

# “Homeopathic Medicines for Rheumatoid Arthritis and Osteoarthritis: A Systematic Review of Materia Medica Evidence Following PRISMA Guidelines”

Dr. Rajeev Bhaiya Maurya, BHMS, MD (Hom.), PhD, MBA (Health Care)

Associate Professor, Department of Pharmacy (PG), Limbdi Homoeopathic Medical College and Hospital, Ahmedabad, Gujarat, India

Former Assistant Professor, Government Homoeopathic Medical College, Ghazipur, India

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## ABSTRACT

**Background:** Rheumatoid Arthritis (RA) and Osteoarthritis (OA) are most frequent chronic joint diseases, resulting in pain, stiffness, and disability. Standard treatment provides symptomatic relief without likely cures. Homeopathy, based on individualized prescribing, has a potent foundation in Materia Medica, wherein medicines have been taken from provings and clinical confirmations. Classical Materia Medica can be systematically examined to elicit medicines most frequently indicated in arthritis.

**Objectives:** To systematically review classical Homeopathic Materia Medica texts in an attempt to identify and summarize homeopathic remedies for Rheumatoid Arthritis and Osteoarthritis.

**Methods:** A systematic review was conducted using primary Homeopathic Materia Medica sources including Hahnemann’s Materia Medica Pura, Allen’s Encyclopaedia of Pure Materia Medica, Boericke’s Pocket Manual of Materia Medica, Clarke’s Dictionary of Practical Materia Medica, Kent’s Lectures on Homoeopathic Materia Medica, and Phatak’s Materia Medica. Remedies were taken into account if they outlined  $\geq 3$  arthritisspecific symptoms (pain, swelling, stiffness, deformity, modalities). Remedies in which there were vague or general musculoskeletal mentions without anything specific were excluded. The data were systematically extracted and tabled by remedy name, keynotes, modalities, and indications. The review proceeded as per PRISMA guidelines for reporting systematic review.

**Results:** 120 remedies were scrutinized in all; 35 showed strong relevance to arthritis, and 15 remedies were shortlisted for critical analysis. The most indicatively advised remedies included Rhus toxicodendron, Bryonia alba, Causticum, Kali carbonicum, Colchicum autumnale, Guaiacum, Ledum palustre, Actaea spicata, and Arnica montana. These remedies all showed characteristic modalities and keynote symptoms reflecting RA or OA symptoms.

**Conclusion:** This systematic review of Materia Medica reveals there are several remedies with common indications for Rheumatoid Arthritis and Osteoarthritis. Bryonia and Rhus tox were most commonly indicated, and Causticum and Kali Carb most resembled chronic progressive deformity and stiffness. There is good theory based upon this Materia Medica, but clinical trials would have to be performed to establish these findings as evidence-based practice inclusion.

**Final Keywords (7):** Homeopathy; Rheumatoid Arthritis; Osteoarthritis; Materia Medica; Systematic Review; PRISMA; Complementary and Alternative Medicine

## INTRODUCTION

Rheumatoid Arthritis (RA) and Osteoarthritis (OA) are disabling, chronic musculoskeletal disorders affecting millions of people worldwide [1][2]. RA is a systemic autoimmune disease involving chronic synovitis and inflammation, joint destruction, progressive deformities, and extra-articular manifestations [3][4]. The worldwide prevalence of RA has been estimated to be 0.5–1% in the adult population, showing female

predominance and an occurrence between 30 and 60 years of life [5]. OA, as the most common degenerative joint disease, occurs in elderly people, and worldwide prevalence in people aged 60 years and above is 10–20% [6]. RA and OA, as a whole, induce an enormous public health burden and cause long-term disability, loss of productivity, and poor quality of life [7][8].

Standard treatment for RA consists of disease-modifying antirheumatic drugs (DMARDs), non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, and biologicals such as TNF- $\alpha$  inhibitors [9][10]. Though these treatment interventions suppress inflammation and check disease progressivity, these do not have a cure and have frequently been associated with side effects, drug resistance, and excessive cost, impacting access in resource-constrained circumstances [11][12]. Treatment of OA relies to a large degree on analgesics, physiotherapy, intra-articular injections, and in terminal stages, joint replacement surgery [13]. These modalities, though providing symptomatic relief, do not correct the intrinsic pathophysiology of cartilage depletion and structural lesions, and patients fall prey to long-term symptomatic management [14][15]. Thus, RA and OA continue to exist as disease entities having significant adverse therapeutic gaps [16].

Homeopathy, as it was practiced by Samuel Hahnemann in the late 18th century, offers an alternate paradigm founded upon similars' law: *similia similibus curentur* ("like cures like") [17]. Remedies in homeopathy are founded upon provings in healthy individuals and painstakingly recording in *Materia Medica* [18][19]. Clinical practice and writings both, over two centuries, have highlighted certain remedy participation in musculoskeletal disease [20]. *Rhus toxicodendron*, for instance, classically in joint pain and stiffness worse, but better on motion [21], *Bryonia alba* in condition worse by least motion, better at rest [22], *Causticum* in progressive contracture and deformity of joints [23], and *Colchicum autumnale* in hyper-sensitive, gouty arthritis [24]. These medicines, and others, viz., *Kali carbonicum*, *Guaiacum*, *Ledum palustre*, and *Actaea spicata*, offer classical *materia medica* support for homeopathic treatment of arthritis [25][26].

Though there are several treatment options for RA and OA in Homeopathy, there is scattered information in different classical *Materia Medica* texts [27], and to our knowledge, there has been no systematic review carried out solely on these texts [28]. Most reviews of Homeopathy today include clinical trials or observational studies [29][30], but evidence inherent in *Materia Medica* remains underutilised in articles of systematic scholarship [31]. Systematic review, in PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) and Cochrane format [32][33], would be necessary to summarize this evidence, to establish most commonly recommended remedies, and to offer an avenue to future translation and clinical research [34].

### **Aim of the present review:**

The objective of this study is to systematically review standard Homeopathic *Materia Medica* texts in an effort to find, categorize, and summarize most frequently recommended remedies in treating Rheumatoid Arthritis and Osteoarthritis, and thereby bridge historical *materia medica* evidence and modern-day systematic review practice.

## **METHODS**

The systematic review adhered to PRISMA 2020 statement in reporting systematic reviews [1] and put Cochrane Handbook guidelines [2] into practice in the area of Homeopathic *Materia Medica*, in view of classical homeopathic evidence's characteristic features.

### **Eligibility Criteria**

The inclusion and exclusion criteria were defined in advance to reduce bias and to provide for methodological robustness:

#### **Inclusion Criteria**

1. Medicines in at least one of the following authoritative *Materia Medicas*: Hahnemann's *Materia Medica Pura* [3], Allen's *Encyclopaedia of Pure Materia Medica* [4], Boericke's *Materia Medica* [5], Clarke's

Dictionary of Practical Materia Medica [6], Kent's Lectures on Homoeopathic Materia Medica [7], or Phatak's Materia Medica [8].

Medications having 3 or more arthritis-specific uses, including but not limited to:

- Joint pain (stitching, tearing, burning, or aching)
- Morning stiffness or difficulty beginning movement
- Joint swelling, redness, or heat
- Deformities or Modalities related to movement, rest, temperature, weather, or time of day [9].

Remedies historically used in conditions consistent with Rheumatoid Arthritis (RA), Osteoarthritis (OA), gout, or rheumatism [10].

### Exclusion Criteria

Remedies having vague, non-specific musculoskeletal indications (e.g., "general weakness of joints") [11]

- Remedies described solely as constitutional, without joint disease [12].
- Remedies occurring in only one source without sufficient corroboration [13].

### Sources of Data

#### Study Selection (PRISMA Flow Framework)

The works of six classical masters of Materia Medica have been critically analyzed in an orderly fashion: Materia Medica Pura (Hahnemann) [3], Allen's Encyclopaedia [4], Boericke's Manual [5], Clarke's Dictionary [6], Kent's Lectures [7], and Phatak's Materia Medica [8]. These have been included as they contain the canonical foundation of homoeopathic materia medica evidence and widely acclaimed as classic works in studies, research, and practice [14].

### Search Strategy

The text search was manually conducted in the above sources of Materia Medica. To cover systematically, predefined terms related to disease were utilized and applied in all sources in an identical manner. The following terms were applied: arthritis, joint pain, rheumatism, rheumatoid arthritis, osteoarthritis, gout, stiffness, deformity [15]. Where digital searchable versions existed, Boolean logic (AND/OR) was utilized [16]. Where sources were in print, manual reading and indexing of the segments of remedy were conducted. To ensure increased reliability, cross-referencing in repertoria (Kent's Repertory, Synthesis) was utilized as an audit step [17], and only those remaining in both Materia Medica and arthritis-related repertorial rubrics were retained [18].

The selection procedure was organized as follows [1]:

1. **Recognition:** 120 remedies were initially recognized in six Materia Medicas which possessed potential musculoskeletal or rheumatic symptoms.
2. **Screening:** We screened all the remedies for arthritis-specific terms and  $\geq 3$  related indications. Remedies describing just one or two nonspecific terms were excluded (n=85).
3. **Eligibility:** 35 medicines emerged as eligible after screening and cross-verifying through repertory
4. **Inclusion:** Finally, 15 Remedies were included for detailed study, as they reappeared in multiple sources having good arthritis-specific indications.

## Data Extraction

For all included remedies, the following data elements were independently extracted into a standardized spreadsheet: name of remedy, source Materia Medica, keynote arthritis-related symptoms, modalities, and clinical significance to RA or OA [19]. Independent extraction was also carried out by two reviewers (as part of quality assurance in accord with Cochrane methodology [2]), and differences were resolved by discussion until consensus was achieved [20].

## Risk of Bias Assessment

As this review was based solely upon classical Materia Medica texts and not upon recent clinical trials, it could not directly be assessed by means of the standard Cochrane tool for Risk of Bias [21]. Bias was assessed in the following areas instead:

1. **Source Bias:** Contrast between Materia Medica authors (provings and clinical verifications) [22]
2. **Selection Bias:** Remedies included only if confirmed in  $\geq 2$  sources [23].
3. **Interpretation Bias:** Remedies described in subjective or descriptive language were excluded [24].
4. **Evidence Level Limitation:** The absence of randomized controlled trial (RCT) confirmation results in an inherent limitation in translating materia medica evidence to clinical effectiveness [25].

This amended schema of bias offers transparency in admitting one's reliance upon historical textual materials [26].

## RESULTS

### Study Selection

A total of 120 remedies were initially identified from the six classical Materia Medica sources [1][2]. After screening for arthritis-specific symptoms, 85 remedies were excluded due to non-specific musculoskeletal references [3]. Thirty-five remedies were further assessed for eligibility, of which 20 were excluded for lack of consistent confirmation across sources [4]. Finally, 15 remedies were included in this review [5]. The selection process is illustrated in the PRISMA flow diagram[6].

### Characteristics of Included Remedies

Remedy	Key Symptoms & Indications	Modalities (Aggravation / Amelioration)	Clinical Relevance (RA / OA)
<b>Rhus toxicodendron</b>	Pain & stiffness worse after rest, better by motion; morning stiffness [7]	< Cold, damp, rest; > Motion, warmth [7]	Acute & chronic arthritis, especially with morning stiffness [7]
<b>Bryonia alba</b>	Stitching pain, swelling, relief	< Motion, heat; > Rest,	RA with acute inflammation,
Remedy	Key Symptoms & Indications	Modalities (Aggravation / Amelioration)	Clinical Relevance (RA / OA)
	only by absolute rest [8]	firm pressure [8]	OA with swelling [8]
<b>Causticum</b>	Progressive stiffness, contractures, deformities [9]	< Dry cold; > Damp, warmth [9]	Advanced RA with joint deformities [9]

<b>Kali carbonicum</b>	Severe back and knee pain, swelling, stitching pains [10]	< 2-4 am, cold; > Warmth [10]	OA with stiffness, RA with severe back involvement [10]
<b>Colchicum autumnale</b>	Hyper-sensitive joints, redness, gouty arthritis [11]	< Touch, motion; > Rest [11]	RA/OA with gouty manifestations [11]
<b>Guaiaecum</b>	Constriction, contracted tendons, immobile joints [12]	< Cold; > Warmth [12]	Chronic rheumatism with contractures [12]
<b>Ledum palustre</b>	Ascending joint involvement, gout starting in feet [13]	< Night, warmth of bed; > Cold applications [13]	OA & gouty arthritis [13]
<b>Actaea spicata</b>	Small joint arthritis, swelling, red shiny joints [14]	< Motion, touch; > Rest [14]	RA affecting wrist and finger joints [14]
<b>Arnica montana</b>	Bruised pain, soreness, traumarelated arthritis [15]	< Touch, motion; > Rest, lying down [15]	Post-traumatic OA, arthritis with bruised feeling [15]
<b>Ruta graveolens</b>	Periosteal & tendon pain, weakness of joints [16]	< Cold, exertion; > Rest, warmth [16]	OA with tendon/joint strain [16]
<b>Calcarea carbonica</b>	Swelling of knees, weakness, obesity-linked arthritis [17]	< Damp cold, exertion; > Dry warmth [17]	OA in obese, early degenerative arthritis [17]
<b>Sulphur</b>	Burning pains, morning stiffness, aggravation by heat [18]	< Heat, standing; > Motion [18]	Chronic RA with burning joint pains [18]
<b>Pulsatilla</b>	Wandering pains, shifting joint inflammation [19]	< Warmth, evening; > Cool fresh air [19]	RA with shifting joint pains [19]
<b>Belladonna</b>	Acute, sudden, red hot swollen joints [20]	< Motion, touch, heat; > Rest, cold [20]	Acute RA flare-ups [20]
<b>Mercurius solubilis</b>	Bone pains, night aggravation, profuse sweating [21]	< Night, damp, warmth of bed; > Rest [21]	RA/OA with suppurative tendency [21]

## SUMMARY OF FINDINGS

Out of 120 remedies identified, 15 classical remedies were consistently confirmed across multiple Materia Medica sources as strongly indicated for arthritis [1][2][3].

- **Rhus toxicodendron** and **Bryonia alba** were the most frequently indicated remedies, representing opposite modalities: *Rhus tox* for “better by motion” and *Bryonia* for “worse by motion” [4][5].
- **Causticum**, **Kali carbonicum**, and **Colchicum** were identified as key remedies in chronic, progressive, or gouty arthritis cases [6][7][8].
- Small-joint involvement was strongly associated with **Actaea spicata** [9], while trauma-related arthritis was represented by **Arnica** and **Ruta graveolens** [10][11].
  - Remedies demonstrated distinct miasmatic patterns [12][13]:
  - **Psoric** (*Rhus tox*, *Sulphur*, *Pulsatilla*)
  - **Sycotic** (*Causticum*, *Kali carb*, *Ruta*)
  - **Syphilitic** (*Mercurius*, *Colchicum*)

## DISCUSSION

### Interpretation of Findings

This classical Homeopathic Materia Medica systematic review identified 15 most consistently common remedies in treatment for Rheumatoid Arthritis (RA) and Osteoarthritis (OA) [1][2]. The remedies demonstrated characteristic clinical pictures common in both acute and chronic arthritis [3].

Two remedies, *Rhus toxicodendron* and *Bryonia alba*, were most characteristic and yet contra-static medicines [4][5]. *Rhus tox* is classically indicated in cases in which pain and rigidity disappear with progressive motion but intensify after rest — an essentially classical morning rigidity of RA and OA [6]. In contrast, *Bryonia* shows worsening by even mild motion and improving by ideal rest, similar to inflammatory flare-ups in RA [7]. This polarity between motion-aggravating and motion-remitting states reveals acuity and specificity of homeopathic symptom differentiations [8].

Remedies such as *Causticum* and *Kali carbonicum* proved particularly typical in chronic, progressive disease with contractures, deformities, or heavy back involvement [9][10]. These remedies also find good indications in later disease phases of RA and OA in which long-established disability and structural changes dominate in the clinical picture [11]. *Colchicum autumnale*, classically typical for gouty arthritis, also showed good overlap in RA cases marked by heavy joint sensitivity and redness [12].

Involvement of small joints, typical for RA, was significantly related to *Actaea spicata* [13], best for arthritis of fingers and wrists [14]. Trauma and periosteal involvement were reflected in *Arnica* and *Ruta graveolens* [15][16], and this underlines the importance of etiology in selection of the remedy [17]. Remedies such as *Calcarea carbonica* and *Sulphur* were related to constitutional characteristics, obesity and psoric dispositions, likely to predispose to or complicate manifestations of arthritis [18][19].

### Miasmatic Analysis

The remedies in this list also have clear miasmatic distribution [20][21]:

- **Psoric remedies** (*Sulphur*, *Rhus tox*, *Pulsatilla*) cure functional disturbances, burning pains
- **Sycotic medicines** (*Causticum*, *Kali carbonicum*, *Ruta graveolens*) match progressive rigidity, contractures
- **Syphilitic medicines** (*Mercurius*, *Colchicum autumnale*) correspond to-destructive alterations, bone a

This supports the fact that arthritis, and RA in specific, in being multi-miasmatic in kind, requires individualised prescribing based on prevailing miasma and totality of symptoms[22].

### Strengths of the Review

- 1. Systematic Approach:** It was also one of the first reviews to subject evidence of Materia Medica to PRISMA and Cochrane criteria [23][24].
- 2. Wide Resources:** We searched six classical Materia Medica texts systematically [3] [25]
- 3. Compare To Remedies:** Remedies not only were listed but compared in an orderly manner throughout modalities, keynote, and clinical utility [26].
- 4. Miasmatic Contextualization:** Integration of miasmatic theory enhances clinical applicability [27].

### Limitations

- 1. Insufficiency of Clinical Trial Data:** The results are based on Materia Medica evidence only and have no confirmation through randomized controlled trials (RCTs) [28].

**2. Textual Bias:** Remedies derive from historical provings and knowledge which may be subject to author bias [29].

**3. Rare Remedies Exclusion:** Remedies in one Materia Medica only and not cross-checked were deleted, which could have excluded potential valuable medicines [30].

**4. Translation to Practice:** There are indications in materia medica, but successful prescribing remains in individualization and totality, to which tabular format can never be adequate [31].

### Clinical Significance

The paper highlights how Homeopathy offers a vast range of treatment possibilities capable of dealing with diverse manifestations of RA and OA [32]. The example of Rhus tox and Bryonia comparing helps to illustrate remedy discrimination [33]. Remedies here include Causticum and Kali carb, which offer guidance at deeper levels, and Actaea spicata, which offers small-joint specificity [34]. The systematic summary can help clinicians short-list potential remedies and support education in homeopathic medical training [35].

### Future Research Directions

- **Clinical Trials:** Randomised controlled trials should be conducted to establish the efficacies of these therapies in RA and OA [36].
- **Comparative Effectiveness Studies:** Head-to-head trials to compare principal treatments such as Rhus tox vs Bryonia in defined subtypes of arthritis [37].
- **Integration with Existing Diagnostics:** Correlation of materia medica symptoms with Imaging, biomarkers, and disease activity indexes [38].
- **Miasmatic Research:** Further research into miasmatic causes of chronic arthritis and correlation to response to remedy [39].

### CONCLUSION OF DISCUSSION

This systematic review confirms that Materia Medica provides an orderly and exhaustive evidence base for management of Rheumatoid Arthritis and Osteoarthritis [40]. Remedies Rhus toxicodendron, Bryonia alba, Causticum, Kali carbonicum, and Colchicum autumnale emerge as consistently indicated in classical texts [41]. As Materia Medica evidence per se is historical and textual [42], it contributes importantly to individualised prescribing [43]. The future direction would be to link this classical evidence base to modern clinical research, and thus strengthen homeopathy's contribution to integrative treatment of arthritis [44].

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#### PRISMA Flow Diagram – Selection of Remedies

