

The Efficacy of Calcarea Fluorica 6c in the Cases of Osteoarthritis – A Clinical Study

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Abstract: Osteoarthritis (OA) is the most prevalent form of arthritis in worldwide. OA is degenerative joint disease. It is a degradation of joint tissues from the effects of “wear and tear”, injury or repetitive use causing pain, a grinding sensation and inflammation. The breakdown of joint tissues can cause the grinding of bone-on-bone, pain, bone damage, limited joint movement and deformities. Currently there is no treatment in modern medicine to prevent or cure OA. They can only subside the pain & repeated use of painkillers produces resistance also very harmful to the patient. Homoeopathy has wide scope for its treatment with its variety of medicines in different forms. The selection of Homoeopathic remedies must be based on the theory of individualization & symptoms similarity by detail case taking. But, the difficulty here is due to the unbearable recurrent knee joint pains, stiffness & immobility felt by the patient, it may not give sufficient time to the treating doctor for a smooth treatment or many a time we should not have proper characteristic symptoms to prescribe. At that time we have to select a medicine which has an affinity on that organ along with suitable potency. So, I want to study the effect of Calcarea Fluorica 6C in the cases of Osteoarthritis evaluated with WOMAC Index as an assessment tool. (1, 3)

Key Words: Osteoarthritis, Similimum, Calcarea Fluorica, WOMAC Index

INTRODUCTION

Homoeopathy is second most modern line of treatment in the world. Our founder master Samuel Hahnemann advocated the concept of Similimum, minimum dose and rapid cure of the patient. Homoeopathy is very much useful in treatment of Osteoarthritis.

In my clinical practice, I have an experience of wide range of Osteoarthritis patients & many a times I have used Calc Fluorica as a specific medicine & got results. That’s why I want to do deep comparative

study on action of the both medicines, Calc Fluorica 6C and Similimum.

Osteoarthritis (OA) is the most common type of arthritis in both developed and developing countries. It is a chronic, progressive musculoskeletal disorder characterized by gradual loss of cartilage in joints which results in bones rubbing together and creating stiffness, pain, and impaired movement. The disease most commonly affects the joints in the knees, hips, hands, feet and spine.

Osteoarthritis primarily affects the elderly population. It is a major cause of disability in older adults worldwide. According to World Health Organization (WHO) 9.6% of men and 18.0% of women aged over 60 years has symptomatic osteoarthritis worldwide. 80% of those with osteoarthritis have limitations in movement, and 25% cannot perform their major daily activities of life.

Osteoarthritis is the second most common rheumatologic problem and it is the most frequent joint disease with a prevalence of 22% to 39% in India. OA is more common in women than men. Nearly, 45% of women over the age of 65 years have symptoms while 70% of those over 65 years show radiological evidence of OA. (10)

Some medicines have its special affinity for specific pathology and diseases. One of them is Calcarea fluorica, which has an affinity for joints.

CALCAREA FLUORICA has affinity to:

- Joints
- Exostosis on fingers
- Chronic Sinovitis of knee joint (4)
- Bone disorders
- Bone deformities

- Bone spurs
- Tendon and joint disorders
- Weakness after injury
- Disperse bony growths. (5)

The Western Ontario and McMaster Universities Arthritis Index (WOMAC) is widely used in the evaluation of Hip and Knee Osteoarthritis.

WOMAC Index was developed in 1982 at Western Ontario and McMaster Universities. WOMAC is available in over 65 languages and has been linguistically validated. This scale is modified by CENTER FOR RHEUMATIC DISEASES (CRD), PUNE.

It is a self-administered questionnaire consisting of 27 items divided into 4 subscales (Out of these 4th is option consisting 3 items):

- How much pain do you have:
 - 1) In walking on flat surface
 - 2) Going up or down stairs
 - 3) At night while in bed
 - 4) Sitting or Lying
 - 5) Standing Upright
- How much is your stiffness (2 items):
 - 6) After first wakening in the morning
 - 7) After sitting, lying or resting later in the day
- How much difficulty do you have? (17 items):
 - 8) Descending stairs
 - 9) Ascending stairs
 - 10) Standing up from a chair
 - 11) While standing
 - 12) Bending to floor (to pick up object)
 - 13) Walking on flat ground
 - 14) Getting in and out of auto rickshaw / bus /car
 - 15) Going shopping
 - 16) On raising from bed
 - 17) While lying on bed
 - 18) While sitting on chair
 - 19) Going on / off (Indian / Western)
 - 20) Doing heavy domestic duties(moving heavy boxes, scrubbing floor, lifting shopping bags)
 - 21) Doing light domestic duties (cleaning room/ table cooking/ dusting)
 - 22) While sitting cross legged floor
 - 23) Raising from cross legged position
 - 24) While squatting on floor
- Optional
 - 25) While kneeling on floor
 - 26) Raising from kneeling position
 - 27) Sit on the floor with legs folded sideways / stretched

The WOMAC takes approximately 12 minutes to complete, and can be taken on paper, over the telephone or computer. Both the computerized and the mobile versions of the test have been found to be comparable to the paper form, with no significant difference. The test questions are scored on a scale of 0-4, which correspond to:

- ✚ None (0)
- ✚ Mild (1)
- ✚ Moderate (2)
- ✚ Severe (3)
- ✚ Extreme (4).

The scores for each subscale are summed up, with a possible score range of:

- 0-20 for Pain
- 0-08 for Stiffness
- 0-68 for Physical Function.

Usually, a sum of the scores for all three subscales gives a total WOMAC score. However, there are other methods also that have been used to combine scores. Higher scores on the WOMAC indicate worse pain, stiffness, and functional limitations.

MATERIAL AND METHOD

1. *Study type* – Quantitative type
2. *Study design* – Experimental
3. *Sample size* – 60
4. *Sample technique* – Random sampling
5. *Method of selection of study object* –

- Inclusion criteria:
 - a) Patient of any age group
 - b) Patient of both sexes
 - c) Patient diagnosed clinically with OA bases on symptoms of pain, stiffness, swelling & deformity.
 - d) Radiological diagnosed Osteoarthritis
 - e) Patient of any kind of occupation with any kind of life style.

- Exclusion criteria:
 - a) Clinically evident cases other than Osteoarthritis
 - b) Patient who requires emergency medical treatment.

6. *Method of measurements:*

- Cases have taken from S. S. Agrawal Homoeopathic Medical College & Hospital, Navsari & Smt. Malini Kishore Sanghvi Homoeopathic Medical College & Hospital, karjan.

- Screening have been done of the patient having complaints of pain, swelling and stiffness in the knee joint with difficulty in walking.
- The entire patient examined thoroughly for Osteoarthritis.
- 60 cases for have taken forstudy.
- Finally assessed the clinical condition with the aid WOMAC Index in the beginning of the case,

before starting of the treatment. I gave Calcarea Fluorica 6C Daily HS for 3 months & reevaluated with WOMAC Index.

7. Study Instrument: WOMAC INDEX (MODIFIED – CRD PUNE VERSION)

RESULT

| Gender Ratio | |
|--------------|----|
| Male | 18 |
| Female | 42 |
| Total | 60 |

Table 1: According to Gender

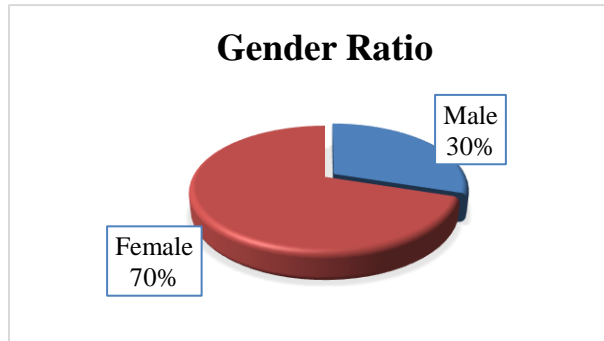


Chart 1

| Pain score | |
|-------------------|-----|
| Before Calc Fluor | 555 |
| After Calc Fluor | 460 |

Table 2 Pain Score as per WOMAC index

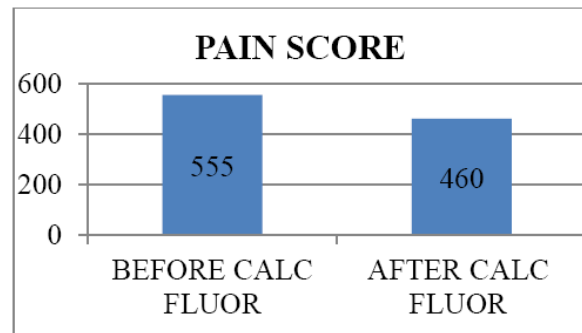


Chart 2

| Stiffness Score | |
|-------------------|-----|
| Before Calc Fluor | 161 |
| After Calc Fluor | 122 |

Table 3 Stiffness Score as per WOMAC index

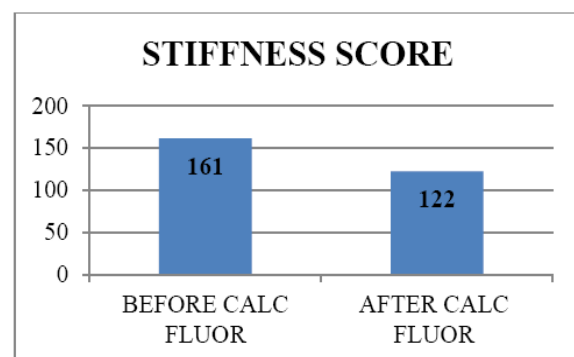


Chart 3

| Physical Function Score | |
|-------------------------|------|
| Before Calc Fluor | 1903 |
| After Calc Fluor | 1600 |

Table 4 Physical Function Score as per WOMAC index

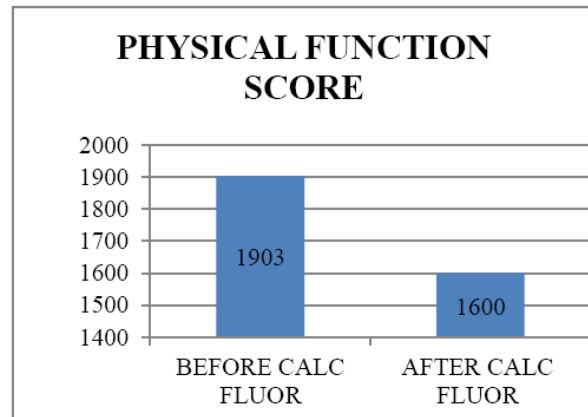


Chart 4

| Total Womac Score | |
|-------------------|------|
| Before Calc Fluor | 2619 |
| After Calc Fluor | 2181 |

Table 5 Total Score as per WOMAC index

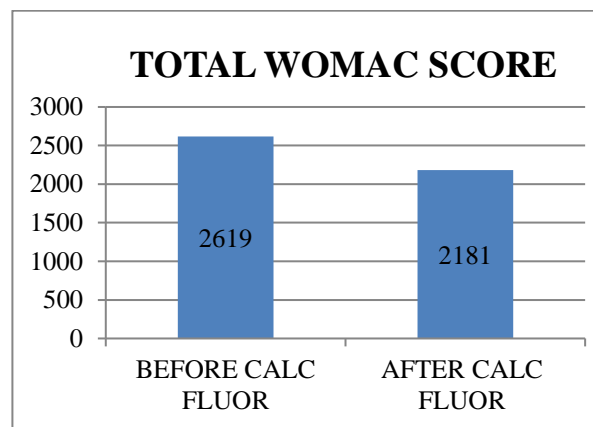


Chart 5

OBSERVATION

In a recent clinical study focusing on the effects of Calcarea Fluor 6C for osteoarthritis, researchers evaluated 60 patients, revealing a gender distribution of 18 males and 42 females. To gauge the effectiveness of the treatment, they utilized the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), a well-established tool for assessing the impact of osteoarthritis on patients' lives.

The findings from this study were quite encouraging. Before starting treatment, patients reported a cumulative pain score of 555, which decreased significantly to 460 after receiving Calcarea Fluor 6C. This decline illustrates a marked improvement in pain levels. Similarly, the stiffness scores, initially at 161, fell to 122 post-treatment, indicating that many participants experienced less discomfort and stiffness in their joints. Additionally, the physical function scores, which began at 1903, showed a positive shift

to 1600, highlighting enhanced mobility and reduced limitations in daily activities.

The overall results underscore promising advancements in managing osteoarthritis symptoms. By showing a reduction of 17.1% in pain, 24.2% in stiffness, and a 15.9% enhancement in physical function, Calcarea Fluor 6C appears to offer a gentle yet effective option for patients seeking relief from this common degenerative joint disease.

DISCUSSION

Osteoarthritis often leads to significant discomfort and reduced quality of life, especially as individuals age. Standard treatments typically involve non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy, or even surgical interventions. In contrast, homeopathic remedies like Calcarea Fluor 6C present a more holistic approach with fewer side effects, making them appealing for those looking for alternative options.

This study's outcomes after 3 months suggest that Calcarea Fluor 6C could be a valuable addition to the treatment arsenal for osteoarthritis. The notable improvements in pain, stiffness, and physical function signal its potential role in enhancing patients' overall well-being. However, the researchers also emphasize the need for further studies with larger participant groups and extended follow-up periods to gain deeper insights into the long-term benefits and mechanisms behind this remedy's effectiveness.

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