

Homeopathic Treatment of Acute Gout

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Abstract: The treatment of acute gout with the homeopathic similimum was investigated to determine its efficacy.* The study focused on the homeopathic Law of Similars where a single most similar remedy was chosen according to the unique characteristic symptoms displayed by each participant suffering with acute gout. It was a qualitative study in which ten subjects presented themselves within five days of the onset of acute gout and participated in a 15-day study period. Participants that complied with the criteria for gout of the American College of Rheumatology were selected. Serum Uric Acid (SUA) levels were tested on Day 1 and Day 6 to assess hyperuricemia. Treatment efficacy was evaluated on Days 1, 3 and 6 based on daily subjective impression of participant involvement, objective analysis and comparative analysis of SUA. Re-examination for relapses or rebound attacks followed on Day 15.

Allopathic treatment of acute gout with indomethacin has been reported to resolve the episode within an average of 8 days and within 7 days using triamcinolone. In this study, the homeopathic similimum resolved all the acute symptoms within 6 days. Although more research is required, the preliminary findings of this study suggest that the correct homeopathic similimum treatment is an effective treatment for the symptoms of acute gout.

Keywords: acute gout, efficacy of homeopathic treatment on; acute gout, homeopathic research study of

(* See Editor's Comment at conclusion of study.)

Introduction

Gout is one of the oldest forms of arthritis and is characterized by multiple, acute episodes of monoarticular inflammatory arthritis which is due to monosodium urate (MSU) crystals accumulating in a joint. Urate is formed as a by-product of purine metabolism. An alteration in normal purine metabolism results in the elevation of serum uric acid (SUA) levels. High uric acid levels – hyperuricemia - can lead to the formation of urate crystals and the precipitation of urate in the kidneys, articular cartilage and eventually the bone [1]. Acute attacks of gout occur when these crystals separate from the cartilage and enter the synovial fluid, causing an inflammatory response [2].

Acute Gout

Acute gout attacks may occur without an inciting factor, or they may be precipitated by a number of conditions that raise SUA levels. These include minor trauma, alcohol use, surgery, fatigue, rapid weight loss, infection, drugs and a high purine diet. It is characterized by a sudden onset of pain, warmth, tenderness, erythema, swelling, and a limited range of motion of the affected joint. Joints are usually affected at night because water is reabsorbed from the joint spaces, leaving a super-saturated concentration

of MSU. Pain and inflammation are produced when MSU crystals activate the humoral and cellular inflammatory process [3]. In 90% of cases the first metatarsophalangeal joint is involved. The extremities are cooler than other parts of the body because MSU crystallizes readily at lower temperatures and the feet undergo stress during normal walking or standing. Together, these factors explain why the big toe, forefoot and Achilles tendon are attacked first. Acute gout may be accompanied by leucocytosis, increased erythrocyte sedimentation rate and C-reactive protein [4]. Acute attacks usually peak within one or two days of symptom onset. The causes of hyperuricemia can be either primary or secondary in nature. Primary hyperuricemia accounts for the majority of gout cases and is linked to genetic defects in purine metabolism. Risk factors include obesity, a high purine diet, regular alcohol consumption and diuretic therapy.

Alternative Approaches to Gout Treatment

Alternative approach strategies include a proper diet with the additional consumption of flavonoids such as cherries, blackberries and raspberries [5]. Vitamin C, B complex and Vitamin A are recommended as well as remedies such as celery seed,

birch, gravel root and willow [6]. Homeopathically, many remedies may be indicated in the treatment of acute gout and the selection of the correct remedy will depend on the individual's presentation of the disease. Many factors may influence the choice of the remedy; for example, the location of the pain, the time of appearance, the pain sensation and the modalities that make the symptoms better or worse.

Methodology

Sample Selection

Ten subjects (two female and eight male) over the age of eighteen years presented themselves within five days of the onset of acute gout and participated in the 15-day study period. All the subjects fulfilled the criteria for gout of the American College of Rheumatology (ACR). The investigation schedule proceeded as follows:

- Each patient was given a consent form to certify that participation was voluntary and that they were allowed to withdraw at any time.
- Exclusion criteria included prior allopathic therapy, poorly controlled diabetes mellitus, severe infection and anticoagulant therapy.
- No anti-inflammatory or analgesic drugs other than the study medication was permitted whilst the subject was participating in the study.
- Subjects were not allowed to take urate-lowering agents, including allopurinol, sulfinpyrazone and probenecid.

- A thorough case history was performed by the researcher on each subject, with more emphasis on recent acute symptoms
- The researcher completed a questionnaire for each subject based on joint appearance, improvement, swelling and tenderness.
- SUA levels were determined on Day 1 and Day 6.
- Each subject answered a daily questionnaire assessing joint symptoms from Day 0 to Day 6.

Questionnaires

The measurements for the results of the study were designed according to previous studies on acute gout.

Joint improvement was graded on a scale of 0 – 4. [7]

0= Totally resolved

1= Improved by more than 50%

2= Improved by less than 50%

3= No change

4= Unchanged or worse with either progression of symptoms or any involvement of previously uninvolved joints

Swelling was classified according to the classification of Ritchie, *et al.* [8]

0= No swelling

1= Swelling with some loss of joint contours

2= Complete loss of joint contours

3= Fluid

Patient	Remedy	Symptoms
A (Male)	<i>Benzoic acid 30C</i>	Gout with urinary problems
B (Female)	<i>Arnica montana 30C</i>	Injury preceded gout
C (Male)	<i>Bryonia alba 30C</i>	Right-sided pains >pressure
D (Male)	<i>Causticum 30C</i>	Contracture of the tendons, drawing pain, restlessness > warmth
E (Female)	<i>Rhus toxicodendron 30C</i>	> moving affected parts, dry tongue, heaviness as if sprained
F (Male)	<i>Ledum palustre 30C</i>	Hot to touch and pale > bathing with cold water in patients who have bad effects from alcohol
G (male)	<i>Berberis vulgaris 30C</i>	Acute pain that moves from joint to joint < motion < pressure. Acute renal pain
H (Male)	<i>Colchicum autumn. 30C</i>	Erratic pains >rest <cold Disturbed sleep due to restlessness of limbs
I (Male)	<i>Belladonna atropa 30C</i>	Severe inflammation of the joints < touch, motion > pressure > cold
J (Male)	<i>Calcarea carb. 30C</i>	Tendency to gout and renal lithiasis, knee joints cold, perspiration of feet with coldness

Table 1: Summary of Patients' Gender, Remedy and Keynote Symptoms

Tenderness was graded on a scale of 0 – 3. [8]

0= No tenderness

1=Tender

2=Tender and wince

3=Tender and wince and withdraw

Analysis of Urate

Hyperuricemia was one of the ACR diagnostic criteria for gout, therefore SUA levels were determined by blood tests on Day 0 and on Day 6. The values in millimoles per litre (mmol/l) of Day 1 were compared to the values found on Day 6 to determine the change in SUA after the administration of homeopathic treatment.

Prescription

Each patient's case was considered individually. The table on the preceding page (Table 1) demonstrates the wide variety of presentation exhibited by patients and their corresponding remedies. Although an intensive case study was taken, the table reflects a very brief summary of the patients' presentation and prescription.

Results

The table below (Table 2) demonstrates the change in SUA blood levels of all patients from Day 1 to Day 6.

Response to Therapy

The graph (Graph 1) on the next page shows the overall assessment of the patients' affected joints. The scores were obtained by means of a questionnaire scaling the severity of the condition from 0 (minimum) to 10 (maximum) for the following questions:-

- What would you rate your pain intensity as?
- What would you rate the level of swelling as?
- What would you rate the discolouration of the joints as?
- To what extent is your sleep affected?
- Rate your levels of activity.

Discussion

Resolution of symptoms: Serum Urate

Eight of the ten patients had hyperuricemia on Day 1 and showed a reduction of SUA on Day 6 between 0,02mmol/l and 0,19mmol/l. A decline in serum uric acid after administration of the homeopathic treatment indicates that it could be used as a urate-lowering agent. These values support the need for further research to establish the effect of homeopathic remedies have on serum and urine urate levels.

Two of the ten patients had increased SUA, although neither of them were hyperuricemic on Day 1 or Day 6. The small increase may be due to consumption of food, medication or alcohol that increased urate production or decreased renal excretion of urate.

Subject Assessment

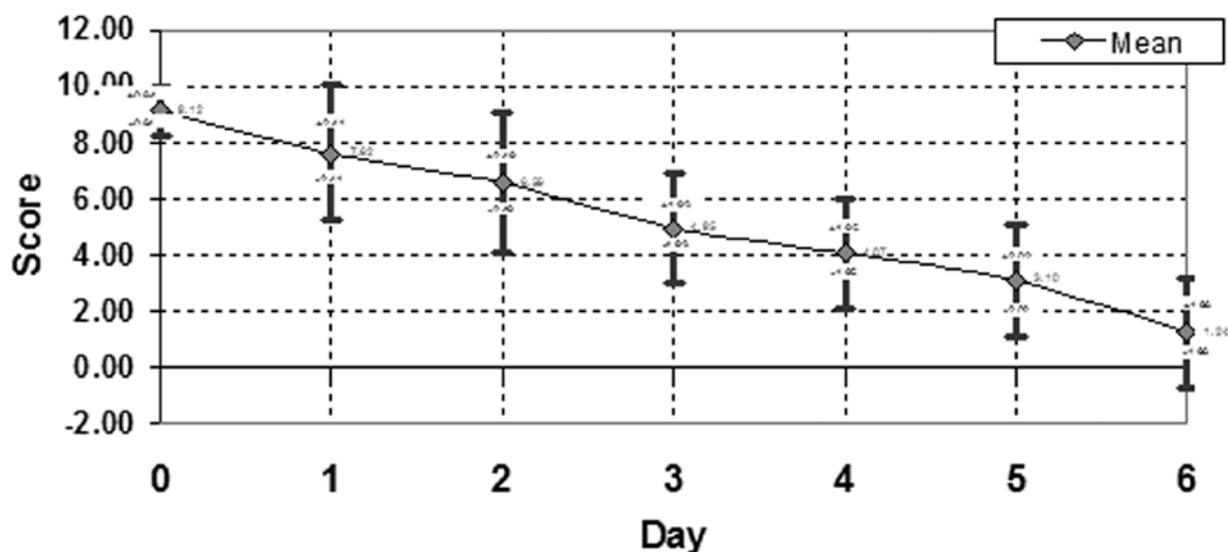
The subjective symptoms included questions regarding the degree of pain intensity, tenderness and swelling, as well as levels of activity and sleep. All the patients experienced a greater than 50% improvement within 6 days, with 90% experiencing an amelioration of 50% or greater in swelling and tenderness within those 6 days.

Conclusion

The study suggests that homeopathic remedies

Patient	SUA (mmol/l) Day 0	SUA (mmol/l) Day 6	Gender
A	0,52	0,41	Male
B	0,40	0,38	Female
C	0,32	0,38	Male
D	0,53	0,44	Male
E	0,40	0,35	Female
F	0,61	0,50	Male
G	0,59	0,40	Male
H	0,47	0,40	Male
I	0,33	0,38	Male
J	0,56	0,42	Male
Mean	0,47	0,40	

Table 2: Serum Uric Acid Levels for 10 patients on the first and sixth day of the trial (Normal values: <0, 42 mmol/l in males; < 0, 35 mmol/l in females)



Graph 1: Overall Assessment of Improvement

act rapidly in acute gout when the similimum is selected as treatment. Success is dependent on the accurate prescription of the correct remedy and compliance by the patients.

The overall improvement of nine out of ten patients by more than 50% by Day 6 indicates that the homeopathic similimum is an effective treatment for acute gout. Swelling in the case of five out of ten patients improved within three days and nine out of ten by the sixth day, indicating that homeopathic remedies are effective in treating the swelling of joints affected by acute gout. The rapid relief of pain in seven patients by Day 3 and nine patients by Day 6 further indicates the analgesic effectiveness of homeopathic remedies. Further studies should monitor the patients for longer periods in order to assess the effect of homeopathy on relapses.

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Editor's Comment: While this study is of good design in general for a preliminary study and suggests the possible efficacy of homeopathy for acute gout, it, regrettably, fails to prove the point (though those of us in clinical practice are very familiar with said efficacy). The problem lies in both the lack of controls and disease selection – acute gout, which is well known, especially in the first few attacks, to frequently spontaneously subside within a few days to two weeks (longer standing cases can take up to several weeks to resolve). This shortcoming illustrates the importance of homeopathic researchers selecting diagnoses in clinical studies that are less liable to spontaneously resolve during the study period. A better follow-up study would be of either chronic gout, looking at long-term results and/or the responsiveness of acute flares in chronic long-standing cases (which tend to be of longer duration), with, of course, placebo controls and, as practicable, blinded. — Ed.

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