



THE ROLE OF SUSCEPTIBILITY IN HOMOEOPATHIC TREATMENT OF AUTOIMMUNE DISEASES: AN OPEN RANDOMIZED TRIAL

Dr Krishna Murari*

Post graduate scholar from Department of Homoeopathic Philosophy and Organon of medicine , PD. Jain homoeopathic college & hospital ,Parbhani (MS) *Corresponding Author

Dr. Vijay V. Dabhade

M.D. (Hom) – Principal PD. Jain Homeopathic Medical College & Hospital, Parbhani.

ABSTRACT

Background: At the present situation Autoimmune diseases are the one of the major challenge for the health sciences. the number and types of autoimmune diseases gradually increases .Susceptibility is one of the major factor for the selection of the Homoeopathic remedy as well as potency. Rheumatoid arthritis is one of the most common condition with prevalence of about 1% of the population in India. it is an auto immune disease, meaning the body's immune system attacks its own healthy tissues. Homoeopathic mode of treatment Being holistic in its approach the effectiveness of Homoeopathic medicine in treatment of patients with rheumatoid arthritis(Autoimmune diseases) and its effect on improving quality of life of a person must be studied in detail. The treatment of rheumatoid arthritis becomes effective by estimating the susceptibility (according to the intensity of the symptoms).

Method:30 patients with rheumatoid arthritis in 30-50yrs were included in the study. The most similimum medicine was selected and employed after detailed case taking and estimation of susceptibility. The score of (QOL-RAII) questionnaire of all 30 patients were recorded before and after the treatments.

Result: In different researches related to autoimmune diseases suggests that it is due to genetic susceptibility and modified by environment .Constitutional homoeopathic treatment can correct the morbid susceptibility. The level of susceptibility can be judge through the intensity of symptoms ,effect of environmental influences on the individual and genetic susceptibility(in the form of family history during case taking). The susceptibility of an individual is found to be very important in the selection of similimum potency. The score of each patient's before and after treatment was analysed using paired T test. the results showed less than 0.05 and thus the results were found to be statistically significant. the study also showed that females was most commonly affected. The most common indicated medicine was Staphysagria, Sepia, Pulsatilla, Medorrhinum the most common indicated miasm was Sycoosis followed by Syco -syphilis followed by Syphilis.

Conclusion: Homoeopathic constitutional treatment will be the ray of hope for those patients suffering from autoimmune diseases. In different researches related to autoimmune diseases suggests that it is due to genetic susceptibility and modified by environment. Constitutional homoeopathic treatment can correct the morbid susceptibility The study showed that Homoeopathic medicine were effective in the treatment of cases with rheumatoid arthritis(Autoimmune diseases) in 30-50years. It also shows improvement in all the parameters of rheumatoid arthritis as well as quality of life of the patient.

KEYWORDS : Homoeopathy, Susceptibility, Miasm , Autoimmune disease , Rheumatoid Arthritis, QOL-RAII

INTRODUCTION

Every organism considered as living till the capability to give the reaction against the stimuli at the physical , mental and spiritual plane .Reaction at the physical and mental plane is reflecting at their same plane so easy to judge the changes , while reaction at the spiritual plane is relatively difficult to judge because the deviation at the spiritual plane is very difficult to express at spiritual plane it must require the physical body to express it so it can be reflected at physical or mental or both plane . Reaction are of two types either allow to produce changes or to oppose the stimuli. Status of the health is depending upon the level at which organism allow stimuli to produce changes. the organism never become sick if it not allows the stimulus to produce such harmful changes or in other word an organism never become sick if it has enough power to resist the stimulus. Both capability of an organism has given different name, the capability to receive impression of influences is considered as susceptibility of an individual organism while power to resist the entry of sick making influences is considered as immunity of an individual organism. Susceptibility is one of the most important factor for survival of the organism upon which all the functional vital processes, physiological as well as pathological processes takes place. There is varied degree of susceptibility according to which the individual reacts with the external influences. Improvement in one's health at the seashore while of another person become sick there. The power of assimilation and nutrition is one of the phases of susceptibility .one food is healthy and easily assimilated by one but indigestible for the. During Human Pathogenic Trials a person start to give symptoms after single dose but other start to give after many

doses it is totally depending on individual' susceptibility. In Homoeopathic prospective understanding susceptibility is very much important in understanding the causation of disease, the homoeopathic mode of cure and the action of homoeopathic medicines.

H.A Roberts considers susceptibility as an expression of a vacuum in the individual. The vacuum attracts and pulls for the things most needed that are on the same plane of vibration. Susceptibility varies in degree in different patients and at different times in the same patient. Homoeopathic application of a remedy is an illustration of meeting the susceptibility and filling the vacuum that is present in the sick individual.⁽¹⁾

Susceptibility is varying in degree from healthy to morbid. Normal susceptibility helps in maintaining the health condition but altered susceptibility is the originator of various disease condition. Susceptibility can be transfer in different forms like genetic susceptibility, acquired susceptibility, dynamic susceptibility. Susceptibility can be transfer though genetic material from parents to their offspring. Some susceptibility can develop during life by interaction to surrounding. Susceptibility can be transfer dynamically without transfer of genetic material well explained by Dr. Andre Saine through his clinical cases while treating chronic cases.

Immunity is the capability of the organism to oppose the morbid agent. Hypo or hyper immune response is the originator of disease state, hypo immune response cause

recurrent infections and considered as low immunity. hyper immune response is also very important it causes hypersensitivity reactions or allergic reactions. If immune system unable to differentiate between self and non-self, then it starts to destroy the organs of self-body this condition is known as auto immunity and the disease originated due to autoimmunity are known as autoimmune diseases.

In the state of autoimmunity our immune system destroys the healthy parts of the body, during early phase their inflammatory changes are seen but later on the degenerative state condition appears. Autoimmune reaction can destroy any part of the body against which autoimmunity develops. Rheumatoid arthritis is an autoimmune degenerative disorder of joints primarily involving small joints like toe joints and finger joints.

Against a foreign antigen is the clearance of the antigen from the body. Virus-infected cells, for example, are destroyed by cytotoxic T cells, whereas soluble antigens are cleared by formation of immune complexes of antibody and antigen, which are taken up by cells of the mononuclear phagocytic system such as macrophages. When an adaptive immune response develops against self-antigens, however, it is usually impossible for immune effect or mechanisms to eliminate the antigen completely, and so a sustained response occurs. The consequence is that the effect or pathways of immunity cause chronic inflammatory injury to tissues, which may prove lethal. The mechanisms of tissue damage in autoimmune diseases are essentially the same as those that operate in protective immunity and in hypersensitivity diseases.

Rheumatoid arthritis (RA) is a chronic, inflammatory autoimmune disease sustained by genetic factors. Various aspects of the genetic contribution to the pathogenesis and outcome of RA are still unknown. Several genes have been indicated so far in the pathogenesis of RA. Apart from human leukocyte antigen, large genome wide association studies have identified many loci involved in RA pathogenesis. These genes include protein tyrosine phosphatase, no receptor type, Peptidyl Arginine Deiminase type IV, signal transducer and activator of transcription, cytotoxic T-lymphocyte-associated protein, tumor necrosis factor-receptor associated factor 1/complement component, tumor necrosis factor and others. It is important to determine whether a combination of RA risk alleles are able to identify patients who will develop certain clinical outcomes, such myocardial infarction, severe infection or lymphoma, as well as to identify patients who will respond to biological medication therapy.^[2]

Adaptive immune responses are initiated by the activation of antigen-specific T cells, and it is believed that autoimmunity is initiated in the same way. T-cell responses to self-antigens can inflict tissue damage either directly or indirectly. Cytotoxic T-cell responses and inappropriate activation of macrophages by TH1 cells can cause extensive tissue damage, whereas inappropriate T-cell help to self-reactive B cells can initiate harmful autoantibody responses.

Autoimmune responses are a natural consequence of the open repertoires of both B-cell and T-cell receptors, which allow them to recognize any pathogen. Although these repertoires are purged of most receptors that bind with high affinity to self-antigens encountered during development, they still include receptors of lower affinity reactive to some self-antigens. It is not known what triggers autoimmunity, but both environmental and genetic factors, especially MHC genotype, is clearly important. Transient autoimmune responses are common, but it is only when they are sustained and because lasting tissue damage that they attract medical attention. In this study we will examine the nature of autoimmune responses and how autoimmunity leads to tissue damage.

Present study is aimed at finding out the aspects of physical and mental symptoms which represent as susceptible in Rheumatoid Arthritis as auto immune diseases for consideration for totality of symptoms in an individual case. At the same time, we can get understanding on miasma are dominating during a particular cases of Rheumatoid Arthritis.

Importance of the study: -

The Rheumatoid arthritis is one of the distressing disorder of joints which is autoimmune in nature, it causes difficulty in leading normal life. There is no certain treatment in conventional method of treatment, some medicines are effective in decreasing the joint related problem but at the same time so many distressing side effects appear. So save the mankind from the distress of RA as well as from side effects of the medicine use for its treatment, Homoeopathic treatment will be ray of hope for mankind suffering from RA . For the Homoeopathic treatment of autoimmune diseases finding the level of susceptibility is very important because without knowing the level of susceptibility selection of potency is uncertain. Susceptibility can be find through the intensity of symptoms, modality, effect of the influencing factors on the individual, imprints of genetic susceptibility can be find in the form of family history by proper homoeopathic case taking. Constitutional homoeopathic treatment can correct the morbid susceptibility .

MATERIALS & METHODS

Study setting

The present study was undertaken at OPD /IPD of Homoeopathic Medical College & Hospital.

Study duration:

The study was undertaken for a period of 18 months, out of which cases was registered in first 6 months and each case was followed up for a period of minimum 3 months, each follow up at 15 days' interval done. Analysis and observation done in last 2months.

Selection of samples

Minimum 30 cases were included in the study by randomized sampling method.

Inclusion/ Exclusion Criteria Inclusion Criteria:

- Cases of Rheumatoid Arthritis between 30 to 50 years of age, irrespective of sex, caste, religion and socioeconomic status was included.
- Patient giving consent for the study were included.

Exclusion Criteria

- All such cases complicated with other physical or mental illness
- Patients with other systemic disease.
- Immunocompetent patients.
- Pregnant and lactating women.

DATA COLLECTION:

- A standard Homoeopathic case recording proforma
- Questionnaire (QOL-RAII)

Drop out-

- Cases which have less than 3 follow-ups was dropout from the study.

Study deign –open level clinical trial

OBSERVATION AND RESULTS

Data Analysis And Interpretation

1. Demographic Characteristics Of The Patient

Table No.1: Distribution Of Patients According To Age

30-40	15
40-50	15

Table No 2: Distribution Of Patients According To Their Gender

Male	7
Female	23

Table No 3: Distribution Of Patients According To Their Miasm

PSORA	2
SYCOSIS	13
SYPHILIS	6
SYCO-SYPHILITIC	8
TUBERCULAR	1

Table No 4: Distribution Of Patients According To Medicine Prescribed

STAPHYSAGRIA	4
CAUSTICUM	2
SEPIA	3
CAL CARB	1
LEDUM PAL	1
AURUM MET	2
NATRUM MUR	2
GUACUM O.	2
ARSENIC ALB	1
PULSATILLA	3
SULPHUR	1
MEDORR.	3
SYMPHYTUM O.	1
CAULOPHYLUM	2
RUTA G.	1
SILICEA	1

Table No 5: Distribution Of Patients According To Final Outcome

IMPROVEMENT	27
NOT IMPROVEMENT	3

Table no 6: Distribution of patients according to final outcome before and after Mean Value

BEFORE(BASELINE)	25
AFTER(FINAL)	55

STATISTICAL ANALYSIS

Baseline score	3rd month score	d	d-md	(d-md) ²
16	56	-40	-9.6	92.1
32	68	-36	-5.6	31.3
20	60	-40	-9.6	92.1
18	56	-38	-7.6	57.7
12	12	0	30.4	924.1
28	46	-18	12.4	153.7
36	68	-32	-1.6	2.5
16	18	-2	28.4	806.5
14	52	-38	-7.6	57.7
14	16	-2	28.4	806.5
32	66	-34	-3.6	12.9
18	54	-36	-5.6	31.3
34	62	-28	2.4	5.7
14	58	-44	-13.6	184.9
20	60	-40	-9.6	92.1
20	58	-38	-7.6	57.7
22	54	-32	-1.6	2.5
38	60	-22	8.4	70.5
24	60	-36	-5.6	31.3
18	60	-42	11.6	134.5
24	58	-34	-3.6	12.9
32	58	-26	4.4	19.3
28	58	-30	0.4	0.1
30	56	-26	4.4	19.3
22	56	-34	-3.6	12.9
38	62	-36	-5.6	31.3

32	68	-36	-5.6	31.3
36	62	-26	4.4	19.3
32	66	-34	-3.6	12.9
30	62	-32	-1.6	2.5
750	1650	-912		3809.4
25	55	-30.4		

$SDd = \sqrt{(d-md)^2/n-1}$
 $SDd = \sqrt{3809.4/29}$
 $SDd = \sqrt{131.3}$
 $Sdd = 11.4$
 $SEd = SDd \div \sqrt{n}$
 $SEd = 11.4/\sqrt{30}$
 $SEd = 11.4/5.4$
 $SEd = 2.1$
 $t = (m1-m2)/SEd$
 $t = 55-25/2.1$
 $t = 30/2.1$
 $t = 14.2$
 $DF = n-1 = 29$

Table value of t at P = 0.05 = 1.69

Table value of t = 1.69

Calculated value of t = 14.2
 Since table value < Calculated value,
 $P < 0.05$

Interpretation of Result

Null hypothesis is **rejected**
 Alternative Hypothesis is **accepted**

DISCUSSION

In the study of topic- "THE ROLE OF SUSCEPTIBILITY IN HOMOEOPATHIC TREATMENT OF AUTOIMMUNE DISEASES: AN OPEN RANDOMIZED TRIAL IN THE PATIENTS OF AGE GROUP 30-50 YEAR" which was based on clinical experiences and literature of various stalwarts since Dr Hahnemann till date, studied by me during my post-graduation it was found that the cases as well as number of Autoimmune diseases are gradually increasing and there is no certain curative treatment available in the conventional methods of treatment only immunosuppressive therapies are applied but due to this patient suffers more and more. Homeopathic constitutional treatment will be the ray of hope for those patients .In different researches related to autoimmune diseases suggests that it is due to genetic susceptibility and modified by environment. Constitutional homeopathic treatment can be correct the morbid susceptibility .Rheumatoid Arthritis is one of the very common condition having prevalence of 1% population in India . The condition is progressing with time and thus it is important to make a detailed study on this condition and the role and effects of homeopathic mode of treatment in this condition. The outcome of this study was assessed by using QOL-RAII is the assess tool which is reliable and valid for the condition Rheumatoid Arthritis . It has an elaborated questionnaire consisting on 8 question covering all 4 important parameter i.e. symptoms, emotional, physical, social. The score of all this parameter are useful in assessing the outcome of this study in detail QOL-RAII covered all the domain on which we analyzed the patient and can see the overall improvement in QOL-RAII . Moreover as homeopathic mode of treatment also involved considering all the aspect of patient like physical symptoms, mental symptoms, past history, family history, miasmatic background etc., the assessment of outcome obtained through the use of QOL-RAII was satisfactory.

The study was conducted taking 30patient with Rheumatoid Arthritis(Autoimmune disease) were detailed case was done

and homeopathic medicine was prescribe on the basis of analysis, evaluation, totality of symptoms and reportorial results. The potency was selected on the basis of susceptibility and other instructions laid on homeopathic literature. During the study the before and after score obtained from 30 patients were analyzed using paired T test and the results were found be statistically significant. During this study it was found that the incidence of Rheumatoid Arthritis (Autoimmune diseases) was around 23% in male and 77%in female .The most common indicated medicine was Staphysagria(13%), Sepia(10%), Pulsatilla(10%), Medorrhinum(10%) the most common indicated miasm was Sycosis(43%) followed by Syco –syphilis(26%) followed by Syphilis(20%).

CONCLUSION

In the study of "THE ROLE OF SUSCEPTIBILITY IN HOMOEOPATHIC TREATMENT OF AUTOIMMUNE DISEASES: AN OPEN RANDOMIZED TRIAL IN THE PATIENTS OF AGE GROUP 30-50 YEARS" the main aim was to evaluate the role of susceptibility in the treatment of autoimmune diseases. Here, cases of Rheumatoid Arthritis is taken for the study purpose, because it is more prevalent. Here the role of susceptibility is found to be very useful in the treatment of RA (Autoimmune diseases). During study it is found Evaluation of susceptibility is very important because level of susceptibility guide us in selection of potency .without proper selection of potency even with most simillimum medicine result will not be satisfactory .One more important thing is found that the genetic susceptibility (which we can found during case taking in the form of family history)is also very important in the treatment of RA (Autoimmune diseases) . At the end of study it is found that Homoeopathic medicines with proper potency is effective in the treatment of Rheumatoid arthritis. The objective of this study was to minimize the frequency and intensity of symptoms in chronic condition and to improve the quality of life of patients. After extensive review of literature that involve the study of all the writing and clinical experiences of stalwarts from Hahnemann till dates it was found that the administration of homoeopathic medicine for Rheumatoid arthritis was effective in reducing the sign and symptoms and improving quality of life of patients. The results were analyzed statistically and were found to be significant.

The study showed:

- The most commonly affected sex was female (77%) followed by male (23%).
- The most commonly indicated homoeopathic medicine was Staphysagria (13%) followed by Sepia(10%) and Medorrhinum (10.00%) and Pulsatilla(10%)
- The most common indicated miasm was sycosis(43%) followed by syco –syphilis(26%) followed by syphilis(20%).
- Evaluation of susceptibility play very important role in the treatment of (RA)autoimmune diseases .
- Constitutional homoeopathic treatment can correct the morbid susceptibility

Conflict of intrest

The author have no conflict of intrest among them in the whole research experimental study.

Source of funding

The funds used in research work experiment was sponsored by authors Dr Krishna Murari .

Acknowledgment

Authors are thankful to P.D. Jain Homeopathic Medical College & Hospital, Parbhani for providing necessary infrastructure and research facilities . Authors would like to extent there for most by line to DR. VIJAY V. DABHADE M.D. (Hom) principal P.D. Jain H.M.C&Hospital parbhani ,Dr. M.A. Joshi (Hospital superintendent) for the unmatched support ,Dr. P.M. Saliokar(PG Guide)for constant check on the progress of

the project ,for minor detailing and correction ,Dr Amit sahni PhD (Rep)for his relentless guidance for completing my whole dissertation work.

REFERENCES

- 1- Robert HA. The principles of art of cure by Homoeopathy, reprint.
- 2- Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J. Harrison's Principles of Internal Medicine 20/E (Vol. 1 & Vol. 2)(ebook). McGraw Hill Professional; 2018 Feb 6.
- 3- Hahnemann S. The chronic diseases. Boericke & Tafel; 1904.
- 4- Kent JT. Lectures on homoeopathic philosophy. B. Jain publishers; 2003.
- 5- Vithoulkas G. The science of homeopathy. B. Jain Publishers; 2002.
- 6- Hahnemann S. The lesser writings of Samuel Hahnemann. William Radde; 1852.
- 7- Neidhart S, Neidhart M. Rheumatoid arthritis and the concept of autoimmune disease. International Journal of Clinical Rheumatology. 2019;14(2):75.
- 8- Albert LJ, Inman RD. Molecular mimicry and autoimmunity. New England Journal of Medicine. 1999 Dec 30;341(27):2068-74.
- 9- Firestein GS. Evolving concepts of rheumatoid arthritis. Nature. 2003 May;423(6937):356-61.
- 10- Tastekin N, Aydogdu N, Dokmeci D, Usta U, Birtane M, Erbas H, Ture M. Protective effects of L-carnitine and alpha-lipoic acid in rats with adjuvant arthritis. Pharmacological Research. 2007 Oct 1;56(4):303-10.
- 11- Cooper GS, Stroehla BC. The epidemiology of autoimmune diseases. Autoimmunity reviews. 2003 May 1;2(3):119-25.
- 12- Wang L, Wang FS, Gershwin ME. Human autoimmune diseases: a comprehensive update. Journal of internal medicine. 2015 Oct;278(4):369-95.
- 13- Davidson A, Diamond B. Autoimmune diseases. New England Journal of Medicine. 2001 Aug 2;345(5):340-50.
- 14- Firestein GS. Evolving concepts of rheumatoid arthritis. Nature. 2003 May;423(6937):356-61.
- 15- Steinbrocker O, Traeger CH, Batterman RC. Therapeutic criteria in rheumatoid arthritis. Journal of the American Medical Association. 1949 Jun 25;140(8):659-62.
- 16- Aho K, Heliövaara M, Maatela J, Tuomi T, Palosuo T. Rheumatoid factors antedating clinical rheumatoid arthritis. The Journal of rheumatology. 1991 Sep 1;18(9):1282-4.
- 17- Gibson RG, Gibson SL, MacNeill AD, Buchanan WW. Homoeopathic therapy in rheumatoid arthritis: evaluation by double-blind clinical therapeutic trial. British Journal of Clinical Pharmacology. 1980 May;9(5):453-9.
- 18- Fisher P, Scott DL. A randomized controlled trial of homeopathy in rheumatoid arthritis. Rheumatology. 2001 Sep 1;40(9):1052-5.
- 19- Singh S, Karwasra R, Kalra P, Kumar R, Rani S, Nayak D, Gupta YK. Role of homoeopathic mother tinctures in rheumatoid arthritis: An experimental study.
- 20- Banerjee SK. Miasmatic prescribing. B Jain Pub Pvt Limited; 2007.