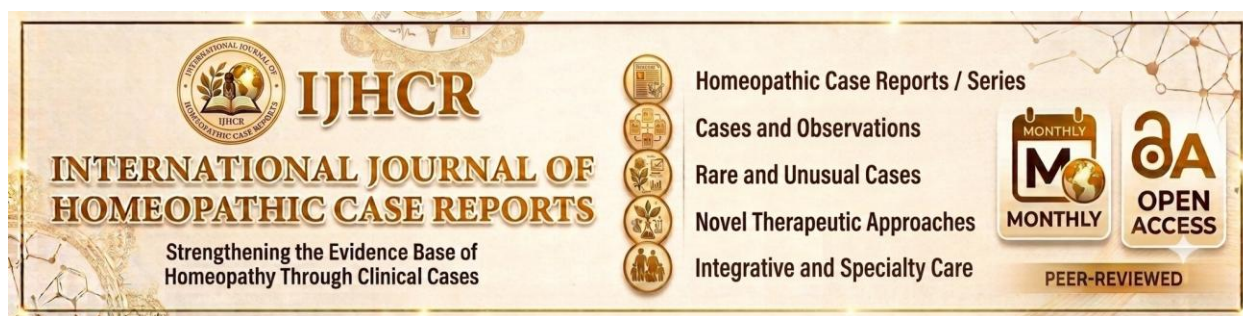




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Individualised Homoeopathic Management of Chronic Right Knee Osteoarthritis with Radiological Degenerative Changes in a 55-Year-Old Woman: A Case Report

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Abstract

Background

Osteoarthritis (OA) of the knee is a chronic degenerative joint condition commonly associated with pain, stiffness, swelling, crepitation and limitation of movement. This case describes a 55-year-old woman with chronic right-sided knee pain associated with swelling, tenderness and radiologically documented degenerative changes. Surgery had been suggested by an allopathic consultant because of reduced synovial fluid and persistent symptoms.

Case Presentation

A 55-year-old homemaker presented with right knee pain for approximately two years, progressively aggravated over the preceding year. The pain was associated with swelling, tenderness and crepitation and was aggravated by walking, climbing stairs, standing and exertion. She described a dragging pain extending from the right hip towards the knee. Sitting and rest provided relief. X-ray examination demonstrated degenerative changes in the right knee joint. She also had diabetes mellitus and hypertension for approximately two years and was overweight.

The case-taking revealed significant emotional stress related to family conflicts, particularly difficulties involving her daughters-in-law and an ongoing family-related court case. She described sadness, grief, insecurity, fear and lack of confidence in dealing with family members. She preferred company and social gatherings and frequently overthought family problems.

Homoeopathic Assessment

The case was repertorised using the presenting physical and mental characteristics. The constitutional assessment included the patient's emotional state, family-related stress, generalities and characteristic musculoskeletal symptoms. **Lycopodium** was considered constitutionally, while **Calcarea fluorica** was considered in relation to the degenerative joint pathology, according to the prescribing rationale recorded in the case.

Outcome

During follow-up, progressive reduction in swelling and knee pain was documented. By June and August 2026, the patient reported feeling better, with no swelling around the knees and improvement in general well-being. The case was followed longitudinally with repeated clinical assessments.

Conclusion

This case illustrates the importance of comprehensive case-taking, including physical generals, characteristic modalities and mental/emotional factors, in an individualised homoeopathic prescribing approach. The observed improvement is reported as a case outcome and cannot by itself establish treatment efficacy or causation.

Keywords: Knee osteoarthritis, degenerative changes, knee pain, swelling, crepitation, individualised homoeopathy, Calcarea fluorica, Lycopodium, case report.

Introduction

Osteoarthritis of the knee is characterised by progressive structural and functional changes within the joint. Patients may experience pain during weight-bearing activities, stiffness, swelling, crepitation and progressive restriction of movement.

The present case concerns a 55-year-old woman with predominantly **right-sided knee involvement**, radiological degenerative changes and persistent pain despite conventional symptomatic management. Surgical intervention had reportedly been suggested because of reduced synovial fluid.

The case was approached through detailed individualisation, incorporating:

- Chief complaint and pathology
- Location and laterality
- Sensation
- Modalities
- Concomitant symptoms
- Physical generals
- Past and family history

- Mental and emotional characteristics
- Significant life events
- Repertorisation
- Longitudinal follow-up

Patient Information

Parameter	Details
Age	55 years
Sex	Female
Occupation	Homemaker
Family	Husband and 3 sons
Presenting condition	Right knee osteoarthritis
Duration	Approximately 2 years
Progression	Aggravated over the preceding year
Imaging	X-ray showing degenerative changes in right knee
Other conditions	Diabetes mellitus, hypertension
Surgical history	Hysterectomy approximately 7 years previously
Previous recommendation	Knee surgery suggested by allopathic consultant
Symptomatic treatment	Painkillers reported

Chief Complaints

The patient presented with:

Right knee pain

- Present for approximately 2 years
- Increased over the preceding year
- Dragging type of pain
- Extending from the right hip towards the knee
- Worse on walking

- Worse while climbing stairs
- Worse on exertion
- Pain while standing
- Pain during routine activity

Associated symptoms

- Swelling of the right knee
- Tenderness
- Crepitation
- Reduced synovial fluid reportedly noted
- Radiological degenerative changes

The left knee was initially reported to be comparatively normal.

Investigations

X-ray

X-ray of the knee demonstrated:

Degenerative changes in the right knee joint.

Other reported investigations were stated to be within normal limits.

The patient reported that an allopathic consultant had suggested surgery and she had used painkillers for symptomatic relief.

Associated Medical History

Diabetes Mellitus

- Present for approximately 2 years
- Taking **Glycomet**
- HbA1c subsequently documented at approximately **7.1%**
- Fasting blood sugar reported around **120 mg/dL**
- PPBS reported around **162–180 mg/dL**

Hypertension

- Present for approximately 2 years
- BP was documented as elevated on one follow-up, approximately **157/95 mmHg**

Gynaecological history

The patient underwent hysterectomy approximately 7 years previously.

History recorded:

- Medications had previously been taken to prevent menstruation.
- Subsequently developed heavy bleeding.
- Hysterectomy was performed because of menorrhagia.

The patient associated the onset of some of her subsequent health difficulties with the period following the hysterectomy.

Physical Generals

General	Finding
Appetite	Normal
Cravings	Sweet, chicken
Aversion	Spicy food
Thirst	Normal/decreased in later record
Water preference	Normal water
Perspiration	Generalised/while working
Stool	Satisfactory/soft, regular
Urine	Normal
Thermal state	Hot
Bathing	Hot water recorded
Sleep	Approximately 7–8 hours
Sleep quality	Generally refreshing; disturbed during periods of stress
Position	Back/right side recorded

The attached clinical record also documents a history of hysterectomy.

Personal and Family History**Family setup**

- Husband
- Three sons

- Both parents were farmers
- Childhood described as good
- Family relationships were initially described as good

Childhood

- Studied up to approximately 4th–5th standard
- No major childhood difficulties reported

Occupation

The patient was a **homemaker**.

She preferred:

- Company of relatives
- Family gatherings
- Social/religious functions
- Initiating conversations with new people

Life Space

The patient's life was described as relatively stable during childhood and earlier adult life.

However, she reported significant emotional stress during the preceding approximately 10 years, particularly following changes in family relationships after her sons' marriages.

Major stressors

- Family conflicts
- Difficult relationship with daughters-in-law
- Elder daughter-in-law separating from the family
- Court case involving the family
- Worry regarding the future of her elder son
- Fear regarding her sons' relationships
- Feeling insecure about family relationships

She reported becoming increasingly sad and tense during this period.

Mental and Emotional State

The mental symptoms were an important component of individualisation.

Emotional characteristics

- Prefers company

- Sociable
- Easily initiates conversations
- Overthinks
- Family-oriented
- Caring
- Fearful regarding family issues
- Lack of confidence in confronting daughters-in-law
- Sadness
- Grief
- Emotional sensitivity

Anxiety

She reported:

Fearfulness and lack of confidence while communicating with her daughters-in-law.

She frequently worried about family problems and her son's future.

Anger

Anger was particularly associated with situations where family members did not respond to her, especially in relation to her daughters-in-law.

She expressed her anger and sadness primarily to her sons rather than directly to her daughters-in-law.

Stress

Her most significant stressful period was associated with:

- Separation of her elder daughter-in-law from the family
- Family disputes
- Court proceedings
- Concern regarding her son's future

Sadness

Important sad experiences included:

- Death of her parents approximately 10 years previously
- Separation of her elder daughter-in-law from the family

Happiness

Her happiest experiences were associated with:

- Birth of her grandchildren
- Family interactions

Hobbies

- Attending religious events
- Participating in devotional activities
- Playing musical instruments during devotional songs

Characteristic Symptom Totality

The case totality can be summarised as follows:

Mental generals

- Anxiety regarding family
- Fearfulness
- Lack of confidence
- Overthinking
- Sadness and grief
- Desire for company
- Sociability
- Emotional disturbance from family conflicts

Physical generals

- Hot patient
- Desire for sweets
- Desire for chicken/non-vegetarian food
- Aversion to spicy food
- Generally normal appetite
- Generally satisfactory sleep and elimination

Particulars

- **Right knee**
- Chronic pain
- Dragging sensation

- Hip → knee radiation
- Worse walking
- Worse climbing stairs
- Worse exertion
- Worse standing
- Crepitation
- Swelling
- Tenderness
- Radiological degenerative changes
- Better by sitting/rest

Case Analysis

The case was not considered solely on the pathological diagnosis of osteoarthritis.

The following levels were considered:

Pathology → Characteristic physical symptoms → Modalities → Physical generals → Mental generals → Life-space factors → Individualisation

The most prominent pathological feature was the **degenerative change of the knee joint**.

However, the prescribing approach also considered the patient's marked emotional background, including prolonged family-related stress, grief, insecurity and fear.

Repertorisation

The repertorial analysis included characteristic symptoms from the case, particularly:

- Knee pain
- Right-sided involvement
- Pain aggravated by walking
- Pain aggravated by exertion
- Pain on climbing stairs
- Joint complaints with degenerative changes
- Emotional sensitivity
- Family-related anxiety
- Fearfulness
- Desire for company

- Overthinking

The repertorial approach was used as an aid to individualisation rather than relying on the pathological diagnosis alone.

Remedy Consideration

Constitutional consideration – Lycopodium

The case record considered **Lycopodium** in relation to the patient's:

- Family concerns
- Need for company
- Overthinking
- Insecurity
- Fear regarding family relationships
- Lack of confidence in confronting certain family members
- Emotional response to family circumstances

Pathological/specific consideration – Calcarea fluorica

Calcarea fluorica was considered as the specific/pathological remedy in the recorded prescribing rationale, particularly in relation to:

- Degenerative joint changes
- Chronicity
- Structural/degenerative pathology

The prescribing rationale should be understood as the case-specific clinical reasoning recorded by the treating team rather than as evidence that the remedy reverses osteoarthritic degeneration.

Prescription Strategy

The case was managed through an individualised homoeopathic approach, with the constitutional and specific/pathological considerations forming the basis of prescription.

The patient's conventional management for diabetes, hypertension and other medical requirements was also continued as clinically indicated.

Important: The case record does not provide enough information in the supplied material to reconstruct every exact potency, dose and date of each homoeopathic prescription. Therefore, these details should not be added without the original prescription record.

Follow-up and Clinical Progress

Early follow-up

Initially, the patient continued to experience knee pain and swelling.

At various follow-ups:

- Pain persisted during walking.
- Swelling was present.
- Crepitation persisted.
- Pain was reported during sitting-to-standing movements.
- Pain intensity fluctuated.

At one stage, the patient required additional conventional/injection-based pain management according to the follow-up record.

December 2024

The patient reported:

- Knee pain better
- Swelling decreased
- Blood sugar under control

She was able to walk for a longer duration.

January 2025

Further improvement was documented:

- Joint pains better
- Swelling reduced
- Crepitations still present
- Left knee symptoms subsequently became more prominent

April–May 2025

The follow-up record documented:

- Reduction in knee pain
- No significant swelling
- Reduced redness/burning
- Pain predominantly with walking
- Improvement while sitting

The patient continued dietary measures and diabetes management.

June–August 2025

The patient reported:

- Improvement in knee pain
- Persistent pain mainly while walking
- No significant swelling
- Better general condition

However, metabolic parameters remained a concern, including elevated HbA1c.

September–October 2025

The record documented:

- Recurrence/persistence of right knee pain
- Pain mainly with walking
- Some pain while sitting
- Occasional cracking sound
- Obesity/weight gain
- Diabetes remained present
- Sleep became less satisfactory

This demonstrates that the clinical course was **not uniformly linear**.

November 2025

The patient continued to report:

- Right knee pain
- Swelling
- Dragging pain
- Radiation from lower back/hip region towards knee
- Aggravation on exertion
- Relief with rest

The patient remained under follow-up.

June 2026

A clinically significant improvement was documented:

Doctor's observation:

- Feeling better
- No swelling around the knees
- No new complaints
- General condition better

Patient's report:

- Feeling better
- No swelling around knees
- No new complaints
- General condition improved

August 2026

At the latest supplied follow-up:

- No swelling around knees
- General condition better
- Right knee pain history continued to be noted
- Pain had been associated with walking and climbing stairs
- Pain was described as dragging from the right hip towards the knee
- Sitting/rest relieved the pain

Outcome Summary

Parameter	Before treatment	During follow-up	Later follow-up
Right knee pain	Significant	Fluctuating, gradually reduced	Improved
Swelling	Present	Reduced	No swelling reported
Tenderness	Present	Reduced	Improved
Crepitation	Present	Persisted at some stages	Not prominently reported later
Walking	Painful	Gradually improved	Better
Stair climbing	Painful	Persisted intermittently	Improved general function

Hip → knee dragging pain	Present	Intermittent	Improved
General well-being	Disturbed	Improved	Better
Family-related stress	Significant	Ongoing	Continued monitoring
Diabetes	Present	Continued management	Present
Hypertension	Present	Continued monitoring	Present

Timeline of the Case

~7 years before current presentation



Hysterectomy for menorrhagia

~2 years before presentation



Right knee pain begins

Following year



Pain progressively worsens



Swelling + tenderness + crepitation



Pain during walking/standing/stairs

Investigations



X-ray → degenerative changes

Conventional consultation



Surgery suggested



Painkillers/injection-based symptomatic management reported

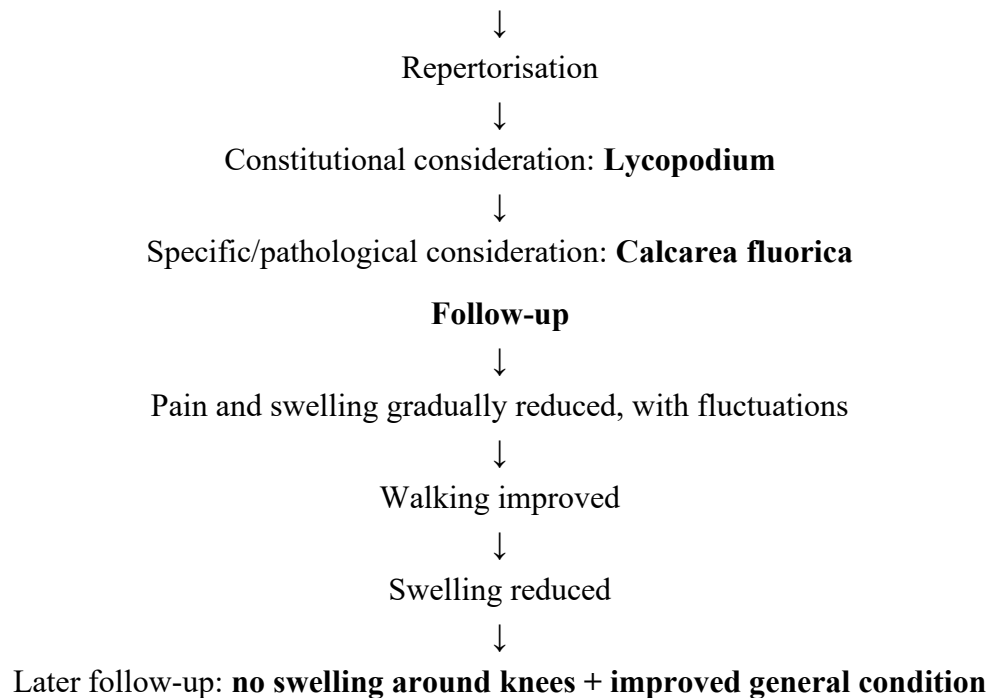
Homoeopathic case-taking



Physical generals + characteristic knee symptoms



Mental/emotional totality



Discussion

This case demonstrates the importance of looking beyond the diagnostic label of osteoarthritis while constructing an individualised case totality. The patient's presentation included a clear pathological component—radiological degenerative changes of the knee—but the case also contained a substantial mental-emotional background. Her prolonged family stress was characterised by: **Family conflict** → **overthinking** → **insecurity** → **fear** → **sadness/grief** → **disturbed sleep**

At the physical level, the characteristic knee presentation was:

Right knee → **dragging pain** → **hip-to-knee radiation** → **worse walking/stairs/exertion** → **better sitting/rest** → **swelling + crepitation** → **radiological degeneration**

The case therefore incorporated both: Local pathology and Individual characteristics

The longitudinal follow-up is particularly important because the improvement was not instantaneous or uniformly progressive. There were periods of improvement, persistence and recurrence before later improvement in swelling and general condition. This makes the case more representative of real-world longitudinal management rather than a simple “before–after” response.

Strengths of the Case

1. Clear pathological diagnosis supported by X-ray.
2. Long duration of follow-up.
3. Repeated documentation of clinical status.
4. Characteristic location and modalities were recorded.

5. Mental and emotional history was explored.
6. Relevant comorbidities were documented.
7. Outcome was assessed longitudinally.
8. The case demonstrates fluctuations rather than claiming uninterrupted improvement.

Conclusion

This case presents a 55-year-old woman with chronic right knee osteoarthritis, radiological degenerative changes, swelling, tenderness and characteristic activity-related pain. A detailed individualised case-taking approach incorporated physical generals, characteristic knee modalities and significant emotional and family-related factors.

The recorded follow-up showed **progressive reduction in swelling and improvement in knee symptoms and general well-being**, although the course included periods of persistence and recurrence.

The case highlights the value of **comprehensive case-taking, individualisation, repertorial analysis and longitudinal documentation** when presenting a homoeopathic case.

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