

Exploring the Efficacy of Homoeopathy in Managing Rheumatoid Arthritis: A Comprehensive Perspective on Treatment, Quality of Life, and Financial Implications

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Abstract: *Background: Rheumatoid arthritis is a chronic immune-inflammatory systematic disease that affects mainly synovial joints with possibly of extra articular manifestation. Homoeopathy plays a major role in the treatment of rheumatoid arthritis. These kinds of diseases can have effects on our work and family life due to their long-term and sometimes lifelong effects. Moreover, due to prolonged care and frequent hospitalizations, financial strain and subsequent isolation occurs.*

Keywords: Rheumatoid arthritis, Rheumatoid factor, Synovitis, Homoeopathy

1. Introduction

Rheumatoid arthritis is one of the disease most commonly affecting synovium characterized by bilaterally symmetrical polyarthritis, various extra-articular manifestations and laboratory evaluation may reveal an anemia of chronic inflammation and a positive rheumatoid factor. The use of biological therapies deeply changed the treatment of rheumatoid arthritis (RA) and ankylosing spondylitis (AS), inflammatory rheumatic diseases that cause disabilities and affect patients' functionality and quality of life.^[1]

2. History

As many chronic diseases, the history of rheumatoid arthritis started around 1500 BC when EbersPapyruralties describe a condition similar to rheumatoid arthritis. Several reports suggest that mummies from different eras have deformities that are pathognomonic of arthritis, however, was not until later 1800 where this chronic condition was named by Garrod rheumatoid arthritis, replacing the terms arthritis deformans and rheumatic gout. Thomas Sydenham and later on, Beauvais pointed out that RA has a chronic progressive course especially in the tendon sheaths and bursa causing damage of the bone and cartilage.^[2]

2.1 Etiology

The exact etiology of RA is not completely understood, but genetic susceptibility plays an important role. Studies have shown the importance of T cells, B cells, and cytokines in the pathogenesis of RA. Cytokines of particular interest are tumor necrosis factor (TNF), interleukin (IL)-1, and IL-6. TNF plays a central role in the pathobiology of RA. It is an

important regulator of other proinflammatory molecules and stimulates the secretion of matrix metalloproteinases. It also exerts a direct effect on the multiple tissues inside the joint including chondrocytes, macrophages, synovial fibroblasts, and osteoclasts. Together, its action leads to inflammation and the formation of pannus, a mass of tissue that causes localized joint destruction. The multidimensional hypothesis for RA is that genetic, cognitive, and psychosocial factors interact with each other in this disease. The spread of the disease is an event mediated by the immune system. Indeed, RA is one of the autoimmune diseases in which the immune system attacks healthy tissue and is also a mediating immune system between determinants of physiological, biochemical and endocrine pathology on the one hand, and psychosocial events on the other, processed by the central nervous system.^[3]

Incidence: Common in 20 to 50 years of age.

Sex: It is common in females than in males.

2.2 Epidemiologic Overview

During the last 30 years numerous scientists have extensively studied variation of the prevalence and incidence of RA.^[4] These studies have demonstrated that RA is a global disease distributed worldwide, regardless of race, sex, ethnicity, nationality, age, etc. However, the results of prevalence and incidence measurements vary depending on the population characteristics and have changed over time.^[5] In the UK, the incidence per 100 000 people per year is 1.5 in men and 3.6 in women. Worldwide prevalence is estimated at approximately 1%, but tends to be higher in the Northern European and North American populations. Peak incidence is in the 7th decade of life.^[6] Studies in India reported a prevalence range from 0.28% to 0.7%.^[7]

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2.3 Genetic factors

The genetic contribution to RA has been explored in twin studies, with previous findings demonstrating concordance rates of 15–30% in monozygotic twins and 4% in dizygotic twins. Genetic factors, mainly in the class II major histocompatibility complex (MHC) region, confer a risk of up to 50% for the development of RA. The human leukocyte antigen (HLA)-DRB1 allele, which is involved in MHC molecule-based antigen presentation and is responsible for self-peptide selection and T-cell repertoire, is the most significant genetic risk factor found to date and has been confirmed in patients who are positive for rheumatoid factor (RF) or anti-citrullinated protein antibody (ACPA). In addition, a conserved amino acid sequence in the HLA-DRB chain, referred to as the shared epitope, is shared between RA-associated HLA-DR alleles and is highly associated with the presence of anti-cyclic citrullinated peptide antibodies (anti-CCP) and the development of RA.^[8]

Precipitating cause: Physical or emotional stress. After child birth (remission during pregnancy)^[9]

Hormonal disturbance: Puberty, Menopause.^[9]

2.4 Immunology^[5]

The mechanisms underlying the priming of the immune response, localization to the synovium and subsequent inflammation remain unknown. Historical disease models considered RA to be a Th-1 (a subgroup of helper T cells) mediated disease. Current understanding of inflammatory arthritis now focuses on RA as consisting of a number of compartments, with key cells and cytokines driving each part. The model can be better appreciated if each component is considered in turn.

2.5 Cell-mediated immunity^[5]

The inflammatory infiltrate of the synovial membrane is abundant in CD4+ (helper T) cells, which are thought to orchestrate the cell-mediated responses. CD4+ cells activate B cells via CD28 / CD40 cell surface receptor interactions, and activate macrophages via cell-surface CD69 and by secreting cytokines (interferon (IFN), interleukin (IL)-17). The B cells develop into autoantibody secreting plasma cells, whereas the activated macrophages release cytokines such as tumour necrosis factor (TNF) and IL-1. These two cytokines attract and recruit neutrophils and macrophages, alter vascular endothelium and influence local cells in the synovium.

Pathogenesis:

Synovitis(**synovial cell hyperplasia, hyper trophy with cd4 lymphocytic infiltration and synovial effusion**) Pannusformation, Cartilage loss, Fibrosis, Bony erosion, deformity, fibrous and bony ankylosis, Muscle wasting, Periarticular osteoporosis.^[10]

Types of rheumatoid arthritis^[11]

1) **Seropositive rheumatoid arthritis:**

If the blood tests positive for the protein called Rheumatoid Factor (RF) or the antibody anti- Cyclic Citrullinated Peptide (anti-CCP), it means the body might be actively

producing an immune response to the normal tissues. Having these proteins doesn't really mean patients have Rheumatoid arthritis.

2) **Seronegative rheumatoid arthritis:**

People who test negative for Rheumatoid Factor (RF) and anti-CCP in their blood can still have Rheumatoid arthritis. Diagnosis does not depend on just these tests. Primary Care Physician (PCP) will also take into consider clinical symptoms, X-rays, and other laboratory tests. People who test negative for RF and anti-CCP tend to have a milder form of Rheumatoid arthritis than those who test positive for Rheumatoid Factor (RF).

3) **Juvenile rheumatoid arthritis:**

Juvenile rheumatoid arthritis is the common form of autoimmune disorder mostly affects the children. It is a swelling of the joints that is characterized by warmth and pain. Arthritis can be short-term, enduring only half a month or months and then disappearing - or it may be chronic and last for months, years or even a lifetime.

Complications^[12]

- **Osteoporosis:** Rheumatoid Arthritis itself, along with some medications used for treating rheumatoid arthritis can increase the risk of osteoporosis- a condition that weakens the bones and make them more prone to fracture.
- **Rheumatoid Nodules:** These firm bumps of tissue most commonly form around pressure points such as the elbows. However, these nodules can form anywhere in the body, including the lungs.
- **Dry Eyes and Mouth:** People who have Rheumatoid Arthritis are much more likely to experience sjogren's syndrome, a disorder that decreases the amount of moisture in your eyes and mouth.
- **Infections:** The disease itself and many of the medications used to combat Rheumatoid Arthritis can impair the immune system, leading to increased infections.
- **Abnormal Body Composition:** The proportion of fat compared to lean mass is often higher in people who have Rheumatoid Arthritis, even in people who have a normal Body Mass Index (BMI).
- **Carpal tunnel syndrome:** If Rheumatoid Arthritis affects your wrists, the inflammation can compress the nerve that serves most of your hand and fingers.
- **Heart Problems:** RA can increase your risk of hardened and blocked arteries, as well as inflammation of the sac that encloses your heart.
- **Lung Disease:** People with Rheumatoid Arthritis have an increased risk of inflammation and scarring of the lung tissues, which can lead to progressive shortness of breath.
- **Lymphoma:** Rheumatoid Arthritis increases the risk of lymphoma, a group of blood cancers that develop in the lung system

Criteria for diagnosis of rheumatoid arthritis: Morning sickness, arthritis of three or more joint areas, arthritis of hand joints, symmetrical arthritis, rheumatoid nodules, rheumatoid factor, radiological changes.

Clinical features:**Constitutional symptoms:** Fatigue, weakness.^[10]

- **Articular symptoms:** Vague arthralgia low grade fever, myalgia, joint stiffness, weight loss, excessive sweating, lymphadenopathy.
- **Joints involved in rheumatoid arthritis:** Finger joint (40%) shoulder joint (20%) foot joint (20%) wrist joint (15%)
- **Other joints:** cricoartenooid (sensation of foreign body, hoarseness, weak voice and stridor) elbow (extension defects, epicondylitis and olecranon brursitis – ulnar deviation) hand(Swan neck deformity, Boutonniere deformity) hip and knee (Morant Baker’s cyst) cervical joints C1, C2 (atlanto axial dislocation, quadriplegia) thumb (Z- thumb deformity)
- **Features exclude rheumatoid arthritis:** Butterfly rash – SLE, polyarteritis nodosa, dermatomyositis, scleroderma, tophi gout, arthritis associated with bacterial or viral infections, positive AFB, Reiter’s syndrome, neuroarthropathy, sarcoidosis, distal interphalangeal joint of hand and feet.

Extra – articular manifestation of rheumatoid arthritis:^[10]

- **Respiratory system:** Pneumothorax, rheumatoid nodules (Caplan’s), pleurisy, pneumonia, interstitial fibrosis, chronic bronchitis, pulmonary hypertension.
- **Cardiovascular system:** Pericarditis, endocarditis, cardiomyopathy, conduction defects, cardiac arrhythmias, infiltration of valves, myocardial infarction.
- **Gastrointestinal system:** Xerostomia, parotid enlargement, dysphagia, mesenteric artery occlusion.
- **Renal system:** Pyelonephritis, analgesic nephropathy, amyloidosis.
- **Lymph nodes:** Local and generalized lymphadenopathy
- **Ocular:** Episcleritis, keratoconjunctivitis sicca.
- **Ear:** Defective hearing.
- **Muscles:** Weakness and atrophy, myopathy, tenosynovitis.
- **Skin:** Dermal atrophy, legularis, nodules.
- **Bones:** Periarticular osteoporosis.
- **CNS:** Cervical dislocation, peripheral neuropathy, autonomic neuropathy, entrapment neuropathy
- **Haematological:** Anaemia, serum Fe low, raised ESR, neutropenia, pancytopenia, felty syndrome, splenomegaly, eosinophilia.

Differential Diagnosis**1) Osteoarthritis:**

- Big weight bearing joints of the lower limbs e.g. hip, knee ankle joints are involved
- Heberden’s nodes can be seen end of the fingers.
- Difficulty in movement of the joints in the early morning
- Development of osteophytes in x-ray.
- Normal ESR.

2) Psoriatic arthritis:

- Psoriatic skin lesion may be there.
- Distal inter-phalangeal joints involvement is very common

- Nails are cracked, pitted and thickened
- The RF is negative.

3) Reiter’s syndrome:

- Common in males.
- There is poly arthritis, non-gonorrhoeal urithritis and conjunctivitis
- The joints of the lower limbs are affected.

4) Rheumatic arthritis:

- Big joints are affected one after another. (Fleeting arthritis)
- Tonsils are inflamed, evidence of carditis
- In blood anti-streptolysin ‘O’ (ASO) titer is high.

5) Tuberculous arthritis:

- Single joint is involved, more commonly the spine and the hip joint.
- Low grade pyrexia, emaciation, anorexia, easy sweating etc are seen.
- Evidence of tubercular infection is present.
- ESR is increased.
- Moutex test is positive.

6) Traumatic arthritis:

- History of trauma will be present. Usually single joint is involved.

7) Gouty arthritis:

- H/O acute gouty attack with inflamed swollen first meta-tarso-phalangeal joint may be present.
- Gouty tophi may be present.
- Uric acid level in the blood is usually elevated.

8) Gonorrhoeal arthritis:

- History of exposure and urethral discharge are present.
- Gonococci may be found in the urethral discharge.
- Complement fixation test is usually positive.

9) Pyogenic arthritis:

- Joint is mono-articular.
- The skin is red, oedematous, glossy, and tender with local rise of temperature.
- Constitutional symptoms are present.

10) Haemophilic arthritis:

- History of haemophilia is present.
- Males are affected.
- Knee joints are usually involved
- History of trauma is usually present.

Investigation: ^[9]**Blood:** ESR – raised, Hb – low, anaemia (normocytic and normocytic) RH factor - +ve**Synovial fluid analysis:** Transparency – cloudy, colour – yellowish, viscosity – low, mucin clot – poor, cell count – raised.**Synovial biopsy:** Shows thickening of synovial layer with infiltration of abnormal cells.

X – Ray changes: ^[9]

Early: Soft tissue swelling, narrowed joint space, juxta articular osteoporosis, marginal bone erosion.

Late: Marked osteoporosis, loss of joint space, secondary osteoarthritis, ankylosis, subchondral cysts.

Last stage: Deformity may become obvious.

Specific advice: Rest and splinting, exercise, hydrotherapy.

Management principles: Give patient education, support, and appropriate reassurance. Referral to physiotherapist and occupational therapists.

Nutrition : Well balanced high protein, vitamin – D, calcium food and easily digestible diet.

Homoeopathic Management: ^[13]

Homoeopathy treats the whole person by addressing all aspects of individual i.e. physical constitution, mental and emotional make up. Homoeopathy explains that the symptoms are the outcome of the derangement of health in the whole person. It treats the patient not the disease individual. Constitutional Homoeopathic medicines used to treat inherited tendency for disease. Homoeopathy has significant role not only in treating but also in preventing disease. We Homoeopaths do not claim total cure by just giving the anti-rheumatic medicines, we claim it because we believe in removing the disease from the root. This is ascertained by clearing the obstacles, proper assessing the disease, giving anti-miasmatic remedy and thus processing towards the total cure.

Homoeopathy has numerous remedies for treating RA as Homoeopathy treat symptoms based on individuality of the patient. There are different remedies for people depending upon their attitudes, mental state, behaviour, sleeping pattern, food habits and symptoms of the disease. The frequency of RA is escalating rapidly worldwide, including developed and developing countries. The incidence of RA is rapidly increasing, particularly in the developing countries due to genetic, environment trigger as well as due to smoking and obesity. It has a considerable impact on the health, life style, life expectancy of patients and its complications results in major health problem.

Therapeutic aim: The goals of treatment for RA are to reduce joint inflammation and pain, maximize joint function, and prevent joint destruction and deformity.

Miasmatic cleavage: The 3 basic miasmata, psora, sycosis and syphilis either independently or in combination act as fundamental cause. Mostly rheumatoid arthritis start with psora, followed by sycotic and progress with degenerative changes and finally ends in syphilis.

Rheumatoid arthritis:**A miasmatic view from the standpoint of clinical feature:****1) Psora:**

- Neuralgic pains are usually relieved by quiet, rest and warmth, worse by motion.
- Cramps in the lower extremities in the calves of the legs, in the feet toes, ankles.
- Numbness of the extremities with tingling in the fingers.

2) Sycosis:

- Shooting and tearing pains in the muscles and the joints, pain in fingers or small joints.
- The sycotic pains are relieved by rest and the patient is relieved by moving, by rubbing, stretching, and better in dry, fair, weather.
- Pain worse at the approach of a storm or a damp, humid atmosphere and becoming cold.
- Stiffness and soreness, especially lameness, is very characteristic of sycosis
- Infiltration of inflammatory deposits, but it readily absorbs and never formative.
- It produces violent palpitation with beating of the whole body from reflex rheumatic trouble.

3) Syphilis:

- Stitching, shooting or lancinating pains in the periosteum or long bones of the upper or lower extremities
- Pains worse at night, or at the approach of the night. They are also worse by change of weather, by cold and damp atmosphere.
- Nodular growth.
- Infiltration of inflammatory deposits which are permanent.

Homoeopathic medicines for Rheumatoid Arthritis: ^[13,14]**Arnica Montana**

- 1) Sensation as if the whole body had been bruised and as very sore.
- 2) Restlessness and excessive sensitiveness of whole body
- 3) Bed seems hard to lie upon but thinks other complaints are better.
- 4) Heat of upper parts of the body, coldness of lower.
- 5) Sprained and dislocated feeling.
- 6) Soreness after overexertion.
- 7) Everything on which he lies seems too hard.
- 8) Deathly coldness of forearm.
- 9) Cannot walk erect, on account of bruised pain in pelvic region.
- 10) Rheumatism begins low down and works up (Ledum).

Bryonia Alba

- 1) Aggravation from any motion and corresponding relief from absolute rest, either mental or physical.
- 2) Excessive dryness of the mucous membranes of the entire body.
- 3) All types of pains of bryonia are relieved by pressure.
- 4) Bryonia patients are irritable and complaints started after irritability.
- 5) Knees stiff and painful.
- 6) Hot swelling of feet.
- 7) Joints red, swollen, hot, with stitches and tearing; worse on least movement.
- 8) Every spot is painful on pressure.
- 9) Constant motion of left arm and leg (Helleb).

Ledum Pal

- 1) Swelling of feet and legs up to knees, purple and mottled > when holding feet in ice water.

- 2) Rheumatism begins in lower limbs and ascends. < Warmth of bed, motion, evening.
- 3) Pains are sticking, tearing, throbbing.
- 4) Emaciation of the affected parts.
- 5) Gouty pains shoot all through the foot and limb, and in joints, but especially small joints. Swollen, hot, pale.
- 6) Throbbing in right shoulder.
- 7) Pressure in shoulder, worse motion.
- 8) Cracking in joints; worse, warmth of bed.
- 9) Gouty nodosities.
- 10) Ball of great to swollen (Bothrops).
- 11) Rheumatism begins in lower limbs and ascends (Kalmia opposite).
- 12) Ankles swollen.
- 13) Soles painful, can hardly step on them (Ant c; Lyc). Easy spraining of ankle.

Guaiacum

- 1) Rheumatic pain aggravated from heat and motion.
- 2) Alteration of offensive sweat and offensive urine.
- 3) A feeling of heat in affected limb.
- 4) Tending for alteration of the affection of the tonsils and rheumatic affection.
- 5) Rheumatic pain in shoulders, arms and hands.
- 6) Growing pains (Phos ac).
- 7) Ankle pain extending up the leg, causing lameness.
- 8) Joints swollen, painful, and intolerant of pressure; can bear no heat.

Mercurius

- 1) Pain <at night, heat of the bed and from profuse sweat.
- 2) Excessive sweat, excessive thirst, and excessive salivation.
- 3) Tongue:- large, flabby, shows imprint of teeth.
- 4) Offensiveness and difficulty in lying on right side.
- 5) Weakness of limbs.
- 6) Bone-pains and in limbs; worse, night.
- 7) Patient very sensitive to cold.
- 8) Lacerating pain in joints.

Pulsatilla

- 1) Wandering pains shifts rapidly from one part to another with swelling and redness of the joint.
- 2) Rheumatism caused by getting wet especially the feet.
- 3) Thirstlessness.
- 4) Pains are worse from heat and body is always hot.
- 5) Persons of indecisive, slow, phlegmatic type easily moved to tears.
- 6) Drawing, tensive pain in thighs and legs, with restlessness, sleeplessness and chilliness.
- 7) Pain in limbs, shifting rapidly; tensive pain, letting up with a snap.
- 8) Numbness around elbow. Hip-joint painful.
- 9) Knees swollen, with tearing, drawing pains.

RhusToxicodendron

- 1) Pains are worse after midnight, in wet rainy weather.
- 2) Lameness, stiffness and pain on first moving after rest or on getting up in the morning >by walking or continued motion, heat.
- 3) Great restlessness, anxiety, cannot remain in bed, must change position often to obtain relief from pain.
- 4) Hot, painful swelling of joints.

- 5) Pains tearing in tendons, ligaments, and fasciá.
- 6) Rheumatic pains spread over a large surface at nape of neck, loins, and extremities; better motion (Agaric).
- 7) Soreness of condyles of bones. Limbs stiff paralyzed.
- 8) Tenderness about knee-joint.

RutaGraveolens

- 1) Bruised lame sensation all over, as after a fall or blow, worse in limbs and joints.
- 2) All parts of the body upon which he lies are painful, as if bruised.
- 3) Restless turns and changes position frequently when lying.
- 4) Backache, relieved by lying on the back.
- 5) Spine and limbs feel bruised.
- 6) Small of back and loins pain.
- 7) Legs give out on rising from a chair, hips and thighs so weak (Phos; Con). Contraction of fingers.
- 8) Pain and stiffness in wrists and hands. Ganglia (Benzoic ac).
- 9) Sciatica; worse, lying down at night; pain from back down hips and thighs.
- 10) Hamstrings feel shortened (Graph). Tendons sore.

Kali Bichromicum

- 1) Rheumatism alternate with gastric symptoms, one appearing in the fall and other in the spring, rheumatism and dysentery alternate.
- 2) Pain in small spots, can be covered with point of finger.
- 3) Pain shift rapidly from one part to another
- 4) Pain appears and disappears suddenly.
- 5) Chilly patient. Pains fly rapidly from one place to another (Kali sulph; Puls).
- 6) Wandering pains, along the bones; worse cold.
- 7) Bones feel sore and bruised.
- 8) Tearing pains in tibia; syphilitic rheumatism (Mez).
- 9) Pain, swelling and stiffness and crackling of all joints.
- 10) Soreness of heels when walking.
- 11) Tendo Achilles swollen and painful. Pains in small spots (Oxalic ac).

Colchicum

- 1) Pains are drawing tearing, pressing, light or superficial during worm weather, affects the bone and the deeper tissue when air is cold.
- 2) Pain goes from left to right.
- 3) Arthritic pain in joints—patient screams with pain on touching a joint or stubbing a toe.
- 4) Urine dark, scanty or suppressed, in drops with white sediments, bloody, brown, black, inky.
- 5) Smell painfully acute, nausea and faintness from the odor of cooking food. Sharp pain down left arm.
- 6) Tearing in limbs during warm weather, stinging during cold.
- 7) Pins and needles in hands and wrists, fingertips numb.
- 8) Pain in front of thigh. Right plantar reflex abolished. Limbs, lame, weak, tingling. Pain worse in evening and warm weather.
- 9) Knees strike together, can hardly walk.
- 10) Oedematous swelling and coldness of legs and feet.

Syphilinum

- 1) Pain from darkness to daylight, begins with twilight and end with daylight.
- 2) Pain increases and decreases gradually, shifting and require frequent change of position.
- 3) Craving alcohol, in any form, hereditary tendency to alcoholism.
- 4) Rheumatism of the shoulder joint or at the insertion of deltoid <from rising arm laterally.
- 5) Sciatica; worse at night; better about day-break.
- 6) Rheumatism of shoulder-joint, at insertion of deltoid.
- 7) Run-around. Severe pain in long bones.
- 8) Redness and rawness between toes (Sil).
- 9) Rheumatism, muscles are caked in hard knot or lumps.
- 10) Always washing the hands. Indolent ulcers.
- 11) Muscles contracted in hard knots.

Tuberculinum

- 1) When with a family history of tubercular affection the best selected remedy fails to relieve or permanently improve.
- 2) Desire for milk, aversion to meat.
- 3) Cosmopolitan.
- 4) Takes cold easily without knowing how or where.
- 5) Emaciation rapid and pronounced, loosing flesh while eating well.
- 6) Acute articular rheumatism.
- 7) Arthritis.

Medorrhinum

- 1) Intense burning heat, beginning in nape of the neck and extending down to the spine.
- 2) Burning of hands and feet, wants them uncovered and fanned.
- 3) Insatiable craving for liquor, for salts, for sweets, ice, acid, orange, green fruit.
- 4) Weakness of the memory, cannot remember names.
- 5) Intense restless and fidgety legs and feet.
- 6) Pain in back, with burning heat.
- 7) Legs heavy; ache all night; cannot keep them still (Zinc).
- 8) Ankles easily turn when walking.
- 9) Finger-joints enlarged, puffy.
- 10) Heels and balls of feet tender (Thuja).

Conclusion

In Homoeopathic system of medicine, disease is the altered state of life and mind, manifesting itself on morbid functions and sensation. To a homoeopathic physician the totality of symptoms constitutes the true and only conceivable portrait of the disease. Classification of the diseases by Hahnemann is unique, rational and clinical one. His classification is based on many clinical criteria which will remain unchanged forever. They are divided into acute and chronic diseases. Acute diseases are generally only a transient explosion of latent psora whereas true chronic diseases are caused by a chronic miasm. Rheumatoid arthritis is a degenerative disease. Degenerative diseases are always outcome of active miasmatic mixtures. The miasmatic diversification of the human mind, together with its civilization' brings on a condition favoring a degenerative disease..Various types of auto- immune diseases are manifested in our community in ever increasing day by day; Rheumatoid Arthritis is one of

them. This disease is mostly difficult to cure, but in Homoeopathy scope is more than the other medicinal systems, because Homoeopathy system is based on Similia Similibus Curenture, so all the curable diseases are cured by proper application of homoeopathic medicine with accurate principles and management.

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