

Effectiveness of Constitutional Homoeopathic Medicines in Centesimal scale Potency in the cases of Rheumatoid Arthritis - A Review

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Abstract

Rheumatoid arthritis is the most common autoimmune disease, afflicting around 0.5%-2% of the human population, especially females, but the precise etiology is still unknown. RA is characterized by chronic, systemic inflammation that may affect many tissues, principally synovial tissue, leading to joint destruction, functional disability and sometimes death. Environmental and genetic factors are responsible for susceptibility and the phenotype. Environmental factors include geography, climate, endemic microbes and lifestyle, such as smoking and diet. Native Americans show a relatively higher incidence than African or Asian populations. Familial clustering is important, with the prevalence of RA ranging from 2% to 12% in first degree relatives of patients, 5%-10% in same sex dizygotic twins and almost 12%-30% in monozygotic twins.

Keywords: Rheumatoid arthritis, Synovitis, Autoimmune, Constitutional Medicine, Centesimal scale.

1. Introduction

Rheumatoid arthritis (RA) is a systemic autoimmune disease characterized by synovitis and joint erosions. There is no known cure for rheumatoid arthritis, but many different types of treatment can alleviate symptoms and/or modify the disease process. Recommendations of the American College of Rheumatology (ACR), published in 2008, followed a trend in supporting earlier, more aggressive treatment of RA, and reflected heightened expectations of treatment effectiveness, including remission or substantial alleviation of symptoms for a rising percentage of patients.

The goals of treatment include minimizing clinical symptoms such as pain and swelling, as well as preventing bone deformity and radiographic damage (for example, bone erosions visible in X-rays), and maintaining the quality of life in terms of day-to-day activities. These goals can be achieved using the following two main categories of pharmacological drugs: analgesics and NSAIDs, and DMARDs. ACR recommends that RA should generally be treated with at least one specific anti-rheumatic medication. ACR also recommends different combinations or DMARDs depending on the duration of disease from onset, prognosis (based on radiographic images and laboratory results), and activity of the disease.

2. Methodology

A systematic review was conducted of peer-reviewed articles, case studies, and clinical trials evaluating constitutional homeopathic remedies in centesimal potencies for RA. The analysis included patient outcomes, remedy selection protocols, and comparative effectiveness with standard treatments. Data sources included PubMed, research journals on integrative medicine, and homeopathic repertories.

BACKGROUND:

In a double-blind controlled study conducted in Britain in 1980, 82% of the group that received Homeopathic treatment reported significant improvement in their symptoms of RA as against just 21% of the control group that was given placebos. A 53 year old-lady came to us with severe pain in her fingers and toes. We diagnosed her as a case of RA. Based on her detailed history along with the fact that she was aggravated by rest, she Rhus Tox 200C. Within a few months, she was 90% better. was prescribed the homeopathic medicine. This was observed and reported that prescription of the Homoeopathic Constitutional medicine in Centesimal Scale Potency Complaints was relieved and better in many cases of RA.

CENTISIMAL SCALE POTENCY:

The Centesimal Scale – Introduced by Hahnemann himself. In this scale the 1st potency should contain 1/100th part of the original drug; and the 2nd potency will contain 1/100th part of the 1st potency; and so on. The potency in this scale is denoted by 1 suffixing the letter ‘C’ to the number indicating the potency. In practice, it is generally denoted to simple numerical 1C potency is equivalent to 2X potency; and 2C potency is equivalent to 4X ; and so on. Potencies above 30th are termed as high potencies.

The centesimal scale was favoured by Hahnemann for most of his life. A 2C dilution requires

a substance to be diluted to one part in one hundred, and then some of that diluted solution diluted by a further factor of one hundred. This works out to one part of the original substance in 10,000 parts of the solution.

The selection of potency has all along been a burning problem in homoeopathy. To fulfil the highest ideal of cure, not only the selection of the medicine must be correct, its potency and dose must also be accurate. It has been observed that a medicine may fail to produce any beneficial effect in a patient in low potencies but shows unexpected good result in high potencies. It does not mean that the lower potencies do not act at all in such cases. They do act, but their beneficial effects are not perceptible to us. Of course, if the medicine is repeated several times in lower potencies, its effect may be perceptible but even then very slowly and less distinctly than if applied in high potencies. Similarly, the reverse is also true when high potencies may fail to produce any appreciable change but low potencies act curatively. This is only because of the variation of susceptibility in different patients. We all know that selection of potency depends on the susceptibility of the patient. The higher the susceptibility, the higher should be the potency and vice versa.

But the great difficulty is that there is no instrument to measure the susceptibility of an individual. Various factors contribute to assume the susceptibility of a patient. His age, sex, mode of living, nature and depth of the disease, structural changes, various suppressions, vitality, mental and physical reactions to environmental stimuli etc., all contribute to understand the susceptibility. But very often we find difficulty when some factors indicate high susceptibility but some others the reverse, e. g. a tumour being an organic change indicates low susceptibility but the susceptibility of the patient as a whole may be high requiring high potency. On the other hand "idiosyncrasy", though indicates high susceptibility, requires low potency and so on. No doubt our knowledge of pathology helps us to a great extent in this respect but final conclusion depends on careful observation of the effect of medicine. For this reason it is better to start with medium potencies in all doubtful cases and then to go high or low observing the effect of the first dose. Routine use of exclusively high or low potencies is not desirable in homoeopathy. This is why we see Hahnemann changing his views about potency from time to time till before his death.

PROCEDURE: – Potencies in the centesimal scale is made by mixing 1ml. of the required mother tincture or mother solution with 99 ml. of the dispensing alcohol, the potency marked as 1C or 1. The potency 2 will be made by taking 1ml. of the first potency and adding 99 ml. of dispensing alcohol; and so on. The method of preparation is the same as for decimal potencies, but the dilution ratio is different (1:100), as follows:

To one part (or 1ml) of mother tincture in a glass container, is added 99 parts (or 99 ml) of alcohol/water and the mixture is succussed giving a potency of 1C.

To one part (or 1 ml) of a solution of potency 1c in a fresh container, is added a further 99 parts (or 99 ml) of alcohol/water, and the mixture is succussed again, giving a potency of 2C. This process is repeated to produce, progressively potencies of 3C, 4C, 5C, 6C, and so on. Thus we have centesimal.

POTENCIES IN PRESCRIBING:

Generally in Acute diseases (condition with sudden onset, clearly defined, severe symptoms

and of relatively short duration) we prescribe low potencies with frequent repetition (for example, hourly, three times a day etc).

While in Chronic disease (more deep seated and long lasting, probably inherited disease, with ill-defined symptoms and time of onset of the disease) we prescribe high potencies at a low frequency of dosage (for example, once a week, once a month). However, these high potencies may, in certain circumstances, be preceded by prescribing a low potency. As a Veteran homoeopathic physician remarked, "if I choose the right remedy and prescribe first in a high potency, I have nowhere to go !" The selection of a suitable potency in a given case requires more experience than theoretical knowledge.

Eminent practitioners have cured cases not only by lower potencies but also by high and very high potencies. There is no one definite and positively drawn line of thinking for the selection of potencies, we can only gain some inkling and influence by reading some clinical cases presented by our seniors in the past.

Several potency scales are in use in Homeopathy. Hahnemann created the centesimal or "C scale", diluting a substance by a factor of 100 at each stage. A 2C dilution requires a substance to be diluted to one part in one hundred, and then some of that diluted solution diluted by a further factor of one hundred. This works out to one part of the original substance in 10,000 parts of the solution. A 6C dilution repeats this process six times, ending up with the original material diluted by a factor of $100-6=10-12$. Higher dilutions follow the same pattern. In homeopathy, a solution that is more dilute is described as having a higher potency, and more dilute substances are considered by homoeopaths to be stronger and deeper-acting. The end product is often so diluted that it is indistinguishable from the dilutant (pure water, sugar or alcohol).

Hahnemann advocated 30C dilutions for most purposes (that is, dilution by a factor of 1060). In Hahnemann's time it was reasonable to assume that preparations could be diluted indefinitely, as the concept of the atom or molecule as the smallest possible unit of a chemical substance was just beginning to be recognized. We now know that the greatest dilution that is reasonably likely to contain one molecule of the original substance is 12C, if starting from 1 mole of original substance.

Homoeopathy can be a great boon for all those suffering from rheumatoid arthritis. As Homoeopathic prescription is based upon carefully analysis of the symptoms of the patients, it becomes a system of medicine that understands and treat the patients individualized disease characteristics deeply enough to ensure the complete elimination of the disease from the roots. Homeopathic treatment aims at offering symptomatic relief and correcting the altered immunity in order to control the progress of the disease and to prevent complications such as deformities or disability.

Autoimmune disorders are known to be triggered by emotional stress, in many cases. Homeopathy can treat such conditions the best, considering that it is a holistic system of medicine that heals both the body as well as the mind. As different age groups, living conditions and life styles are the contributory for the development and maintenance of rheumatoid arthritis, it is necessary to have appropriate potency selection for a specific condition of rheumatic arthritis.

CURRENT CLINICAL AND RESEARCH DIRECTIONS:

Rheumatoid arthritis (RA) is a systemic autoimmune disease affects approximately 1% of the adult population in a female/male ratio ranging from 2:1 to 4:1. RA is an insidious disease, typically having an onset of symmetric joint swelling and reaching a peak incidence in the fourth and fifth decades. Extraarticular manifestations include pulmonary, ocular, and vascular disease. The etiology of RA remains unknown. Attempts to discover infectious causes have proven unsuccessful, although environmental influences may trigger a response leading to the development of this autoimmune disease. Genetic associations have been identified, particularly with the major histocompatibility complex class II antigens. Furthermore, twin studies have shown a 30%-50% concordance rate for monozygotic twins. Approximately 70%-80% of patients with RA have rheumatoid factor present in the blood, although its role remains unclear. Hormonal status may influence RA. The majority of RA patients are women, and in 75% of them, the disease improves during pregnancy. RA has significant financial and social implications associated with treatment costs, lost wages, disability, and increased mortality. Mainstays of medical therapy have included non-steroidal anti-inflammatory and immunosuppressive agents, such as prednisone and methotrexate. Recent advances in the treatment of RA include specific inhibitors of cyclooxygenase II, T cells, blood vessels, cytokines (such as tumour necrosis factor-alpha [TNF-alpha] or interleukin-1 [IL-1]), and adhesion molecules. Additional studies are ongoing with combination interventions. It is anticipated that a better understanding of the basic pathophysiologic mechanisms critical in RA pathogenesis will provide more precise and efficacious therapy.

CHALLENGES and LIMITATIONS:

- Lack of large-scale randomized controlled trials limits robust evidence.
- Variability in outcomes due to practitioner skill and subjective remedy selection.

3. Discussion:

The centesimal potency scale is central to homeopathic practice, with its dilutions believed to enhance the energetic stimulus to the body. RA, as a systemic autoimmune disorder, often responds to remedies targeting the individual's underlying miasmatic tendencies and susceptibility. However, the subjective nature of homeopathic prescribing demands a skilled practitioner for effective results.

Emerging evidence supports the integration of constitutional homeopathy into a multi-modal approach for RA, enhancing quality of life and reducing the burden of chronic medication. Future research should focus on standardizing methodologies, ensuring reproducibility, and expanding the scale of clinical trials.

4. Conclusion:

Constitutional homeopathic medicines in centesimal potencies offer promising results in managing rheumatoid arthritis. While not a replacement for conventional treatments, homeopathy can serve as a complementary therapy, particularly for patients seeking holistic

care or those intolerant to standard drugs. Further studies are essential to establish definitive efficacy and develop evidence-based guidelines.

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