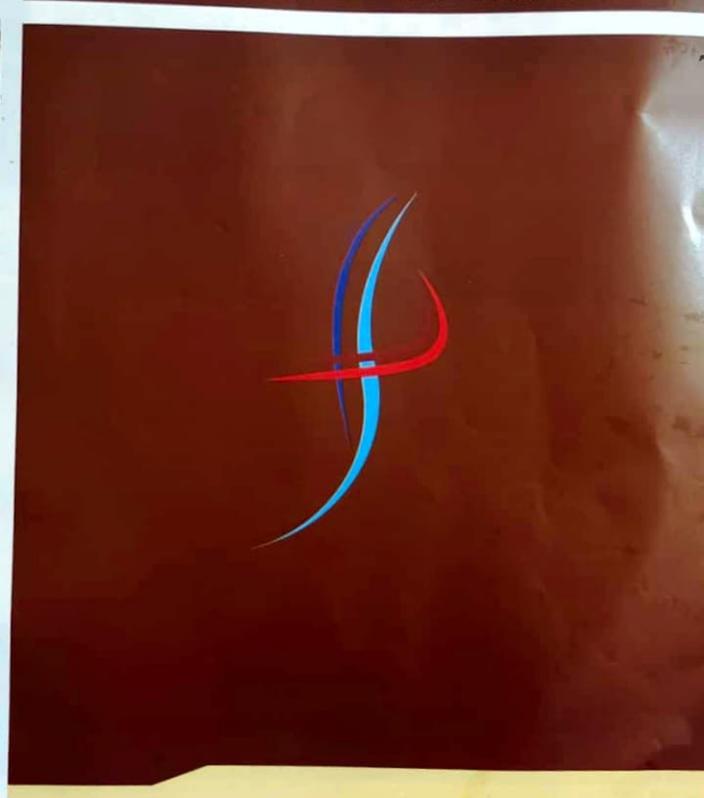
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# A CLINICAL EVALUATION IN H.A. ROBERT'S CONCEPT OF LAW OF PALLIATION IN THE TREATMENT OF OSTEOARTHRITIS IN KNEE JOINT

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#### **ABSTRACT**

Osteoarthritis is a common joint disorder, with pain and numbness with joint disability especially in the older age groups. Knee joint pain are chronic complaints with morning stiffness, joint inflammation, bone weakness etc are common symptoms. Homeopathic medications can provide a patient with a pure, effective, palliative, and long-lasting relief with the highest ideal of cure, a speedy, gentle, and permanent restoration of health, and a simple and comprehensive concept. By the homoeopathic method, get an effective and affordable way of treatment especially the old age people. Here is an article of clinical study in the applicability of law of palliation in the management of knee joint osteoarthritis. The qualities of symptoms described by Hahnemann as striking, singular and peculiar all belong to this category of symptoms.

KEYWORDS: Osteo arthritis of knee joint, law of palliation, Homoeopathy.

### INTRODUCTION

Osteoarthritis is a prevalent joint ailment that affects approximately 20% of women and 12% of men over the age of 50. This affects the entire joint, including the subchondral bone, cartilage, and synovium, causing crepitus, variable degrees of local inflammation and joint discomfort, stiffness, and limited function. Osteoarthritis is a chronic condition for which there is now no cure, according to Hahnemannian philosophy. The knee OA can be divided into primodial, secondary and tertiary mode of treatment. First line of treatment added with exercise, education and weight control. Second line treatment with treatment given by therapists, pharmacologic management of pain, assistive devices, and continuation of first line treatment. Third line treatment is the last line of treatment included with surgery, with (TKA) totally knee with arthroplasty being considered the end-stage disease as regarding the purpose of treatment. [1]

Osteoarthritis is defined in a variety of ways. The Osteoarthritis in Research Society (OARSI) is a non-profit organisation dedicated to doing global research on osteoarthritis. Osteoarthritis is a disease of the joints that is characterised by cell stress and extracellular matrix degradation, as well as tissue stress generated by damage, which in certain circumstances induces maladaptive repair. The molecular derangement in disease followed by anatomo, physiologico derangements (with osteophyte formation, joint inflammation, cartilage degradation, brine remodeling, and impairment in good function of joints), that make a way for it. This activates maladaptive repair responses, including pro-inflammatory pathways in innate immunity. Anatomic and/or physiologic problems (such as cartilage degradation, bone remodelling, osteophyte development, joint inflammation, and loss of normal joint function) accompany a molecular anomaly, which can lead to sickness. [2]

# ARTICLE

Law of palliation iterally means palliation of incurable diseases. Fundamental law of similars is the basis of cure. In OA knee joint degeneration of bone can't be reversibly placed only we can control the joint inflammation and treat from further severity. [1] Knee OA treatment is categorised into three categories: first-line, second-line, and third-line treatment. Education, exercise, and weight loss are among the first-line treatments. Second-line treatment comprises pharmacologic pain management, assistive devices, and therapist-assisted treatment, as well as continuation of first-line care. [4]

Surgery is the third-line treatment for end-stage illness, with total knee arthroplasty (TKA) being the treatment of choice. The clinical examination and X-rays are used to determine the diagnosis criteria. OA of Knee joint is classified into five grade: <sup>19</sup>

- Gradation 0: "Normal" O A of health of knee
- Gradation 1: Minor growth or brine spur without discomfort and pain.
- Gradation 2: Symptoms started for their first time with severe aching after a long walk with stiffness of joints. It refers a mild stage, X-rays with greater bone spur growth without cartilage destruction.
- Gradation 3: Moderate O A of knee joint. Frequent pain and stiffness during movement, also
  affect joints, especially after long sitting for in daytime. The bony cartilage b/w the bones will
  damage, with spacing reduction between the bones.
- Gradation 4: Worst stage of O A of knee joint. The joint will be seriously reduced, complete
  destruction with less synovial fluid". <sup>[4]</sup>

# METHODOLOGY AND MATERIALS

A random sample of 30 (thirty) instances of patients with osteoarthritis (OA) of knee joint who visited Sarada Krishna Homoeopathic Medical College (SKHMCH) and Hospital's O.P.D, I.P.D, and Rural Health Centers was taken. Patients were chosen based on clinical characteristics, medical history, and physical examination. Patients, bystanders, and the investigator's observations were used to collect data. The case has been thoroughly examined, and a remedy has been prescribed based on the findings. The patient's discomfort was measured using a pain evaluation chart. The assessment was repeated at short intervals, with the results noted. Statistical analysis is performed by comparing the pre- and post-treatment symptom scores using paired "t" tests.

Sources of Data: Thirty patients with osteoarthritis knee joint attended Sarada Krishna Homoeopathic Medical College and Hospital's O.P.D, I.P.D, and rural locations. Sarada Krishna Homoeopathic Medical College's pre-structured case record format was used for recording. The cases were chosen based on the inclusion criteria.

**Inclusion Criteria**: Patients between the ages of 30 and 70 are included in the study. Patients of all genders are included in the study. The clinical presentation and X-ray6 are the key diagnostic criteria. The study's improvement criteria are based on symptomatic alleviation.

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treatment. The patient's general and symptomatic improvement was used to make the assessment. For O.P.D. and rural patients, assessments were conducted and changes were documented. A disease intensity score was assigned to each instance for effective assessment and evaluation. A paired t test was used to compare the before and after therapy ratings. Prescriptions are written using normal Materia Medica text volumes and following the Organon of Medicine's guidelines. Clinical characteristics, potency, dose repeats, disease intensity score, and improvement were used to interpret the findings. Tables and figures are used to present the findings. The paired t test was used to determine the investigation's level of significance.

# RESULTS AND DISCUSSION:

Osteoarthritis is the most frequent degenerative joint ailment that affects people in their later years. The patients in this study came from Sarada Krishna Homoepathic Medical College's I.P.D. O.P.D. and rural health centres. For the investigation, both sexes were used.

A total of 30 cases were chosen for the study, and they were followed for at least 4 to 6 months. Females were found to have the highest prevalence of osteoarthritis of the knee joint in 30 instances (25 patients) (83.33 percent). The patients' average age ranged from 45 to 55 years old, with 14 individuals falling into this category (46.66 percent).

The VAS scale was used to evaluate the improvement criteria. The T test was used for statistical analysis. Females made up 25 of the 30 patients investigated. Six patients (20%) were between the ages of 56 and 60, and 61 and 65; five patients (16.66%) were between the ages of 46 and 50, and 66 and 70, and three patients (10%) were between the ages of 41 and 45, and 51 and 55. 2 patients (6.66%) are between the ages of 36 and 40. Six patients (20%) are between 56 and 60 years old and 61 and 65 years old, whereas five patients (16.66 percent) are between 46 and 50 years old and 66 and 70 years old.

Bryonia Alba was the most commonly used remedy <sup>[7]</sup> in this study, accounting for 6 cases (20%), followed by Calcarea Carb in 5 cases (16.66%), Rhus Toxicodendron and Ruta Graveolens in 4 cases (13.33%), Kalium Carbonicum, Natrum Mur, Nux Vomica, and Kali – Bichromicum in 2 cases (6.66%), and Pulsatilla, Sepia, and Sanguinaria in 1 case (3.33 percent). There are many options depending on the patient's weight. According to the BMI distribution, 15 cases (50%) have a BMI of 25–29.9, 10 cases (33.33%) have a BMI of 18.5–24.9, and 5 cases (16.66%) have a BMI of 30 or higher. According to the improvement criteria and improvement, 12 cases (40%) show moderate improvement, 11 cases (36.66%) show great improvement, and 7 instances (23.33%) show little improvement. Table 1 and Figure 1 depict the various improvement scenarios. 14 instances (46.66%) have no prior disease relevant to the scenario, 8 cases (31%) have a history of trauma, and 7 cases (23.33%) have no prior illness relevant to the situation. When the study group's occupations were examined, the most common occupation was housewife, with 24 cases (80%), followed by 2 patients (6.66%) who were engineers, 1 patient (3.33%) who worked as a lower division typist, 1 patient (3.33%) who worked as a businessperson, 1 patient (3.33%) who worked as a firefighter, and 1 patient (3.33%) who worked as a police officer.

	41)	Percentage (100%)
Improvement	Number of Case(s)	23.33%
Mild Stage	,	40%
Moderate Stage	12	36.66%
Marked Stage	11	30.00%

Table 1. Representation of Cases Based on Improvement

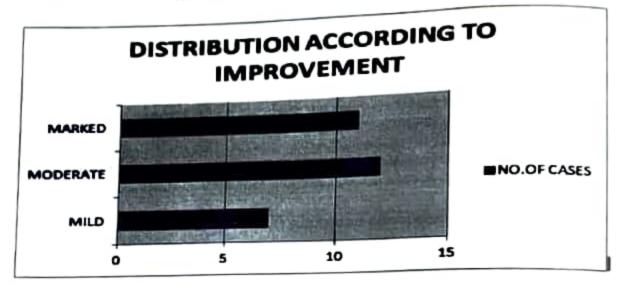


Figure 1. Distribution Based on Improvement

## CONCLUSION

The VAS scale was employed, and the results demonstrate a considerable improvement following reatment. Based on statistical analysis of the foregoing findings, homoeopathic medications are helpful in the treatment of osteoarthritis of the knee joint, restoring joint inflammation and reventing further degenerative changes in the bone late. The Law of Palliation's therapeutic efficacy in the treatment of osteoarthritis of the knee joint is demonstrated in this study, which shows that it is affective in lowering pain in individuals with osteoarthritis and joint inflammation.

#### EFERENCES

- Austine Jose, Mirza Kiyana. Perspective of orthopedists on pain management in oxeoarthritis. Indian Journal
  of Palliative care. www.jpalliativecare.com.
- Clinical Research Studies-series 1. Central Council for Research Homoeopathy. CCRH publishers. New Delhipage no: 93-104.
- Close Stuart. The Genius of Homoeopathic Lectures and Essay on Homoeopathic Philosophy. Reprinted edition. New Delhi. 8 Jain publishers. Kuldeep. 2008-09. page no: 78-79.
- Chu CR, Millis MB, et al, editors. Osteoarthritis: From Palliation to prevention: AOA Critical issues. The journal of Bone and Joint Surgery. 06-Aug-2014 www.ncbi.nih.gov.in.
- Health Screen. Calcium and your child. December 2012, page no: 35-36
- Allen HC. Keynotes and Characteristics with Comparisons of some of the Leading remedies of the Materia Medica with Bowel Nosodes, B. Jain Publishers; 2002.
- nemann Samuel. Organon of Medicine. 5<sup>th</sup> Edition. Koethen. B. Jain Publishers (P) Ltd: 2002. page no. 135.

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