WWW.IJRPR.COM

International Journal of Research Publication and Reviews

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

Modality-Guided Regional Repertorisation with Pulford's Rheumatism and Sciatica in seropositive Rheumatoid Arthritis: A Case Improved on Rhus Toxicodendron

Dr. Tanmay Singh[1], Dr. Arvind Sharma[2]

[1] P.G. Scholar, Dept. of Repertory & Case Taking, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India
[2] MD (Hom.), Professor, Dept. of Repertory & Case Taking, Swasthya Kalyan Homoeopathic Medical College and Research Centre, Jaipur, Rajasthan, India

ABSTRACT

Background. Rheumatoid arthritis (RA) is a persistent inflammatory polyarthritis in which lasting, drug-free control is hard to achieve. Regional repertories that cover rheumatic disease alone have received little clinical attention in classical homoeopathy, although their modality-first layout suits the selection of a single remedy in joint disease.

Case presentation. A 52-year-old man who sells fish for a living reported eighteen months of symmetrical pain, swelling and stiffness of the finger joints, wrists (right more than left) and knees. He was seropositive (rheumatoid factor 142 IU/mL; anti-CCP 128 U/mL), had an ESR of 46 mm/hr and a baseline DAS28-ESR of 7.08 (high activity). His pains were drawing and tearing, worse in cold and damp weather and on first movement, and eased by continued movement and by heat; he was chilly and could not lie still at night. Seventeen rubrics from Alfred Pulford's *Repertory of the Symptoms of Rheumatism, Sciatica, etc.* (1898) were used for repertorisation.

Intervention and outcome. Rhus toxicodendron was prescribed as 30C and then 200C in three single doses over 26 weeks, with placebo between doses. DAS28-ESR fell stepwise from 7.08 to 1.82 (remission range), ESR from 46 to 11 mm/hr, and rheumatoid factor from 142 to 39 IU/mL, which remained above the reference limit.

Conclusion. In this patient, a repertorisation built on Pulford's modality rubrics led to a remedy that was followed by clinical remission by DAS28 criteria. A single uncontrolled case cannot establish efficacy, but it illustrates how a regional repertory can be applied and audited with objective disease-activity measures.

Keywords: *homoeopathy; rheumatoid arthritis; Pulford; regional repertory; Rhus toxicodendron; DAS28; case report*

1. Introduction

Rheumatoid arthritis affects roughly one person in a hundred and, when inadequately controlled, leads from synovitis to erosion, deformity and loss of working capacity [1]. Modern disease-modifying therapy has improved the outlook considerably, yet many patients still cannot tolerate, afford or sustain it, and a good number continue to look for complementary options [5].

Classical homoeopathy approaches a chronic illness of this kind by matching a single remedy to the characteristic features of the person: the way the pain behaves, the thermal state, the sleep and the mental state, with the disease label playing a secondary role [6]. Practitioners most often reach for large general repertories to do this. Narrower works are used far less, and published clinical reports that show how they are applied step by step are scarce. One such work is Alfred Pulford's *Repertory of the Symptoms of Rheumatism, Sciatica, etc.* [7]. Its opening chapters list aggravations and ameliorations (weather, temperature, motion, rest, time of day), and these are followed by chapters arranged by body region and a closing section of general symptoms. Because the whole book is devoted to rheumatic and sciatic complaints, each rubric contains a short, relevant list of remedies, which makes comparison between candidate remedies unusually direct.

Disease activity in this report is tracked with the DAS28, a composite index built from the number of tender and swollen joints (out of 28), the erythrocyte sedimentation rate, and the patient's global rating of health on a 0–100 mm scale [3,4]. Values above 5.1 are conventionally read as high activity, values from above 3.2 to 5.1 as moderate, 2.6 to 3.2 as low, and values below 2.6 as remission. The aim of this report is to set out, transparently and with page-referenced rubrics, how Pulford's repertory was used to reach a remedy in one patient, and to describe the course that followed. The report is organised according to the CARE guideline for case reports [8].

2. Case presentation

2.1 Presenting complaints and history

A 52-year-old married man, who has sold fish at a wholesale market for more than twenty years, attended the outpatient department on 7 April 2025. His work meant ten to twelve hours a day standing on a wet floor and handling ice. Eighteen months earlier, after a monsoon season of particularly heavy work, he had noticed aching and puffiness in the knuckles of both hands. Over the following months the wrists and then both knees became involved. The right wrist had been affected first and remained the worst joint.

The pains were drawing and tearing in quality. They were most severe on the first movements after rest: the first steps out of bed and the first attempt to close the fist were agonising, but after several minutes of continued movement the joints loosened and he could work for a while with much less pain. Heat, in the form of hot water and a heating pad, gave clear relief; rain, cold wind and wet floors worsened every joint. Morning stiffness lasted about ninety minutes. At night he could not settle, turned repeatedly, and frequently got up to walk about because lying still made the aching intolerable.

2.2 Personal, family and general features

There was no diabetes, hypertension, thyroid disease or tuberculosis, and no family history of autoimmune illness. He had used diclofenac sporadically for pain, with gastric discomfort, and had never taken a disease-modifying drug or a corticosteroid. After counselling about conventional options, including early referral for methotrexate-based treatment, he chose to begin with homoeopathic care on the understanding that rheumatology review would be arranged if there was no meaningful improvement by twelve weeks.

He described himself as chilly and badly affected by cold air. Thirst was moderate and he preferred warm drinks. Appetite and bowels were regular. Mentally he was restless and apprehensive in the evenings and at night, worried about losing his livelihood, and said that movement seemed to calm him. He wanted neither company nor solitude in particular.

2.3 Clinical findings

Pulse was 80/min and blood pressure 126/82 mmHg. Both wrists, several metacarpophalangeal and proximal interphalangeal joints and both knees were tender and swollen, with warmth over the right wrist. Movement at the wrists and knees was restricted by pain and fine crepitus was palpable at the knees. Grip strength was visibly reduced on the right. Hand radiographs showed soft-tissue swelling and juxta-articular osteopenia without erosions.

2.4 Investigations and baseline disease activity

Rheumatoid factor was strongly positive and anti-CCP antibodies were raised. Counting more than ten involved joints including small joints (5 points), high-positive serology (3 points), a raised ESR (1 point) and symptoms for longer than six weeks (1 point), he scored 10 of 10 on the 2010 ACR/EULAR classification criteria [2]. The baseline DAS28-ESR, computed from the values in Table 1, was 7.08, in the high-activity range.

Table 1. Baseline findings at the first consultation (07/04/2025)

Measure	Result	Measure	Result
Tender joints (of 28)	18	Swollen joints (of 28)	12
ESR (reference 0–20 mm/hr)	46 mm/hr	Patient global health (0–100 mm)	75
Rheumatoid factor (reference < 14 IU/mL)	142 IU/mL	Anti-CCP (reference < 20 U/mL)	128 U/mL
Morning stiffness	about 90 min	2010 ACR/EULAR score	10 / 10
DAS28-ESR	**7.08 (high)**	Interpretation	High disease activity (> 5.1)

3. Homoeopathic case analysis

3.1 Nature of the disease state

The illness is a chronic, fully developed disease of the whole organism that has expressed itself in the joints. The aggravation from cold and wet, the swelling of the joints and the slow, insidious course, brought on by years of occupational exposure, give the picture a predominantly sycotic stamp. The restlessness, the apprehension at night and the functional character of the stiffness add a psoric background, while the erosive potential of seropositive disease and the marked night-time suffering signal a tendency towards destructive change. The case was therefore regarded as a psoro-sycotic chronic

disease with a latent syphilitic tendency, and the aim of treatment was a single, well-matched remedy capable of acting on the whole state rather than on the joints alone.

3.2 Characteristic features taken for repertorisation

From the full record, the features that were most individual and least explained by the disease itself were ranked first, and common symptoms of any arthritis were ranked last:

1. Pains worse on first movement after rest and relieved by continued movement; restlessness that forbids lying still in bed.
2. Worse in cold air and, above all, in wet and damp weather and after standing in water; relieved by heat and warmth.
3. Drawing and tearing quality of the pain; stiffness of the limbs, worst in the morning.
4. Chilly patient with nocturnal aggravation and anxious restlessness at night.
5. Local expression: right wrist first and worst, then the fingers, hands and knees (regional rubrics).

4. Repertorisation with Pulford's repertory

Repertorisation was done by hand in the order in which the book is arranged. General modalities were taken first from the sections on *Aggravations* and *Ameliorations*, the characteristic sensations and the restlessness from the *General Symptoms* section, and the local picture from the chapters on *Wrists*, *Hands*, *Fingers* and *Knees*. The seventeen rubrics chosen are listed in Table 2 with the page of the 1898 edition on which each appears. Each remedy was graded 3 where Pulford prints it in capitals and 1 where it is printed in ordinary or italic type; rubrics were not weighted any further. Leading remedies appear in capitals, and Rhus is highlighted.

Table 2. Rubrics from Pulford's repertory used in the repertorisation

#	Section – rubric	Page	Remedies listed (leading remedies in capitals)
1	Aggravations – Cold	10	Amm-c., Calc., Cist., Graph., Kali-c., **RHUS, SIL.**
2	Aggravations – Cold, air	10	Cist., **RHUS**
3	Aggravations – Weather, cold	17	Calc., Dulc., Ign., Merc., Nux-m., Phos., Phyt., Rhod., **RHUS,** Sil., Verat., Viol-t.
4	Aggravations – Weather, damp	17	China, **DULC.,** Natr-s., Phyt., Ran-b., **RHUS**
5	Aggravations – Water, working or standing in	17	**CALC., Rhus**
6	Aggravations – Motion, on commencement of	13	Lyc., Puls., **RHUS,** Sep.
7	Aggravations – Bed, nights in	10	Amm-m., **FERR.,** Mag., Merc., Nux, **RHUS,** Sang., Verat.
8	Ameliorations – Heat	19	Ars., Caust., Colch., **HEP., MAG., RHUS,** Sil., Sulf.
9	Ameliorations – Warmth	21	Ars., Bell., Caust., Col., Hep., Kali-s., Lyc., **MAG.,** Merc., **RHUS,** Sec., **SIL.,** Sulf.
10	Ameliorations – Motion, continued	19	Caps., **Rhus,** Ruta
11	General – Pain, tearing	175	Aran., Bry., Colch., Iod., Phyt., Psor., **RHUS**
12	General – Stiffness of limbs	181	Oleand., Phyt., **RHUS,** Sil., Verat., Zinc.
13	General – Bed, cannot remain in	155	**Rhus**
14	Wrists – Pain, drawing: right wrist, in cold wet weather, > motion	50	**RHUS,** Ruta

#	Section – rubric	Page	Remedies listed (leading remedies in capitals)
15	Fingers – Rheumatism	64	**ACT-S.,** Agar., Ant-c., Bell., Berb., Bry., Calc., Caul., China, Ferr., Graph., **KALI-BI.,** Kalm., Kreos., **LED.,** Lyc., Merc., Mez., Natr-c., Pip-m., **Rhus,** Sep., Sil., Staph., Sulf., Zinc.
16	Hands – Rheumatism	56	Act-s., Ambr., Arn., Arg-n., **CAUL.,** Caust., Ferr., Graph., Hep., Led., Merc., **Rhus,** Sel., Sil., Zinc.
17	Knees – Pain, felt most on first moving, in the morning, in synovitis	125	**Rhus**

The Fingers (p. 64) and Hands (p. 56) rubrics list many remedies; all are shown.

Table 3 sets out the grid for Rhus and the eight remedies that scored highest or were the principal competitors. ***Rhus toxicodendron*** is present in all 17 rubrics and carries a total of 39, followed by Silicea (11), Calcarea (6) and Hepar sulphuris (5). Silicea is second, matching the cold and warmth rubrics but absent from those for tearing pain, first-motion aggravation, continued-motion relief and restlessness in bed.

Table 3. Repertorial grid (grade 3 = capitalised remedy, 1 = other entry)

#	Rubric	Rhus	Sil.	Calc.	Hep.	Led.	Dulc.	Phyt.	Bry.	Ruta
1	Agg. – Cold	**3**	3	1	–	–	–	–	–	–
2	Agg. – Cold air	**3**	–	–	–	–	–	–	–	–
3	Agg. – Weather, cold	**3**	1	1	–	–	1	1	–	–
4	Agg. – Weather, damp	**3**	–	–	–	–	3	1	–	–
5	Agg. – Water, working/standing in	**1**	–	3	–	–	–	–	–	–
6	Agg. – Motion, on commencement	**3**	–	–	–	–	–	–	–	–
7	Agg. – Bed, nights in	**3**	–	–	–	–	–	–	–	–
8	Amel. – Heat	**3**	1	–	3	–	–	–	–	–
9	Amel. – Warmth	**3**	3	–	1	–	–	–	–	–
10	Amel. – Motion, continued	**1**	–	–	–	–	–	–	–	1
11	Gen. – Pain, tearing	**3**	–	–	–	–	–	1	1	–
12	Gen. – Stiffness of limbs	**3**	1	–	–	–	–	1	–	–
13	Gen. – Bed, cannot remain in	**1**	–	–	–	–	–	–	–	–
14	Wrists – Drawing, cold wet weather, > motion	**3**	–	–	–	–	–	–	–	1
15	Fingers – Rheumatism	**1**	1	1	–	3	–	–	1	–
16	Hands – Rheumatism	**1**	1	–	1	1	–	–	–	–
17	Knees – Worst on first moving	**1**	–	–	–	–	–	–	–	–
	Total	**39**	**11**	**6**	**5**	**4**	**4**	**4**	**2**	**2**

Rubric numbers correspond to Table 2. Column heads: Rhus tox., Silicea, Calcarea carbonica, Hepar sulphuris, Ledum palustre, Dulcamara, Phytolacca, Bryonia, Ruta.

5. Differential remedy study

A number of remedies share one or more of the patient's modalities, and a high score alone was not accepted as sufficient. Each competitor was therefore compared with the case on the points that matter most in a rheumatic patient: how the pain behaves with motion, and what the patient does in bed.

Table 4. Why the nearest competitors were not preferred

Remedy	Support in Pulford	Reason it fits less well
Bryonia	Tearing pain (p. 175); fingers rheumatism (p. 64). Leads the rubrics for aggravation by motion and by slightest motion (BRY., p. 13).	This patient was worse on beginning to move and better on continued movement, the opposite of the Bryonia picture; and he could not keep still in bed.
Calcarea	Working or standing in water (CALC., p. 17); the only entry for rheumatoid arthritis of the fingers (p. 64).	The pathological rubric has little individuality, and Calcarea is not listed under first-movement aggravation, restlessness in bed or tearing pain.
Silicea	Leading in cold (SIL., p. 10) and in warmth as an amelioration (SIL., p. 21).	Absent from the rubrics for tearing pain, first-motion aggravation, relief from continued motion and restlessness in bed; the thermal match alone could not carry the choice.
Dulcamara	Leading in damp weather (DULC., p. 17).	Covers the damp modality only; no support for the motion, heat and restlessness features.

6. Intervention

Rhus toxicodendron was prescribed on the totality in a staged scheme. A first dose of 30C (four globules, size 30, dry on the tongue) was given on the day of the first consultation, followed by placebo (Saccharum lactis) three times daily for four weeks so that the response could be observed without interference. When the response proved partial and the damp-weather aggravation had not changed, a single dose of 200C was given at week 8, and the same dose was repeated once at week 16 when progress slowed. No dose was given at any other visit. Altogether, three doses of the remedy were taken over twenty-six weeks.

Supportive advice was kept simple: warm dry clothing and gloves for work, a change of wet clothing as soon as possible, dry local heat to the joints, and regular gentle movement of the hands and knees. No disease-modifying drug, corticosteroid or other new treatment was started during the observation period; occasional paracetamol was permitted for severe pain.

7. Follow-up and outcome

The patient was reviewed every four weeks, and at week 26. At each visit joint counts were made by the same examiner, ESR was repeated and the patient gave a global rating of his health. DAS28-ESR fell at every visit, from 7.08 at baseline to 1.82 at week 26 (Table 5, Figure 1). The score passed from the high category to the moderate category at week 12 and into the remission range at the final visit. ESR fell from 46 to 11 mm/hr. Rheumatoid factor was repeated twice and fell from 142 IU/mL to 84 at week 12 and to 39 IU/mL at week 26, still above the reference limit. At the last visit he reported lifting fish crates unaided and sleeping through the night.

Table 5. Follow-up chart

Date (week)	Clinical course	TJC / SJC	ESR	GH	DAS28	Category	Prescription
07/04/25 (wk 0)	Symmetrical pain and swelling of finger joints, wrists (right worse) and knees; stiffness about 90 min; first steps and first grip after rest very painful, easing after several minutes of movement; restless in bed; worse in rain. RF 142 IU/mL.	18 / 12	46	75	**7.08**	High	Rhus tox 30C, 4 globules, single dose; then placebo TDS × 4 wk

Date (week)	Clinical course	TJC / SJC	ESR	GH	DAS28	Category	Prescription
05/05/25 (wk 4)	Stiffness down to about 60 min; fewer night-time position changes; right wrist still the most swollen joint.	14 / 9	40	62	**6.39**	High	Placebo TDS × 4 wk
02/06/25 (wk 8)	Stiffness about 45 min; grip improving; pain still returns on damp mornings.	10 / 6	33	50	**5.60**	High	Rhus tox 200C, single dose (potency step-up after partial response); then placebo × 4 wk
30/06/25 (wk 12)	Stiffness about 30 min; swelling mostly limited to right wrist and two knuckles; sleeps through most nights. RF 84 IU/mL.	7 / 4	27	40	**4.91**	Moderate	Placebo TDS × 4 wk
28/07/25 (wk 16)	Stiffness about 20 min; pain mainly after long periods standing on wet floor; rain-related heaviness persists.	4 / 2	21	28	**4.04**	Moderate	Rhus tox 200C, single dose (repeated once as progress slowed); then placebo × 4 wk
25/08/25 (wk 20)	Stiffness under 10 min; only right wrist and one knee tender; back to full working hours.	2 / 1	16	18	**3.26**	Moderate	Placebo TDS × 4 wk
06/10/25 (wk 26)	No tender or swollen joints; no morning stiffness; lifts crates unaided; no night restlessness. RF 39 IU/mL.	0 / 0	11	10	**1.82**	Remission	Placebo; no further medicine

TJC/SJC = tender/swollen joint count (28 joints); ESR in mm/hr; GH = patient global health, 0–100 mm. DAS28-ESR = 0.56√TJC + 0.28√SJC + 0.70 ln(ESR) + 0.014 × GH.

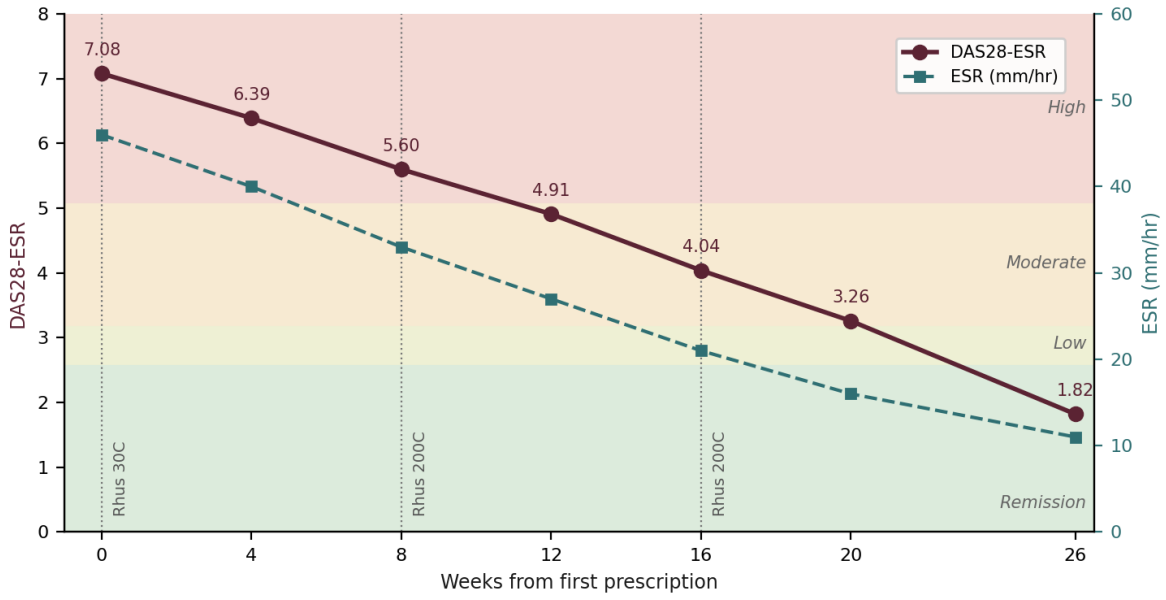


Figure 1. DAS28-ESR (solid line) and ESR (dashed line) over 26 weeks. Shaded bands show the disease-activity categories; dotted lines mark the three doses of Rhus toxicodendron.

Patient perspective

At the final visit the patient said that the greatest change was being able to start the day without having to “warm up” his hands for an hour, and that he no longer dreaded the rainy season.

8. Discussion

This report follows one patient with seropositive, high-activity RA from a DAS28-ESR of 7.08 to 1.82 over six months, during which he received three doses of Rhus toxicodendron selected with the help of Pulford's repertory. The improvement was gradual and parallel in the clinical measures and in ESR, which is the pattern one would hope to see when a remedy is acting, but it is also the pattern seen when an illness is simply running a favourable course. The report cannot distinguish between the two.

The value of the regional repertory in this case lay in its structure. Because the first sections of the book are devoted to modalities, the features that carried the most individuality in this patient (the response to first movement, to continued movement, to heat and to damp) could be looked up directly and in the same place, and the remedy lists attached to them were short enough to compare at a glance. The weakest point of the method is the grading: Pulford's typographic emphasis is only a crude indication of remedy rank, and here it was collapsed into two grades; no repertory entry can replace a considered comparison with the materia medica, which is why the differential in Table 4 was written out rather than left to the totals.

The contrast with Bryonia is the clinically useful lesson of the case. Both remedies are cold-and-damp rheumatic remedies with tearing pains and stiffness, and a repertorisation that stops at "worse cold and damp, better warmth" will leave them close together. Pulford separates them on motion: Bryonia leads the rubrics for aggravation by motion and slightest motion, whereas Rhus appears for aggravation on commencement of motion and for amelioration by continued motion, and is the only remedy printed under "bed, cannot remain in". The patient's account of stiff, painful first movements that eased with activity, and of a nocturnal restlessness that forced him out of bed, placed him on the Rhus side of that line.

Strengths and limitations

Strengths include a documented repertorisation with page-referenced rubrics, a standard composite outcome measure calculated at every visit by one examiner, and a stated plan for escalation to conventional care. The limitations are considerable. This is a single uncontrolled case; improvement may reflect natural fluctuation, regression to the mean, expectation, and the practical measures advised (warmth, dry clothing, graded movement). Two of the four DAS28 components, the patient global score and, partly, the tender joint count, are subjective, and the assessor was not blinded. C-reactive protein was not measured, so the stricter ACR/EULAR remission definition could not be applied [9]; follow-up radiographs were not taken; rheumatoid factor remained positive; and follow-up ended at six months, so durability is unknown. Finally, a patient with high-activity RA is at risk of irreversible joint damage during any delay in effective treatment, and conventional disease-modifying therapy should be offered and, when indicated, recommended in parallel [5].

Larger series, in which the repertorisation rules are specified in advance and outcomes are assessed independently, would be needed before any statement could be made about the usefulness of Pulford's repertory in RA beyond the individual prescription described here.

9. Conclusion

In this patient with seropositive rheumatoid arthritis, Pulford's repertory allowed a transparent, modality-led route to *Rhus toxicodendron*, and the course that followed was one of steady fall in DAS28-ESR into the remission range. The case shows how a regional repertory can be used and audited with standard measures; it does not demonstrate that the remedy caused the improvement.

References

1. Smolen JS, Aletaha D, McInnes IB. Rheumatoid arthritis. Lancet. 2016;388(10055):2023–38.
2. Aletaha D, Neogi T, Silman AJ, Funovits J, Felson DT, Bingham CO 3rd, et al. 2010 rheumatoid arthritis classification criteria: an American College of Rheumatology/European League Against Rheumatism collaborative initiative. Arthritis Rheum. 2010;62(9):2569–81.
3. Prevoo ML, van 't Hof MA, Kuper HH, van Leeuwen MA, van de Putte LB, van Riel PL. Modified disease activity scores that include twenty-eight-joint counts: development and validation in a prospective longitudinal study of patients with rheumatoid arthritis. Arthritis Rheum. 1995;38(1):44–8.
4. Fransen J, van Riel PLCM. The Disease Activity Score and the EULAR response criteria. Clin Exp Rheumatol. 2005;23(5 Suppl 39):S93–9.
5. Smolen JS, Landewé RBM, Bergstra SA, Kerschbaumer A, Sepriano A, Aletaha D, et al. EULAR recommendations for the management of rheumatoid arthritis with synthetic and biological disease-modifying antirheumatic drugs: 2022 update. Ann Rheum Dis. 2023;82(1):3–18.
6. Hahnemann S. Organon of Medicine. 6th ed. (Boericke W, translator). New Delhi: B. Jain Publishers; reprint edition.
7. Pulford A. Repertory of the Symptoms of Rheumatism, Sciatica, etc. Tiffin (OH): B. B. Krammes; 1898.
8. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case report guideline development. J Clin Epidemiol. 2014;67(1):46–51.
9. Felson DT, Smolen JS, Wells G, Zhang B, van Tuyl LHD, Funovits J, et al. American College of Rheumatology/European League Against Rheumatism provisional definition of remission in rheumatoid arthritis for clinical trials. Arthritis Rheum. 2011;63(3):573–86.