The Role of Maintaining Causes in Osteoarthritis

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I. INTRODUCTION

Osteoarthritis (OA) is a multifactorial, heterogeneous joint disease in which mechanical, metabolic, genetic and age-related influences interact (Hunter & Bierma-Zeinstra, 2019). Hahnemannian philosophy approaches chronic illness through the circumstances surrounding its origin and continuation.

II. MAINTAINING CAUSES IN HAHNEMANNIAN PHILOSOPHY

In the Organon, Hahnemann tells the physician to look for the exciting cause in acute illness. In chronic illness he asks for the most significant events in the whole history, along with the patient's constitution, temperament, occupation, habits, home life and age. He wants the physician to ask about daily work, diet and living conditions, because these may produce or sustain the disease. He also describes complaints that persist only because of avoidable harmful habits or surroundings. These ease when the way of life is corrected, unless a deeper chronic miasm lies underneath. Kent and Close treat the same idea as obstacles to cure.

III. MODERN UNDERSTANDING OF CONTRIBUTING FACTORS IN OA

- Obesity and metabolic dysfunction. Excess body weight increases mechanical load on weight-bearing joints and is a consistent risk factor for knee OA (Blagojevic et al., 2010). Its association with hand OA suggests that systemic metabolic and inflammatory influences may also contribute.
- Occupational loading and joint injury. Repetitive kneeling, squatting, heavy lifting and prolonged physical loading are linked to knee and hip OA. Previous joint trauma, such as ligament or meniscal injury, is a strong predisposing factor.
- Physical inactivity. Quadriceps weakness and reduced functional capacity are associated with greater pain and disability. This is better established for symptoms and function than for causing OA.
- Ageing and other factors. Age is among the strongest non-modifiable risk factors, alongside female sex, genetics and joint malalignment. Obesity, injury and inactivity are modifiable.

IV. COMPARATIVE PERSPECTIVE

Both frameworks hold that a patient's circumstances matter, and both ask about occupation, lifestyle, diet and environment when trying to understand why illness persists. They differ in method. For Hahnemann, a maintaining cause is a circumstance that obstructs recovery, recognised through case-taking and analysis. Modern medicine expresses risk as epidemiological association, measurable joint loading and metabolic markers, tested in populations.

V. CONCLUSION

Both traditions treat the origin and persistence of chronic illness as worth careful inquiry, and both place the individual's circumstances at the centre. Their foundations remain distinct: one philosophical and interpretive, the other empirical and probabilistic, with its own limits in heterogeneity and causal inference.

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