

- Disorder of Arthrites - A Review of Arthrites
- Gaultheria Procumbens
- Therapeutics for Spondylitis

# HomeoBuzz

CONTINUING MEDICAL INFORMATION

Vol. 15, No. 09, December 2020, Total No. of Pages 16

Dear Readers,

In this country of more than a billion people of diverse faiths and beliefs, doing amendments in system often raises disproportionate chaos. I wonder as to what is the best way to express dissatisfaction without hurting the sentiments of the group with contrary ideology and beliefs. Representative system is the most logical way for expressing sentiments of a group against the decisions of administration, but unfortunately political aspirations of worthless, self proclaimed leaders in conjugation with ignorance of ill-informed citizens puts the country at halt every now and then. It's time that the Government implements strict rules for putting up protests and also creates a transparent system for resolving grievances of the citizens.

With a hope that things get better in this country I would like to move from protests and politics to production and positivity. The best thing about minding one's own business is that it is the only way to add value to one's position in the society while contributing to the development of the society on the larger front. So let's see what we have been busy with all this while.

This winter season we bring forth Pain Relief Oil to help you get rid of those annoying body pains, headaches and joint pains that stop you from enjoying the coziness in the frosty season. Pain Relief oil has Mahanarayan oil as one of its main ingredient which is famous as a pain and stress relieving herbal massage oil. It also contains oil of wintergreen and mentha oil to rejuvenate nerves and relieve pain. For severe joint and back pains our speciality products Arthrites syrup and Spondyheal drops have shown very good results.

On this note of novelty and hope I wish that this winter be merrier and cozier than ever for all my readers.

**Kuldeep Jain**  
Chief Editor

Dear Doctors,

We are heading towards the end of a historical year of the century. A year that will always be quoted in stories, articles as a gateway of transition of modern living to highly advanced digital lifestyle. This year is about to end and the whole world prays for a happier year ahead where the fear factor is much under reign.

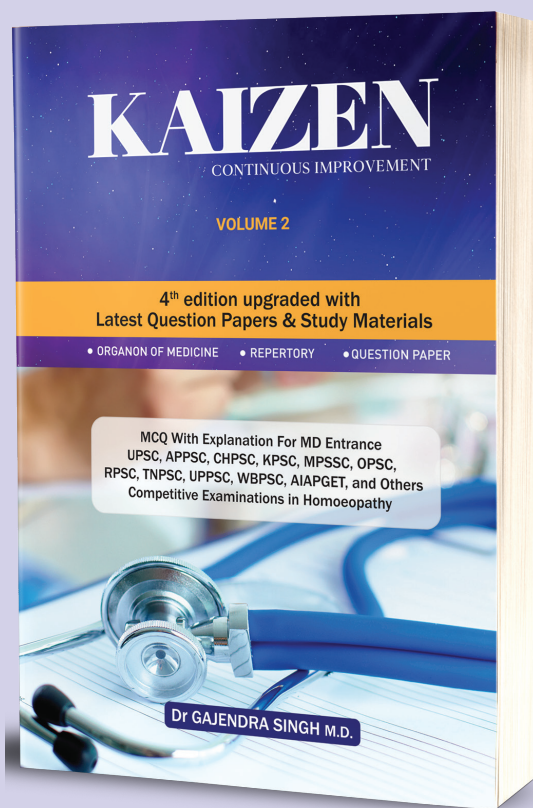
The year end is soon to paint the frame white, frosty and starry. Colors of changing season stimulate a sense of festivity and a subtle excitement that slowly unfurls within. The cold season brings coziness, wooly warmth, campfires, hot cakes and steaming ginger tea amidst its shivery breezes. To make winters merrier, fitness is very necessary. Muscles and joints should be happy to let you be on the move for thrills and treats. Those who suffer from arthralgias of various origin are terrified of winters and unfortunately lose the fun at this time of the year. Arthralgias of various origins need to be treated by a specialist who can guide the dos and don'ts of daily chores to avoid exacerbation of inflammation. B.Jain has two speciality products for these annoying and restrictive pains – Omeo Arthritis syrup and Omeo Spondyheal drops. These two are wonderful medicines for relieving joint and muscle pains occurring during winters with genius homoeopathic medicines for arthritis, gout and spondylitis.

B.jain has rolled out a new Personal Care product, Pain Relief Oil, which can be used in combination of the above two medicines to relieve body pains and can also be used as a general massage oil for a rejuvenating and stress relieving experience.

With a dedicated range of products for your wellness, here's wishing you a pain free winter season.

**Dr. Vasundhara**  
Editor

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Musculoskeletal complaints account for >315 million outpatient visits per year and over 20% of all outpatient visits in the United States. The Centers for Disease Control and Prevention estimate that 22.7% (52.5 million) of the U.S. population has physician-diagnosed arthritis and 22 million have significant functional limitation. Most of the clinical presentations are self limiting, requiring minimal therapy and assurance, whilst some may be persistent with specific musculoskeletal complaints which presage serious conditions, and must be evaluated through laboratory testing for definite diagnosis.<sup>1</sup>

The term Arthritis means inflammation in one or more joints. It carries a very specific meaning and is different in this sense from the word “rheumatism” which is a term used in generalized sense for musculoskeletal aches and pains. Aches and pains in joints do not always mean that a person is suffering from Arthritis, instead there must be inflammatory symptoms present like redness, swelling, tenderness, stiffness and a local raise in temperature. A simple joint pain is arthralgia, which is different from arthritis in terms of the typical inflammatory response in joints, which is absent in simple arthralgia. The significance of arthritis that besides producing excruciating pain in joints, it consequently leads to joint deformities if treated improperly or left untreated altogether. Musculoskeletal evaluation is crucial to exclude urgent conditions that must be diagnosed promptly. These “red flag” diagnoses include septic arthritis, acute crystal-induced arthritis (e.g., gout), and fracture. Each may be suspected by its acute onset and monoarticular or focal musculoskeletal pain.

The initial encounter should determine whether the musculoskeletal complaint signals a red flag condition (septic arthritis, gout, or fracture) or not. The evaluation should proceed to ascertain if the complaint is (1) articular or nonarticular in origin, (2) inflammatory or noninflammatory in nature, (3) acute or chronic in duration, and (4) localized (monoarticular) or widespread (polyarticular) in distribution.<sup>1</sup>

We will try to understand the basic pathophysiology behind the most common form of arthritis i.e. Osteoarthritis:

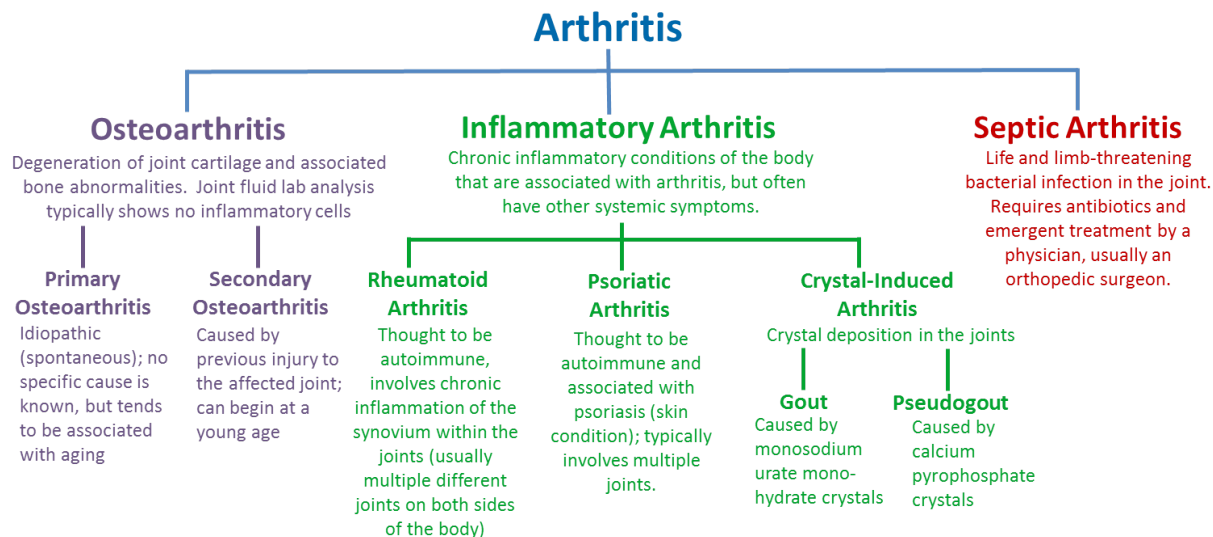
## Evaluation of Patients with Musculoskeletal Complaints

### Goals

- Accurate diagnosis
- Timely provision of therapy
- Avoidance of unnecessary diagnostic testing
- Identification of acute, focal/monoarticular “red flag” conditions

### Approach

- Determination of chronology (acute vs chronic)
- Determination of the nature of the pathologic process (inflammatory vs noninflammatory)
- Determination of the extent of involvement (monoarticular, polyarticular, focal, widespread)
- Anatomic localization of complaint (articular vs nonarticular)
- Consider the most common disorders first
- Formulate a differential diagnosis



**Osteoarthritis(OA)** is the most common form of arthritis responsible for pain and disability specially in older population. The pathophysiology behind OA involves focal loss of articular cartilage, subchondral osteosclerosis, osteophyte formation at the joint margin, and remodelling of joint contour with enlargement of affected joints. OA is a complex disorder involving both genetic and environmental factors in its pathogenesis including:

- Heritability of OA ranges from about 43% at the knee to between 60% and 65% at the hip and hand respectively.
- OA can be a component of multiple epiphyseal dysplasias and also associated with Structural abnormalities, such as slipped femoral epiphysis and paget's disease.
- Occupational OA develops due to mechanical stress upon particular joints such as OA Hip in Farmers, OA knee in Miners etc.
- Destabilising injuries like rupture of cruciate ligaments and meniscectomy raise the risk of OA.
- There is a strong association between obesity and OA, particularly of the hip.
- Oestrogen appears to play a role as lower rates of OA have been observed in women using hormone replacement therapy (HRT).
- In OA there is accelerated degradation of the cartilage matrix, making the cartilage vulnerable to load-bearing injury. Deposition of calcium phosphate and calcium pyrophosphate crystals occur along with formation of subchondral cysts.
- Osteophytes develop from the fibrocartilage at the joint margin.
- Bone remodeling and thinning of cartilage result in expansion of OA affected joint to spread the mechanical load over a greater surface area.
- There is hyperplasia and inflammation of affected joint.

#### **Symptoms and signs of OA:**

The characteristic distribution of OA involves the hips, knees, interphalangeal joints of hands (PIP & DIP), neck and lumbar spine.

#### **Pain**

- Insidious onset over months or years
- Variable or intermittent nature over time ('good days, bad days')



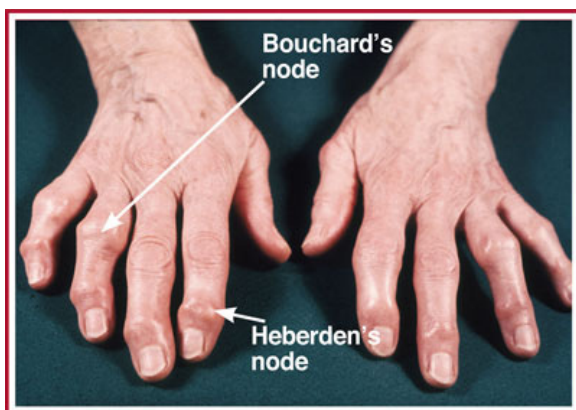
- Mainly related to movement and weight-bearing, relieved by rest
- Only brief (<15 mins) morning stiffness and brief (<5 mins) 'gelling' after rest
- Usually only one or a few joints painful

### Clinical signs

- Restricted movement due to capsular thickening or blocking by osteophyte.
- Palpable, sometimes audible, coarse crepitus due to rough articular surfaces.
- Bony swelling around joint margins
- Deformity, usually without instability
- Joint-line or periarticular tenderness
- Muscle weakness and wasting
- Mild or absent synovitis.

### Generalised Nodal OA

In this there is pain, stiffness and swelling of one or more PIP and DIP joints of the hands from the age of about 40 years onwards. Heberden's and Bouchard's nodes are characteristic swellings present posterolaterally on DIP and PIP respectively. Affected joints are enlarged as a result of osteophyte formation and often show characteristic lateral deviation.



### Knee OA

At the knee, OA principally targets the patello-femoral and medial tibio-femoral compartments but eventually spreads to affect the whole of the joint. It may be isolated or occur as part of generalised nodal OA. The pain is usually localised to the anterior or medial aspect of the knee and upper tibia and is usually worse going up and down stairs or inclines. Prolonged walking, rising from a chair,

getting in or out of a car, or bending to put on shoes and socks may be difficult.<sup>2</sup>

### Spine OA

The cervical and lumbar spine are mostly targeted by OA, where it is referred to as cervical spondylosis and lumbar spondylosis, respectively. The typical presentation is with pain localised to the low back region or the neck, although radiation of pain to the arms, buttocks and legs may also occur due to nerve root compression. The pain is typically relieved by rest and worse on movement.

### Hip OA

It is unilateral in presentation, targets the superior aspect of the joint, migrating the femoral head in superolateral direction. It has a poor prognosis in comparison to another bilateral presentation with central cartilage loss, largely confined to women and frequently associated with generalised nodal OA.

### Early onset OA

Unusually, typical signs and symptoms of OA may present before 45 years of age. If early onset OA affects multiple joints not normally targeted by the disease, then rare causes need to be thought of like Kashin-Beck disease that affects children, typically between 7 and 13 years of age.

Found in some regions of China, the cause of disease is suggested to be the deficiency of Selenium and contamination of cereals with myco-toxin producing fungi. There may be cases of early onset OA affecting single or multiple joints due to previous trauma, focal instability, metabolic diseases, idiopathic juvenile arthritides, spondylo-epiphyseal dysplasia etc.

### Investigations

A plain X-ray of the affected joint should be performed and oftenthis will show one or more of the typical features of OA.Spine OA can often be diagnosed on a plain X-ray, which typically shows evidence of disc space narrowing and osteophytes. If nerve root compression or spinal stenosis is suspected, MRI should be performed.Routine biochemistry, haematology and autoantibody tests are usually normal. Synovial fluid aspirated from an affected joint is viscous with a low cell count.

### Management

Patient education is a must regarding the nature of the condition, role of risk factors like obesity, heredity and trauma. It should be well explained that the structural changes cannot be reversed although pain and function can be improved. Lifestyle advice should be given directing the patient to lose weight and strengthen quadriceps which is particularly beneficial for Knee OA.Exercise is an important part of OA treatment, because it can decrease joint pain and improve function. The U.S. Department of Health and Human Services recommends that everyone, including those with arthritis, get 150 minutes of moderate exercise per week.<sup>3</sup> Aerobics complemented with physiotherapy, Shock-absorbing footwear, pacing of activities, use of a walking stick for painful knee or hip OA, and provision of built-up shoes to equalise leg lengths can all improve symptoms. Pharmacological intervention used frequently is paracetamol alone or along with topical NSAID, and then capsaicin for knee and hand OA. Strong opiates and antineuropathic drugs are used occasionally in patients with difficult to control symptoms. Intra-articular glucocorticoid injections are used in some cases of Knee and CMC OA.

Surgery should be considered for patients with OA whose symptoms and functional impairment impact significantly on their quality of life despite optimal medical therapy and lifestyle advice. Total joint replacement surgery is by far the most common surgical procedure for patients with OA.<sup>2</sup>

### Homoeopathy for OA

Homoeopathy is a science of holistic treatment and the earlier a disease is countered with homoeopathy the better will be the prognosis. But even today it has not emerged as the front line of treatment in chronic diseases where it holds tremendous potential, with capability to resolve the individual tendency towards such diseases. A systematic review of clinical trials of Homoeopathy in OA have shown that homoeopathic complexes have a clear advantage in the treatment of osteoarthritis.<sup>4</sup> We will see further in the journal the gems of homoeopathy for relieving the discomfort of OA.

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3. Osteoarthritis Treatment; Arthritis Foundation; <http://www.arthritis.org/about-arthritis/types/osteoarthritis/treatment.php>; accessed on 5-12-19
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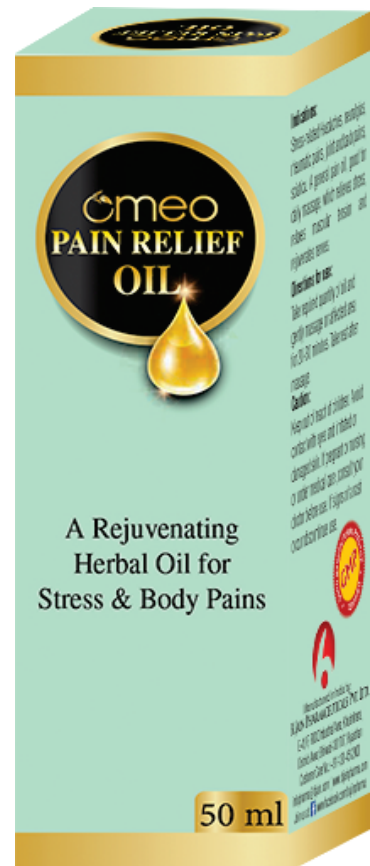


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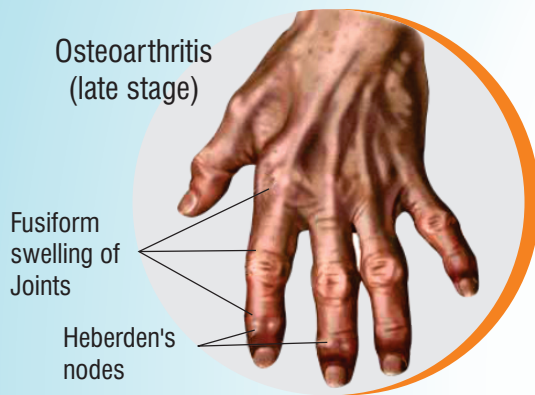


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#### Indications:

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- Limitation of joint movement
- Associated with fever and weakness

#### Composition

Acidum formicum	3x	1.0%v/v
Colchicum autumnale	5x	1.0%v/v
Rhus toxicodendron	3x	5.0%v/v
Natrum salicylicum	3x	1.0%w/v
Ledum palustre	3x	0.5%v/v
Dulcamara	3x	0.25%v/v
Lithium carbonicum	5x	0.25%w/v
Gelsemium sempervirens	3x	0.25%v/v
Ulmus fulva	5x	0.25%v/v
Excipients q.s.		
Alcohol content		7.5%v/v



**Dosage:** 2 teaspoons, 3 times daily  
or as prescribed by the physician.

Pack sizes available: 60ml | 100ml | 200ml | 500ml



# THE MOVE

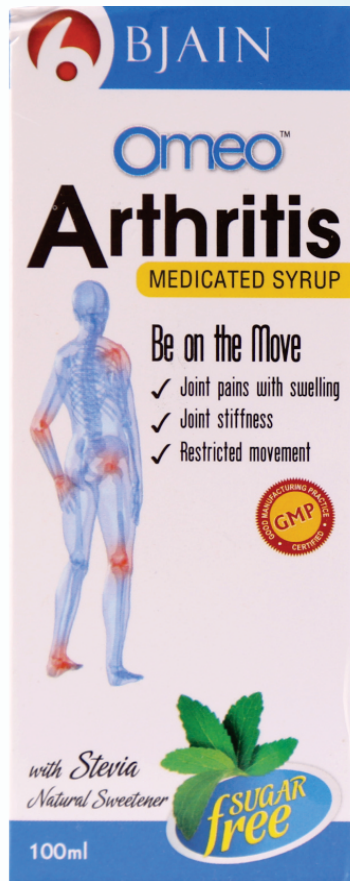
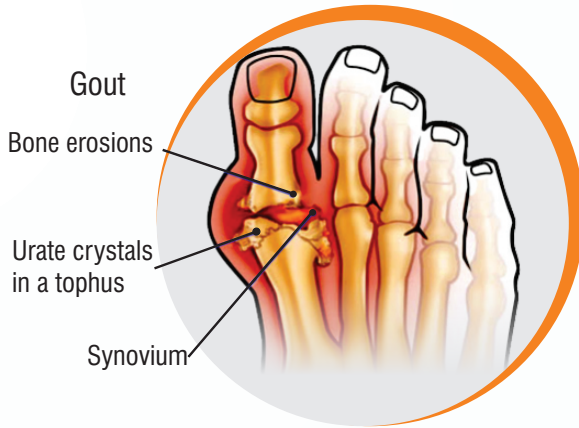


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# Gaultheria procumbens

(wintergreen)



**Botanical name** : Gaultheria procumbens  
Linn.

**Known** : Eng: Wintergreen; French:  
Gaultherie; Ger: Canadischer Thee

**Part used** : Leaf.

**Distribution** : North United States from  
Georgia to Newfoundland and Canada.

**CLINICAL**<sup>1</sup> : - Gastritis. - Neuralgia. - Pleurodynia. - Rheumatism. - Sciatica

**SPHERE OF ACTION**<sup>2</sup>: Inflammatory rheumatism, pleurodynia, sciatica, and other neuralgias, come within, the sphere of this remedy.

\* Cystic and prostatic irritation, undue sexual excitement, and renal inflammation.

## INDICATIONS :

- ✓ Neuralgia of head and face<sup>2</sup>.
- ✓ Acute gastritis, severe pain in epigastrium; prolonged vomiting. Gastralgia from nervous depression. (Give five drops of 1x of Oil.)<sup>2</sup>
- ✓ Tongue dry, smooth and swollen, so that speech was rather indistinct, mouth parched.
  - Inability to speak, Beating of carotids increased in intensity.
  - Uncontrollable appetite, notwithstanding the irritability of stomach.<sup>4</sup>
- ✓ Hemiparesis of left side and loss of power.<sup>4</sup>
- ✓ The oil of gaultheria is much used in acute and subacute rheumatism, pleurodynia in the anterior mediastinum. The plant contains acidum salicylicum.<sup>3</sup>
- ✓ Urine contained salicylic acid.<sup>4</sup>

**PRESCRIBED DOSE** : Tincture and lower potencies.  
Oil of Gaultheria is also used for external application.<sup>5</sup>

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**1. Acid phos**

- Tension and cramp-like drawing in muscles of neck, esp. on moving head.<sup>1</sup>
- Spondylitis of cervical vertebrae.<sup>1</sup>
- Burning pain in a spot above small of back.<sup>1</sup>
- Lumbar region heavy increases pain in legs.<sup>2</sup>
- Historical dose: Tincture and all potencies, first potency and higher. Arnica<sup>2</sup>

**2. Hypericum perforatum**

- Pain in nape of neck.<sup>3</sup>
- Pressure over sacrum. Spinal concussion.<sup>3</sup>
- Cervical vertebrae very sensitive to the touch.<sup>1</sup>
- Aching pain and sensation of lameness in the small of the back.<sup>1</sup>
- Dose - Tincture, to third potency.<sup>3</sup>

**3. Cimicifuga**

- Rheumatic pains in muscles of neck and back; feel stiff, lame, contracted; spine sensitive, from using arms in sewing, typewriting, piano playing.<sup>4</sup>
- Stiffness and contraction in neck and back.<sup>3</sup>
- Pain in lumbar and sacral region, down thighs, and through hips.<sup>3</sup>
- Dose - First to thirtieth attenuation, third most frequently used.<sup>3</sup>

**4. Cocculus indicus**

- Cracking of cervical vertebrae when moving head.<sup>3</sup>
- Weakness of cervical muscles, can hardly hold the head up.<sup>5</sup>
- Paralytic pain in lower back with weakness of hips, knees and legs.<sup>6</sup>
- Dose - Third to thirtieth potency.<sup>3</sup>

**5. Conium maculatum**

- Tension in the nape of the neck.<sup>1</sup>
- Pain as from excoriation in the vertebrae of the neck.<sup>1</sup>
- Aching and compression above the hips.<sup>1</sup>
- Dose - Best in higher potencies given infrequently, especially for growths, parietic states, etc. - Otherwise sixth to thirtieth.<sup>3</sup>

**6. Lachnanthes tinctoria**

- A remedy for torticollis, rheumatic symptoms about neck.<sup>3</sup>
- Chilliness between the shoulder-blades; pain and stiffness in back.<sup>3</sup>
- Stiffness and pain in neck, extending over whole head down to the nose.<sup>1</sup>
- Sensation of spraining in neck when turning or moving head backward.<sup>1</sup>
- Dose - Third potency.<sup>3</sup>

**7. Mezereum**

- Pain in neck and back; worse, motion and at night; intolerant of all touch.<sup>3</sup>
- Painful rigidity of nape of neck, and of neck and external muscles; in right side of neck and throat, agg. on motion.<sup>1</sup>
- Contractive and tensive pain in back, extending to sacrum.<sup>1</sup>
- Dose - Sixth to thirtieth potency.<sup>3</sup>

**8. Guajacum officinale**

- Aching in nape. Stiff neck and sore shoulders.<sup>3</sup>
- Contractive pains between the Scapulae.<sup>7</sup>
- Sciatica and lumbago.<sup>3</sup>
- Immovable stiffness.<sup>3</sup>
- Dose - Tincture, to sixth attenuation.<sup>3</sup>

**9. Kalmia latifolia**

- Pain from neck down arm; in upper three dorsal vertebrae extending to shoulder-blade.<sup>3</sup>
- Pain down back, as if it would break; in localized regions of spine; through shoulders.<sup>3</sup>
- Lumbar pains, of nervous origin.<sup>3</sup>
- Dose - Tincture, to sixth potency.<sup>3</sup>

**10. Kalium iodatum**

- Spasmodic contraction of the muscles.<sup>8</sup>
- Stitches in the small of the back when sitting.<sup>8</sup>
- Chronic rheumatism of chest and back.<sup>9</sup>
- Dose - Crude drug, in material official dosage, as a rule, the first dilution from 6 to 20 drops a day; if after a week no decided progress is visible, one drop of the tincture of Iodine is added to each hundred of the first dilution.<sup>3</sup>

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## COMPOSITION

Each 10 ml contains:

Colocynthis Vulgaris	3x	1.0 ml
Ruta Graveolens	3x	1.0 ml
Hypericum Perforatum	5x	1.0 ml
Ledum Palustre	2x	2.0 ml
Cuprum Metallicum	6x	2.0 mg
Dulcamara	3x	2.0 ml
Conium Maculatum	3x	1.0 ml
Alcohol %		65%v/v

**Dosage:** 10-15 Drops in half cup of water thrice a day or as prescribed by the physician.



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The vertebral column, also called the spine, backbone, or spinal column, makes up about two-fifths of your total height and is composed of a series of bones called vertebrae. The vertebral column, the sternum, and the ribs form the skeleton of the trunk of the body.

The vertebral column functions as a strong, flexible rod with elements that can move forward, backward, and sideways and rotate. In addition to enclosing and protecting the spinal cord, it supports the head and serves as a point of attachment for the ribs, pelvic girdle, and muscles of the back and upper limbs. The adult vertebral column typically contains 26 vertebrae customized according to the functional requirements of that area.

The vertebral column is the central and fundamental support for the musculoskeletal and nervous system. The vertebral column has shown remarkable adaptation through the evolutionary history of man from a four legged to two legged animal. Corporal weight that used to get distributed upon the four limbs is now borne majorly by the spine with the acquirement of erect posture. With changing lifestyles and digital dependence, the spine is getting much abused than ever before, resulting in spinal maladies due to constant postural stress and the most common consequence is "Spondylitis".

Spondylitis is a term used in general sense for pain in nape of neck or small of back, the two areas of spine most vulnerable to wear and tear due to postural stress and workplace ergonomics. Basically it is Spondyloarthritis (SpA) i.e. inflammation of vertebral joints and can be grouped in two main ways according to the Spondylitis Association of America.<sup>2</sup>

1. The Traditional SpA classification system which groups the disorder into six separate pathological presentations.
2. The Newer SpA classification system categorizing the disorder in two broad categories.

#### **Traditional SpA Classification system**

##### **1. Ankylosing Spondylitis**

Primarily affects the spine although other joints get involved over the latter course of disease. There is severe chronic pain and discomfort due to inflammation of vertebral joints which leads to "Ankylosis" (new bone formation) in advanced cases resulting in fusion and fixity of the vertebrae and consequent loco-motor restriction of the spine reflected as stiffness which gets pronounced after long periods of rest.

The prime target area in Ankylosing Spondylitis is the sacro-iliac joint, but other areas can also be affected such as the shoulders, hips, ribs, heels, and small joints of the hands and feet. The incidence is greater in men than women and the onset is gradual initiating with morning stiffness for almost half an hour after rising. The onset and course of symptoms vary from person to person, and usually the symptoms start appearing during late adolescence or early adulthood (17 to 45 years of age). Thorough examination along with meticulous case history can be further substantiated with evidence of HLA-B27 in blood and an X-Ray.

##### **2. Enteropathic Arthrites**

This type of arthrites is associated with inflammatory bowel disease like Crohn's disease, ulcerative colitis, undifferentiated colitis etc. Along with inflammatory back pain, inflammatory symptoms of intestines such as chronic diarrhea, abdominal pain, weight loss, and/or blood in the stool are also present.

##### **3. Psoriatic Arthrites**

Psoriatic patients may develop pain and swelling in back and small joints of the hands and feet. The hallmark sign of this type of arthritis is presence of "sausage digits", which develop due to the inflammation of subcutaneous tissue of the affected finger or toe. The inflammation gives the digit a swollen and stuffed sausage like appearance.

##### **4. Reactive Arthrites**

If the arthritis develops in reaction to infection in the in the intestines or the urinary tract then we term it as reactive arthritis. The course of Reactive arthritis is of a few months and usually does not recur. But some people develop a chronic form of reactive arthritis.

##### **5. Undifferentiated Spondyloarthrites**

If the aggregate of symptoms of a case of spondyloarthrites don't fit in a single diagnostic frame then it is termed as undifferentiated spondyloarthrites.

##### **6. Juvenile spondyloarthrites**

As the name suggests, Juvenile spondyloarthrites is a term for a group of childhood rheumatic diseases, developing before the age of 16 and may affect the person through adult life. The symptoms appear sporadically, without the obvious role of any exciting or alleviating factor.

The Newer SpA Classification

Axial Spondylo Arthrites

The axial musculoskeletal structures are involved in this type of arthritis, causing inflammatory back pain. It is a broad term covering SpA with or without typical inflammatory changes of Sacro iliac joints seen on X-Ray. Ankylosing SpA can be detected radiographically whereas enteropathic arthritis, reactive arthritis, undifferentiated arthritis, psoriatic arthritis do not show radiographical changes.

#### Peripheral Spondyloarthritis

This causes inflammation in joints other than spine or sacroiliac joints such as joints of the wrist, hands, elbows, shoulders, knees ankles and feet.

#### Causes

Research shows that a patient's genetics, environment and immune system may be the determining factors for this condition. An individual with a family history of spondylitis or its complications, is far more likely to suffer from spondylitis. Factors associated with development of spondylitis are:

- Previous inflammation in joints and tissues
- Lack of exercise and Obesity
- Smoking or the excessive use of alcohol
- Degenerative disc disease or spinal stenosis.

#### Symptoms

##### Patients with spondylitis usually experience:

- Pain and stiffness anywhere from the neck through the lower back and buttocks that lasts for more than 3 months
- Discomfort that is worse in the morning or after long periods of inactivity and seems to lessen with movement and exercise
- Progressive loss of spinal flexibility and a sensation of rigidity
- Hunched or stooped posture
- Tendonitis
- Overgrowth of bones, commonly called bony fusion, that may affect daily activities
- Vision problems and eye inflammation, including redness and pain
- Swelling
- Compression fractures

#### Diagnosis:

1. X-ray which may show the development of spurs (bony outgrowths) on the vertebrae.
2. MRI (Magnetic resonance imaging) can be done to confirm the diagnosis and judge the extent of neural damage if any.
3. EMG (Electromyography)
4. Myelography demonstrates nerve root lesion.

#### Prevention & Relief:

Postural correction with suitable spinal exercises benefit to a great extent in early stages. Efforts to maintain healthy body weight and replenishing body's Vit. D and calcium requirements also help greatly. Sitting, standing, stooping, lifting should be correctly done, along with regular physical exercises like aerobics which are of special benefit. Advanced cases with degenerative joint damages, need surgical replacements. Corrective spinal surgeries are done where MRI shows fusion of joints in severely bent positions.

#### Homoeopathy for Spondylitis

The above description makes it clear that the disease can be fairly controlled in initial stages. Homoeopathic medicines like *kalmia latifolia*, *lachnanthes tinctoria*, *cimicifuga racemosa*, *rhux tox*, *ranunculus bulbosus* etc. are great relievers of neck and low back pain.

#### References:

1. Principles of Anatomy and Physiology; Gerard J. Tortora & Bryan Derrickson; 13th edition
2. Overview of Types of Spondylitis; Spondylitis Association of America; <https://www.spondylitis.org/Types-of-Spondylitis>; accessed on 13-12-19



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