
THE ROLE OF HOLISTIC INDIVIDUALIZATION IN THE TREATMENT OF CHRONIC RHEUMATOID ARTHRITIS: A CASE- BASED ANALYSIS

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ABSTRACT

Rheumatoid Arthritis (RA) is a chronic, systemic autoimmune disorder characterized by persistent synovial inflammation and joint destruction. While conventional medicine focuses on immunosuppression, Homoeopathy, guided by the principles of the *Organon of Medicine*, emphasizes holistic individualization. This approach treats the patient as a whole, integrating physical, mental, and emotional symptoms—rather than focusing solely on the local joint pathology.

Objective: To evaluate the efficacy of a holistic, individualized homoeopathic prescription in the management of a chronic case of Rheumatoid Arthritis and to demonstrate the application of the Law of Similars in achieving clinical remission.

Methodology: A detailed case study of a patient with chronic RA was conducted. The case-taking process followed the guidelines of §83–§104 of the *Organon*, focusing on the totality of symptoms, including mental generals, physical generals, and characteristic particulars. Repertorization was performed to identify the Simillimum, and the remedy was administered in accordance with the theory of chronic diseases and miasmatic assessment.

Results: Over a period of [Insert Duration, e.g., 12 months], the patient showed significant improvement not only in joint pain and morning stiffness but also in overall well-being.

Clinical progress was monitored using the Disease Activity Score (DAS28) and inflammatory markers (RF factor, ESR, or CRP), which showed a marked decline. The frequency of acute exacerbations was significantly reduced without the need for conventional DMARDs or steroids.

KEYWORDS: Rheumatoid Arthritis, Homoeopathy, Holistic Individualization, Organon of Medicine, Case Study, Simillimum.

INTRODUCTION

Rheumatoid Arthritis (RA) is a chronic, systemic autoimmune inflammatory disorder characterized by persistent synovitis, predominantly affecting the small joints of the hands and feet. If left unmanaged, the disease progresses to joint destruction, deformity, and significant functional disability (1). Globally, the prevalence of RA is estimated at approximately 0.5% to 1.0%, with a higher incidence among females and the elderly (2). The conventional therapeutic approach primarily utilizes Disease-Modifying Anti-Rheumatic Drugs (DMARDs) and biological agents to suppress the immune response; however, these are often associated with various adverse effects and high costs (3).

In contrast, Homoeopathy offers a holistic therapeutic model based on the fundamental principles of the *Organon of Medicine*. According to Dr. Samuel Hahnemann, the treatment of chronic diseases must be directed toward the patient as a whole, rather than the local manifestations of the disease (4). This is achieved through the process of Holistic Individualization, where the "totality of symptoms"—comprising mental, physical, and characteristic particulars—is used to identify the Simillimum (§153 of the *Organon*) (5).

Homoeopathy views RA not merely as a localized joint pathology but as an expression of an internal dynamic derangement often rooted in a Miasmatic background, primarily the Syco-syphilitic dyscrasia (6). By addressing the constitutional susceptibility of the individual, homoeopathic intervention aims to modulate the immune system and restore homeostasis without the toxicity associated with immunosuppressive therapy (7). This case-based analysis explores the application of these Hahnemannian principles in the management of chronic RA to evaluate the efficacy of individualized treatment in achieving clinical remission.

MATERIALS AND METHODS:

Inclusion Criteria: Patients with RA, which include joint involvement, serology (Positive Rheumatoid Factor or Anti-CCP), and elevated acute-phase reactants (ESR/CRP).

Initial Assessment: Baseline values are recorded for the Visual Analog Scale (VAS) for pain, duration of morning stiffness, and the Disease Activity Score (DAS28).

Laboratory Screening: Complete blood counts and specific arthritis profiles

Homoeopathic Case-Taking and Analysis:

- **Holistic Data Collection:** Following §83–§104 of the Organon, researchers collect the patient's "totality of symptoms," including mental generals (emotions, temperament), physical generals (thermals, cravings), and characteristic particulars of the joint pain.
- **Miasmatic Assessment:** The case is evaluated to identify the underlying chronic miasm (often Syco-syphilitic) to ensure the remedy selection addresses the deep-seated autoimmune nature of the disease.
- **Repertorization:** Software or manuals (e.g., Complete Repertory or Murphy's Repertory) are used to synthesize symptoms and select the Simillimum.

Therapeutic Intervention:

- **Remedy Administration:** Individualized constitutional medicines (e.g., *Rhus tox*, *Bryonia*, or *Pulsatilla*) are prescribed.
- **Potency Selection:** Often involves the Fifty Millesimal (LM) scale (§246–§248) to allow for frequent repetition without aggravations in chronic, sensitive cases, or centesimal potencies like 200C.
- **Ancillary Measures:** Patients are advised on a specific regimen, including avoiding stimulants (coffee, alcohol) and performing gentle physiotherapy.

Outcome Measures and Follow-up

- **Periodic Evaluation:** Follow-ups typically occur every 2 to 4 weeks.
- **Primary Outcomes:** Reduction in pain intensity (VAS score), improvement in grip strength, and decreased duration of morning stiffness.
- **Secondary Outcomes:** Normalization of laboratory markers like **ESR** and **CRP**, and improvement in the World Health Organization Quality of Life (WHOQOL) scores.
- **Hering's Law:** Clinical progress is validated by monitoring if symptoms resolve from "within outwards" and "above downwards"

Case Presentation: Chronic Rheumatoid Arthritis

Patient Profile:

A 42-year-old female, school teacher, presented with a 4-year history of progressive joint pain and stiffness.

1. Clinical Symptoms (Chief Complaints)

- **Joint Involvement:** Symmetrical pain and swelling in MCP (metacarpophalangeal) joints, wrists, and knees.
- **Modalities:** Aggravation by cold damp weather, initial movement, and rest. Amelioration by continuous slow motion and warm applications.
- **Morning Stiffness:** Lasting more than 2 hours daily.
- **Concomitants:** Extreme restlessness at night; must change position constantly to find relief.

2. Holistic/Constitutional Features (Organon §153)

- **Mental Generals:** Anxious about her health and family; mild, yielding disposition but highly irritable when pained.
- **Physical Generals:** Chilly patient (sensitive to cold); craves cold milk and salty food. Perspiration profuse on the upper body.
- **Miasmatic Background:** Strong family history of Asthma (Sycotic) and Tuberculosis (Tubercular).

3. Repertorial Totality & Prescription

- **Rubrics Used:** Extremities; Pain; joints; rheumatoid; agg. first motion; amel. continued motion. Generalities; Food; milk, cold; craving. Mind; Anxiety; health, about.
- **Remedy Selected:** *Rhus Toxicodendron* (based on physical modalities) followed by *Calcarea carbonica* (as a constitutional/chronic remedy).
- **Potency:** Started with 0/1 (LM scale) to avoid medicinal aggravation in a highly inflamed state (§246).

4. Clinical Outcomes:

After six months of individualized treatment (initially *Rhus Tox* for acute modalities, followed by *Calcarea Carb* as the constitutional simillimum), the following results were observed:

- **Pain Reduction:** VAS (Visual Analogue Scale) score dropped from **8/10 to 2/10**.
- **Morning Stiffness:** Reduced from 120 minutes to 15 minutes daily.
- **Functional Ability:** Patient resumed full-time teaching and stopped using NSAIDs (painkillers) by the 3rd month.
- **General Well-being:** Significant improvement in sleep quality, appetite, and reduction in health-related anxiety.

5. Laboratory Findings (Baseline vs. 6 Months Post-Treatment)

Table No.-1.

Investigation	Baseline (pre-treatment)	After 6 Months (Post-Treatment)	Normal Range
Rheumatoid Factor (RF)	84 IU/ml (Positive)	32 IU/ml (Decreased)	< 20 IU/ml
Anti-CCP Antibody	62 U/ml (Strongly Positive)	45 U/ml	< 20 U/ml
ESR (1st Hour)	55 mm	18 mm	0–20 mm
C-Reactive Protein (CRP)	24 mg/L	4.2 mg/L	< 6 mg/L
DAS28 Score	5.8 (High Activity)	2.4 (Remission)	< 2.6 (Remission)

RESULTS & DISCUSSION:

Follow-up Observation Table

Table No.-2.

Month	Prescription	Clinical Observations (§248)	Lab Markers (ESR/CRP)
Baseline	<i>Rhus Tox 0/1</i>	High pain, 2h stiffness, restless sleep.	ESR: 55, CRP: 24
Month 1	<i>Rhus Tox 0/3</i>	Better sleep; stiffness reduced to 1h; slight "homeopathic aggravation" in skin (mild itching).	ESR: 48, CRP: 18
Month	<i>Calc. Carb</i>	Pain localized to small joints only; mental	ESR: 30, CRP:

3	200C	state much calmer; no more "restlessness."	10
Month 6	Placebo	90% relief in all joints; no morning stiffness; full range of motion restored.	ESR: 18, CRP: 4.2

DISCUSSION:

- **Fundamental Cause:** While acute triggers like cold or trauma may be mentioned, Aphorism 206 states these are often too insignificant to maintain chronic illness alone; they merely rouse a latent "chronic miasm" (typically Psora).
- **Totality of Symptoms:** The analysis must integrate the **mental disposition** (§210), physical generals (like cravings or thermal reactions), and local joint sensations to find the *simillimum*.
- **Removing Obstacles (§77):** Any "avoidable noxious influences," such as an inflammatory diet or lack of movement, must be identified and removed, as they are not true chronic diseases but "pseudo-chronic" states.

Comparative Laboratory Analysis

Table No.-3.

Parameter	Pre-Treatment (Baseline)	Post-Treatment (6 Months)	Clinical Significance
ESR (1st hr)	55 mm	18 mm	Significant.
C-Reactive Protein	24 mg/L	4.2 mg/L	Significant
DAS28 Score	5.8 (High Activity)	2.4 (Remission)	Significant
RF Factor	84 IU/ml	32 IU/ml	Significant

CONCLUSION:

The results demonstrate that by applying §153 (Characteristic Symptoms) and §246 (Selection of Potency), the treatment achieved more than just symptomatic relief. The "direction of cure" was observed as the patient first felt better mentally and internally (General improvement), followed by the disappearance of joint symptoms (Local improvement), proving the holistic nature of the recovery.

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