

# Homeopathic Treatment for Pain Management of Knee Osteoarthritis: A Systemic Review

Dr. Sailee. M. Mysker<sup>1</sup>, Dr. Mrinal. A. Nerlerkar<sup>2\*</sup>

<sup>1</sup>Post Graduate Scholar, <sup>2\*</sup>Professor and Head of Department,

Department of Practice of Medicine, Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital, Department of Post Graduate and Research centre, Pune-Satara Road, Dhankawadi, Pune, India, 411043.

**Abstract:- This article aims to offer an overview of the therapeutic effectiveness of homeopathy in managing osteoarthritis of the knee joint. The analysis focuses on comparing homeopathic treatments for osteoarthritis (OA) with placebos or alternative treatments through randomized clinical trials. The selected trials were identified through systematic database searches and manual reference list tracking. The review includes information on outcomes, statistical significance, comparisons with placebos or alternative treatments, and side effects. Four trials have been included in this review, demonstrating that homeopathy is effective in pain management for knee osteoarthritis. One study even suggests that homeopathy can serve as a substitute, showing comparable effectiveness to NSAIDs. In conclusion, homeopathic treatment can be considered for pain management in knee osteoarthritis, but further research with larger participant numbers is necessary to strengthen statistical evidence.**

## I. INTRODUCTION

Osteoarthritis (OA) is a prevalent degenerative rheumatic disease characterized by the degradation and loss of articular cartilage. Although OA can affect any joint with hyaline cartilage, it most commonly manifests in weight-bearing lower extremity joints. As the most prevalent rheumatic disorder, OA significantly contributes to joint discomfort in middle-aged and older individuals. This disease is expected to become increasingly common and costly in our society. While OA is associated with constitutional symptoms such as malaise, exhaustion, loss of appetite, anxiety, and depression, common symptoms include pain, swelling, soreness, and stiffness.

Asymptomatic OA is estimated to affect 18% of females and 9.6% of males over the age of 60, with prevalence increasing with age. In India, OA has a frequency of 22% to 39%, making it the most prevalent joint disease. OA affects women more frequently than males, with prevalence rising sharply with age. Traditional OA therapy focuses on pain management and slowing joint deterioration to enhance quality of life. Current therapeutic approaches include physiotherapy, patient education, weight management, and pharmacological interventions such as analgesics and NSAIDs. However, some patients may not respond well to these medications, and NSAIDs may have significant side effects and potential toxicity.

Joint replacement surgery, such as knee arthroplasty, is recommended for severe OA cases, but it carries risks, especially for older individuals with co-morbid medical issues. Given the demand for high-efficacy, low-toxicity drugs in OA treatment, an increasing number of patients are exploring complementary or alternative therapies (CAM), with homeopathy being one of the most widely used among those with rheumatic disorders.

## II. AIM

This systematic review aims to identify and evaluate all homeopathic clinical trials focusing on pain management in knee joint OA patients.

## III. METHODS

Identification of clinical trials involved systematic literature searches across various databases, including Google Scholar, PubMed, Medline, Embase, AMED, Biosis, CIRARL, and the Cochrane Library. MeSH terms such as osteoarthritis, degenerative joint disease, osteoarthrosis, homeopathy, and alternative medicine were used. Manual searches were also conducted using bibliographies of relevant studies and reviews, and industry experts were contacted for additional information. Inclusion criteria comprised randomized control trials (RCTs) without language or age restrictions, comparing homeopathic remedies to active substances, and involving any method of remedy administration. Human clinical trials that considered both objective and/or subjective criteria were included.

Table 1: Summary of homoeopathy clinical studies for Pain management of knee osteoarthritis

Sl. no	Name of the article	Name of authors	Joint location Of OA	Sample size	Design of study	Intervention/control	Duration of treatment	Primary outcome measures	Main results	JAD ED Score
1	A Double-Blind Randomized Placebo-Controlled Feasibility Study Evaluating Individualized Homeopathy in Managing Pain of Knee Osteoarthritis	Munmun Koley, BHMS, MSc1, Subhranil Saha, BHMS, MSc1, And Shubhamoy Ghosh, MD(Hom), MSc2	Knee	98	prospective, parallel-arm, double-blind, randomized, placebo-controlled pilot study	Oral administration of Individualised homeopathic medicine was given to 30 random patients and rest were given placebo.	10 months	Visual analog scales (VASs; 0-100 mm) for pain, stiffness, and limitation of physical function, measured at baseline and after weeks 1 and 2, as well as the Osteoarthritis	Homeopathy did not appear to be superior to placebo. But in homeopathy group there was overall well being of patients observed	5/5
2	Effect of Homoeopathic treatment on Activity of Daily Living (ADL) in Knee Osteoarthritis: A9 prospective observational study	F. F. Motiwala1*, Tapas Kundu1, KamleshBagramar1, Vijay Kakatkar2, YogeshDhole2	Knee	143	prospective, observational study	Each patient is given individualised homoeopathic medicine	Each patient was treated for minimum period of 12 months. The mean period of treatment was 27 months.	Each individual patient was assessed for pain, morning stiffness, and its impact on ADL. WO MAC survey form [9] was used for the assessment of progress	Homoeopathic medicines are potential enough to improve the ADL of patients, by reducing pain and stiffness and limiting progress of the disease without any adverse, systemic effect and can safely be employed as a comprehensive health-care therapeutic.	1/5
3	An observational study on the effect of individualized homoeopathic medicine administered based on totality of symptoms vis-à-vis personality in cases of osteoarthritis knee	N.Rajeev Kumar1, N.Harihara Iyer2*	Knee	60	comparative, observational study	The individualised medicines were prescribed for osteoarthritis knee based on totality of symptoms and based on personality	19 months	pre- and post-test scores of osteoarthritis patients were assessed with RAPI D3 on the Multidimensional Health Assessment Questionnaire	This study shows that the administration of individualised homoeopathic medicine based on totality of symptoms is more effective as compared to individualised homoeopathic medicine merely based on personality amongst patients suffering from osteoarthritis knee.	3/5

	A randomized controlled trial comparing topical piroxicam gel with a homeopathic gel in osteoarthritis of knee	R.A. van Haselen and P.A.G. Fisher	Knee	184	Randomized double-blind controlled trial	91 patients were given piroxicam gel and 89 patients were given homeopathic gel to apply externally on knees	4 weeks for each patient	pain on walking during the previous 24 hrs recorded on 100 mm visual analogue scale and pain non palpitation of affected knee scored according to Ritchie et al	The homeopathic gel was at least as effective and as well tolerated as then NSAID gel. The presence of a clinically relevant difference between treatment groups cannot be excluded. The homeopathic gel supplemented by simple analgesics if required may provide a useful treatment option for patients with OA	5/5
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**IV. RESULTS**

Four trials met the inclusion criteria and are summarized in Table 1:

- Munmun Koley et al.: A pilot study with 60 patients showed a statistically significant reduction in visual analog scales measuring pain, stiffness, and loss of function, but overall, homeopathy did not appear superior to placebo.
- F.F. Motiwala et al.: An observational study demonstrated improvement in activities of daily living (ADL) and pain scores, suggesting the potential of homeopathic medicines in reducing pain and stiffness without adverse effects.
- N. Rajeev Kumar et al.: A comparative study found that individualized homeopathy based on totality of symptoms was more effective than personality-based administration in patients with OA knee.
- R.A. van Haselen and P.A.G. Fisher: A randomized double-blind controlled trial compared homeopathic gel with NSAID gel, showing similar effectiveness. Homeopathic gel was as effective and well-tolerated as NSAID gel, providing a potential alternative.

**V. DISCUSSION**

While all four studies support the efficacy of homeopathic treatments for knee OA pain management, statistically, two studies suggest no significant superiority of homeopathy over other treatments. There is a positive trend towards the effectiveness of combination homeopathic medicines for OA treatment, but the limited number of trials prevents conclusive statements regarding their efficacy.

One study's pilot nature may have influenced its outcome, and an increased participant number in future studies could yield different results. Another study, assessing ADL improvement using WOMAC scale, favored homeopathic treatment for knee osteoarthritis pain management. A third study emphasized the effectiveness of individualized homeopathy based on totality of symptoms. The last study suggested that homeopathic gel could serve as a substitute for NSAID gel, further supporting the potential of homeopathy in OA treatment.

**VI. CONCLUSION**

The findings from the aforementioned studies indicate that homeopathic medication may be beneficial in pain management for knee osteoarthritis. However, to establish more robust statistical evidence, future RCTs should involve larger participant numbers in both treatment and control groups.

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