

ISSN No: 2319-5886

International Journal of Medical Research & Health Sciences, 2019, 8(5): 103-107

The Role of *Rhus toxicodendron*: A Homoeopathic Remedy in its Various Attenuations on Patients with Rheumatic Disorders

Jay Nilesh Shah, Sana Parvej Peerzada, Anuj Deepakrao Chinche, Arun B. Jadhav and Aditya Dilipkumar Patil*

Department of Homoeopathic Pharmacy, Homoeopathic Medical College and Hospital, Bharati Vidyapeeth (Deemed to be University), Maharashtra, India

*Corresponding e-mail: <u>dradityapatil108@gmail.com</u>

ABSTRACT

Objective: The objectives of the study were to clinically evaluate the role of Rhus toxicodendron, a homoeopathic medicine, in its various attenuations (Q, 30C, 200C, 1M) prescribed as a single medicine or with other homeopathic medicines for relieving the signs and symptoms of arthritic disorders and also to determine their useful potencies, frequency of administration and building up a new dose repetition protocol and guidelines for practice. Methods: It was a multi-centric, observational study carried out between the years 2016-2018. A total of 91 patients with arthritic disorder were selected according to the pre-defined parameters. The detailed case recording was done for each case and the patients were monitored for assessing the status of their condition according to the pre-defined criteria and the results were evaluated. Results: Out of the 91 patients, 78 patients improved in varying degrees with marked improvement seen in 34 patients, moderate in 27 patients and mild in 17 patients. No improvement was seen in 13 patients. Conclusion: Outcome of the study shows that homeopathic medicines are useful in managing arthritic disorders. However, further study with predefined laboratory and radiological investigation needs to be conducted. Other objectives of the study which included identifying the most useful potencies of Rhus toxicodendron and their frequency of administration could not be achieved. From the available results, a dose repetition observation has been provided and further study for new repetition protocol and guidelines is being formulated for conducting further trials.

Keywords: Arthritis, Homoeopathy, Observational study, *Rhus toxicodendron*

INTRODUCTION

The arthritic complaints are insidious in nature and often neglected in their initial stages. Their characteristic features are joint pains exacerbated on movement coupled with either stiffness of the joints, restricted range of movements, instability or even may involve swelling. The functional derangement is more often associated with radiological abnormalities which may include narrowing of the joint space, osteophytes formation, subchondral bone sclerosis, cysts, and the collapse of bones or even subluxations. Conventional treatment emphases more on the administration of NSAIDs (Non-steroidal anti-inflammatory drugs) but very few patients of arthritic disorders respond to treatment and found to be beneficial [1]. NSAIDs in its excessive consumption shows adverse reaction like gastric ulcer, bleeding, and perforation [2]. The available therapeutic treatment for arthritic disorder is insignificant in their tolerability and efficacy [3].

Homeopathic treatment has been proven to provide relief from sign and symptoms of arthritic disorders as seen by the literature review from a large number of case reports [4-10]. Abundant references are available in homeopathic textbooks and repertories related to joint disorders. *Rhus toxicodendron* has been studied from the textbooks and also *in vitro* studies have been conducted to understand the mode of action in cell line models [11].

Aim and Objectives

The aim was to clinically evaluate effectiveness of *Rhus toxicodendron*, a homoeopathic medicine, in its various attenuations (Q, 30C, 200C, 1M) prescribed as a single medicines or as an add-on with various other homeopathic medicines in relieving the arthritic disorders along with their signs and symptoms and to determine their useful

potencies, frequency of administration in clinical practice to build up a new dose repetition protocol and guidelines for clinical practice.

MATERIALS AND METHODS

This study was undertaken at Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Homoeopathic Hospital and Research Centre, Pune, India and its other peripheral centers at Saswad O.P.D. and Dehu Road O.P.D. The said was an observational study of the cases enrolled between the years 2016-2018. Out of the total cases, 91 patients (63 males and 28 females) with arthritic disorders had regular follow-ups for a period of 2 years and who were prescribed *Rhus toxicodendron*, in its various attenuations. The demographic details are explained in Table 1.

Age Incidence (n=91)	Total	Male (63)	Female (28)			
31-40 years	3	2	1			
41-50 years	15	9	6			
51-60 years	18	12	6			
61-70 years	31	21	10			
71-80 years	22	17	5			
81-90 years	2	2	-			
Sex incidence (n=91)	n (Mean age \pm SD)					
Male	63 (63.29 ± 11.71)					
Female	28 (60.07 ± 11.46)					

Table 1 Demographic characteristics

All the enrolled patients underwent detailed history taking and recording of symptoms. The patients were selected mainly on the basis of signs and symptoms of arthritic disorders, viz. joint pain and tenderness, stiffness, restricted movement. The severity of the arthritic disorders was assessed by noting the tenderness and restricted range of movement if any. Outcome assessment was made according to the pre-defined criteria shown in Table 2 and the results were evaluated.

Post Treatment Outcome

Cured
Complete disappearance of subjective and objective symptoms with no recurrence for the next two years.

Marked
>75% improvement in subjective and objective symptoms.

Moderate
50% to 75% improvement in subjective and objective symptoms.

Mild
Under 50% improvements in subjective and objective symptoms.

No Improvement
No improvement in subjective/objective symptoms.

Worse
Aggravation of subjective/objective symptoms.

Table 2 Parameters followed for post-treatment outcome assessment

RESULTS

The details for the onset of complaints accompanied by the duration of the condition since onset have been assessed and reported in Table 3.

Duration of complaints (n=91)	Total	Male (63)	Female (28)
1 day-<1 month	7	4	3
1 month-<3 month	10	7	3
3 month-<6 month	12	6	6
6 month-<1 year	14	9	5
1 year-<2 year	27	20	7
2 year-<5 year	19	15	4
5 years<10 year	2	2	-

Table 3 Duration of complaints

The onset and duration emphasize the impact of the chronicity of the complaints on the rapidity in the improvement of the condition. Along with onset, the duration is also important to analyze the precipitating and predisposing factors involved in the development of the disease and also those which aggravate the condition and they are enlisted in Tables 4 and 5.

Table 4 Precipitating and predisposing factors

Precipitating and predisposing factor		Total		Male		Female	
Precipitating factor	Obesity	60	48	49	40	20	8
	Trauma	69	21		9		12
Predisposing factor	Old age (≥ 51 years)	73	73	48	48	25	25

Table 5 Clinical types of arthritic characters observed in patients

Clinical correlation and types		No of Patients (n=91)					
		Mal	e (63)	Female (28)			
Unilateral			11		9		
Joints involvement	Bilateral	63	31	28	10		
	Multiple		21		9		
Stiffness of joints		63		28			
Tenderness of joints		63		28			
Restriction of movement		53		18			
First Motion aggravates pain morning		58		26			
Winter complaints aggravate		60		27			
Bathing or cold water aggravations		58		26			

According to the criteria of assessment as discussed in Table 2 a total of 78 individuals showed response to the treatment while 13 showed no improvement. Table 6 enlists the observations of the response from treatment by all the enrolled individuals.

Table 6 Response to treatment

Variable		Total	Male	Female
	Markedly	34	27	7
Improved (n=78)	Moderately	27	15	12
	Mildly	17	11	6
No Improve	No Improvement (n=13)		8	5

The finer criteria of assessment considering various factors of the associated complaints with the arthritic disorder were analyzed and their response is depicted in Table 7.

Table 7 Response to homeopathic treatment

Variables	Before Rx	Male	Female	After Rx	Male (55)	Female (23)		
Subjective Symptoms								
Joints involvement	91	63	28	78	55	23		
Stiffness of joints	91	63	28	78	55	23		
Restriction of movement	91	63	28	78	55	23		
First motion aggravates pain morning	84	60	24	78	55	23		
Winter complaints aggravates	87	61	26	78	55	23		
Bathing or cold water aggravates	91	63	28	78	55	23		
Objective Symptoms								
Tenderness of joints	91	63	28	78	55	23		
Joints deformity	13	8	5	0	-	-		

The role of *Rhus toxicodendron*, in its various attenuations, and its utility in cases with the arthritic disorder was assessed at the time of the prescription and even its impact on the improvement of the condition was noted. Table 8 shows us where was the role of *Rhus toxicodendron* at the baseline and at the end point of the study.

Table 8 Medicines prescribed and found useful in patients

Medicines and Potency		Prescribed To		Found Useful		
Wiedicines and Fotency	(n=91)	Male (63)	Female (28)	(n=78)	Male (55)	Female (23)
Rhus Tox Q	1	1	-	-	-	-
Rhus Tox 30C	2	1	1	2	1	1

Rhus Tox 200C	38	23	15	35	21	14
Rhus Tox 1M	7	5	2	6	4	2
Rhus Tox Q+Other remedy	1	-	1	_	-	-
Rhus Tox 30C+Other remedy	4	2	2	2	1	1
Rhus Tox 200C+Other remedy	26	23	3	23	21	2
Rhus Tox 1M+Other remedy	12	8	4	10	7	3

DISCUSSION

Based on the available indications in the patient, *Rhus toxicodendron* was administered and the patient was monitored periodically for assessment of their clinical status. The regime of the dose repetition depended on the condition of the patient, severity of the condition, chronicity of the condition, attenuation used, it was repeated till sign and symptoms were relieved. When in acuteness or high severity, the repetition was as frequent as 3 times a day whereas upon the improvement of condition the repetition settled down and the selected medicines were administered in a single dose at suitable intervals. The frequently observed doses in the cases taken under the study are mentioned in Table 9. All patients were advised light exercise, correct posture and measures like hot fomentation for the alleviation of pain, as a supportive line of treatment.

Drug Dosage Rhus Tox Q 10 drops TDS Rhus Tox 30C 2 Dram, 4 pills BD 2 Dram, 3 pills TDS Rhus Tox 200C Rhus Tox 1M 2 Dram, 2 pills TDS Rhus Tox Q+Other remedy 10 drops OD (M), 10 drops OD (E) 1 Dram, 4 pills OD (M), 1 Dram, 4 pills OD (E) Rhus Tox 30C+Other remedy Rhus Tox 200C+Other remedy 1 Dram, 3 pills OD (M), 1 Dram, 3 pills OD (E) Rhus Tox 1M+Other remedy 1 Dram, 2 pills OD (M), 1 Dram, 2 pills OD (E)

Table 9 The preferred dosage as observed in the cases

CONCLUSION

The arthritic disorders depend upon multiple factors right from the cause to their precipitating factors for their severity whereas their presentations also vary from case to case. The major presentation including the pain, stiffness, restricted movement, tenderness, etc. when assessed for their improvement with homeopathic medicines, either with *Rhus toxicodendron* alone or along with some complementary medication, showed promising results. The undertaken study had a few lacunae where neither radiological or laboratory investigation reports were mentioned to demonstrate the effect. The assessment of the associated symptoms was only on the basis of patient expressions and experience and not on the basis of Visual Analogue Scale or even any of the Quality of Life Scales. An in-depth analysis of the effective dose repetition was being assessed to provide certain guidelines for the repetition of doses of homeopathic remedies, but due to the lack of information and the direct reasoning for the repetition of doses and addition of complementary remedies, the guidelines cannot be thoroughly established. The work is going on to correlate the same and setup standardized guidelines for repetition of homeopathic remedies.

DECLARATIONS

Acknowledgment

Authors are according to EC gradation. The authors would like to acknowledge the role of Bharati Vidyapeeth (Deemed to be University) Pune, India for the constant support and the parent body to promote such research activities.

Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

REFERENCES

[1] Hennigan, Stephanie, and Arthur Kavanaugh. "Interleukin-6 inhibitors in the treatment of rheumatoid arthritis." *Therapeutics and Clinical Risk Management*, Vol. 4, No. 4, 2008, p. 767.

- [2] CIMS. Current Index of Medical Specialties. Bio Gard Pvt Ltd, Vol. 22, 1999.
- [3] Kavanaugh, Arthur. "An overview of immunomodulatory intervention in rheumatoid arthritis." *Drugs Today*, Vol. 35, No. 4-5, 1999, p. 275.
- [4] Kundu, Tapas K., Afroz F. Shaikh, and Sindhu M. Jacob. "To evaluate the role of homeopathic medicines as addon therapy in patients with rheumatoid arthritis on NSAIDs: A retrospective study." *Indian Journal of Research in Homoeopathy*, Vol. 8, No. 1, 2014, p. 24.
- [5] Jonas, Wayne B., Klaus Linde, and Gilbert Ramirez. "Homeopathy and rheumatic disease." *Rheumatic Disease Clinics of North America*, Vol. 26, No. 1, 2000, pp. 117-23.
- [6] Soeken, Karen L. "Selected CAM therapies for arthritis-related pain: the evidence from systematic reviews." *The Clinical Journal of Pain*, Vol. 20, No. 1, 2004, pp. 13-18.
- [7] Fisher, P., and D. L. Scott. "A randomized controlled trial of homeopathy in rheumatoid arthritis." *Rheumatology*, Vol. 40, No. 9, 2001, pp. 1052-55.
- [8] Bell, I. R., et al. "Improved clinical status in fibromyalgia patients treated with individualized homeopathic remedies versus placebo." *Rheumatology*, Vol. 43, No. 5, 2004, pp. 577-82.
- [9] Long, L., and Edzard Ernst. "Homeopathic remedies for the treatment of osteoarthritis: a systematic review." *British Homeopathic Journal*, Vol. 90, No. 1, 2001, pp. 37-43.
- [10] Fisher, Peter, et al. "Effect of homeopathic treatment on fibrositis, primary fibromyalgia)." *BMJ: British Medical Journal*, Vol. 299, No. 6695, 1989, p. 365.
- [11] Magar, Shital, et al. "Ultra-diluted Toxicodendron pubescens attenuates pro-inflammatory cytokines and ROS-mediated neuropathic pain in rats." *Scientific Reports*, Vol. 8, No. 1, 2018, p. 13562.