



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Homoeopathic Management of Acute Recurrent Gouty Arthritis of the First Metatarsophalangeal Joint: A Case Report

Dr. Jagdish Thebar¹, Dr. Purva Sharma²

¹ Professor, Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College and Hospital

² Postgraduate Scholar, Department of Practice of Medicine, Swasthya Kalyan Homoeopathic Medical College and Hospital

ABSTRACT :

Background: Gouty arthritis is an inflammatory joint disease caused by deposition of monosodium urate crystals in the setting of sustained hyperuricaemia. It classically presents as an acute, intensely painful monoarthritis of the first metatarsophalangeal (MTP) joint and tends to recur, with progressively shorter intervals between attacks. Long-term management relies on lifestyle modification and urate-lowering measures, and many patients seek complementary options for symptom relief.

Case presentation: A 67-year-old male presented with a one-year history of recurrent episodes of severe throbbing, tearing pain, redness, swelling and extreme tenderness of the right great toe joint. Attacks were worse at night, on movement and in cold weather, and better with rest and warmth. Episodes recurred every 1–2 months, with increased frequency over the preceding three months, and analgesics gave only temporary relief. He had a ten-year history of hypertension on medication. Serum uric acid was 9.8 mg/dl (reference 2.30–6.10 mg/dl). The right first MTP joint was swollen, red, hot, tender and restricted in movement.

Intervention: Following detailed homoeopathic case taking, analysis and evaluation of symptoms and repertorization, *Phosphorus* 200C was prescribed as a single dose, together with *Rubrum* 30C three times daily for 15 days, along with dietary and lifestyle advice. *Rubrum* 30C was continued at each follow-up, and *Phosphorus* 200C was repeated once on 03/05/2026.

Outcome: Over about ten weeks of follow-up the patient showed progressive improvement. The Numerical Rating Scale (NRS) pain score fell from 10 (severe) to 1 (mild), a 90% reduction. Swelling, redness and tenderness resolved, and walking returned to normal. Repeat serum uric acid was 5.7 mg/dl, within the laboratory reference interval.

Conclusion: In this patient, individualised homoeopathic treatment combined with dietary and lifestyle modification was associated with marked clinical improvement and normalisation of serum uric acid. Because this is a single uncontrolled case, causality cannot be established, and larger controlled studies are needed.

Keywords: Gouty arthritis; Podagra; Hyperuricaemia; Homoeopathy; *Phosphorus*; Case report

Introduction

Gout is the most common form of inflammatory arthritis in adults and results from deposition of monosodium urate crystals in joints and periarticular tissues when serum urate remains persistently elevated ^(1,2). The first MTP joint is the most frequently affected site, and acute involvement of this joint is known as podagra. An acute attack typically begins abruptly, often at night, with severe pain, warmth, redness, swelling and marked tenderness, such that even the touch of bedclothes may be intolerable ^(2,3).

Risk factors include male sex, advancing age, obesity, hypertension, a diet rich in purines (red meat, organ meats, seafood), alcohol consumption, reduced renal urate excretion and a family history of gout ^(2,3). Without long-term control of serum urate, attacks become more frequent and may progress to chronic tophaceous disease and joint damage. Conventional management of acute attacks uses anti-inflammatory agents such as NSAIDs, colchicine or glucocorticoids, while prevention rests on lifestyle modification and urate-lowering therapy ⁽⁴⁾. Patients are often concerned about the adverse effects of repeated analgesic use, particularly those with coexisting hypertension, and many therefore seek complementary approaches.

Homoeopathy treats the patient as a whole, selecting a similitum on the basis of the totality of symptoms, which includes the mental and physical generals as well as the particular symptoms of the disease ⁽⁵⁾. We report a case of acute recurrent gouty arthritis with hyperuricaemia that showed sustained clinical improvement under individualised homoeopathic treatment. The report follows the CARE guidelines ⁽⁶⁾ and their homoeopathic supplement, HOM-CASE ⁽⁹⁾.

Patient Information

A 67-year-old male, retired, belonging to an upper socio-economic class, presented to the outpatient department on 20/03/2026 with the following complaints.

Presenting complaints (duration: 1 year)

- Severe pain in the right great toe joint, aggravated by night, movement and cold weather, and ameliorated by rest and warmth
- Swelling and redness of the affected joint
- Difficulty in walking

History of present complaint: The patient was well until one year ago, when he developed sudden-onset pain in the right great toe joint. The pain was acute, throbbing and tearing in character, started at night and woke him from sleep. The joint became red, hot and swollen. There was extreme tenderness, such that he could not tolerate the touch of even a bedsheet. Episodes lasted 3–5 days and recurred roughly every 1–2 months, and the frequency had increased over the previous three months. Analgesics gave only temporary relief. He also reported morning stiffness of the joints and occasional pain in the ankle joint.

Past history: Hypertension for 10 years, on regular medication. No history of diabetes mellitus, tuberculosis or surgery.

Family history: The father had joint complaints. The maternal history was not contributory.

Personal and lifestyle history: The diet was high in protein with frequent red meat intake. He had led a sedentary lifestyle since retirement. He had previously consumed alcohol two to three times a week. Vaccination was complete with no adverse effects. Sexual history was satisfactory.

Physical generals

Parameter	Finding
Thirst	Increased; 1–2 glasses at a time, about 4–5 litres/day, with dryness of mouth
Desire	Spicy food; non-vegetarian diet
Aversion	Nothing particular
Stool	Satisfactory; soft, occasionally hard; 1–2 times/day
Urine	Satisfactory; no burning; pale yellow, odourless
Perspiration	Nothing particular
Addiction	Alcohol (previously, 2–3 times/week)
Bathing Habit	Regular, with tap water
Sleep	Refreshing; 6–7 hours/day
Dreams	Nothing particular

Mental generals: Sensitive; desire for company; aggravation from contradiction; reserved in nature and does not like to share; fear of the future.

Clinical Findings

General examination showed a conscious, oriented patient of slightly overweight build with a steady gait. Pallor, icterus and lymphadenopathy were absent, the tongue was clean, and nails and skin were healthy.

Parameter	Finding
Height	168 cm
Weight	78 kg
BMI	27.6 kg/m ² (overweight)
Temperature	98.6 °F
Pulse	88 beats/min
Blood Pressure	132/78 mmHg
Respiratory Rate	22/min

Systemic examination: The nervous system was normal, with normal reflexes and no motor or sensory deficit. The chest was symmetrical with bilateral air entry and no added sounds. The first and second heart sounds were normal with no murmurs. The abdomen was soft and non-tender with no organomegaly, and bowel sounds were normal.

Musculoskeletal examination: The right first MTP joint was swollen, red, hot and tender, with restricted movement. No deformity was present elsewhere.

Timeline

Date	Event
About 03/2025	Onset of sudden pain, redness and swelling of the right great toe joint
12/2025-03/2026	Increased frequency of attacks
20/03/2026	First visit; serum uric acid 9.8 mg/dl; <i>Phosphorus</i> 200C and <i>Rubrum</i> 30C started
02/04/2026	Pain reduced; swelling slightly reduced; <i>Rubrum</i> 30C continued
18/04/2026	Pain and redness reduced; <i>Rubrum</i> 30C continued
03/05/2026	Pain and swelling unchanged; <i>Phosphorus</i> 200C repeated with <i>Rubrum</i> 30C
15/05/2026	Pain slightly present; swelling minimal; redness absent; <i>Rubrum</i> 30C continued
28/05/2026	Pain, redness and tenderness absent; walking normal; <i>Rubrum</i> 30C continued

Diagnostic Assessment

The diagnosis of acute recurrent gouty arthritis was made on clinical grounds: sudden-onset nocturnal monoarticular pain with redness, heat, swelling and marked tenderness of the first MTP joint, recurrent attacks, male sex, overweight status, hypertension, a purine-rich diet, past alcohol intake and a family history of joint complaints. This was supported by a raised serum uric acid of 9.8 mg/dl on 20/03/2026 (reference range 2.30–6.10 mg/dl). Synovial fluid crystal analysis and imaging were not documented.

Pain assessment: Pain intensity was recorded with the 11-point Numerical Rating Scale (0 = no pain, 10 = worst possible pain; 1–3 mild, 4–6 moderate, 7–10 severe) ^(7,8). The baseline score was 10.

Therapeutic Intervention

Analysis and evaluation of symptoms. The symptoms were classified into mental generals (sensitive, desire for company, aggravation from contradiction, reserved nature, fear of the future), physical generals (desire for spicy food and non-vegetarian diet, thirst with dryness of mouth, past alcohol addiction) and particulars (pain and swelling of the right great toe aggravated by movement and ameliorated by rest, difficulty in walking, morning stiffness of joints, occasional ankle pain). The totality was built from the symptoms most characteristic of the patient and of the disease.

Repertorization. The following rubrics were selected and repertorized with repertorization software (Millennium view):

1. Mind – Sensitive
2. Mind – Company, desire for
3. Mind – Contradiction – aggravates
4. Mind – Anxiety – future, about

5. Stomach – Thirst
6. Extremities – Pain – Toes
7. Extremities – Swelling – Toes
8. Extremities – Stiffness – Joints
9. Generals – Food and drinks – spices – desire

Remedy	Total score / Rubrics covered
Phosphorous	22 / 8
Sulphur	19 / 8
Nux Vomica	15 / 8
Sepia	14 / 8
Causticum	15 / 7
Lycopodium	14 / 7
Pulsatilla	13 / 7
Aurum Metallicum	10 / 7
Calcarea Carbonica	14 / 6

Selection of medicine and potency. Phosphorus covered eight of the nine rubrics with the highest total score and corresponded closely to the patient's sensitive, company-seeking temperament, thirst, desire for spicy food and fear of the future. It was selected on the basis of totality and susceptibility. A 200C potency was chosen as a single dose, and *Rubrum* 30C was added three times daily for the local complaint.

Prescription.

1. Phosphorus 200C, one dose, stat
2. Rubrum 30C, three times daily for 15 days

General management and auxiliary measures: Avoid purine-rich food and red meat, avoid alcohol, and maintain adequate hydration.

Follow-up and Outcomes

The patient was followed up at intervals of about two weeks. Symptoms and vital signs at each visit are shown below.

Date	Pain	Swelling	Redness	Tenderness	Walking	BP (mmHg)	Pulse	RR	Temp (°F)
20/03/26	Severe	Present	Present	Extreme	Difficult	132/78	88	22	98.6
02/04/26	Reduced	Slightly reduced	Present	Slightly better	Still painful	–	–	–	–
18/04/26	Reduced	No change	Reduced	Present	Slightly better	138/84	86	22	98.2
03/05/26	No change	No change	Reduced	Present	Slightly better	128/72	86	20	98.4
15/05/26	Slightly present	Minimal	Absent	Mild on deep pressure	Better	128/74	86	22	98.1
28/05/26	Absent	Minimal / absent	Absent	Absent	Normal	124/72	88	20	98.4

Pain score. The NRS score decreased from 10 (severe pain) at the first visit to 1 (mild pain) at the last visit. The percentage improvement was calculated as $(S1 \text{ at baseline} - S1 \text{ at completion}) / S1 \text{ at baseline} \times 100 = (10 - 1) / 10 \times 100 = 90\%$.

Serum uric acid.

Date	Serum Uric Acid	Reference Range
20/03/2026	9.8 mg/dl	2.30–6.10 mg/dl
Follow up	5.7 mg/dl	2.4–5.7 mg/dl

The patient showed steady improvement. There was a transient plateau at the 03/05/2026 visit, when pain and swelling were unchanged, and *Phosphorus* 200C was repeated, followed by further improvement at the next two visits. No adverse events were documented, and blood pressure ranged from 124/72 to 138/84 mmHg across visits, the highest reading being on 18/04/2026.

Discussion

This patient had the typical features of podagra: abrupt nocturnal onset, severe pain with redness, heat and swelling of the first MTP joint, extreme tenderness, recurrence and hyperuricaemia. Overweight status, hypertension, a high-protein diet rich in red meat, past alcohol use and a paternal history of joint disease are all recognised contributors to hyperuricaemia and gout ^(1,2).

Treatment in homoeopathy was based on the totality of symptoms rather than on the diagnosis alone. The mental generals (sensitivity, desire for company, aggravation from contradiction, fear of the future) and the physical generals (marked thirst, desire for spicy food) were given weight alongside the particular symptoms of the joint. This approach led to *Phosphorus* as the constitutional medicine, which received the highest score in repertorization. The additional prescription of *Rubrum* 30C was directed at the local joint complaint.

The response followed a favourable course. Pain, redness and tenderness settled within about ten weeks, walking became normal, and the NRS score fell by 90%. Serum uric acid declined from 9.8 mg/dl to 5.7 mg/dl. The temporary plateau on 03/05/2026 followed by renewed improvement after repeating *Phosphorus* 200C is noted, but a single case cannot establish a causal relationship.

Several factors limit interpretation of this case. Acute gout attacks are self-limiting and may subside spontaneously. Dietary changes, avoidance of alcohol and increased hydration are themselves known to lower serum urate and reduce attack frequency, so they are an important confounder. The patient may also have used analgesics at times, and the improvement in uric acid cannot be attributed to homoeopathic treatment alone. No synovial fluid analysis, imaging or other biochemical work-up was documented, the follow-up period was short, and recurrence beyond the follow-up could not be assessed. The pain score was a subjective, patient-reported measure and assessment was not blinded. Two medicines were prescribed together, so the improvement cannot be attributed to either one alone. The NRS compares an acute flare at baseline with a settled joint at the last visit, which may overstate the effect, and attack frequency during follow-up was not recorded. The antihypertensive drug and dose were not recorded, and some such agents influence serum uric acid.

Despite these limitations, the case suggests that individualised homoeopathic treatment, combined with dietary and lifestyle measures, may be a useful adjunct in the management of recurrent gouty arthritis, particularly where there is concern about repeated analgesic use. Controlled studies with adequate follow-up, objective outcome measures and attack-frequency data are needed.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical data. The patient's identity has been withheld.

Conclusion

A 67-year-old man with acute recurrent gouty arthritis of the right first MTP joint and hyperuricaemia improved markedly under individualised homoeopathic treatment with *Phosphorus* 200C and *Rubrum* 30C, together with dietary and lifestyle advice. The NRS pain score fell by 90%, the joint signs resolved and serum uric acid normalised. This is a single case, and further controlled research is required before any conclusion about efficacy can be drawn.

REFERENCES

1. Dalbeth N, Gosling AL, Gaffo A, Abhishek A. Gout. *Lancet*. 2021;397(10287):1843–1855.
2. Neogi T. Clinical practice. Gout. *N Engl J Med*. 2011;364(5):443–452.
3. Neogi T, Jansen TLTA, Dalbeth N, et al. 2015 Gout classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. *Ann Rheum Dis*. 2015;74(10):1789–1798.
4. FitzGerald JD, Dalbeth N, Mikuls T, et al. 2020 American College of Rheumatology guideline for the management of gout. *Arthritis Care Res*. 2020;72(6):744–760.
5. Hahnemann S. *Organon of Medicine*. 6th ed. (translated by W. Boericke).
6. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. *J Clin Epidemiol*. 2014;67(1):46–51.
7. Hawker GA, Mian S, Kendzerska T, French M. Measures of adult pain: Visual Analog Scale for Pain (VAS Pain), Numeric Rating Scale for Pain (NRS Pain), McGill Pain Questionnaire (MPQ), Short-Form McGill Pain Questionnaire (SF-MPQ), Chronic Pain Grade Scale (CPGS), Short Form-36 Bodily Pain Scale (SF-36 BPS), and Measure of Intermittent and Constant Osteoarthritis Pain (ICOAP). *Arthritis Care Res*. 2011;63(S11):S240–S252.
8. Williamson A, Hoggart B. Pain: a review of three commonly used pain rating scales. *J Clin Nurs*. 2005;14(7):798–804.
9. Van Haselen RA. Homeopathic clinical case reports: development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med*. 2016;25:78–85.