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Clinical Cases

Acute Infective Osteoarthritis in a Woman of 70

June 17, 2022 • Add Comment • by Rajiv Peres

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Dr. Rajiv Peres shares a case of acute infective osteoarthritis in a woman of 70. Shifting pains and aggravation at night, along with astute analysis by Dr. Peres led to the simillimum.

Name: LD

Female, Age 70

Has 2 daughters, one who is unmarried lives with her.

Background history —

I first saw this patient in May 2020. She appeared lean, thin, shy and presented as a case of acidity with retrosternal pain before food, aggravated by spicy and oily things, also worse by eating butter and masala items.

She had gall bladder polyps since many years.

She also complained of sleeplessness which dated back to depression since about 4

She was worried how to bring up her two daughters. One is already married and she has a granddaughter.

In Dec 2019 she developed right tonsillar cyst. Right tonsillectomy done.

History of Recurrent sinusitis. She also complained of pain in right ear which comes suddenly and disappears slowly.

She used to get pain in the right knee < ascending, locking of right knee joint and was advised total knee replacement. Also, she suffered from numbness of feet which improved by walking about.

She was an emotional person and didn't want to complain much. She was afraid to be alone and afraid of thieves, when her unmarried daughter goes to work. Feels better with consolation. She craved coffee.

Rx Pulsatilla 200, 1 single dose

In August 2020 at follow up, she reported that only the acidity was mildly improved but otherwise no improvement from the remedy. I observed that her gait was like a duck. Also, she had stiffness of back while rising up in the morning. She had difficulty in ascending stairs. There was constant worry about her daughter. She had marked craving for cheese.

Rx Calcarea Carb 200, 1 single dose

Polyps still persisted despite Rx.

Present complaint:[RESEARCH](#)[VETERINARY](#)

Since 14th June 2021 she had very severe acidity after lunch which she has at 1.30 pm. Lunch includes 3 tablespoons of Kanji, then 15 minutes later, upper G.I discomfort started. Burning commenced at 2.15pm. At 6.15pm again burning increased for a few minutes and then she got relief. At 9.30 pm she had plain water and again burning started.

See also

Answers to April Case Quizzes

On 16th June 2021 her right knee started hurting, relieved by cold compresses, unable to sit on commode and couldn't even tolerate cold compress as it was raining very heavily.

This was an acute crisis as narrated by the daughter over the phone. Before I could go to see her, I asked the daughter to give her 3 doses of Lycopodium 200 on 16th June 2021. I was considering the problem originating in right knee and shifting to left knee. However, there was absolutely no relief but on the contrary her condition worsened day by day until she was completely limited to the bed. She was able to sit in bed but not stand. She could not eat anything. Pains were changing from right knee to left.

On 17th June 2021 she worsened, especially at night time

18th June 2021: Crying in pain which was unbearable now second knee (left) started

That was when I went for a home visit. No orthopedic doctor was willing to make a home visit due to Covid19 scenario.

18th Evening a home visit. Patient was lying in bed on her back, all surroundings very clean. The left knee was massively enlarged (3 times bigger than the left), venous engorgement seen and hot to touch. She was not in a position to bend it. Would not like any pressure.

Right knee was also warm on touch but 3 times less swollen as compared to the left. The excruciating pains would be worsened at night preventing her from sleeping. Unable to stand at all. Weeping while telling the symptoms.

Daytime she feels hot and at night she felt chills in the body. Only able to sit up in bed. Can't even sit on the commode without help of daughter. Ailment from could not be traced.

There was fullness of abdomen with mild nausea feeling with fear. Fear was due to the burning in epigastrium triggered by any kind of food including beverages like coffee, tea and even water. She was always aggravated after eating and had sour eructations. Afraid to eat. Also, it was observed by the patient that even in summer she had icy cold sweat. At present not much sweating.

After I examined her joints, she began complaining of pain in throat. On examination of throat: Septic tonsillitis of left side and the uvula was massively swollen pale and had a whitish tip pointing downward (like icicles). She was prone to such septic lesions even in the past. Patient was asked what was troubling her the most? She said left knee pain. I inquired "What about your acidity?" She said it is hardly troubling her at present.

Mastitis in a Woman of 30

Diagnosis : Acute infective osteoarthritis secondary to septic tonsillitis.

Rx: Kali Bichromium LM1 Twice a day for 2 days – prescribed on 20th June 2021.

Reasons for prescribing Kali Bichromium;

1) I referred to Boger's synoptic key initial repertory section page 48 for shifting pains rubric

2) I used night aggravation (syphilitic) to eliminate remedies. I was left with Pulsatilla, Ledum Pal and Kali-Bi. Pulsatilla had been tried in the past but without any success. Ledum Pal has coldness of parts better by cold application, whereas in this case the affected part is warm to touch and better by cold application.

I read all these 3 drugs from Materia Medica and in Allen's Keynotes under Kali Bi. I found the PQRS symptom of this case Oedematous, bladder-like appearance of uvula.

Follow up on 21st June.

In the morning she first experienced some vertigo and then began walking by holding the walls. Vertigo was an old symptom that had returned after the remedy.

22nd June : Able to walk without any support

Home visit Follow up on 10th July. Patient walking absolutely normally. Both knees were cold on touch and appeared symmetrical in contour.

Follow up on 22nd August 2021

She came walking to my clinic with lots of gifts for me. No complaints of knee pains, walks well. Both knees cold on touch, no tenderness. On examination of throat: Bladder like swelling of uvula restored back to normal as can be observed in the photograph. Sleeps well. Eats well. Blood pressure 130/80mmHg.

This case highlights the role of the homoeopath at the bedside and how the whole phenomenon has to be perceived in resolving chronic diseases.

Uvula Aug 22nd after Kali Bi

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Knees – Aug 22nd

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