



Management of Fibromyalgia in rheumatoid arthritis with homoeopathic treatment : A case report.

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ABSTRACT :

Background: Fibromyalgia (FM) is a chronic pain condition characterized by widespread pain, fatigue, sleep disturbance and increased pain sensitivity. It may coexist with rheumatoid arthritis (RA), making assessment of persistent pain and functional impairment more complex.

The term "fibromyalgia" was derived from Neo-Latin fibro-, meaning 'fibrous' tissues, Greek μυο- (myo-, 'muscle') and Greek άλγος (algos, 'pain'), thus, the term literally means muscle and fibrous connective tissue pain. People with the disorder have an increased sensitivity to pain along with multiple painful tender points, which are widely and symmetrically distributed. It is one of the type of soft rheumatism.

Rheumatoid arthritis (RA) is a systemic autoimmune disease characterized by inflammatory arthritis and extra-articular involvement. RA is a chronic inflammatory disorder caused in many cases by the interaction between genes, environmental factors including tobacco, that primarily involves synovial joints. It typically starts in small peripheral joints, is usually symmetric, and progresses to involve proximal joints if left untreated. The joint inflammation further leads to the destruction of the joint with loss of cartilage and bone erosions. Rheumatoid arthritis is a chronic disease that causes inflammation around the body and commonly presents with pain in the joints.

Homoeopathy offers a gentle way towards the health of entire individual. The selection of remedy is based on the theory of individualization, miasmatic approach, personal constitution & symptoms similarity by using constitutional approach.

Case presentation: A 54-year-old female homemaker with a six-year history of rheumatoid arthritis presented with generalized body pain, multiple-joint pain and stiffness, morning stiffness lasting more than one hour, fatigue, non-refreshing sleep and generalized tenderness. The pain was aggravated by cold, rainy weather and initial movement after rest, and was relieved by continued movement and warmth. Pre-treatment WPI was 15 and symptom severity score (SSS) was 7, giving a combined score of 22. Based on the recorded symptom totality and repertorial analysis, Rhus toxicodendron 200C was selected.

Intervention and outcome: Rhus toxicodendron 200C was prescribed with supportive measures including warm bathing, gentle stretching, sleep hygiene, stress-management counselling, balanced diet and regular walking. Serial follow-ups documented progressive reduction in pain and stiffness, improved sleep and fatigue, and improved ability to perform household activities. At the final recorded assessment, WPI was 4 and SSS was 3, with a combined score of 7, compared with 22 before treatment.

Conclusion: This case documents clinical improvement in a patient with fibromyalgia associated with rheumatoid arthritis following individualized homoeopathic treatment.

Keywords: *Fibromyalgia; rheumatoid arthritis; homoeopathy; Rhus toxicodendron; Widespread Pain Index; symptom severity score; case report.*

Introduction

Fibromyalgia (FM) is a chronic pain disorder characterized by widespread pain accompanied by symptoms such as fatigue, sleep disturbance and cognitive or functional difficulties. Contemporary concepts emphasize altered pain processing and increased sensitivity to normally non-painful or mildly painful stimuli.³ The 2010/2011 American College of Rheumatology (ACR) criteria introduced the Widespread Pain Index (WPI) and Symptom Severity Scale (SSS), and the 2016 revision refined the approach for clinical diagnosis.

Rheumatoid arthritis is a chronic inflammatory autoimmune disease primarily affecting synovial joints. The 2010 ACR/EULAR classification criteria use joint involvement, serology, acute-phase response and symptom duration to classify RA. Fibromyalgia may coexist with RA and can contribute substantially to pain, fatigue and perceived disease activity. Studies have reported that concomitant FM can be associated with higher patient-reported

disease burden and may complicate assessment of RA activity.

In healthy folks, the immune system fights off germs and viruses right from the start. But , RA is an autoimmune disease. That means this immune system attacks healthy tissue in human body, in this case, joints. Due to this, Joint pain and swelling occur, leading to fatigue.

Fibromyalgia isn't an autoimmune illness, but its symptoms resemble those of autoimmune diseases. It causes pain, stiffness, and fatigue, though its exact cause is unknown. One idea is that when certain brain chemicals are off balance, you might feel pain more intensely. So, things that seem normal to others could feel tender or painful to the suffering person.

Genes, changes in how the body processes pain signals might contribute to fibromyalgia. Constant pain can make the nervous system more sensitive, while inflammation, common in conditions like RA could also be a factor. Although fibromyalgia isn't seen as an inflammatory issue, chronic inflammation might still be involved. Additionally, lifestyle factors like weight and stress can increase the risk for both fibromyalgia and RA.

Homeopathy is a widely used holistic form of medicine. In homoeopathy considers the man as a whole, not just his individual parts. Instead, homoeopathy offers a gentle way towards the health of entire individual. The selection of remedy is based on the theory of individualization, miasmatic approach, personal constitution & symptoms similarity by using holistic approach.

A well selected Homoeopathy medicine is a boon for such patients. With homoeopathic treatment, medication count will be reduced substantially giving best possible results with no side effects and no multiple doses of multiple medications.

Materials and Methods

This article presents a single-patient case report. The clinical history, physical examination, symptom totality, repertorial assessment, treatment and serial follow-up documented in the supplied case record were organized into a structured case-report format. The WPI and SSS were used to document fibromyalgia symptom burden before and after treatment.

Case presentation

Preliminary Data

A 54 years old female homemaker patient with C/O

Generalized body pain since 5 years. - Pain and stiffness in multiple joints especially bilateral wrist joints, finger joints, knee joints and ankle joints since 6 years.

Marked morning stiffness lasting for more than one hour.

Excessive fatigue and weakness since 4 years.

Disturbed sleep and non-refreshing sleep since 3 years.

Generalized tenderness over neck, shoulder, upper back and lower back regions.

Difficulty in performing daily household activities due to pain and exhaustion.

HISTORY OF CHIEF COMPLAINT

The patient presented with complaints of generalized body pain associated with pain and stiffness involving multiple joints, especially bilateral wrist joints, finger joints, knee joints and ankle joints. Morning stiffness persisted for more than one hour daily. She also complained of excessive fatigue, weakness, disturbed and non-refreshing sleep, and generalized tenderness over the neck, shoulders, upper back and lower back. The complaints developed gradually over the years and progressively increased in severity. Pain was aggravated during rainy weather, exposure to cold, initial movement after rest and in the early morning hours. Temporary relief was obtained by continued motion, warm applications and hot bathing. Owing to persistent pain and exhaustion, the patient experienced difficulty in performing routine household activities.

ASSOCIATED COMPLAINTS

Excessive fatigue and weakness.

Disturbed, non-refreshing sleep.

Generalized tenderness over neck, shoulders, upper back and lower back.

Difficulty in performing daily household work.

PAST HISTORY

Rheumatoid Arthritis diagnosed 6 years ago.

On irregular conventional treatment.

No history of tuberculosis.

No history of diabetes mellitus.

No history of major surgery.

FAMILY HISTORY

Mother – Rheumatoid Arthritis.

Father – Hypertension.

PERSONAL HISTORY

Diet Habit: Mixed

Addiction: Nil

Drug History:

Analgesics taken occasionally for pain relief.

Disease Modifying Anti-Rheumatic Drugs (DMARDs) taken previously.

PHYSICAL GENERALS

Appearance: Healthy but exhausted looking.

Appetite: Moderate.

Desire: Warm food and hot drinks.

Aversion: Cold drinks.

Thirst: Increased.

Sleep: Disturbed and non-refreshing.

Dreams: Anxiety regarding family.

Stools: Satisfactory.

Urine: Normal.

Perspiration: Moderate.

Thermal Reaction: Chilly patient.

MIND

The patient was anxious regarding her future health and constantly worried about the welfare of her family and financial security. Long-standing illness had made her irritable due to persistent pain. She experienced restlessness during painful episodes and desired company. Emotional stress easily aggravated her complaints.

MENSTRUAL HISTORY

Menopause attained at the age of 49 years.

OBSTETRIC HISTORY

G2 P2 L2 A0

LIFE SPACE INVESTIGATION

The patient is a housewife with significant family responsibilities. She remains constantly concerned regarding family welfare and financial security. Long-term stress and anxiety regarding her health condition have affected her emotional well-being.

VITAL DATA

Height: 155 cm

Weight: 67 kg

Pulse: 78/min

Blood Pressure: 130/80 mmHg

Temperature: Afebrile

GENERAL EXAMINATION

Built: Moderately obese.

Pallor: Absent.

Icterus: Absent.

Cyanosis: Absent.

Clubbing: Absent.

Lymph Nodes: Not palpable.

Tongue: Slightly coated.

Edema: Absent.

RS: Air entry bilaterally equal.
CVS: S1 and S2 heard normally.
CNS: Conscious and oriented.
PA: Soft, non-tender.

Tenderness present over:

Neck region.

Bilateral shoulders.

Upper back.

Lower back.

Bilateral knees.

Bilateral wrists.

Painful restricted movements of the small joints of the hands were present. Morning stiffness was evident.

Fibromyalgia in RA
Rheumatoid Arthritis Flare.



Sri Sai Medical College & Hospital
Pathology Department

Patient Name : Smt. Smt. Smt. Smt.

Doctor Name : Dr. Smt. Smt. Smt. Smt.

Reg. No. : 12345

Age & Sex : 54 Year/Female

Perm. No. : 1234

Reg. Date : 03/01/2025

Parameter	Results	Units	Reference Range
Hematology			
Erythrocyte Sedimentation Rate (ESR)	48	mm/Hr	0 To 9 - Male 0 To 20 - Female
Haemogram (CBC)			
Haemoglobin	11.5	Gm/Dl	13.5 - 17.0
Total WBC Count	7400	/Cmm	4000 - 11000
RBC Count	4.35	mil./Cmm	4.5 - 6.5
Differential			
Neutrophils	76	%	40 - 75
Lymphocytes	19	%	20 - 40
Monocytes	03	%	02 - 08
Eosinophils	02	%	01 - 04
Basophils	0	%	00 - 01
RBC Indices			
Haematocrit (HCT)	34.63	%	35 - 54
MCV	80.0	Cu Micron	78 - 96
MCH	27.7	pg	27 - 32
MCHC	34.8	gm/dl	32 - 36
RDW	15.3	%	11.5 - 14.5
Peripheral blood Smear (PBS)			
Platelet's	Adequate on smear		
Platelet Count	179,000	Lakhs/Cmm	150000 - 450000
Serology			
RA Factor	Positive		Negative
C - Reactive Protein (CRP)	4.44	mg/L	< 6.0

---End Of Report---



Dr. Smt. Smt. Smt. Smt.
Pathologist

Note: 1. These Are Not Medical Diagnostic Result In Any Case And Any Purpose
 3. Test Carried On The Reference Of Registered Medical Practitioners For The Medical Diagnosis To Be Done By Him Or Other
 Of Pathologist Only 4. These are only laboratory & technician test results.

Fibromyalgia in Rheumatoid Arthritis.

FINAL DIAGNOSIS

Fibromyalgia in Rheumatoid Arthritis.

As per ACR criteria,

Pre-treatment

WPI SCORE ASSESSMENT

New modified ACR diagnostic criteria for fibromyalgia (5)

PAIN in last week*				SYMPTOMS in last week*	
Region	Centre	Right	Left	Symptom	Score (0-3)
Neck	☒			Fatigue	☐ 0 ☐ 1 ☐ 2 ☒ 3
Jaw		☐	☐	Wakening unrefreshed	☐ 0 ☐ 1 ☒ 2 ☐ 3
Shoulder girdle		☒	☒	Cognitive symptoms	☐ 0 ☒ 1 ☐ 2 ☐ 3
Upper arm		☒	☒	Other symptoms*	Headache ☐ 1
Lower arm		☒	☒	Abdominal pain ☐ 1	
				Depression ☒ 1	
Chest	☐			Tick appropriate box and count 0 = no problem 1 = slight or mild problems, generally mild or intermittent 2 = moderate, considerable problems, often present and/or at a moderate level 3 = severe, pervasive, continuous, life disturbing problems	
Upper back	☒			TOTAL SYMPTOM SEVERITY SCORE (SSS = 0-12)	
Lower back	☒			☐ 7	
Hip		☒	☒	Fibromyalgia score = WPI ☐ 5 + SSS ☐ 7 = <u>22</u>	
Abdomen	☐			Fibromyalgia diagnosis = WPI ≥ 7 ☒ PLUS SSS ≥ 5 ☒	
Upper leg		☒	☒	OR	
Lower leg		☒	☒	WPI ≥ 3 ☐ PLUS SSS ≥ 9 ☐	
WIDESPREAD PAIN INDEX SCORE [WPI = 0-19]				Criteria filled = YES / NO	
☐ 15				* Symptoms present at similar level for 3 months + No other explanatory diagnosis	

Widespread Pain Index (WPI)
(1 point per check box; score range: 1-19)
Please check the boxes below for each area in which you have had pain or tenderness during the past 7 days.

☒ Shoulder girdle, left	☒ Lower leg left
☒ Shoulder girdle, right	☒ Lower leg right
☒ Upper arm, left	☐ Jaw left
☒ Upper arm, right	☐ Jaw right
☒ Lower arm, left	☐ Chest
☒ Lower arm, right	☐ Abdomen
☒ Hip (buttock) left	☒ Neck
☒ Hip (buttock) right	☒ Upper back
☒ Upper leg left	☒ Lower back
☒ Upper leg right	☐ None of these areas

WPI score: 15

FRONT BACK

Diagnostic and Severity Criteria for Fibromyalgia: Widespread Pain Index (WPI). (Adapted from: Wolfe F. et al. Arthritis Care Res (Hoboken) 2010; 62: 600-610).

WPI Score = 15

SYMPTOM SEVERITY SCORE (SSS) Score = 7

WPI + SSS = 22

ANALYSIS AND EVALUATION OF SYMPTOMS**Mental Generals**Irritable due to pain.
Restlessness.**Physical Generals**Chilly patient.
Desire for warm food.
Pain aggravated by cold.

Particulars

Morning stiffness.
Rheumatic pains.
Pain aggravated on first motion.
Pain relieved by continued motion.

MIASMATIC ANALYSIS

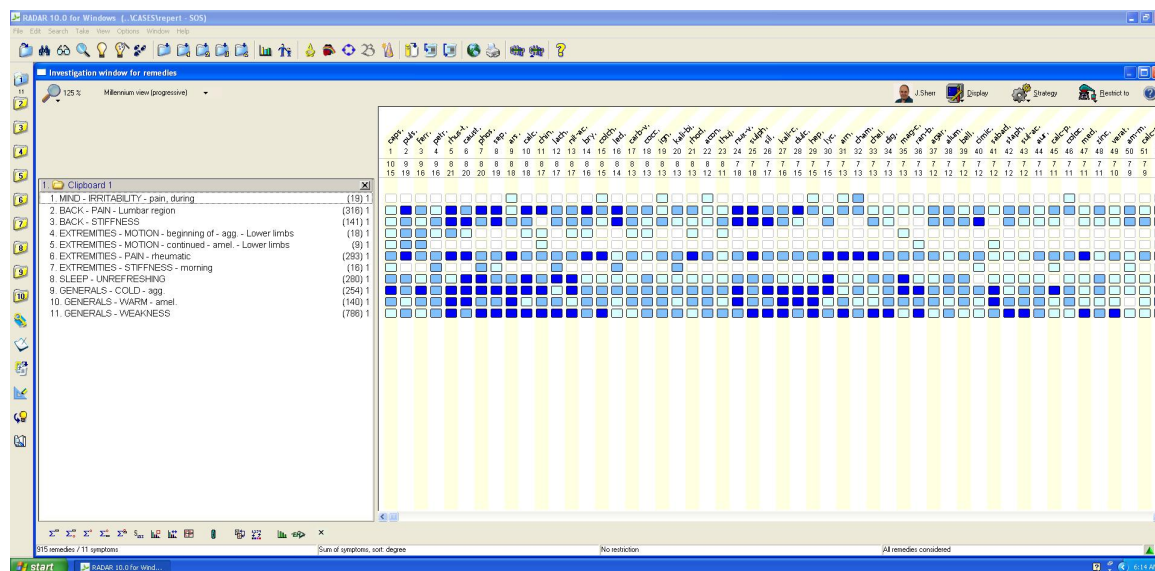
Predominant Miasm: Sycotic

TOTALITY OF SYMPTOMS

Irritability due to pain
Chilly patient.
Rheumatic pain aggravated in cold weather.
Morning stiffness.
Pain aggravated on first motion.
Pain relieved by continued motion.
Generalized muscular pain.

REPERTORIAL RUBRICS

Mind – Irritability – Pain, from.
Generalities – Cold – Aggravates.
Generalities – Warmth – Ameliorates.
Extremities – Pain – Rheumatic.
Extremities – Stiffness – Morning.
Extremities – Motion – Continued motion – Ameliorates.
Extremities – Motion – Beginning to move – Aggravates.
Back – Pain – Lumbar region.
Back – Stiffness.
Sleep – Unrefreshing.
Generalities – Weakness – Chronic disease, in.

**INDICATED REMEDY**

Rhus Toxicodendron 200C

PRESCRIPTION

Rhus Toxicodendron 200C – 4 globules twice a day for 7 days.

GENERAL MANAGEMENT INCLUDING AUXILIARY MEASURES

Warm water bathing.
Gentle stretching exercises.
Sleep hygiene advised.

Stress management counselling.
Balanced diet.
Regular walking advised.

FOLLOW-UP

1. After 7 days,

Slight reduction in body pain.

Morning stiffness mildly reduced.

Sleep slightly improved.

Rx: Rhus Toxicodendron 200C – 4 glboules twice a day for 15 days.

2. After 15 days

Pain and stiffness further reduced.

Fatigue improved.

Daily activities easier.

Rx: Rhus Toxicodendron 200C – 4 glboules twice a day for 15 days.

3. After 15 days

General condition improved.

Neck and shoulder pain reduced.

Better mobility.

Rx : Rhus Toxicodendron 200C – 4 glboules twice a day for 15 days.

4. After 15 days

Morning stiffness markedly reduced.

Tenderness decreased.

Sleep improved.

Rx: Rhus Toxicodendron 200C – 4 glboules twice a day for 15 days.

5. After 15 days

Occasional joint pain only.

Fatigue significantly reduced.

Able to perform household work comfortably.

Rx: Rhus Toxicodendron 200C – 4 glboules twice a day for 15 days.

6. After 15 days

Continued improvement.

Mild pain only during cold weather.

General condition satisfactory.

Rx: Rhus tox 200C – 4 glboules twice a day for 15 days.

7. After 15 days

Generalized pain minimal.

Stiffness almost absent.

Weakness reduced.

Rx: Rhus Toxicodendron 200C – One dose stat, followed by SL for 15 days.

8. After 15 days

Only occasional pain after exertion.

Sleep refreshing.

Overall condition stable.

Rx: Rhus Toxicodendron 200C – One dose stat, followed by SL for 15 days.

9. After 15 days

Marked improvement in pain, fatigue and stiffness.

Post-treatment WPI + SSS score

New modified ACR diagnostic criteria for fibromyalgia (5)

PAIN in last week*				SYMPTOMS in last week*	
Region	Centre	Right	Left	Symptom	Score [0-3]
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Shoulder girdle		☐	☐	Cognitive symptoms	☐ 0 ☒ 1 ☐ 2 ☐ 3
Upper arm		☒	☒	Other symptoms*	Headache ☐ 1 Abdominal pain ☐ 1 Depression ☐ 1
Lower arm		☒	☒		
Chest	☐			Tick appropriate box and count 0 = no problem 1 = slight or mild problems, generally mild or intermittent 2 = moderate, considerable problems, often present and/or at a moderate level 3 = severe, pervasive, continuous, life disturbing problems	
Upper back	☐				
Lower back	☐				
Hip		☐	☐	TOTAL SYMPTOM SEVERITY SCORE [SSS = 0-12]	
Abdomen	☐			3	
Upper leg		☐	☐	Fibromyalgias score = WPI 4 + SSS 3 = 7	
Lower leg		☐	☐	Fibromyalgia diagnosis = WPI ≥ 7 ☐ PLUS SSS ≥ 5 ☒ OR WPI ≥ 3 ☒ PLUS SSS ≥ 9 ☐	
WIDESPREAD PAIN INDEX SCORE [WPI = 0-19]				Criteria filled = YES / NO	
4				* Symptoms present at similar level for 3 months + No other explanatory diagnosis	

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☒ Lower arm, left	☐ Chest
☒ Lower arm, right	☐ Abdomen
☐ Hip (buttock) left	☐ Neck
☐ Hip (buttock) right	☐ Upper back
☐ Upper leg left	☐ Lower back
☐ Upper leg right	☐ None of these areas

WPI score: **4**

FRONT BACK

Diagnostic and Severity Criteria for Fibromyalgia: Widespread Pain Index (WPI). (Adapted from: Wolfe F. et al. Arthritis Care Res (Hoboken) 2010; 62: 600-610).

WPI Score = 4

SS Score = 3

Total WPI + SSS Score = 7

(Post-treatment Score)

RESULT

Markedly Improved.

Pre-treatment Score = WPI 15 + SSS 7 = 22

Post-treatment Score = WPI 4 + SSS 3 = 7

CONCLUSION

This case report describes a 54-year-old woman with rheumatoid arthritis and clinically documented fibromyalgia symptoms who received individualized homeopathic treatment with *Rhus toxicodendron* 200C together with supportive lifestyle measures. Progressive clinical improvement was recorded over approximately six months, with the combined WPI + SSS score decreasing from 22 to 7.