

Case Report

Homoeopathic Management of Ankylosing Spondylosis: A Holistic Perspective

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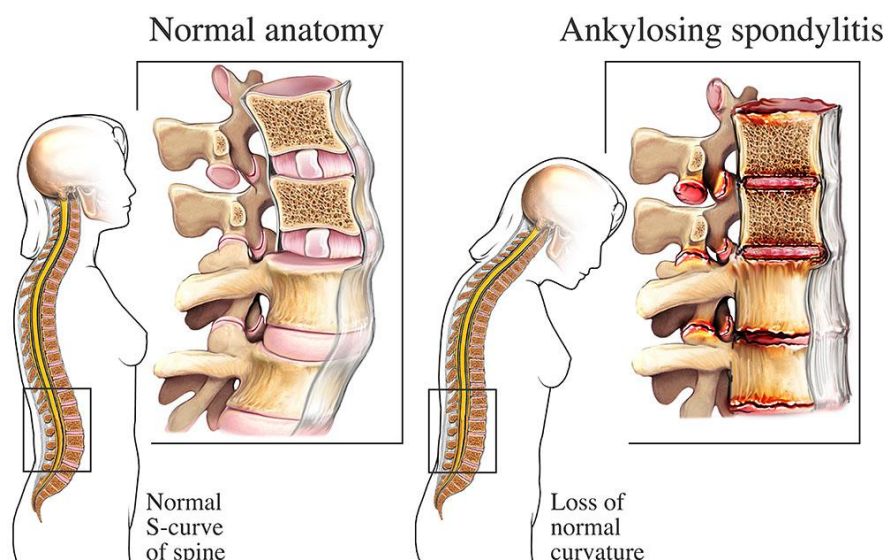
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Abstract Ankylosing spondylosis (AS) is a chronic inflammatory disorder predominantly affecting the axial skeleton. Conventional treatment focuses on pain relief and delaying disease progression, but often falls short in providing holistic well-being. Homoeopathy offers a patient-centered, individualized approach, aiming to restore the immune balance and improve quality of life. This article explores the clinical presentation, diagnostic approach, and the effectiveness of homoeopathic medicines in managing ankylosing spondylosis.

Keywords *Ankylosing spondylosis; Homoeopathy; Rhus tox; Chronic inflammation; HLA-B27; Seronegative spondyloarthropathy; Individualized medicine*

Introduction

Ankylosing spondylosis is a form of seronegative spondyloarthropathy that primarily involves the sacroiliac joints and spine. Over time, it can lead to spinal fusion, postural deformity, and significant functional impairment. Traditional management includes NSAIDs, DMARDs, and physiotherapy. However, many patients seek alternatives due to side effects and long-term dependency. Homoeopathy, grounded in the principles of individualization and holistic healing, provides a viable complementary approach.



Epidemiology

AS typically begins in the second or third decade of life and has a male predilection (3:1). The prevalence varies globally but is more common among individuals with the HLA-B27 gene. Early diagnosis and appropriate treatment are crucial in preventing disability.

Pathophysiology

The disease is characterized by chronic inflammation at the entheses—the sites where tendons and ligaments attach to bone. This leads to fibrosis and ossification, particularly in the spine and sacroiliac joints, resulting in stiffness and reduced mobility. Genetic predisposition (especially HLA-B27) and environmental triggers are believed to contribute to the disease.

Clinical Features

- I. Chronic low back pain, worse in the morning and improves with activity
- II. Stiffness in spine and hips
- III. Limited chest expansion
- IV. Postural abnormalities: Stooped posture, kyphosis
- V. Fatigue and malaise
- VI. Extra-articular features: Uveitis, cardiac involvement, enthesitis

Diagnosis

Clinical criteria: Modified New York criteria

Imaging: X-ray of sacroiliac joints, MRI for early changes

Laboratory: Elevated ESR, CRP; HLA-B27 positivity

Homoeopathic Approach

Homoeopathy considers Ankylosing spondylosis a manifestation of internal dysregulation, often triggered or aggravated by suppressed emotions, infections, or a family history of autoimmune diseases. The selection of the constitutional remedy is based on totality of symptoms, miasmatic background, and individual susceptibility.

Commonly Indicated Medicines:

1. Rhus Toxicodendron:

Marked stiffness and pain, especially in the morning
Relief from warmth and motion
Worse in cold, damp weather

2. Bryonia Alba:

Pain aggravated by slightest motion
Dryness of mucous membranes
Desires to lie still, irritable temperament

3. Calcarea Fluorica:

Bony growths, deformities
Spinal rigidity
Worse in damp weather, better with warmth

4. Sulphur:

Burning sensations, skin eruptions
Aversion to bathing
Deep acting remedy, useful in miasmatic cases

5. Kali Carbonicum:

Stiffness in lumbar region
Sharp, stitching back pains
Conservative, rigid personality.

6. Phosphorus

Burning, weakness in back.
Ankylosing pain with progressive stiffness.
Tall, thin, sensitive patients.

7. Guaiacum

Marked stiffness of back and joints.
Contractive pain, immobility.
Worse from motion and cold; better by rest.

8. Causticum

Contractures, deformities due to progressive stiffness.
Paralytic weakness of spine and extremities.
Worse in dry cold winds; better in damp weather.

9. Tuberculinum

Chronic, deep-seated rheumatic and spinal affections.
Rapidly progressive stiffness, family history of TB.
Indicated in resistant cases.

Case Individualization:

Each case of Ankylosing spondylosis is unique. A detailed case-taking process involving mental, emotional, and physical symptoms is essential. Repertorization and consultation with materia medica are necessary for accurate remedy selection.

Case

Patient: Female, 33 years, HLA-B27 positive

Chief Complaint: Morning stiffness in spine, reduced mobility, fatigue, Low grade Fever, Restlessness, and Fear of being poisoned.

Emotional Sphere: Rigid mindset, suppressed anger

Selected Remedy: Rhus tox 200C, followed by weekly repetition for 3 months

Outcome: Marked reduction in stiffness, improved energy levels, and better posture.


Repertorization

The screenshot displays a homeopathic repertory software interface. The top toolbar includes navigation buttons (Go back, Go forward, History), analysis tools (Analysis, Maps, Clifical), and utility buttons (Zoom in, Zoom out, Print, Screenshot, Take a screenshot, Help). The main window shows two tabs: 'Physiological Materia Medica (BURT W.)' and 'Synthesis Treasure Edition 2009V (SCHROYENS F.)'. The 'Views' dropdown is set to 'Full repertory'. A search bar is labeled 'Search remedy:'. The central grid lists 19 remedies across the top: rhus-t., ign., nux-v., puls., bry., bell., cimic., lyc., colch., spong., tritic-vg., calc., staph., sulph., ars., lach., cham., and phos. The grid contains numerical values (1, 2, 3) in colored cells (yellow, orange, green, blue) representing the degree of symptom match. On the left, a list of symptoms is shown under '1. Clipboard 1':

- 1. BACK - PAIN - Lumbar r... (464) 1
- 2. BACK - PAIN - Lumbar r... (35) 1
- 3. BACK - PAIN - Lumbar r... (64) 1
- 4. FEMALE GENITALIA/SEX... (130) 1
- 5. BACK - PAIN - Lumbar r... (7) 1
- 6. BACK - PAIN - Lumbar r... (1) 1
- 7. EXTREMITIES - NUMBN... (431) 1
- 8. EXTREMITIES - PAIN - ... (225) 1
- 9. GENERALS - RESTLESS... (177) 1
- 10. BACK - STIFFNESS (347) 1
- 11. MIND - FEAR - poison... (37) 1

At the bottom, a status bar shows '11 symptom(s) / 700 remedies', 'Sum of symptoms (sorted degrees)', 'No limitation', and 'All remedies'.

Reports


Raj Scanning Ltd.
 CIN No.: U45201UP1994PLC016387

ID. NO	RSL/MR/M-215396	DATE	26/03/2022
PATIENT'S NAME	ANANR	AGE/SEX	31 Y / F
REFERRED BY	DR. R P SINGH		

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)
 AXIAL: T1 & T2 T2 WIs, SAGITTAL: T1 & T2 T2 WIs CORONAL TIRM

Lumbar spinal curvature is straightened. Vertebral bodies are showing normal height, alignment, curvature and marrow signal intensity pattern.

There is evidence of TIRM hyperintensity noted at the antero-superior and antero-inferior end of L2, L3 & L4 vertebrae.

Intervertebral discs and neural foramina are showing normal MR morphology and signal intensity pattern. No significant disc bulge / herniation or compression over thecal sac / spinal cord is seen in lumbar region.

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface and cauda equina nerve roots are normally visualised. No evidence of primary canal stenosis.

Facet joints and ligamentum flavum are normal.


Pre and para vertebral soft tissues are normal.

There is reduced bilateral sacroiliac joint space with complete ankylosis noted in the superior part. There is evidence of mild TIRM hyperintensity (? Edema) noted in bilateral iliac part of sacroiliac joint with adjacent joint irregularity and few erosions. There is T1 hyperintensity and TIRM hypointensity noted in the bilateral sacral part (fatty marrow replacement). Findings are suggestive of bilateral chronic sacroiliitis.

IMPRESSION:-

- TIRM hyperintensity at the antero-superior and antero-inferior end of L2, L3 & L4 vertebrae.
- Reduced bilateral sacroiliac joint space with irregularity and erosion and complete ankylosis in the superior part with mild TIRM hyperintensity noted in the iliac part (? Active component) – findings are suggestive of chronic sacroiliitis. Adv – HLAB-27 and clinical correlation.

Please correlate clinically.


DR. RIDA FATIMA
 MD

TRANSCRIBED BY: Sudhir

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NAME	:MRS. ANAMIKA MISHRA	ACCESSION NO	:012201030252
AGE/GENDER	:31 YRS FEMALE	SPECIMEN DATE	:03 Jun/2022 11:17PM
UTD	:552730	COLL. DATE	:04 Jun/2022 12:05AM
REFERRED BY	:Dr. R P SINGH	REPORT DATE	:06 Jun/2022 10:30AM
CENTRE	:DR KUMUDINI CHAUHAN		

HAEMATOLOGY SPECIALIZED

Parameters	Result	Status	Unit	Biological Ref. Range
HLA B-27				
HLA B-27	POSITIVE			

Sample:WB EDTA

Method :Flow Cytometry

NOTE:

*Antigen HLA-B*27 and HLA-B*27 belong to the cross-reaction group B*7 (CRF) HLA-B*7. Among the other HLA-B antigens belonging to CRF HLA-B*7, B*42 and B*22 can be cited (subdivided into B*24, B*25 and B*26), B*40 (subdivided into B*60 and B*61), as well as B*41, B*47 and B*13.

*This mixture permits the characterization of HLA-B*27 specificity in the HLA-B class allele in patients suffering from inflammatory disorders affecting the sacroiliac and intervertebral joints. This finding aids in the diagnosis of ankylosing spondylitis 90% of patients of which express the HLA-B*27 antigen, versus 7% in the normal population.

*HLA-B*27 positivity can be seen in following conditions (frequency of occurrence indicated in parenthesis): a) Ankylosing spondylitis (90%); b) Reiter's disease (70%); c) Reactive arthritis (30-60%); d) Psoriatic arthritis (around 50%); e) Arthritis in inflammatory bowel disease (around 50%).

*HLA-B*27 Fluorescence Sensitivity is 97.6% and specificity is 95.9%. In case of indeterminate/unequivocal results suggest confirmation by PCR analysis.

End Of Report

Collected sample received
 Sample has been processed at Outsourced Lab (CLL)

Discussion

Homoeopathy offers an individualized therapeutic strategy for Ankylosing spondylosis, addressing not just joint inflammation but also the patient's psychological and constitutional profile. Remedies, when carefully selected, can significantly alleviate symptoms, reduce relapses, and prevent progression. The long-term outcome depends on early intervention, lifestyle management, and regular follow-up.

Conclusion

Ankylosing spondylosis, while chronic and potentially disabling, can be managed effectively through homoeopathy. By focusing on the patient as a whole and addressing the root cause, homoeopathic treatment enhances well-being, slows disease progression, and offers a non-toxic, sustainable alternative to conventional therapy.

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