



GOUT AND IT'S HOMOEOPATHIC MANAGEMENT

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INTRODUCTION:-

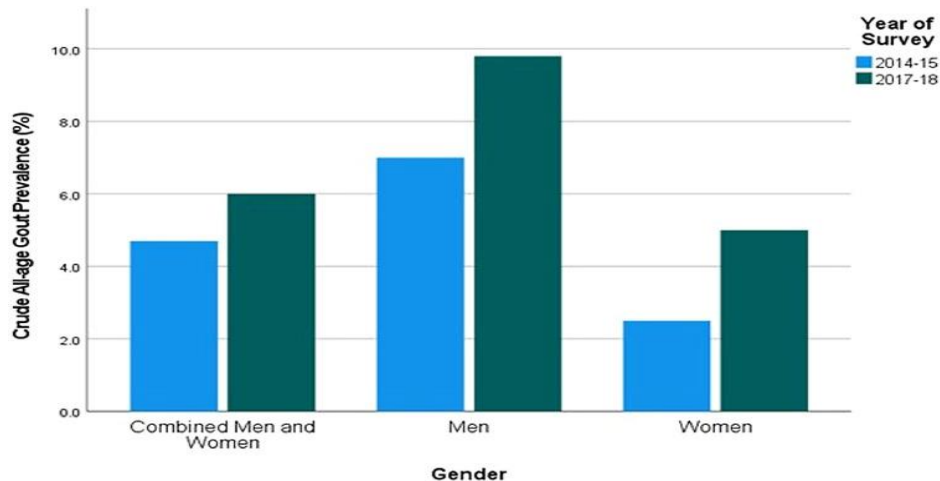
Gout has been recorded in medical literature since ancient times and has also been mentioned in the biographies of many notable personalities

It is a metabolic disease that results from an increased body supply of urates with hyperuricemia. It is typically characterized by episodic acute arthritis or chronic arthritis caused by MSU crystal deposition in joints and connective tissue tophi and carries the risk of renal interstitial deposition or uric acid nephrolithiasis.

EPIDEMIOLOGY:-

Worldwide, the prevalence of hyperuricemia varies between 2.0 and 13.2% and the prevalence of gout between 1.3 and 3.7%. The higher the serum urate level, the more likely an individual is to develop gout.

In the last few decades, the prevalence of hyperuricemia in the world population has been increasing rapidly, not only in developed countries, but also in low- and middle-income countries. Lifestyle factors such as obesity, purine-rich diet, and alcohol intake are known to promote the development of hyperuricemia.

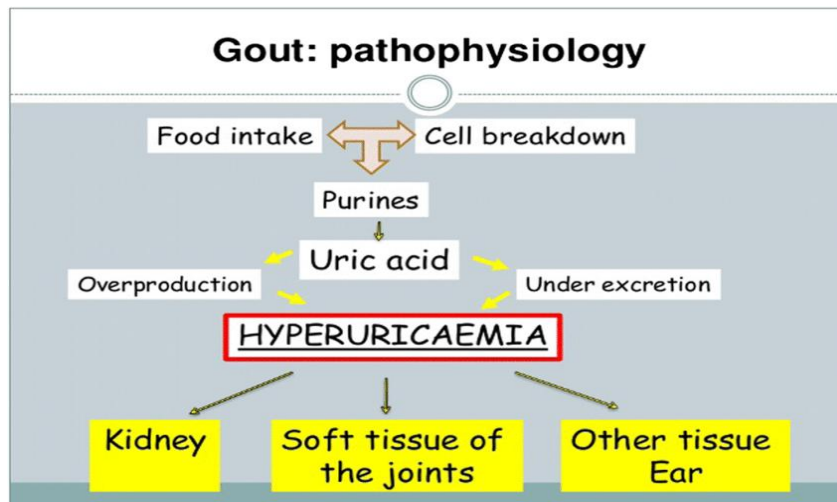


CAUSES:-

The main cause of gouty arthritis is underlying hyperuricemia. This is a serum uric acid level greater than 6.8 mg/dL.

Uric acid is the end product of endogenous and dietary metabolism of purines, which are excreted by the kidneys. Hyperuricemia occurs when there is

- Increased production of uric acid, which can be caused by:
 - Dietary factors: liver, red meat, organ meat, shellfish
 - Alcohol
- Decreased excretion of uric acid, which can be caused by:
 - Reduced glomerular excretion
 - Decreased tubular secretion. Increased renal absorption

PATHOPHYSIOLOGY :-

as already said, hyperuricemia will occur due to any of the above causes.

- This increased uric acid in the blood is saturated and deposited as monosodium urate crystals.
- These crystals are usually deposited in areas of insufficient blood supply, such as the joint, where they interact with leukocytes and initiate inflammatory reactions leading to acute gout.
- Further attacks of acute gout lead to recurrent or chronic gout.

CLINICAL MANIFESTATIONS :-

- **ACUTE DNA**

- Usually one joint is affected first.
- First MTP joint (gout).
- Other common sites are the ankle, midfoot, knee, small joints of the hand, wrist, and elbow.
- Extremely fast start.
- Extreme tenderness.
- Significant swelling and redness.
- It usually occurs at night when the patient wakes up from sleep.
- Fever, malaise and confusion may also occur.
- The attack will disappear in 3-15 days.

- **REPETITIVE AND CHRONIC DNA**

- After an acute attack, a second attack usually occurs within 1 year.
- The frequency of attacks is gradually increasing.
- With greater joint involvement and joint damage.

- **CHRONIC TOPHACEOUS DNA**

- Large deposits of MSU crystals form irregular firm nodules (tophis) around the extensor surfaces of the fingers, hands, forearms, elbows, Achilles tendons, and sometimes the helix of the ear.
- The white color of the MSU crystals may be visible.
- Large nodules may ulcerate exuding white gritty material and may be associated with local inflammation.

INVESTIGATION :-

- Definitive diagnosis requires identification of MSU crystals in joint, bursa, or tophi aspirate
- Synovial fluid shows increased turbidity.
- Hyperuricemia (serum uric acid level > 6.8).
- Evaluation of renal function tests, hypertension, glycemia, and serum lipid profile should be performed.
- ESR is moderately elevated in tophic gout.

- X-ray to assess the degree of joint damage.
- USG – can detect subclinical microtophis and MSU deposits in the cartilage of the first MTP joint, even at the first clinical manifestation.

MANAGEMENT:-

GENERAL MANAGEMENT

- Weight loss.
- Reduction of excessive alcohol intake, especially beer.
- Diuretics should be discontinued if possible.
- The purine diet should be moderate - seafood, red meat.

HOMOEOPATHIC MANAGEMENT

Which approach the homeopath has to take when treating a gout patient depends on the stage at which the patient comes to the doctor.

Therefore, if the patient comes in the acute stage, as it is a very painful condition, the purpose of treatment should be to manage the pain. Therefore, an acute drug should be given to cover all the symptoms.

And if the patient comes in the chronic stage of gout, our treatment should mainly consist of lowering the uric acid level and the tendency to uric acid formation along with symptomatic treatment. Therefore, these patients should ideally be given a constitutional remedy covering the uric acid or gouty diathesis.

Here are some medications that are commonly prescribed for gout.

Urtica urens: It is almost a specific remedy for hyperuricemia. It can be used to lower uric acid levels even in the absence of symptoms. Pain associated with urticaria-like symptoms. Pain in right deltoid. The pain is worse with inward rotation of the arm. The affected part is also very sensitive to touch.

Arnica Montana: Complaints arising after injury or trauma. Constant fear of touch. Pains at night unbearable. The bed is so hard. Sensation as if the foot were pressed by a hard body.

Abrotanum: A remedy for gouty deposits around the joints of the fingers. The pain is worse during cold and stormy weather. Painful, painful and hot at that time.

Belladonna: A medicine especially suitable for the acute stage of gout with great inflammation, with erysipelatous redness and joint swelling. The pain is worse at night and with colds, and is better by pressure.

Benzoic acid: A useful remedy for both acute gout and recurrent gout. Gout attacks going from left to right or starting in the right big toe. Old nodes become painful, and as the pain subsides, palpitation sets in, which ceases only when the pain increases. The urine has a very unpleasant odor and deposits a reddish cloudy sediment.

Colchicum: Pain moves from one joint to another. A burning and tearing kind of pain worse from any external impressions, noise, smell, touch, or bright light. The joint becomes inflamed, dark red, hot and very painful, he was in agony. Diathesis of uric acid. Gout in persons of strong constitution.

Ledum: For cases afflicted with an excessive dose of colchicum. Stabbing, tearing pains, worse by motion than touch, and at midnight, when the joints are so hot as to throw off all covering. Edematous swelling of the joint, which may be cool to the touch. It mainly affects the left shoulder and the right hip joint. Common gout in the joints of the hands and feet. Ball of big toe swollen and painful. Soles very sensitive, tendons stiff. gouty nodules in the joints; fine shooting pains in toes. After drinking alcoholic beverages.

STAPHYSAGRIA: Arthritic nodules from deposition of urates of soda. Pain from eyes to teeth, face yellowish. Chronic gout in men of advanced age, corpulent with weak pulse, palpitation, dyspnoea on exertion. Pains in the smaller joints of the hands and feet, with great swelling and hardness; skin affections alternating with joint pains; weakness of knees; feet tender.

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