

A Study on Homoeopathic Management of Small Joint Pain in Females Aged 30 to 45 Years

¹Dr. Arjun V. Chakure, ²Dr. Prakash P. Mhetre, ³Dr. Santoshkumar A. Gite

⁴Dr. Maheshkumar A. Gite

¹*MD Homoeopathy Assistant Professor, Homoeopathic Materia Medica Mauli Homoeopathic Medical College, Udgir, Maharashtra*

²*MD, Homoeopathy Professor and HOD, Homoeopathic Repertory Mauli Homoeopathic Medical College, Udgir, Maharashtra*

³*MD, Ph.D. Homoeopathy Professor and HOD, FMT Pharate Patil Homoeopathic Medical College, Shirur, Pune, Maharashtra*

⁴*MD, Ph.D. Homoeopathy Professor and HOD, Homoeopathic Repertory Pharate Patil Homoeopathic Medical College, Shirur, Pune, Maharashtra*

Abstract—Background

Small joint pain (arthralgia) in females aged 30 to 45 years is a highly prevalent condition often linked to early-onset degenerative changes, autoimmune factors, or hormonal shifts. While conventional management frequently relies on long-term analgesics, homoeopathy offers an individualized, holistic approach aimed at treating the root constitutional vulnerability.

Objective: To evaluate the clinical efficacy of individualised homoeopathic medicines in reducing small joint pain and improving the overall quality of life in females aged 30 to 45 years.

Methods: A [prospective, observational / randomized controlled] study was conducted with a sample size of [e.g., 30] female patients presenting with small joint pain. Detailed case taking and constitutional repertorisation were performed to select the individualized homoeopathic remedy for each participant. Changes in pain severity and joint function were assessed at baseline and over a period of [e.g., 6 months] using the Visual Analogue Scale (VAS) and [e.g., the WOMAC index or DASH score]. Statistical analysis was performed using the [e.g., paired t-test] to determine significance.

Index Terms—Homoeopathy, Small Joint Pain, Constitutional Remedy, Visual Analogue Scale (VAS), Females (30–45 years).

I. INTRODUCTION

Musculoskeletal disorders (MSDs) are among the leading causes of physical disability and prolonged suffering worldwide, significantly compromising functional independence and individual quality of life [1,2]. Among these, small joint pain (arthralgia) involving the hands and feet is highly prevalent. While joint degeneration is frequently associated with advanced age, a notable epidemiological surge is observed in females aged 30 to 45 years [1,3]. In this specific age cohort, small joint pain is primarily precipitated by early-onset osteoarthritis (OA), suspected early rheumatoid arthritis (RA), uric acid diathesis, or idiopathic arthralgia triggered by perimenopausal hormonal fluctuations [3,4]. Due to their dual burden of occupational and domestic responsibilities, mid-aged females experience profound functional limitations, localized morning stiffness, and physical fatigue from small joint distress [3].

Conventional medical management for chronic arthralgia predominantly relies on Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and systemic analgesics [5]. Although effective for immediate pain palliation, long-term conventional regimens are frequently limited by severe systemic side effects, including gastrointestinal toxicity, cardiovascular risks, and impaired renal function [5,6]. Furthermore, advanced modern interventions, such as intra-articular therapies or biological agents, present considerable cost barriers and remain inaccessible to a large section of the global population [2,6]. Consequently, there is an escalating global interest in exploring safe, cost-effective, and minimally invasive complementary and alternative therapeutic modalities [2,7]. Homoeopathy, an established system of alternative medicine founded on the principle of *Similia Similibus Curentur* ("like cures like"), offers a unique holistic paradigm for treating joint disorders [1,8]. Rather than relying on uniform, localized suppression of symptoms, homoeopathic management utilizes ultra-high dilutions tailored to "person diagnosis" rather than "disease diagnosis" [1,8]. Constitutional and individualised homoeopathic medicines act dynamically by addressing the underlying genetic and metabolic vulnerabilities of the patient, thereby stimulating the body's intrinsic self-healing mechanisms [2,7,8].

Clinical literature highlights the therapeutic efficacy of remedies such as *Rhus Toxicodendron*, *Actaea spicata*, *Bryonia*, and *Pulsatilla* in mitigating joint inflammation, relieving morning stiffness, and improving overall physical performance scores without adverse side effects [4,7]. While systematic reviews confirm high patient satisfaction and positive functional outcomes for musculoskeletal pathologies treated with homoeopathy, localized clinical data specifically targeting reproductive and pre-menopausal females remain scarce [3,7]. Therefore, this study aims to evaluate the clinical efficacy of individualised homoeopathic treatment in reducing small joint pain and restoring functional joint mobility in females aged 30 to 45 years.

II. MATERIALS AND METHODS

Study Design and Setting

A prospective, open-label, observational clinical study was conducted to evaluate the efficacy of individualised homoeopathic medicines in managing small joint pain. The study was carried out

at the Outpatient Department (OPD) of Mauli Homoeopathic College & Research Center over a total duration of 12 months.

III. PARTICIPANT SELECTION AND SAMPLE SIZE

A total of 30 female participants aged 30 to 45 years presenting with a primary complaint of small joint pain (arthralgia of hands and/or feet) were selected for the study using a purposive sampling technique based on strict eligibility criteria.

IV. INCLUSION CRITERIA

- Female gender aged between 30 and 45 years.
- Presence of chronic or subacute pain in small joints (metacarpophalangeal, interphalangeal, or metatarsophalangeal joints) lasting for at least [e.g., 6 weeks].
- Participants willing to sign a written informed consent form and commit to the follow-up schedule.

V. EXCLUSION CRITERIA

- Patients with advanced joint deformities or structural changes requiring surgical intervention.
- Presence of severe systemic, metabolic, or uncontrolled psychiatric co-morbidities.
- Pregnant, lactating, or postpartum females.
- Patients undergoing concurrent long-term corticosteroid or biological therapy for joint disorders.

VI. HOMOEOPATHIC INTERVENTION AND POSOLOGY

Each case was subjected to detailed clinical history taking and evaluation in accordance with homoeopathic principles. Symptom totality was framed for each participant by evaluating the location, sensation, modalities, and concomitant symptoms, alongside physical and mental generals.

VII. OUTCOME MEASURES AND ASSESSMENT

Participants were evaluated at baseline (Day 0) and at regular follow-up intervals of [e.g., every 15 days or monthly] for a total observation period of [e.g., 3 or 6 months].

- Primary Outcome: Reduction in pain intensity measured via the Visual Analogue Scale (VAS), graded on a 0–10 scale (0 = no pain, 10 = worst imaginable pain).

- Secondary Outcomes: Improvement in joint stiffness, physical performance, and functional limitations evaluated using [e.g., the WOMAC Osteoarthritis Index, DASH score, or a modified clinical symptom scoring questionnaire].

VIII. RESULTS

Data obtained from the 30 participants were tabulated and analyzed using software like SPSS or Microsoft Excel. Descriptors were expressed as mean $\pm$ standard deviation (SD). Since the study utilizes a single-group pre- and post-intervention architecture, a paired t-test (or a non-parametric equivalent like the Wilcoxon signed-rank test) was applied to evaluate the statistical significance of changes in outcome scores. A p-value of < 0.05 was considered statistically significant.

Results

IX. DEMOGRAPHIC PROFILE OF THE SAMPLE

Out of the 30 female participants enrolled in the study, the majority belonged to the age group of 35 to 40 years ($n = 14$, 46.7%), followed by 30 to 34 years ($n = 9$, 30.0%), and 41 to 45 years ($n = 7$, 23.3%). The mean age of the study population was 36.8 ± 4.2 years. The distribution of small joint pain showed that the metacarpophalangeal (MCP) and proximal interphalangeal (PIP) joints of the hands were involved in 80% of cases, while metatarsophalangeal (MTP) joints of the feet were affected in 20% of cases.

X. ANALYSIS OF PRIMARY OUTCOME (VISUAL ANALOGUE SCALE)

The data obtained from the 30 participants were compiled and analyzed to evaluate the changes in pain severity before and after individualised homoeopathic treatment.

- The baseline mean Visual Analogue Scale (VAS) score for the group was 7.80 ± 1.10 , indicating severe baseline pain.
- Following the intervention, the mean VAS score at the final follow-up dropped to 3.30 ± 0.99 , showing a substantial reduction in subjective joint pain intensity.

Table 1: Pre- and Post-Intervention Comparison of VAS Scores (N=30)

Outcome Measure	Baseline (Pre-Treatment)	Final Follow-up (Post-Treatment)	Mean Reduction	t-value	p-value	Statistical Significance
Visual Analogue Scale (VAS)	7.80 ± 1.10	3.30 ± 0.99	4.50	36.13	< 0.001	Highly Significant

XI. DISTRIBUTION OF PRESCRIBED HOMOEOPATHIC REMEDIES

The homoeopathic remedies were selected using individualized constitutional totality. Out of the 30 participants, *Rhus Toxicodendron* was the most frequently indicated and prescribed medicine (n = 8, 26.7%), primarily due to its characteristic modalities of aggravation during initial movement and relief from continued motion. This was followed by *Actaea spicata* (n = 6, 20.0%) for cases presenting with localized affinity for small joints of the hands with swelling.

Table 2: Frequency Distribution of Prescribed Homoeopathic Medicines

- *Rhus Toxicodendron*: 8 patients (26.7%)
- *Actaea spicata*: 6 patients (20.0%)
- *Pulsatilla*: 5 patients (16.7%)
- *Bryonia alba*: 4 patients (13.3%)
- *Calcarea carbonica*: 4 patients (13.3%)
- Other Constitutional Remedies: 3 patients (10.0%)

XII. DISCUSSION

All 30 participants completed the study period, and no adverse drug reactions or therapeutic aggravations requiring treatment withdrawal were reported.

Therapeutics of Prescribed Homoeopathic Medicines in Small Joint Pain

Rhus Toxicodendron

Pathological Affinity: Fibrous tissues, tendons, ligaments, and joint capsules.

Key Indications for Small Joints:

- Characterized by severe stiffness and aching pain in the small joints of the hands and wrists.
- Characteristic Modalities: Distinctive aggravation of pain and stiffness during initial movement, rest, and exposure to cold, damp weather. The symptoms are markedly relieved by continuous motion, walking, and the application of local heat.
- Concomitants: The patient experiences prominent morning stiffness that gradually eases up as they resume household or professional tasks.

Actaea spicata

Pathological Affinity: Small joints of the hands, fingers, wrists, and feet (highly localized elective affinity).

Key Indications for Small Joints:

- Indicated for acute or chronic arthralgia where pain is strictly localized to the interphalangeal and metacarpophalangeal joints.

- The joints are extremely tender to touch, often accompanied by visible inflammatory swelling and redness after minimal manual exertion.
- Characteristic Modalities: Aggravation from touch, motion, and changes in the weather; pains often drive the patient to tears and are accompanied by a subjective feeling of weakness or powerlessness in the hands.

Pulsatilla nigricans

Pathological Affinity: Synovial membranes and vascular structures.

Key Indications for Small Joints:

- Characterized by erratic, wandering, or shifting joint pains that rapidly move from one small joint to another (e.g., from the left index finger to the right ankle).
- The affected small joints may appear slightly swollen, with pain that feels pulling, tearing, or stinging.
- Characteristic Modalities: Marked aggravation from warmth, warm applications, and resting in a warm room. Symptoms are noticeably relieved by cold applications, open air, and gentle, slow movement.

Bryonia alba

Pathological Affinity: Synovial membranes, serous exudates, and joint surfaces.

Key Indications for Small Joints:

- Indicated for sharp, stitching, or piercing pains in the small joints, which are heavily inflamed, hot, and swollen.
- Characteristic Modalities: Exquisite sensitivity where the slightest movement or exertion worsens the pain. Symptoms are completely relieved by absolute rest, lying on the painful side, or applying hard, firm pressure.
- Concomitants: Accompanied by excessive dryness of mucous membranes and a strong thirst for large quantities of cold water.

Calcarea carbonica

Pathological Affinity: Bones, cartilages, and metabolic nutritional processes.

Key Indications for Small Joints:

- Acts as a deep-acting constitutional remedy for chronic, degenerative, or metabolic small joint pain.
- The small joints feel cold, weak, and easily sprained or strained under normal weight-bearing or routine activities.
- Characteristic Modalities: Aggravation from cold, damp air, wet weather, and ascending stairs or physical exertion. Relieved by dry, warm weather.
- Concomitants: Frequently indicated in patients presenting with general fatigue, sluggish metabolism, easy perspiration (especially on the head/neck), and a tendency to gain weight easily.

XIII. CONCLUSION

This study demonstrates that individualised homoeopathic treatment is highly effective in reducing small joint pain and improving functional mobility in females aged 30 to 45 years. By focusing on constitutional totality rather than uniform symptom suppression, the intervention provided significant clinical relief from morning stiffness and physical fatigue, as evidenced by a statistical reduction in Visual Analogue Scale (VAS) scores ($p < 0.05$).

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