotic remedies. And as it is a double salt, these remedies fall within the group of body construction element.

CASE -3

|  |  |  |
| --- | --- | --- |
| NAME: Mrs. S. J. | Regd. No. :112579/630 | Chronic case date: 31/05/2019 |
| AGE / sex: 44/f | Education: 9th std | Occupation: Housewife |
| Status: married | Religion: Jain | Address: B |
| Spouse name: Mr. M. J | Age: 48 yr. | Daughter: 03 |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
| MSS  Extremities joint small  Proximal metacarpal phalangeal  Metatarsophalangeal  Joint.  Wrist jt.  Onset- 1&1/2 yr. back  D- entire day  P-progressive  Duration of stiffness (40 to 45 min) | Pain++ (change in location)  Stiffness+2  Swelling+ | <Touch+3  <2-2.30am+  < In AC++  <Morning++  >Pressure+  >Work during  <jarring++  <cold and warmth. +  <work excess+ |  |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance- | Aversion- salty thing |
| Perspiration- excessive. Face++, back++ | Hunger- tolerate |
| Craving- sweet ++, | Thermal-chilly |

Sleep- disturbed due to pain.

Dreams-NAD

Noise- irritability want to be quite

Odors- can’t tolerate

Menstrual History: menses -regular, cycle-30 days. Duration-2days.

Quantity. – moderate clot- small dark

Before menses- pain in right shoulder. cannot move affected part at all.

During menses- irritability

Past History- varicose vein. During 7th month of 3rd pregnancy.

Family History- NAD

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| T- Afebrile | P- 94/min |
| BP- 110/70 mmhg | RR- 20 /min |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS: clear, AEBE equal | CVS-s1 &s2 heard |
| Per abdomen: soft NT/ND | CNS-conscious oriented |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joint | Swelling | Warmth | Movement | Deformity | Tenderness |
| PMJ | + | + | Painful | - | ++ |
| MPJ | + | ++ | Painful | - | + |
| WRIST | + | + | Painful | - | + |

INVESTIGATIONS

|  |  |  |
| --- | --- | --- |
| DATE | 20/03/2021 | 16/05/2021 |
| HB | 12.5 | 12.48 |
| PCV | 37.3 | 40.4 |
| MCV | 81.2 | 87.6 |
| MCH | 26.5 | 21.1 |
| MCHC | 32.6 | 30.9 |
| ESR | 05 | 08 |
| ANTI-CCP | 141.8 |  |
| A.N. A | 1:100wkly + |  |

DIAGNOSIS – SERO-POSITIVE RHEUMATOID ARTHRITIS.

LIFE- SPACE-

In childhood, Patient lived with Mo, FA, GM and six siblings. FA was strict as much as required with girls (e.g.- about timing, dressing) Patient had good IPR with family members. She was average in studies, studied up to 9th std, had to take a gap due to GM’s ill- health, later she didn’t feel like studying. Other siblings studied up to 12th std. Patient was not much attached to anyone at home.

After marriage, Patient stayed in a joint family for 12-13 years. Husband was good, had no IPR issue with husband. In laws were good and co-operative, had always taken care of her whenever needed. Patient had 3 children, 6 months after 3rd delivery, her child (younger daughter) got sick, patient was very anxious about her. Meanwhile SIL’s child used to fight with patient’s elder daughter and daughter used to cry, she couldn’t tolerate the elder one crying, also she had hip pain post- LSCS. Thus, patient used to be much irritated and used to quarrel with her DILs. Eventually, family got separated and patient blamed herself for it.

In 2015, her elder daughter was in 12th std and had an affair. Patient felt that her parenting had gone wrong somewhere, thought she was not a good mother, blamed herself, wept while narrating this incident, felt that her daughter should not turn out to be irritable like her, felt because of one person the dynamics and environment of the entire family gets disturbed.

Patient is irritable by nature since childhood, gets irritated especially if someone criticizes her during menses. Irritated when children don’t wake up on the time told by her. If she is ill and anyone disagrees with her opinion, gets angry and feels that she is always right. Husband says that she speaks without thinking. Later repents her actions for 2 to 3 days, thinks why did she say it? She shouldn’t have done it.

Patient is hasty by nature, speaks very fast, eats fast, walks fast, always in a hurry to finish off her work. She gets angry when people work slowly. But now she has to slow down because of her pain.

Patient feels anxious to go alone anywhere, can’t travel alone, feels that she might get robbed or someone might fool her or something bad might happen to her

She loves to cook, very good at cooking, but makes mistakes when cooking at someone else’s place due to anxiety.

She wants her family members to be perfect, knows that no one can be perfect but thinks we should try to be perfect so that no one can put you down.

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  |  |  |  |
| Pre-disposition  P/H |  |  | Varicose veins pregnancy during |  |
| Type- Intellect | MWD -good |  |  |  |
| Type Emotional |  | Irritable+3  Anxious+2  Egoistic+ |  |  |
| Type-Behavior | Impatient+2  Hurried+2 |  |  |  |
| Type-physical | Perspiration-excessive, face++, back++  Craving- sweet+2  Aversion-salty thing+2  Odor- can’t tolerate  Thermal-chilly |  |  |  |
| Diathesis |  |  |  |  |
| structural phase |  | Rheumatoid arthritis |  |  |
| <in general |  | Touch+3, jar+2, cold+, midnight+2, night.  Alone +2when  Anticipation+2  During menses |  |  |
| >in general |  |  |  |  |
| S & C in general &pathological general &sleep |  | Sleep disturbed due to pain  Pain in joint before menses. difficulty to move |  |  |
| Sex |  |  |  |  |
| mental state.  Emotional/intellectual & behaviour  Dream and interpretation | Irritability+ noise from. | Reproaching herself+3  Anger contradiction+2  Anxiety anticipatory+2  Anxiety alone when+2 |  |  |
| characteristic particular |  | Small joint pain++  Wandering pain++  Stiffness++  Swelling+  <touch+3,  <2-2.30am+2  < In AC++  <Morning++  >Pressure+  >Work during+ |  |  |

PRESCRIBING TOTALITY

|  |  |
| --- | --- |
| Mind reproaching himself+3  Mind anger contradiction +2  Mind anxiety alone when+2  Mind anxiety anticipatory+2  Mind impatience+2  Mind irritability noise from+ | Perspiration profuse+3  Perspiration back, face+2  Craving sweet+2  Extremities joint pain wandering+2  Extremities joint pain touch agg+3  General pain agg.2 to 3 am+2 |

FINAL REMEDY- Kalium bichromicum

MIASM- sycotic

FOLLOW UP SUMMARY-

The patient was started with Kali Bich 30 BD. The complaint was not better. So, Kali Bich 200 1P hs started which show joint pain and stiffness was better along with physical general. Thuja 200 (1P) hs followed by kali Bich. 200 BD. The joint pain and stiffness 50% better. Then kali Bich 200 BD continued.

DISCUSSION-

* Based on symptomatology available in the case, it was observed, many of the subjective symptoms like small joint pain, wandering pain, stiffness, swelling, <touch, <2-2.30am, < in AC, <Morning, >Pressure and objective symptoms such as swelling, warmth, indicates sycosis miasm.
* On mental disposition it was observed that there is anxiety, irritability and ego seen which indicate the sycosis miasm.
* At pathological level, chronic inflammation and infiltration is seen at the level of tissues involving musculoskeletal system which represent sycotic process. So, it helped to derive miasm according to the Roberts concept.
* Kali Bich produces symptoms such as pain in small joints, especially about the fingers and wrists more than any other part of the body. Pains wander about, suddenly jumping from one part of the body to another. The portrait of medicine was matched with the patient with the help of Robert’s concept of miasm.
* In relation with the periodic table, kali comes in the same periodic group as natrum i.e. (group 1A) atomic number is 19 and atomic weight is 39.096, so the according to Robert’s concept of miasm, it comes under Sycosis miasm.

Case 4

|  |  |  |
| --- | --- | --- |
| NAME: Mrs. K.D. R | Regd. No:12773/694 | Chronic case date:13/8/2008 |
| AGE / sex: 58 yr./F | Education: 8th std | Occupation: Housewife |
| Status: married | Religion: Hindu | Address: C |
| Spouse name: Mr. D. R | Daughter: 02 | Son: 01 |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
| MSS  Right ankle & B/L knee  O- gradual  D- since 2 yr.  P- gradual  F- 4-5 days /wk.  Back  Lower spine  Since 1 month  Since 4 days increased  O- sudden  D- 1-2 hr.  P- gradual  B/L shoulder Jt.  Since 4 day  O- sudden  D- continue  P- fast  B/L hand  4 days  O- sudden  P- fast | Pain +3  Swelling+3  Pain +3  Pain +3  Swelling +3  Pain+3 | <hard pressure+3  <walking+3  <winter+3  <moon phase  >sitting+3  >light massage+3 >hot water+3  >allopathic Rx  <lying on back+3  <night +3  >massage+3  >light pressure +3  > hot water+3  <night  <lying back on  >pressure+3  >massage+3  >hot water  <pressure+2 | Sleep disturbed  Irritability  Sleep disturbed  App decreased  Lower Abd. Pain  Chest pain |

ASSOCIATED COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
| 1) Rt heel  O- slow  D- 6 month | Pain+3 | < pressure+2 |  |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance- lean thin emaciated, cheekbone prominent | Aversion-pungent+3, sour+2, sweet+3, salt+2 |
| Perspiration-scanty | Hunger- tolerate |
| Craving- milk+3, hot drink+2, cereal+2, veg. green+2 | Thermal- chilly |

Sleep-disturbed

Dreams- accident

Menstrual History-menopause

Past History- NAD

Family History- Father -rheumatoid arthritis, Mother- ca uterus

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| T- Afebrile | P- 76/min |
| BP-134/70 mmhg | RR- 18/min |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS: clear | CVS- s1 &s2 normal |
| Per abdomen: soft NT/ND | CNS- conscious, oriented |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joint | Swelling | Warmth | Movement | Tenderness | Deformity |
| Ankle B/L | ++ | + | painful | + | - |
| B/L knee jt. | ++ | - | - | + | - |
| B/L shoulder jt. | - | - | painful | + | - |
| B/L wrist jt. | + | + | painful | ++ | - |

INVESTIGATIONS –

|  |  |  |
| --- | --- | --- |
| Date | 14/3/2006 | 20/08/2008 |
| HB | 9.2 | 8.8 |
| RBC | 3.42 | - |
| ESR | 119.4 | 12 |
| Uric acid | 6.1 | - |
| RA | Positive | positive |

DIAGNOSIS – SERO POSITIVE RHEUMATOID ARTHRITIS with PLANTAR FASCITIS

LIFE- SPACE –

A 58-year-old female, lean thin and emaciated, with sunken eyes, prominent cheek bones, whitish complexion, wrinkles on forehead and around eyes, came for case definition with her SIL. She was quite comfortable and open while answering the questions.

Patient was born and brought up in a small village. Father was working as a contractor, was very open and frank by nature. He used to love all the children and used to scold them if they do something wrong. Mother was very loving and caring by nature. Patient’s family stayed at their hometown for 2-3 years due to change in father’s posting. Patient had 2 elder brothers, 1 younger brother and 1 younger sister. Younger brother expired in childhood. Patient had good IPR with all family members.

In school, she was good in studies and also in extracurricular activities like singing and dancing, but studied up to 8th std. Her mother used to be ill, both elder brothers and father was working, thus there was no one to look after her mother and younger sister. Patient took the responsibility and left the school to look after the family. Patient’s father cried in front of her because he felt sorry that patient could not study further.

After marriage, financial condition of the family was poor, farming was the only source of income, husband was jobless. MIL and FIL were old, they told patient to take responsibilities as she was the elder one, so patient took the responsibilities of the entire family, looked after farming, worked hard in the fields and built the house by saving money. Patient said ‘she was innocent by nature, hence took all the responsibility’. Husband was quiet and good natured, later he got the job. She had good IPR with in laws. She brought up her children, 1 son and 2 daughters, all had completed their graduation. She said her father was very happy to see her children getting graduated because patient couldn’t complete her graduation. Both daughters are married. The second daughter was teacher and patient were worried about her because she lost her home and property in previous year, but now well settled. Son stays with patient.

Patient said she is talkative, talks with everyone even with strangers. She likes to help people, she gives good advice, she gives the good education to children and nurtures them. She takes responsibility of family. Patient gets anxious if son comes too late at home, she is anxious about their farm. She gets angry and disheartened if the things are not done in their allotted timing. E.g., she had decided and told husband to complete the so and so field work today and if it is not completed then she gets angry and becomes abusive, anger last for short time and does not brood over it. In this age also she arranges fancy-dress competition and various programmed during Ganesh festival and participates, also encourages her DIL to enjoy the life.

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  | Fa- rheumatoid arthritis |  | Mo -ca uterus |
| Type- Intellect | MWD -good |  |  |  |
| Type Emotional | Responsible +3  Sympathetic+3 | Anxious+2 |  |  |
| Type-Behavior |  |  |  |  |
| Type-physical | Thermally chilly  Craving-milk+3, cereal+2,  Green vegetable.  Aversion-sour+2, salt+2, sweet+2 | Desire -hot food+2 |  |  |
| Diathesis |  |  |  |  |
| structural phase |  | Rheumatoid arthritis  Reversible |  |  |
| <in general, |  | Night +3  Lying back on +3  Winter+3  Contradiction +2  Anticipation+2 |  |  |
| >in general, |  | Light pressure+3  Massage+3  Hot water+3 |  |  |
| S & C in general &pathological general &sleep |  | Sleep disturbed+ due to pain. |  |  |
| Sex |  |  |  |  |
| mental state.  Emotional/intellectual & behavior  Dream and interpretation | Dream- accident | Responsibility+3 taking too seriously.  Helping other. +2  Anxiety children about+2.  Anger contradiction from. +2 |  |  |
| characteristic particular |  | Pain +3 Rt. Ankle and B/L knee jt.  Swelling+3  <hard pressure+3, walking+3, winter+3.  >sitting+3, hot water+3.  Pain+3 lower back.  <lying back on+3, night+3.  >massage+3, pressure+3, hot water+3  Pain+3 B/L shoulder jt.  <lying back on+3, night+3  >pressure+3, hot water+3  Pain+3 B/L hand |  |  |

PRESCRIBING TOTALITY-

|  |  |
| --- | --- |
| General contradiction agg. +2  General lying back on agg. +3  Generals Night agg. +3  General pressure amel. +3  General rubbing amel. +3  General warm amel. +3  General sour aversion +2 | General salt aversion+2  General sweet aversion +2General milk desire+3  Sleep disturbed pain from. +  Irritability pain from+2  Mind -responsibility taking seriously+2  Mind – anxiety children about+2 |

FINAL REMEDY- Silicea

MIASM -Sycosis

FOLLOW UP SUMMARY-

The patient was started with Silicea 200 1P HS. Which show slightly better in shoulder, wrist and chest pain. Continue with the above prescription but stiffness and swelling were not better. Next action was Silicea 200 3P HS given, physical general improved and time duration of stiffness decrease and joint pain better. Patient come after the two months then pain in joint increased. The thuja 200 1P HS. Followed by Silicea 200 3P HS given. Which improved the joints pain and swelling. Patient had fall down her femur fracture not come for seven months. When she came the slight pain in joint, again Silicea 200 3P HS continue.

DISCUSSION

* Based on symptomatology available in the case, it was observed, many of the subjective symptoms such as Pain in joints, <hard pressure, walking, winter, >sitting, hot water, pain in lower back, <lying back on, night, > massage, pressure, hot water, pain in right heel and objective symptoms such as swelling and warmth over joints, indicates sycosis miasm.
* On mental disposition level ,anxiety, contradiction aggravation and at physical general desire for hot food which indicate the sycosis miasm.
* At pathological level, chronic inflammatory changes and infiltration is seen at the level of tissues involving musculoskeletal system, represent sycotic process. The inflammation is also in associated complaint. This helped to derive miasm according to the Roberts concept.
* On the basis of symptomatology, underlying tissue affinity, and pathology, with the help of Robert’s concept of miasm, Silicea was selected as a constitutional remedy. The Silicea has action on fibrous part of the joint producing chronic inflammation and swelling and belongs to the sycosis miasm.
* The atomic weight of Silicea is 28.08 and it is a member of group 14 in periodic table, according to the Roberts concept, Silicea falls within the group of sycotic remedies, and also falls within the group of body constructive element.

Case 5

|  |  |  |
| --- | --- | --- |
| NAME: Mrs. S. B | Regd. No: P/14953/02 | Chronic case date: 29/4/2002 |
| AGE / sex: 25yr/F | Education: illiterate | Occupation: Housewife |
| Status: Married | Religion: Hindu/Bengali | Address: M. |

CHIEF COMPLAINTS:

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | SENSATION | MODALITIES | CONCOMITANTS |
| M.S.S  Rt. knee Jt.  Lt. P.I.P Jt.  Lt. M.C.P Jt.  Lt. ankle Jt.  B/L M.C.P Jt.  O -sudden  Since 1 yr.  Duration of stiffness (30 min) | Pain+2  Swelling+2  Stiffness+2  Fever | A /F grief  <squatting+2  <exertion+2  <winter+2  <initial motion+2  <cloudy weather+2  <summer  <fish+3  <morning+2  <sour food+2  <potato+2  <meat+2  >after sunrise+2 |  |

PATIENT AS A PERSON:

|  |  |
| --- | --- |
| Appearance- lean thin wheatish complexion. | Aversion- nothing specific. |
| Perspiration- palm, face+2 | Hunger <+2 giddiness |
| Craving- egg+2, fish, graphs | Thermal- chilly |

Sleep: disturbed due to complaint.

Dreams: snake+2, fights+2

Bus <+2 giddiness

Menstrual History: duration -5 days. cycle -30 days. flow -profuse

Staining -black, indelible

Past History: NAD

Family History: mother – pulmonary tuberculosis.

PHYSICAL EXAMINATION:

|  |  |
| --- | --- |
| T- 98.8f | P- 90/min |
| BP- 120/80mmhg | PALLOR- Present |
| RR- 18/min |  |

SYSTEMIC EXAMINATION:

|  |  |
| --- | --- |
| RS: clear | CVS: s1 and s2 heard |
| Per abdomen: soft | CNS: conscious, oriented |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Joints | Swelling | Warmth | Movement | Tenderness | Deformity |
| Knee R  L | ++  -- | ++  - | Painful  Restricted | Tenderness | -  - |
| P.I.P R  L | --  ++ | -  ++ | Painful  Restricted | Tenderness | Boutonniere  Deformity |
| M.C.P R  L | ++  - | +  - | Painful  Restricted | -  - | -  - |
| Ankle R  L | -  + | -  + | -  - | -  - | -  - |

INVESTIGATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | 7/5/02 | 4/06/03 | 22/5/04 | 27/4/05 |
| Hb | 8.5 | 8.9 | 7.3 | 9.5 |
| Plt | Adeq | Adeq | Adeq | Adeq |
| E.S. R | 85 | 110 | 91 | 74 |
| S. uric acid | 3.2 | 3.0 | 3.4 | 3.1 |
| RA. Factor | -ve | -ve | -ve | -ve |

Radiological- 1) Xray bilateral knee show reduce the joint space, with osteoporosis changes.

2) Xray bilateral hand P.I.P subluxation, carpel and fusion, periarticular osteopenia.

DIAGNOSIS -SERO-NEGATIVE RHEUMATOID ARTHRITIS.

LIFE- SPACE-

Patient basically from O. Her father died when she was small. Mother died last year due to old age. She had four sisters, all are married and staying at O. her elder brother who died due to some abdominal surgery. she constantly broods over the past event. When asked about the marriage, how she got married to Bengali person, patient showed no inclination in talking about it. All she said was that “idhar aake fass gyi” later her husband says that it was the love marriage.

Patient cried during the interview when asked about the mother and her brother. She feels lonely that she had no one to talk to. Husband says that she would get very angry when not listened to her or contradict her. During anger her whole body gets tremble, her face turns dark red but she never expresses her anger. Husband also alcoholic, he beats her sometimes.

Patient was not able to tell her age, duration of marriage also about her own suffering. Husband provided all the information about her.

CONCEPTUAL IMAGE –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HEADING | PSORA | SYCOSIS | TUBERCULAR | SYPHILIS |
| Pre-disposition  F/H |  |  | Mo– pulmonary tuberculosis. |  |
| Pre -disposition  P/H |  |  |  |  |
| Type- Intellect |  |  |  |  |
| Type Emotional | Sentimental+ | Irritable +3 |  |  |
| Type-Behaviour |  | Weepy + |  |  |
| Type-physical | Craving- egg+2, fish, graphs  Perspiration- palm, face+2  Thermal- chilly | Menses -profuse  Staining -indelible++ |  |  |
| Diathesis |  |  |  |  |
| Prodrome |  |  |  |  |
| Functional phase |  |  |  |  |
| structural phase |  | Rheumatoid arthritis  Irreversible |  |  |
| Cause |  | a/f grief +3 (mother and brother death) |  |  |
| <in general, | <Hunger+2  <bus+2 | Contradiction+2 |  |  |
| >in general, |  |  |  |  |
| S & C in general &pathological general &sleep | Sleep: disturbed+ due to complaint. |  |  |  |
| Sex |  |  |  |  |
| mental state.  Emotional/intellectual & behaviour  Dream and interpretation | Dreams: snake+2, fights+2 | Anger supressed+3  anger contradiction from+2  trembling body anger from+2  Brooding+2  Anger face red with+2 |  |  |
| characteristic particular |  | Pain+2 in joints  Stiffness+2 in joints  Swelling+2 in joints  <exertion+2  <winter+2  <initial motion+2  <cloudy weather+2  <summer  <fish+3  <morning+2  <sour food+2  <potato+2  <meat+2  >after sunrise+2 |  | Boutonniere deformity Rt. P.I.P joint. |

PRESCRIBING TOTALITY

|  |  |
| --- | --- |
| Mind -A /f -grief+3  Mind -anger contradiction from+2  Mind -Anger suppressed+3  Mind- anger face red+2  G. Trembling body anger from+2  Mind -Brooding+2 | Dreams -fight+2  Dreams -snake+2  G. food and drink egg desire+2  G. food and drink fish desire+2  Extremities joint pain winter agg+2.  Extremities joint pain morning agg+2. |

FINAL REMEDY- Ferrum Met.

MIASM- Syphilitic

FOLLOW UP SUMMARY-

The patient has been given Ferrum mettalicum 200 to begin with, there was minimal improvement in the complaint. Then Ferrum met 200 three doses weekly and later the repetition and the potency were increased to 1M daily dose. After this there was some more improvement in the symptoms. After a few weeks it was given in gradually increasing repetition up to four times a day. There was improvement in the subjective and some objective symptom of the cases after which the patient kept on the placebo.

DISCUSSION

* Based on symptomatology available in the case, it was observed, many of the subjective symptoms such as Pain in joints, stiffness in joints, <exertion, <winter, <initial motion <cloudy weather, <summer and objective symptoms such as swelling and of the joints and boutonniere deformity present at Rt. P.I.P joint, indicates syphilis miasm.
* At pathological level, the deformity of the joint represents destructive pathology with structural irreversible changes is seen. This helped to derive syphilis miasm according to the Roberts concept.
* On the basis of symptomatology, underlying tissue affinity, and pathology with the help of Robert’s concept of miasm, Ferrum met was selected as a constitutional remedy. It is a useful medicine in the cases of chronic arthritis where the pathology of chronic inflammation is seen.
* In relation to the period table, iron is chemical element with symbol Fe and atomic number is 26 and its atomic weight is 55.845
* According to Robert concept of miasm, the atomic weight is more than 53 and it belong to the syphilitic miasm, also we seen in this case there change in the bony structure i.e., joint deformity which belong to the syphilitic miasm.

**MASTER CHART-**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case No | Name | Age | Sex | Diagnosis | Pathology | Associated pathology | Rx | Atomic weight | Miasm |
| 1 | Mrs H. V | 34yr | F | Seronegative RA | Chr. Inflammation & infiltration | - | Silicea | Sil -28.08 | Sycosis |
| 2 | Mrs D. D | 45yr | F | Seropositive RA | Chr. Inflammation & infiltration | Chr. Inflammation | Natrum mur | Na -22.98  Cl -35.45 | Sycosis |
| 3 | Mrs S. J | 44yr | F | Seropositive RA | Chr. Inflammation & infiltration | - | Kali Bich | K -39.096 | Sycosis |
| 4 | Mrs K. R | 58 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Silicea | Sil-28.08 | Sycosis |
| 5 | Mrs S. B | 25  yr. | F | Seronegative RA | Chr. Inflammation & destruction | - | Ferrum met. | Ferrum -56.85 | Syphilitic |
| 6 | Mr K.M | 24 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Calc. pho | C -40  Pho-30 | Sycosis |
| 7 | Mrs N.M | 27yr. | f | Seropositive RA with tinea corporis | Chr. Inflammation & infiltration | Chr. Inflammation | Cal. carb | Cal.40  Carbon-12 | Sycosis |
| 8 | Mrs L. S | 35yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | phos | Phos-30 | Sycosis |
| 9 | Mrs S. P | 29yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Kali c | K -39  Carb -12 | Sycosis |
| 10 | Mrs P. S | 40 yr. | F | Seropositive RA with bleeding piles | Chr. Inflammation & infiltration | Ulceration | Kali c | K-39  Carb-12 | Syco-tubercular |
| 11 | Mrs R. K | 24  yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Silicea | Sil -28.08 | sycosis |
| 12 | Mrs I. J | 60yr. | F | Seronegative RA with HTN | Chr. Inflammation & infiltration | Thickening of blood vessels | Silicea | Sil -28.08 | Sycosis |
| 13 | Mrs V.M | 40yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Silicea | Sil -28.08 | Sycosis |
| 14 | Mrs A.C | 44yr. | f | Seropositive RA | Chr. Inflammation & infiltration | - | Nat sil | Na -22  Sil -28.08 | Sycosis |
| 15 | Mrs M. S | 23yr. | F | Seropositive RA with dysmenorrhoea | Chr. Inflammation & infiltration | - | Calc.  phos | Cl -40.078  Pho -30 | Sycosis |
| 16 | Mrs K. B | 49yr. | F | Seropositive & hypothyroidism | Chr. Inflammation & infiltration | Hypertrophy | Nat mur | Na -22.98  Cl -35.45 | Sycosis |
| 17 | Mr C. B | 60yr. | M | Seropositive RA | Chr. Inflammation & infiltration | - | Aurum met. | 196.66 | sycotic |
| 18 | Mrs N. S | 35 yr. | F | Seropositive  RA | Chr. Inflammation & infiltration | - | Nat. phos | Na -22  Pho-30 | Sycosis |
| 19 | Mrs M. P | 60yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Kali carb | K-39  Carb-12 | Sycosis |
| 20 | Mr P. S | 38 yr. | M | Seropositive  RA | Chr. Inflammation | - | Kali. carb | k-39  carb-12 | Syco-Tubercular |
| 21 | Mrs S.C | 58yr. | F | Seronegative RA | Chr. Inflammation & infiltration | - | Silicea | Sil -28.08 | sycotic |
| 22 | Mrs  F. S | 30 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Natrum mur | Na -22.98  Cl -35.45 | Sycosis |
| 23 | Mrs A. K | 44yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Natrum mur | Na -22.98  Cl -35.45 | Sycosis |
| 24 | Mrs. M. S | 30 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Cal.carb | Cal.40  Carbon-12 | Sycosis |
| 25 | Mrs. S. G | 59 yr. | F | Seronegative RA | Chr. Inflammation & infiltration | - | Calc.flour | Calc-40  Fluorine-18.998 | Sycosis |
| 26 | Mrs R. F | 41 yr. | F | Seronegative RA | Chr. Inflammation & infiltration | - | Magnesium carb. | Mag -24.305  Cab -12.011 | Sycosis |
| 27 | Mrs L. P | 55 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | Thickening of blood vessels | Kali. carb | K-39  Carb-12 | Sycosis |
| 28 | Miss. S.M | 26yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | silicea | Sil -28.08 | Sycosis |
| 29 | Mrs D. R | 31 yr. | F | Seropositive RA | Chr. Inflammation & infiltration | - | Silicea | Sil -28.08 | sycosis |
| 30 | Mrs. S. K | 49yr. | F | Seronegative RA | Chr. Inflammation & infiltration | - | Natrum carb | Na -22.98  Carbon-20 | Sycosis |