Knee Pain and Homoeopathy

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Article outline-

Introduction- Key words- Knee anatomy (not described here)- Common knee disorders and their miasmatic analysis- Homoeopathic Treatment

Introduction

Knee joint pain is a very common complaint, being not only uncomfortable but causing lot of anxiety. It is often associated with ageing process but no age is immune. To study knee pain, one must be acquainted with anatomy of knee joint.

Key words-

Osteoarthrosis-

This is the form of arthritis characterized by erosion of articular cartilage, either primary or secondary to trauma or other conditions. The articular cartilage becomes soft, frayed, and thinned with eburnation of subchondral bone and outgrowths of marginal osteophytes. It results in pain and loss of function and mainly affects weight-bearing joints. It is more common in older persons.

Rheumatoid arthritis-

It is a systemic disease, occurring more often in women, which affects connective tissue. Arthritis is the dominant clinical manifestation, involving many joints, especially those of the hands and feet, accompanied by thickening of articular soft tissue, with extension of synovial tissue over articular cartilages, which become eroded. Its course is variable but often is chronic and progressive and it often leads to deformities and disability.

Ankylosing spondylitis-

This is the arthritis of the spine, resembling rheumatoid arthritis that may progress to bony ankylosis with lipping of vertebral margins. This disease is more common in the male often with the rheumatoid factor absent and the HLA antigen present. There is a striking association with the B27 tissue type and the strong familial aggregation suggest an important genetic factor, perhaps inherited as an autosomal dominant, the mechanism, however, remains obscure.

Psoriatic arthritis-

It is the concurrence of psoriasis and polyarthritis, resembling rheumatoid arthritis but thought to be a specific disease entity, seronegative for rheumatoid factor and often involving the digits.

Rickets-

It is a disease due to vitamin-D deficiency and characterized by overproduction and deficient calcification of osteoid tissue. It is associated with skeletal deformities, disturbances in growth, hypocalcemia, and sometimes tetany. It is usually accompanied by irritability, listlessness, and generalized muscular weakness. In this disese, fractures are frequent.

Osteoporosis-

This is a condition of reduced bone mass, with decreased cortical thickness and a decrease in the number and size of the trabeculae of cancellous bone (but normal chemical composition). It results in increased fracture incidence. Osteoporosis is classified as *primary* (Type 1- postmenopausal osteoporosis; Type 2-age-associated osteoporosis; and idiopathic, which can affect juveniles, premenopausal women, and middle-aged men) and *secondary* osteoporosis (which results from an identifiable cause of bone mass loss).

Gout-

It is a disorder of purine metabolism, occurring especially in men, characterized by a raised but variable blood uric acid level and severe recurrent acute arthritis of sudden onset resulting from deposition of crystals of sodium urate in connective tissues and articular cartilage. The most cases are inherited, resulting from a variety of abnormalities of purine metabolism. The familial aggregation is for the most part galtonian with a threshold of expression determined by the solubility of uric acid. However, gout is a feature of the Lesch-Nyhan *syndrome* an X-linked disorder.

Osteomalacia-

It is also called as adult rickets. It is a disease characterized by gradual softening and bending of the bones with varying severity of pain. The softening occurs because the bones contain osteoid tissue which has failed to calcify due to lack of vitamin D or renal tubular dysfunction. It is more common in women than in men. Osteomalacia often begins during pregnancy.

Paget's Disease-

It is a generalized skeletal disease, frequently familial, of older persons in which bone resorption and formation are both increased, leading to thickening and softening of bones (e.g., the skull), and bending of weight-bearing bones.

Pseudogout-

Acute episodes of synovitis caused by deposits of calcium pyrophosphate crystals rather than urate crytals as in true gout; associated with articular chondrocalcinosis is called as pseudogout.

Tibia vara or Genu varum -

It is a deformity marked by medial angulation of the leg in relation to the thigh or an outward bowing of the legs.

Genu valgum or Knock knees -

It is a deformity marked by lateral angulation of the leg in relation to the thigh.

Tumours of Knee-

These may be benign or malignant. Malignant ones may be metastatic. viz. osteosarcoma, Eving's sarcoma etc.

The extensor mechanism of the knee

Extension of the knee is produced by the quadriceps muscle acting through the quadriceps ligament, patella, patellar ligament and tibial tubercle.

- Weakness of extension- It leads to instability, repeated joint trauma and effusion. There is often a vicious circle of pain-
 - →quadriceps inhibition →quadriceps wasting →knee instability →ligament stretching and further injury →pain.
- Loss of full extension- It also leads to instability, as there is failure of the screw-home mechanism. Rapid wasting of the quadriceps is seen in all painful and inflammatory conditions of the knee.

Weakness of the quadriceps is also sometimes found in lesions of the upper lumbar intervertebral discs, as a sequel to poliomyelitis, in multiple sclerosis and other neurological disorders, and in the myopathies. Quadriceps wasting may be the presenting feature of a diabetic neuropathy or secondary to femoral nerve palsy from an iliacus haematoma.

The term 'jumper's knee' is used to describe a number of conditions where there is pain in the patellar ligament or its insertion: it includes the -

Sinding–Larsen–Johansson syndrome- seen in children in the 10–14 age group, where there are X-ray changes in the distal pole of the patella.

Osgood Schlatter's disease- (often thought to be due to a partial avulsion of the tibial tuberosity) which occurs in the 10–16 age group. In it there is recurrent pain over the tibial tuberosity, which becomes tender and prominent. Radiographs may show partial detachment or fragmentation. Pain generally ceases with closure of the epiphysis. In an older age group (16–30) the patellar ligament itself may become painful and tender. This almost invariably occurs in athletes, and there may be a history of giving-way of the knee. CT scans may show changes in the patellar ligament, the centre of which becomes expanded.

Following table summarizes the main causes of knee joint pain.

Common causes of knee pain

Type of Lesion	Diagnosis	Miasm				
		Psora	Sycosis	Syphilis	Pseudopsora	Cancerous
Degenerative	Osteoarthrosis	+	++	+++		+
Traumatic (Post Injury)	Knee sprain	++	+			
	Meniscal Injury	++	+			
	Ligament Injury	++	+			
	Fracture	++	+			
	Dislocations	+++		+		
	Overuse Injury	++	+++			+

Rheumatological	Rheumatoid	+	++	+		+
_	Arthritis					
	Ankylosing	+	++++	++		++
	Spondylitis					
	Psoriatic	++	+++	+		
	Arthritis					
Infections	Tuberculous	+	+	+	+++	
	Bacterial	+	+	++	+	
Metabolic Disorders	Rickets	+		+++	+	
	Osteoporosis	+		++++	+	
	Gout	++	+++			++
	Osteomalacia			+++	+	+
	Steroid induced	++	++	+		+++
	Pagets disease	+	+	+	+	++++
	Pseudogout	+	+			
Haemoglobinopathies	Bleeding	++		++	+	
	disorders	1				
	Haemophillia	+	+	+++		
	TP'1 ' X/	1				
Congenital anomalies	Tibia Vara	+	++	+++		+
	(Bow-legs) Genu varum	+	++	+++		+
	(Bow-legs)			TTT		_
	Genu Valgum	+	+	+++		+
	(Knock knees)	'	'			
	(IXHUCK KHCCS)					
Tumors (Bony/Synovial)	Benign	+	+++		++	
Tumois (Dony/Synovial)	Malignant	+	+++	++	 	+++
	Metastatic	++	+++	+		++++
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Homoeopathic Treatment-

Frequently indicated remedies for Knee Pain in decreasing prominence according to the rubrics found, in general, in various repertories -

rhus-t.	sulph.	caust.	lyc.	coloc.	kali-c.	led.	agar.	calc.	zinc.
92/100	72/100	67/100	58/100	53/100	50/10	47/100	42/100	42/100	41/100

Miasmatic analysis (done with Synthesis 9.2) of disorders with Knee pain –

	Sycosis	Syphilis	Pseudopsora	Cancerous	
83 %	75 %	62 %	65 %	64 %	

Ton ten antimiasmatic remedies (Synthesis 9.2) -

Remedy	nit-ac.	lyc.	sil.	thuj.	sulph.	kali-i.	merc.	phos.	ars.	aur.
Miasm	730	669	619	619	610	600	589	589	580	580
Psora	2	4	2	1	4	1	2	1	1	1
Sycosis	4	4	2	4	2	1	1	1	2	1
Syphilis	4	2	3	2	2	4	4	2	2	4
Pseudopsora	2	3	4	2	1	2	1	4	3	1
Cancerous	4	3	3	2	2	2	2	3	3	2

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