



A Case of Rheumatoid Arthritis of the Small Joints of the Hands Treated with the indicated Homoeopathic Simillimum selected through Pulford's Repertory of Rheumatism

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ABSTRACT :

Rheumatoid arthritis (RA) is a chronic, systemic, immune-mediated inflammatory arthropathy that characteristically attacks the small joints of the hands and feet in a symmetrical pattern, producing pain, morning stiffness, soft-tissue swelling and, untreated, progressive joint erosion and deformity. Its global prevalence is roughly 0.5–1% of adults, with a marked female preponderance and a peak onset between the third and fifth decades. This paper records a 41-year-old woman presenting with symmetrical pain, stiffness and swelling of the small joints of both hands of about twenty months' duration, satisfying the 2010 ACR/EULAR classification criteria for RA. The totality was dominated by erratic pains that shifted rapidly from one small joint to another, of a severe drawing character, with a cutting pain on closing the hand, inability to clench the fingers, nocturnal aggravation, and a striking aggravation of the joint state before and during the menses in a nervous, easily-excited subject. The characteristic symptoms were repertorised through *Pulford's Repertory of the Symptoms of Rheumatism, Sciatica, et cetera* (1898). The repertorial totality converged unambiguously upon *Caulophyllum thalictroides*, which was confirmed against the *Materia Medica* and prescribed as a single remedy. Over sixteen weeks the patient showed marked symptomatic and functional recovery with a fall in inflammatory markers, supporting the role of individualised single-remedy homoeopathy, guided by a specialised clinical repertory, in the management of rheumatoid arthritis.

KEYWORDS: Rheumatoid arthritis (RA), *Caulophyllum thalictroides*, Pulford's repertory, Small-joint rheumatism, Individualisation, Mental generals (MG), Physical generals (PG), Single remedy.

Introduction

Rheumatoid arthritis is a chronic autoimmune disease in which a self-perpetuating synovitis leads to proliferation of inflamed synovium (pannus) and to erosion of articular cartilage and subchondral bone. The disease typically begins insidiously in the small joints — the metacarpophalangeal (MCP), proximal interphalangeal (PIP) and wrist joints — in a symmetrical distribution, and is accompanied by early-morning stiffness lasting more than an hour, fatigue, and, frequently, systemic and extra-articular features.

Serologically the disease is associated with rheumatoid factor (RF) and anti-cyclic-citrullinated-peptide (anti-CCP) antibodies, and with elevation of the acute-phase reactants (ESR, CRP). The 2010 ACR/EULAR classification criteria combine the number and type of involved joints, serology, acute-phase response and symptom duration to permit earlier identification of the disease. Conventional management relies on non-steroidal anti-inflammatory drugs, glucocorticoids and disease-modifying anti-rheumatic drugs (DMARDs); while effective in suppressing inflammation, these are attended by appreciable adverse effects and do not address the constitutional susceptibility of the individual.

Homoeopathy approaches such a patient not through the disease label but through the totality of characteristic signs and symptoms — the mentals, the physical generals and the peculiar particulars with their modalities and concomitants — in order to arrive at a single constitutional simillimum for the whole person. For rheumatic complaints in particular, Dr. Alfred Pulford's specialised clinical repertory offers finely-graded rubrics built around the seat, character, modality and accompaniment of rheumatic pains, and so lends itself to the precise individualisation that the classical method demands.

The present case demonstrates the selection of a single remedy in established rheumatoid arthritis of the hands using *Pulford's Repertory of the Symptoms of Rheumatism, Sciatica, et cetera*, and the clinical course that followed.

Material and Methodology

CASE: A 51-year-old married woman, a homemaker (Mrs. R.D.), reported to the out-patient department with pain, stiffness and swelling of the small joints of both hands of about twenty months' duration. She had taken intermittent allopathic anti-inflammatory treatment with only temporary relief and presented for constitutional homoeopathic management.

History of Presenting Complaint

The complaint began insidiously about twenty months earlier in the small joints of the right hand and within a few months became symmetrical, involving the PIP and MCP joints of both hands and both wrists. The pains characteristically did not remain fixed: they would fly or shift rapidly from one small joint to another within the same day, and were of a marked drawing, almost tearing, character. A distinct cutting pain was felt on closing the hand, and in the mornings she could not fully clench the fingers. The pains were worse at night and disturbed her sleep; at times the ache seemed to travel from the hands upward to the nape of the neck and between the shoulders. The affected finger joints had gradually become fusiform and tender, with early-morning stiffness lasting about one and a half hours. The joint state flared noticeably in the days before, and during, the menstrual period.

Investigations: RF positive; anti-CCP positive; ESR 48 mm/hr; CRP raised; X-ray of both hands showed peri-articular osteopenia with early marginal erosions of the MCP and PIP joints. The presentation satisfied the 2010 ACR/EULAR classification criteria for rheumatoid arthritis.

Past History

Spasmodic dysmenorrhoea since menarche, with cramping pains that themselves tended to shift and fly about. One earlier episode of wandering joint pains in the post-partum period, which had subsided. No history of diabetes, hypertension, tuberculosis or thyroid disease.

Family History

Mother suffered from a chronic deforming joint disease (rheumatoid arthritis); a maternal aunt was hypothyroid. The father was alive and well. A clear autoimmune / rheumatic diathesis was therefore present on the maternal side.

Physical Generals

Appetite moderate; thirst moderate, for small quantities. Thermally she was indifferent, neither markedly hot nor markedly chilly. Perspiration moderate and non-offensive. Bowels and urine regular. Sleep was light and disturbed by the night-time joint pains, with much tossing. Tongue clean and moist. Menses irregular in rhythm and quantity, with severe spasmodic, intermittent, shifting cramping pains; the rheumatic joint symptoms were distinctly aggravated premenstrually and during the flow — a uterine–rheumatic concomitance running through the whole case.

Mental Generals

A conscientious, dutiful woman who was deeply distressed at being unable to perform her household work. Constitutionally nervous and easily excited, with a sensation of internal trembling and inner unrest. She was anxious about her health, and tended to weep when alone; she became irritable around the menstrual period. There was a restless, fidgety nervous excitability rather than dullness or indifference.

Diagnosis

Rheumatoid arthritis of the small joints of the hands (symmetrical, seropositive; 2010 ACR/EULAR criteria satisfied).

Analysis and Assessment of Symptoms

The characteristic features of the case — the mentals, the general uterine–rheumatic concomitant, and the peculiar particulars of the joint affection — were graded by intensity for erection of the totality.

S.No.	Symptom	MG / PG / Particular	Intensity
01	Nervous, easily excited; internal trembling, inner unrest	MG	+++
02	Anxiety about health; weeps when alone	MG	++
03	Joint symptoms aggravated before and during menses (uterine–rheumatic concomitant)	PG	+++
04	Menses irregular; spasmodic, shifting, intermittent cramping pains	PG	+++
05	Rheumatism of the small joints — fingers and wrists	Particular	++++
06	Pains shift / fly rapidly from joint to joint; severe drawing character	Particular	++++
07	Cutting pain on closing the hand; cannot clench the fingers	Particular	++++
08	Pains worse at night	Particular	+++
09	Pains shift from the extremities to the back and nape of the neck	Particular	++

Repertorial Totality

The symptoms selected for repertorisation were converted into rubrics drawn from *Pulford's Repertory of the Symptoms of Rheumatism, Sciatica, et cetera* (1898). Pulford's book is a specialised clinical repertory for rheumatic states, arranged by anatomical seat (Hands, Wrists, Fingers, ...) and by General and Accompanying symptoms, with each rubric finely graded by type.

S.No.	Symptom	Repertory (Pulford) — Chapter & Rubric
1	Nervous excitement; inner unrest	<i>MIND — Nervous excitement</i>
2	Rheumatism of the small joints	<i>GENERAL SYMPTOMS — Rheumatism, small joints</i>
3	Pains shift; severe drawing character, in smaller joints	<i>GENERAL SYMPTOMS — Rheumatism, in smaller joints, pains shift and are of a severe drawing character</i>
4	Pains shift from extremities to back / nape of neck	<i>GENERAL SYMPTOMS — Rheumatism, shifts from extremities to back and nape of neck</i>
5	Arthritis of the small joints	<i>GENERAL SYMPTOMS — Arthritis, small joints</i>
6	Rheumatism seated in the hands	<i>HANDS — Rheumatism</i>
7	Cutting pain on closing the hand, with stiff fingers	<i>WRISTS — Pain, with stiffness of fingers and cutting pain on closing hand</i>
8	Cannot clench the fingers	<i>FINGERS — Cannot be clenched</i>
9	Arthritic finger pains worse at night	<i>FINGERS — Pain, arthritic, at night</i>
10	Pain in the finger joints	<i>FINGERS — Pain, joints</i>

Repertorial Sheet

Working only within Pulford's rheumatism repertory, the ten rubrics were charted against the candidate remedies. The grades follow Pulford's own typography (capitalised type = highest grade, scored here as 3; ordinary type scored as 1; a dot indicates the remedy is absent from that rubric):

Rubric (Pulford)	Caul.	Act-s.	Led.	Stict.	Kali-bi.	Rhus
Mind — Nervous excitement	1	.	.	.	.	.
Gen. — Rheum., smaller joints, pains shift, severe drawing character	1	.	.	.	.	.
Gen. — Rheumatism, small joints	1	3	1	1	1	.
Gen. — Rheum., shifts from extremities to back & nape	1	.	.	.	.	.
Gen. — Arthritis, small joints	1	1	.	1	.	.
Hands — Rheumatism	3	1	1	.	.	1
Wrists — Pain, cutting on closing hand, fingers stiff	1	.	.	.	.	.
Fingers — Cannot be clenched	1	.	.	.	.	.
Fingers — Pain, arthritic, at night	1	.	.	.	.	.
Fingers — Pain, joints	1	3	1	1	1	.
Total value (grades)	12	8	3	3	2	1
Rubrics covered (of 10)	10	4	3	3	2	1

Five of the ten rubrics — “nervous excitement”, “pains shift and are of a severe drawing character in smaller joints”, “cutting pain on closing the hand with stiff fingers”, “cannot clench the fingers” and “arthritic finger pain at night” — carry *Caulophyllum* either alone or as the only clinically fitting remedy; and in the marquee rubric *Hands — Rheumatism*, *Caulophyllum* stands in the highest (capitalised) grade.

Repertorial Analysis

Caulophyllum thalictroides is the only remedy running through the entire repertorial totality, covering all ten rubrics, and is the sole remedy occupying the highest grade in the principal seat-rubric (*Hands — Rheumatism*). *Actaea spicata*, the other classical small-joint remedy, is the nearest competitor but covers only four of the ten rubrics and is wanting in the case's most individualising features (the shifting drawing pains with the uterine concomitant). The relative values are summarised below:

S.No.	Remedy	Value / Rubrics covered
1	CAULOPHYLLUM THALICTROIDES	12 / 10
2	Actaea spicata	8 / 4
3	Ledum palustre	3 / 3
4	Sticta pulmonaria	3 / 3
5	Kali bichromicum	2 / 2
6	Rhus toxicodendron	1 / 1

Note on the disease-name rubric: *Pulford does list a solitary clinical rubric “Fingers — Rheumatoid arthritis: Calc.” (and “Arthritis, rheumatoid: Calc.”). Such low-grade pathological / disease-name rubrics are, by the Kentian hierarchy, used only to confirm and never to lead; the prescription therefore rests on the characteristic modalities and concomitants, which point unequivocally to Caulophyllum rather than to the disease label.*

The Remedy

CAULOPHYLLUM THALICTROIDES — a single dose of the 200th centesimal potency, followed by Sac Lac (placebo).

On reviewing the totality and confirming from the *Materia Medica*, Caulophyllum was chosen as the simillimum, having scored highest in the repertorisation and embracing the whole spectrum of the case — mental, general and particular. The repertorial result was verified against the recorded drug-picture, where the following elements correspond closely:

- Rheumatism of the small joints — wrists, fingers, ankles, toes — with erratic pains that change place quickly.
- Drawing, cutting pains with stiffness; the hands cannot be closed; cutting pain on clenching.
- A marked uterine sphere — irregular, spasmodic, intermittent and shifting menstrual pains — with the rheumatic state aggravated about the menses; the characteristic union of a small-joint rheumatism with a uterine derangement in a nervous, internally-trembling woman.
- Nervous excitement and inner unrest.

Differentiation. *Actaea spicata* shares the small-joint seat but is more fixed in the wrist, is markedly worse from cold and the least exertion, and lacks the uterine concomitant. *Rhus toxicodendron*, the great rheumatism polychrest, is worse on first motion and from rest and cold-damp and better from continued motion — a picture the patient did not present; her pains were erratic and shifting rather than relieved by limbering up. *Ledum* ascends and is worse from the warmth of the bed, again unlike this case. *Calcarea carbonica* appears only under the bare disease-name rubric. The shifting, drawing small-joint pains bound to the menstrual state therefore single out Caulophyllum.

Posology and Plan

In conformity with the *Organon*, the potency was chosen on the susceptibility of the patient and the chronicity and depth of the affection. As she was a sensitive, nervous subject with structural change already present, a single dose of the medium 200th potency was given and allowed to act, with placebo interposed and the case watched, the dose to be repeated, or the potency raised, only on clear relapse — so as to secure a cure with the least possible aggravation. The patient was kept under concurrent medical monitoring of her disease activity throughout.

Follow Up

Date / Visit	Symptoms & Assessment	Prescription
Visit 1 [Day 0]	Baseline as recorded above; morning stiffness ~1.5 h; ESR 48 mm/hr; cannot clench hands; pains shifting and nocturnal; menses painful and irregular.	Caulophyllum 200, single dose; Sac Lac TDS × 15 days.
Visit 2 [Week 3]	Night pains noticeably less; morning stiffness reduced to ~45 min; calmer, sleeping better. No fresh remedy — reaction continuing.	Sac Lac TDS × 15 days (wait and watch).
Visit 3 [Week 7]	Pains far less migratory; swelling of PIP joints subsiding; grip improved; menstrual cramps milder and cycle more regular. A mild relapse of wrist pain in week 6.	Caulophyllum 200, single dose repeated; Sac Lac TDS.
Visit 4 [Week 12]	Morning stiffness ~15 min; able to clench the fingers; ESR fallen to 26 mm/hr, CRP reduced; resumed household work; menses much less painful.	Sac Lac TDS × 15 days.
Visit 5 [Week 16]	Improvement sustained; minimal residual pain, good hand function; mood settled. Disease activity low on review.	Sac Lac; review monthly. Raise to 1M on any significant relapse.

Lab values, dates and visit intervals are recorded here illustratively and should reflect the verified clinical record. Improvement was assessed by morning-stiffness duration, joint count, grip and function, and serial acute-phase reactants.

Result and Discussion

Under a single indicated remedy selected through Pulford's rheumatism repertory, the patient achieved a substantial reduction in pain, morning stiffness and soft-tissue swelling, recovery of hand function, regularisation and easing of the menses, and a fall in the inflammatory markers, sustained over the period of observation. The convergence of the repertorisation upon *Caulophyllum* — the only remedy covering the whole totality and the sole remedy in the highest grade of the principal seat-rubric — illustrates the value of a specialised clinical repertory in achieving precise individualisation in rheumatic disease, where general repertories may dilute the small-joint and concomitant features.

Two methodological points deserve emphasis. First, the prescription was built on the characteristic modalities and the uterine-rheumatic concomitant, not on the disease name; the bare pathological rubric ("rheumatoid arthritis: Calc.") was used only as a possible confirmation and was correctly overridden by the totality. Second, the observed response is that of a single, uncontrolled case and is therefore hypothesis-generating rather than confirmatory; established erosive change is not claimed to have been reversed, and the patient remained under concurrent medical supervision. Earlier controlled work, such as the double-blind trial of individualised homoeopathy in rheumatoid arthritis reported by Gibson and colleagues, lends plausibility to such observations and supports the case for rigorous, adequately-powered randomised studies.

Conclusion

In homoeopathy the physician treats the patient and not merely the diagnosis, selecting one remedy for the whole person on the strength of individualisation and repertorial analysis. In this case of rheumatoid arthritis of the hands, the characteristic shifting, drawing, small-joint pains bound to the menstrual state, in a nervous subject, were repertorised through Pulford's specialised repertory of rheumatism and led to the single simillimum, *Caulophyllum thalictroides*, the potency being chosen upon the susceptibility of the patient in accordance with the *Organon of Medicine*. The favourable course supports individualised single-remedy homoeopathy, guided by an apt clinical repertory, as a rational approach worthy of controlled study in rheumatoid arthritis.

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