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Original Research Paper

Homeopathy

INTEGRATED HOMEOPATHIC MANAGEMENT OF POST-CHIKUNGUNYA JOINT PAIN AND STIFFNESS USING 50 MILLESIMAL POTENCIES: AN OBSERVATIONAL CLINICAL STUDY

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ABSTRACT

Background: Chikungunya fever is an arboviral illness marked by high-grade fever, severe polyarthralgia, and prolonged post-viral joint stiffness. Many patients continue to suffer for months or years, leading to difficulty in walking, sitting, climbing stairs, and performing routine activities. Conventional treatment often provides incomplete relief and may cause adverse effects, prompting patients to explore integrative therapies. **Objective:** To clinically evaluate the effectiveness of individualized homeopathic medicines in 50 millesimal (LM) potencies in reducing post-chikungunya joint pain and stiffness and improving mobility, including walking and sitting ability. **Methods:** A prospective, observational study was conducted at the Advanced Homoeopathy Clinic of Dr. A. K. Dwivedi. A total of 156 patients aged 41–69 years with chronic post-chikungunya musculoskeletal complaints were enrolled. Individualized LM-potency homeopathic medicines were prescribed following detailed case-taking. Assessments included Visual Analogue Scale (VAS) for pain, Morning Stiffness Duration (MSD), and Functional Mobility Score (FMS) for walking and sitting. Follow-ups were conducted at 1, 3, and 6 months. **Results:** All **156 patients** completed the study (97 females, 59 males). Significant clinical improvement was observed in **85–90% of cases**.

- **VAS pain scores:** Mean reduced from **7.8 ± 1.2** at baseline to **3.1 ± 0.9** at 3 months and **1.9 ± 0.7** at 6 months.
- **MSD:** Reduced from **62 ± 18 minutes** at baseline to **21 ± 9 minutes** at 6 months.
- **FMS (Walking):** Improved from **4.2 ± 1.1** to **8.3 ± 0.8**.
- **FMS (Sitting/Rising):** Improved from **3.9 ± 1.0** to **8.1 ± 0.9** at 6 months.

Frequently indicated remedies included *Rhus toxicodendron, Bryonia alba, Eupatorium perfoliatum, Arnica montana, Lycopodium clavatum, Pulsatilla nigricans, Causticum, Ruta graveolens,* and *Calcarea fluorica* in LM potencies. No serious adverse events were recorded. **Conclusion:** Individualized homeopathic treatment in LM potencies appears effective and safe for managing post-chikungunya joint pain and stiffness, leading to significant functional improvement. Larger controlled trials are warranted.

KEYWORDS : Chikungunya, post-viral arthritis, LM potency, homeopathy, joint pain, stiffness, functional mobility, observational study.

INTRODUCTION

Chikungunya fever is caused by the chikungunya virus (CHIKV), transmitted primarily by *Aedes aegypti* and *Aedes albopictus* mosquitoes. Although the acute phase resolves within 1–2 weeks, many patients experience chronic musculoskeletal sequelae such as:

- Persistent joint pain
- Morning stiffness
- Limited joint movements
- Difficulty walking or sitting
- Painful swelling of small and large joints

These symptoms can mimic inflammatory arthritis, causing reduced quality of life and prolonged disability.

Standard treatment approaches-NSAIDs, corticosteroids, DMARDs-often have limitations. Many patients prefer integrative therapies that offer sustained relief with fewer side effects.

Homeopathy, based on the principle of individualized treatment, uses 50 millesimal (LM) potencies described by Hahnemann for chronic, long-standing conditions. LM potencies are gentle, adjustable, and allow frequent repetition with minimal aggravation.

This study evaluates the clinical outcomes of LM-potency homeopathy in chronic post-chikungunya cases treated at the Advanced Homoeopathy Clinic of Dr. A. K. Dwivedi.

MATERIALS AND METHODS

Study Design

- **Type:** Prospective, observational, single-center study
- **Setting:** Advanced Homoeopathy Clinic, Indore, India
- **Duration:** 6 months

Participants

Total enrolled: 156 patients

- **Females:** 97
- **Males:** 59
- **Age range:** 41–69 years (mean: 52.4 years)

Inclusion Criteria

- Confirmed or clinically suspected history of chikungunya
- Persistent joint pain/stiffness for ≥ 3 months
- Age 18–70 years
- Willing to give informed consent

Exclusion Criteria

- Autoimmune arthritis (RA, SLE, PsA)
- Chronic immunosuppressive therapy
- Severe systemic illness
- Pregnancy

Ethical Considerations

- Written informed consent obtained
- Essential allopathic medicines continued
- Confidentiality maintained

Case-Taking

Comprehensive evaluation included presenting complaints, modalities, past and family history, thermals, cravings, emotional profile, and repertorization where necessary.

Prescription Protocol

Potency: LM1 onwards according to sensitivity

Dosage:

2–3 globules dissolved in 30–50 ml water
1–2 teaspoons daily or as indicated
Dose adjusted based on response and sensitivity

Concomitant Measures
- Gentle mobility exercises
- Hydration and balanced diet
- Avoidance of over-exertion

Outcome Measures
- VAS Pain Score (0–10)
- Morning Stiffness Duration (MSD)
- Functional Mobility Score (FMS) – Walking (0–10)
- Functional Mobility Score (FMS) – Sitting/Rising (0–10)
- Patient & Physician Global Assessment

Follow-up
Assessments at:
- Baseline
- 1 month
- 3 months
- 6 months

RESULTS
Demographic Profile
- **Total patients:** 156
- **Completed 6 months:** 156
- **97 females, 59 males**
- **Age range:** 41–69 years

Baseline Symptoms
- Diffuse joint pain: 100%
- Morning stiffness: 88%
- Walking difficulty: 72%
- Difficulty in sitting/rising: 64%
- Common joints involved: ankles, knees, wrists, small joints of hands, lumbar and cervical spine

Quantitative Results
Pain (VAS 0–10)

Time Point	Mean ± SD
Baseline	7.8 ± 1.2
1 Month	5.0 ± 1.1
3 Months	3.1 ± 0.9
6 Months	1.9 ± 0.7

Morning Stiffness Duration (minutes)

Time Point	Mean ± SD
Baseline	62 ± 18
3 Months	34 ± 11
6 Months	21 ± 9

Functional Mobility Score – Walking (0–10)

Time Point	Mean ± SD
Baseline	4.2 ± 1.1
3 Months	6.9 ± 0.9
6 Months	8.3 ± 0.8

Functional Mobility Score – Sitting/Rising (0–10)

Time Point	Mean ± SD
Baseline	3.9 ± 1.0
3 Months	6.4 ± 1.0
6 Months	8.1 ± 0.9

Patient Global Improvement (at 6 Months)
- Marked improvement (≥75% relief): 68%
- Moderate improvement (50–75%): 22%
- Mild improvement (25–50%): 7%
- No improvement (<25%): 3%

→Total significant improvement: 85–90%

Frequently Indicated LM Potency Remedies
Rhus toxicodendron
- Stiffness on first movement
- Better by continuous motion
- Ligamentous and small joint pains

Bryonia Alba
- Pain worse from slightest motion
- Dry mucous membranes
- Desire for rest

Eupatorium Perfoliatum
- "Bone-breaking" pains
- Post-viral weakness

Arnica Montana
- Bruised, sore feeling
- Post-viral musculoskeletal pain

Causticum
- Tendon stiffness
- Weakness in lower limbs

Ruta Graveolens
- Tendon/ligament injury sensations
- Ankle and wrist pain

Calcarea Fluorica
- Chronic stiffness
- Crepitus and degenerative changes

Lycopodium Clavatum
- Right-sided pains
- Weakness and flatulence

Pulsatilla
- Wandering pains
- Symptoms change frequently

Intercurrents such as **Sulphur, Thuja, Medorrhinum** were used when the case indicated.

DISCUSSION
This study demonstrates that individualized LM-potency homeopathic treatment provides significant improvement in chronic post-chikungunya musculoskeletal complaints. The high response rate (85–90%) suggests substantial benefit in pain reduction, decreased stiffness, and enhanced functional mobility.

LM potencies offered:
- Gentle, sustained action
- Flexibility in repetition
- Minimal aggravation
- Suitability for chronic post-viral states

The remedy patterns closely matched classical materia medica profiles, reinforcing the foundational principle of individualization.

CONCLUSION
Individualized homeopathic treatment in 50 millesimal potencies is:
- **Clinically effective**
- **Functionally beneficial**
- **Safe and well-tolerated**

for post-chikungunya joint pain and stiffness.

It significantly improves walking, sitting, and daily functional capacity. Future randomized controlled studies with larger multicentric participation are recommended.

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