

Comparing The Efficacy of Homeopathic Remedy Osteoarthritic Nosode with And Without Individualized Homoeopathic Remedy in Cases of Osteoarthritis of Knee Joint

Dr. Priti Rajabhai Odedra¹, Dr. Ami Majmundar²

¹M.D. (Hom.), Ph.D. Scholar, Shri Govind Guru University, Vinzol–Godhra

¹Assistant Professor, Department of Materia Medica, Sardar Patel Mahila Homoeopathic Medical College, Rajkot, Gujarat, India

²M.D. (Hom.), M.B.A. (H.R.), Professor & Head, Department of Homoeopathic Pharmacy, Smt. Malini Kishore Sanghvi Homoeopathic Medical College, Karjan, Vadodara, Gujarat, India

Abstract—Background: Osteoarthritis of the knee is a chronic degenerative joint disorder commonly associated with pain, stiffness and limitation of physical function. The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) is a validated instrument used to assess pain, stiffness and physical functional limitation in patients with osteoarthritis. Osteoarthritic Nosode has been described in homoeopathic literature in relation to degenerative joint conditions, with previous clinical observations and studies reporting its use in osteoarthritis.

Aim: To compare the effectiveness of Osteoarthritic Nosode alone with Osteoarthritic Nosode combined with an individualized homoeopathic remedy in patients with osteoarthritis of the knee using the WOMAC Index.

Methods: A retrospective clinical observational study was conducted over a period of six months. Ten patients clinically diagnosed with osteoarthritis of the knee were selected by non-probability purposive sampling and divided into two groups of five patients each. Group A received Osteoarthritic Nosode alone, whereas Group B received Osteoarthritic Nosode along with an individualized homoeopathic remedy. WOMAC scores were recorded before treatment and after six months. Improvement in WOMAC scores was compared between the groups using the Mann–Whitney U test. A p-value <0.05 was considered statistically significant.

Results: In Group A, the mean WOMAC score decreased from 68.2 before treatment to 50.4 after treatment, with a mean improvement of 17.8 points. In Group B, the mean WOMAC score decreased from 70.0 to 41.0, with a mean improvement of 29.0 points. The Mann–Whitney U test showed a statistically significant difference in improvement between the two groups (U = 0.0, p = 0.011).

Conclusion: Both groups demonstrated improvement in WOMAC scores following treatment. Greater improvement was observed in patients receiving Osteoarthritic Nosode along with an individualized homoeopathic remedy. However, because of the small sample size and retrospective observational design, these findings should be considered preliminary and require confirmation through larger prospective controlled studies.

Index Terms—Osteoarthritis of knee; Osteoarthritic Nosode; individualized homoeopathy; WOMAC Index; pain; stiffness; physical function.

I. INTRODUCTION

Osteoarthritis (OA) of the knee is a chronic degenerative joint disorder associated with pain, stiffness and restriction of physical function. These symptoms can interfere with mobility and routine activities and may adversely affect quality of life.

Assessment of clinical improvement in osteoarthritis requires a reliable and standardized outcome measure. The Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) was developed as a health-status instrument for measuring clinically important patient-relevant outcomes in patients with osteoarthritis of the hip and knee. It assesses three important clinical domains: pain, stiffness and physical function. [1]

Osteoarthritic Nosode has been described in homoeopathic literature in association with

osteoarthritic and degenerative joint conditions. Literature reviews, Materia medica sources and clinical reports have discussed its preparation, characteristics and clinical application. [2,6,8]

Previous clinical investigations have evaluated Osteoarthritic Nosode in patients with knee osteoarthritis and have reported improvement following treatment. [3,4,7] Comparative evaluation of Osteoarthritic Nosode with other homoeopathic approaches has also been reported. [5]

However, limited literature is available comparing Osteoarthritic Nosode alone with Osteoarthritic Nosode combined with an individualized homoeopathic remedy using a standardized outcome measure. Therefore, the present study was undertaken to compare these two treatment approaches using the WOMAC Index.

II. REVIEW OF LITERATURE

Osteoarthritis of the knee is a chronic degenerative condition characterized by pain, stiffness and functional limitation. Reliable assessment of these clinical parameters is important for evaluating treatment outcomes. The WOMAC Index is a validated instrument designed to assess pain, stiffness and physical functional limitation in osteoarthritis of the hip and knee and is therefore suitable for evaluating clinical changes in patients with knee osteoarthritis. [1]

Osteoarthritic Nosode has been discussed in homoeopathic literature in relation to degenerative joint disorders. Literature reviews and materia medica sources have described its preparation, characteristics and clinical application in osteoarthritic conditions. Historical clinical observations have also reported its use in patients with osteoarthritis. [2,6–8]

Clinical studies have subsequently investigated the therapeutic usefulness of Osteoarthritic Nosode in knee osteoarthritis. Improvement following the administration of Osteoarthritic Nosode 30C has been reported in a clinical study of patients with knee osteoarthritis. [3] A randomized placebo-controlled study has also evaluated Osteoarthritic Nosode in knee osteoarthritis and reported improvement in symptomatic and functional outcomes. [4] Comparative evaluation of Osteoarthritic Nosode with constitutional homoeopathic treatment has further

reported clinical improvement in patients with knee osteoarthritis. [5]

The available literature therefore provides preliminary clinical information concerning the use of Osteoarthritic Nosode in osteoarthritis. [2–8] However, limited literature is available regarding the comparative effect of Osteoarthritic Nosode alone versus Osteoarthritic Nosode combined with an individualized homoeopathic remedy using the WOMAC Index. This provided the rationale for undertaking the present study.

Aim

To compare the effectiveness of Osteoarthritic Nosode alone with Osteoarthritic Nosode combined with an individualized homoeopathic remedy in the treatment of osteoarthritis of the knee using the WOMAC Index.

Objective

To compare therapeutic outcomes between patients receiving Osteoarthritic Nosode alone and patients receiving Osteoarthritic Nosode along with an individualized homoeopathic remedy.

III. MATERIALS AND METHODS

Study Design Retrospective Clinical Observational Study

↓

Duration: 6 Months

↓

Study Population Patients Diagnosed with Osteoarthritis of the Knee

↓

Sampling Method Non-Probability Purposive Sampling

↓

Sample Size

Group A (n = 5) Osteoarthritic Nosode Only

Group B (n = 5) Osteoarthritic Nosode + Individualized Homoeopathic Remedy

↓

Baseline Assessment (Before Treatment) WOMAC Index • Pain • Stiffness • Physical Function

↓

Treatment Group A Osteoarthritic Nosode only Potency 200 or 1M given as per susceptibility of patient.

Group B Osteoarthritic Nosode 200 + Individualized Homoeopathic Remedy Potency given as per susceptibility of patient

↓
Follow-up Assessment (After 6 Months) WOMAC Index

↓
Data Collection Pre- and Post-Treatment WOMAC Scores

↓
Statistical Analysis Mann–Whitney U Test (Between Group Comparison)

A p-value of less than 0.05 was considered statistically significant.

↓
Interpretation of Results

↓
Conclusion

Inclusion Criteria

1. Patients of both the sexes above 35 years of age.
2. Clinically Diagnosed cases of Osteoarthritis of knee
3. Patient of any kind of occupation with any kind of life style

Exclusion Criteria

1. Rheumatoid arthritis / inflammatory joint disease
2. Post-traumatic or secondary osteoarthritis
3. Severe knee deformity or joint replacement
4. Severe systemic illness

Variables

Independent Variable

- Type of treatment
- Group A — Osteoarthritic Nosode only
- Group B — Osteoarthritic Nosode + individualized remedy

Dependent Variable

- WOMAC Total Score
- Pre-treatment score
- Post-treatment score

Outcome = Improvement in WOMAC score

Confounding Variable:

- Occupation / physical activity level
- Lifestyle factors
- Body weight / BMI
- Remedy potency selection
- Frequency of repetition of medicine

IV. OBSERVATIONS AND RESULTS:

Group A – Osteoarthritic nosode only (n=5)

Patient No.	Pre-treatment WOMAC	Post-treatment WOMAC	Improvement
1	70	52	18
2	65	48	17
3	72	55	17
4	68	50	18
5	66	47	19

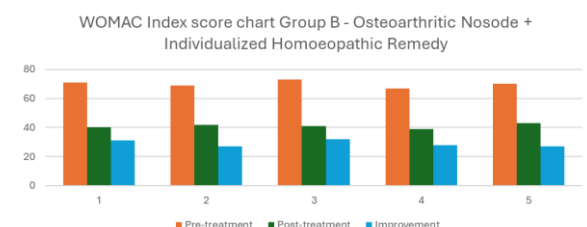
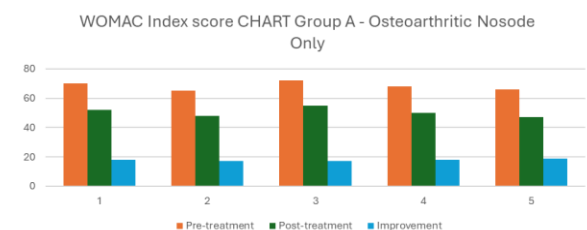
Group B – Osteoarthritic nosode + Individualized remedy (n=5)

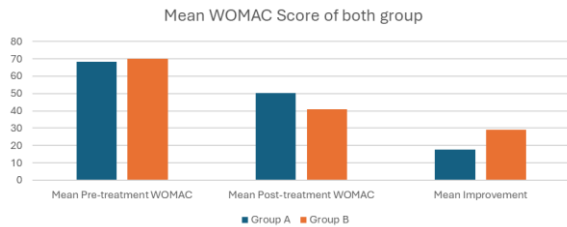
Patient No.	Pre-treatment WOMAC	Post-treatment WOMAC	Improvement
6	71	40	31
7	69	42	27
8	73	41	32
9	67	39	28
10	70	43	27

Mean of both Group

Group	Mean Pre-treatment WOMAC	Mean Post-treatment WOMAC	Mean Improvement
Group A	68.2	50.4	17.8
Group B	70.0	41.0	29.0

Parameter	Group A	Group B
Sample size (n)	5	5
Mean Improvement (WOMAC)	17.8	29.0





Mann–Whitney U value- 0.0

p-value (two-tailed)-0.011

Statistical significance - Significant ($p < 0.05$)

Both groups showed improvement in WOMAC total scores following treatment. Comparative analysis using the Mann–Whitney U Test revealed a statistically significant difference in improvement between the two groups ($U = 0.0$, $p = 0.011$), indicating superior clinical improvement in patients receiving Osteoarthritic Nosode along with individualized homoeopathic remedies.

V. DISCUSSION

The improvement observed in both groups indicates the clinical utility of Osteoarthritic Nosode in reducing pain, stiffness, and functional disability in osteoarthritis of the knee. This suggests that the osteoarthritic nosode has a beneficial role in managing degenerative joint pathology. The significantly greater improvement observed in Group B highlights the importance of individualized homoeopathic prescribing and suggests a possible synergistic effect when individualized remedies are used along with Osteoarthritic Nosode.

The use of the WOMAC Index provided an objective and validated method for assessing pain, stiffness, and functional limitation, thereby strengthening the reliability of the clinical outcome assessment. The results of this study are in agreement with earlier clinical observations and evidence suggesting the usefulness of Osteoarthritic Nosode and individualized remedies in degenerative joint conditions. This study is limited by its small sample size, retrospective observational design and the presence of certain confounding factors that could not be fully controlled. Further large-scale, prospective, and controlled studies are recommended to substantiate these preliminary findings and explore long-term outcomes.

VI. STRENGTHS AND LIMITATIONS

Strengths

Use of the standardized WOMAC Index and comparison of two treatment approaches provided a structured assessment of clinical outcomes. Individual patient changes were recorded and analysed.

Limitations

The study had a very small sample size ($n=10$) and retrospective, non-randomized design with purposive sampling. Variation in potency, repetition, and potential confounding factors may have influenced the results.

VII. CONCLUSION:

Osteoarthritic Nosode is effective in the management of osteoarthritis of the knee. Osteoarthritic Nosode with individualized homoeopathic remedies resulted in significantly greater improvement in WOMAC scores compared to Osteoarthritic Nosode alone. Although the findings are statistically significant, larger controlled studies are recommended to further substantiate these results

REFERENCES

- [1] N. Bellamy, W. W. Buchanan, C. H. Goldsmith, J. Campbell, and L. W. Stitt, "Validation study of WOMAC: A health status instrument for measuring clinically important patient relevant outcomes to antirheumatic drug therapy in patients with osteoarthritis of the hip or knee," *J. Rheumatol.*, vol. 15, no. 12, pp. 1833–1840, 1988.
- [2] M. M. Sheopal and B. Sarkar, "Osteo-arthritis nosode: Literature review," *Int. J. Homoeopathic Sci.*, vol. 4, no. 3, pp. 167–168, 2020.
- [3] B. P. Panda, S. S. Naik, and J. Rathva, "Efficacy of OA nosode 30C in the management of osteoarthritis of knee joint in the age group of 21 to 80 years – a clinical study," *Int. J. Pharm. Sci. Res.*, vol. 15, no. 9, pp. 2745–2749, 2024, doi: 10.13040/IJPSR.0975-8232.15(9).2745-49.
- [4] R. Saxena and T. Jain, "A randomised placebo-controlled trial to assess the efficacy of osteoarthritic nosode in the treatment of knee osteoarthritis," *Homoeopathic Links*, vol. 34, no. 3, pp. 199–205, 2021, doi: 10.1055/s-0041-1735488.

- [5] S. Sabarirajan, S. R. Ameerkan Babu, and J. Jeya Sangeetha, “A study to assess the effectiveness of osteoarthritic nosode vs. constitutional medicine in the management of osteoarthritis of knee joint,” *Advancements in Homeopathic Research*, vol. 5, no. 3, pp. 42–46, 2022.
- [6] S. R. Ameerkan Babu, “Osteoarthritic Nosode & Osteoarthritis – A complete review,” *Homoeopathy for All*, vol. 23, no. 4, pp. 29–31, 2021.
- [7] G. Bakker, “Osteoarthritic Nosode 30 C: Result of treatment in thirty OA patients,” *Br. Homeopath. J.*, vol. 55, pp. 164–167, 1966, doi: 10.1016/S0007-0785(66)80059-5.
- [8] O. A. Julian, *Materia Medica of Nosodes with Repertory*, reprint ed. New Delhi, India: B. Jain Publishers, 2000, pp. 597–622.
- [9] S. R. Khan, A. V. Patil, and S. R. Shinde, “Homoeopathic rare remedies for osteoarthritis of knee joint,” *Sustainability, Agri, Food and Environmental Research*, vol. 13, Special Issue, 2025.