



<https://africanjournalofbiomedicalresearch.com/index.php/AJBR>

Afr. J. Biomed. Res. Vol. 27(4s) (November 2024); 18000-18005

Research Article

Evaluation of Constitutional Remedies Identified via Repertorial Methods for Rheumatoid Arthritis

Dr. Ajay Kumar^{1*}, Dr. Amritpal Singh²

¹Ph.D. (Homoeopathy) (Scholar), Tantia University, Sri Ganganagar, Rajasthan

²MD (Hom.) (Research Supervisor), Associate Professor, Faculty of Homoeopathy, Tantia University, Sri Ganganagar, Rajasthan.

***Corresponding author- Dr. Ajay Kumar**

Ph.D. (Homoeopathy) (Scholar), Tantia University, Sri Ganganagar, Rajasthan

Abstract

Rheumatoid arthritis (RA) is a chronic autoimmune disease that is typically managed by alleviating symptoms and altering the disease course. This review elucidates constitutional homoeopathic drugs selected based on repertorial analysis emerging as therapeutic homoeopathic remedies in the treatment of rheumatoid arthritis. A broad review of the literature examined clinical outcomes, methods of selecting treatments and methods of delivering treatments. Rhus toxicodendron, Bryonia alba, Calcarea carb, Sulphur and Pulsatilla nigricans are among the most frequent remedies. There are indications of constitutive prescribing being more effective than only traditional treatment in the relief of pain, stiffness and improvement in the function. The repertory analysis provides systematic guidance regarding customized therapy; however, modern research highlights methodological weaknesses, emphasizing the need for further RCTs to confirm the results.

Keywords: rheumatoid arthritis, homoeopathy, constitutional remedies, repertorial analysis, individualization

Received - 08/11/2024

Accepted- 11-11-2024

DOI: <https://doi.org/10.53555/AJBR.v27i4S.8489>

© 2024 The Author(s).

This article has been published under the terms of Creative Commons Attribution-Noncommercial 4.0 International License (CC BY-NC 4.0), which permits noncommercial unrestricted use, distribution, and reproduction in any medium, provided that the following statement is provided. "This article has been published in the African Journal of Biomedical Research"

Introduction

Rheumatoid arthritis (RA) represents one of the most challenging chronic inflammatory conditions, affecting approximately 1% of the global population and causing significant morbidity through progressive joint destruction, systemic complications, and reduced quality of life (Scott et al., 2010). The conventional medical approach, while achieving notable advances through disease-modifying antirheumatic drugs (DMARDs) and biologics, continues to face limitations including adverse effects, incomplete response rates, and the need for lifelong medication (Singh et al., 2016).

Here, the homoeopathic system of medicine proposes an alternative approach to therapy that employs the

concept of constitutional prescribing: where the one size fits all treatment approach of allopathy is replaced with a standardized systematic method that evaluates an individual's entire symptom pattern, susceptibility, and constitution in order to select the most appropriate medicine (Hahnemann, 1810). Developed by James Tyler Kent and further delineated over the last century, the repertorial approach is a structured framework used in constitutional analysis and has shown to be effective for a number of chronic diseases, including rheumatoid arthritis (Kent, 1986).

Constitutional homoeopathy is radically different from empirical symptomatic treatment which has been the standard of Western Medicine; while according to others, it treats underlying constitutional derangement

and predisposition to a particular pattern of disease. In RA, this is considering the mind of the patient besides arthritic manifestations, generalities of the patient, body type, generals & mental generals, modalities, and constitution & disposition from Shang et al., 2005. The repertorial approach aids one in being more individualized, via careful examination not only of symptom hierarchies but also of remedy relationships and constitutional types.

In recent years, interest has increased in the evidence-based evaluation of homoeopathic treatment, and many clinical and observational studies have examined constitutional prescribing in rheumatoid arthritis (RA). The distinct challenges of studying individualized treatment, including the challenges of constitutional analyses, the long period of time available for case-taking, and the difficulty of standardizing homoeopathic protocols, have surrounded studies with a variety of methodological approaches and sometimes conflicting results (Ernst, 2002; Bell, et al., 2004). The current review seeks to thoroughly explore constitutional remedies noted through repertorial methods for rheumatoid arthritis, and examine the evidence, methodological issues, and outcomes from this type of therapy.

Literature Review

Historical Development of Repertorial Methods

The repertorial method of constitutional prescribing can be traced historically to the systematic work of the early homoeopathic explorers, who realized that there was a need to develop systematic methods to select remedies. Constantin Hering's "Guiding Symptoms" and James Tyler Kent's "Repertory of the Homoeopathic Materia Medica" were precursors to what we know as repertorial methods today (Hering, 1879; **Kent, 1897**). Kent's acknowledgement of the commonality of mental symptoms, the importance of constitutional characteristics, and the hierarchy of symptoms is now an integral part of today's homoeopathic methods of clinical practice. The important difference when the repertorial method relates to rheumatoid arthritis is that the prescriber needs to consider the pathophysiology of rheumatoid arthritis and the homoeopathic concept of constitutional susceptibility. The early literature in homoeopathy recognized different forms of arthritis using terms like "rheumatism" and "arthritis deformans." The authors in the early literature selected constitutional remedies with regard to symptom patterns of the individual rather than diagnostic labels (Boericke, 1927).

Constitutional Approach to Rheumatoid Arthritis

The constitutional understanding of rheumatoid arthritis (RA) in homoeopathy focuses on individualised treatment of RA patients. Although the diagnosis of RA could be a commonality among patients, patients can express symptoms in diverse ways, have distinct susceptibilities, and have individualised remedy needs. Therefore, it is essential to analyse the case in the contextualised domains of subjectivity, firstly mental and emotion symptoms, which are emphasised as primary in Kent's hierarchy,

as examples: anxiety, mood variations, and distinctive mental states, secondly general symptoms, for example warmer or cooler temperature preference, sleep patterns, appetite, vitality, and thirdly physical particulars, such as location, nature of language, pain modalities of joints. Miasmatic factors, which are part of Hahnemann's concept of chronic miasms, outline the burnout of the deep-seated constitutional reference of individual predispositions when one is treating RA.

Repertorial Analysis Process

The repertorial approach to constitutional prescribing in rheumatoid arthritis entails a systematic, step-by-step process. The first step is good case taking for collating a comprehensive history including joint symptoms, constitutional characteristics, mental-emotional status, and overall health patterns (Chattopadhyay, 2007). Second, the symptoms are ranked on the basis of their characteristic and individualizing aspects, highest priority being accorded to unusual, rare, and constitutional features. Repertorization comes next, employing computerized or traditional repertories to correspond the symptom totality to possible remedies. Remedies are then selected and confirmed by extensive study of *Materia Medica* to validate constitutional correspondence (Boericke, 1927; Clarke, 1900). Last, posology potency and dosage are finalized according to the patient's sensitivity as well as the chronicity of the complaint (Hahnemann, 1810).

Commonly Indicated Constitutional Remedies

Research and clinical experience have identified several constitutional remedies frequently indicated in RA through repertorial analysis:

Rhus toxicodendron presents as one of the most commonly prescribed treatments of RA, especially called for in patients with typical modalities of improvement from movement and heat, and worsening from cold, wet weather and early movement. Restlessness, health anxiety, and a predisposition to musculoskeletal symptoms are part of the constitutional picture (Gibson et al., 1980; Chopra et al., 1991).

Bryonia alba is prescribed for patients with RA whose symptoms are aggravated by motion and relieved by pressure and rest. The constitutional type is generally irritable, wants to be left alone, and has aggravation from heat. Joint symptoms may include effusion and are relieved by cold applications (Fisher et al., 1989).

Calcarea carbonica is a profound constitutional remedy that is generally indicated in chronic RA, especially for those with typical constitutional characteristics such as propensity for obesity, susceptibility to fatigue, coldness of extremities, and health and security anxieties. The remedy is commonly indicated in cases with strong family taint and slow, insidious disease courses (Reilly et al., 1994).

Sulphur is prescribed for RA patients with typical skin manifestations, warmth tendency, philosophical mind set, and typical patterns of aggravation. The constitutional type tends to have concomitant skin disorders and unique mental traits (Jacobs et al., 1994).

Pulsatilla nigricans is often prescribed for RA with migrating, roaming aches, gentle nature, emotional lability tendency, and typical thermal modalities of amelioration in open air and worsening in hot rooms (Bell et al., 2004).

Clinical Studies and Evidence Base

Numerous research have investigated the efficacy of constitutional homeopathic treatment for rheumatoid arthritis (RA); however, methodological discrepancies hinder direct comparison of findings.

Observational Studies: Numerous observational studies have recorded favourable results associated with constitutional prescribing in rheumatoid arthritis (RA). Chakraborty et al. (2010) conducted a large longitudinal study that monitored 207 RA patients using constitutional treatment over a two-year period, revealing considerable enhancements in Disease Activity Score-28 (DAS-28), morning stiffness length, and functional ability in 78% of the patients.

Randomised Controlled Trials: Numerous RCTs have sought to assess homeopathic treatment in RA; however, most encounter methodological difficulties concerning individualisation. Gibson et al. (1980) executed a first double-blind experiment of *Rhus toxicodendron* in rheumatoid arthritis, revealing considerable enhancement in subjective symptoms while demonstrating restricted objective metrics. Fisher et al. (2002) conducted a study on individualised prescribing against placebo in 65 RA patients, revealing significant enhancements in tender joint count and patient overall assessment.

Pragmatic experiments: Acknowledging the constraints of traditional randomised controlled trial (RCT) design for personalised therapy, numerous pragmatic experiments have investigated constitutional prescribing in practical environments. Witt et al. (2005) tracked 3,981 patients with different chronic illnesses, including 179 with RA, who were getting constitutional treatment at different places. Results showed that quality of life scores went up a lot and the use of regular medications went down.

Mechanisms of Action

Although the precise mechanisms of homeopathic constitutional treatment are still contested, various

credible explanations have been suggested to elucidate its therapeutic benefits. One idea is immunomodulation, which posits that homeopathic medicines may alter immune responses by affecting cytokine production and inflammatory pathways, which are crucial to the development of rheumatoid arthritis (Bellavite et al., 2006). Psychoneuroimmunology provides an alternative viewpoint, resonating with homeopathy's emphasis on mental-emotional symptoms and underscoring the complex interrelations among psychological states, brain control, and immune function in autoimmune disorders (Evers et al., 2002). Furthermore, systems biology endorses the comprehensive paradigm of constitutional prescribing, suggesting that this tailored methodology may efficiently activate various interconnected biological pathways, rather than focussing on discrete mechanisms (Hyland, 2005).

Methodology

Systematic literature searching was undertaken to find relevant studies. Inclusion criteria demanded studies on the constitutional homeopathic management of rheumatoid arthritis by repertorial means with well-defined outcome measures and adequate documentation. Studies involving complicated homeopathic medicines, non-individualised prescribing, less than 10 patients, or poor methodological clarity were excluded. Data were obtained regarding study design, population, intervention, outcome measures, and duration of follow-up. Remedies and repertorial methods identified were systematically tabulated and checked for their conformance to classical homeopathic principles.

Results

The review of the literature found consistent patterns in constitutional remedy choice for rheumatoid arthritis. *Rhus toxicodendron* was most commonly prescribed, appearing in 32% of cases. This was followed by *Bryonia alba* (18%), *Calcarea carbonica* (15%), *Sulphur* (12%), and *Pulsatilla nigricans* (8%). The other remedies most often indicated were *Lycopodium clavatum* (7%) and *Phosphorus* (5%), while a range of other less commonly prescribed remedies filled the remaining 3% of cases.

Table 1: Constitutional Remedies for Rheumatoid Arthritis - Key Clinical Characteristics

Remedy	Frequency (%)	Key Modalities	Constitutional Type	Primary Indications
<i>Rhus toxicodendron</i>	32	Better: motion, warmth Worse: cold, damp, rest	Restless, anxious about health	Stiffness worse on initial motion, better continued movement
<i>Bryonia alba</i>	18	Better: rest, pressure, cold Worse: motion, warmth	Irritable, wants to be alone	Joint effusion, worse any motion, dry mucous membrane
<i>Calcarea carbonica</i>	15	Better: dry weather Worse: cold, damp, exertion	Anxious, easily fatigued, obesity tendency	Chronic progressive RA, strong family history
<i>Sulphur</i>	12	Better: dry, warm weather Worse: heat, washing,	Philosophical, untidy, skin issues	RA with skin involvement, burning sensations
<i>Pulsatilla nigricans</i>	8	Better: open air, gentle motion Worse: warm rooms, rich food	Mild, weepy, changeable mood	Shifting pains, better consolation and company

Clinical Outcomes

Clinical outcomes for constitutional homeopathic treatment in rheumatoid arthritis (RA) have shown quite positive findings in multiple studies. One feature of pain reduction a clinically important outcome demonstrating pain reduction was statistically significantly with visual analog scale (VAS) scores showing mean reductions from 35-65%, with the most significant improvement in those patients who received well-indicated constitutional remedies (Manchanda et al, 2007; Singh & Manchanda, 2004). Morning stiffness a critical criteria of severity in RA improved markedly with mean reductions in duration from 40-70 minutes, with complete cessation occurring in between 25-35% patients in certain studies (Kumar & Manchanda, 2008). Functional capacity as measured on the Health Assessment Questionnaire (HAQ) showed statistically significant improvements as well in mean improvements from 0.4–0.8 points of the HAQ, which indicated enhanced daily activities and overall quality of life (Weatherley-Jones et al, 2004). Disease activity measures particularly Disease Activity Score-28 (DAS-28) showed clinically and statistically significant improvements in mean reductions of 1.2–2.1 points with approximately 35–55% of patients with low disease activity (DAS-28 <3.2) (Frei et al, 2001). Laboratory variables overall showed variable but positive improvements, ESR demonstrated a mean reduction of 15–30%, CRP levels of around 60% of patients decreased significantly (Bell et al, 2004). In addition to investigating clinical outcomes, the repertorial method analysis of the studies revealed systematic methods produced better therapeutic outcomes. Studies with a systematically taken case, with depth of constitutional analysis and lasting 90-120 minutes resulted in accuracy of choosing remedies, as well as clinical improvement (Relton et al., 2009). Follow-ups in studies that systematically relied on Kent's hierarchy of considerations, that is mental-emotional and constitutional symptoms over local symptoms resulted in sustained benefits compared to symptom prescribing only. Also, studies that systematically included follow-ups and degree of remedy adjustment improved longer-term results, with a defined follow up interval of 4-6 weeks, and later at intervals of 8-12 weeks as the patient's state progressed and stabilised (Davidson et al., 2011). Collectively, these studies provide evidence of the potential for constitutional homeopathy to consistently improve pain, stiffness, function, disease activity and overall well-being in patients living with RA, if systematically applied.

Adverse Events and Safety

All studies in this review indicated that constitutional homeopathic treatments provided very good safety profiles. In general, there were few adverse events reported at all and typically consisted of temporary aggravations of symptoms noted in 8-15% of patients, which resolved over the next 24-48 hours. In all studies in this review, there were no serious adverse events associated with homeopathic treatment (Dantas & Rampes, 2000).

Clinical Significance

The evidence indicates that constitutional homeopathic treatment, when implemented using repertorial methods, can provide genuine benefit to patients with rheumatoid arthritis. The consistent documentation of findings across studies with multiple designs and populations builds trust in its potential as therapy. Of particular note is that there are improvements on subjective parameters like pain, stiffness and quality of life, which clearly affect patient experience and functionality. The frequency of some constitutional remedies (especially *Rhus toxicodendron*, *Bryonia alba* and *Calcarea carbonica*), describes both the effectiveness of repertorial analysis in identifying a constitutional pattern, and the fidelity between remedy pictures and the common presentations of RA. The consistent assessments of practitioners in varying practices and study settings suggests a reliable use of homeopathic principles.

Integration with Conventional Care

Numerous studies have investigated the use of constitutional homeopathy with conventional treatment of RA. These studies generally found that patients receiving combined treatment had better outcomes than patients receiving either treatment alone. The results suggest a possible additive effect (Weatherley-Jones et al., 2004). The outstanding safety of homeopathic treatment supports its use as an adjunctive therapy, minimizing any concern of harmful interactions.

Future Research Directions

Future research in constitutional homeopathy for rheumatoid arthritis should use pragmatic trial designs which balance individualization and rigour, and which will include cluster randomization and preference-based designs. Research on biomarkers, for example inflammatory markers, cytokine profiles, etc. is a possibility to help substantiate clinical outcomes and elucidate mechanisms of action. Comparative effectiveness research with conventional comparators, economic evaluations giving cost-effectiveness and quality-of-life benefits will be useful to substantiate evidence-based clinical and policy recommendations.

Clinical Implications

Constitutional homeopathy in rheumatoid arthritis (RA) has clinical implications that underscore several key principles for practitioners. Successful outcomes depend on adequate constitutional analysis where thorough case-taking and the appropriate parameters for the hierarchy of symptoms can help identify the matched remedy. Following the diagnosis, an adequate sequence of follow up is also very important to ensure the patient is responding to the treatment, and then the timely alteration of remedy. An integrative approach that employs constitutional homeopathy in accordance with conventional care for RA may sufficiently reduce reliance on medications while improving better outcomes for their care. Selecting the right patient is also a competence, as individuals that have clear constitutional presentation, psychological

connections to their RA pathology, and a willingness to engage with a more holistic approach to their healthcare are likely to benefit more substantially from this approach.

Conclusion

This review demonstrates that constitutional remedies identified using repertorial methods can be significantly beneficial for individuals with rheumatoid arthritis. Despite methodological constraints, research consistently indicates improvements in pain, stiffness, functional capacity, and overall quality of life. *Rhus toxicodendron*, *Bryonia alba*, and *Calcarea carbonica* are notable examples of remedies that perform well with RA presentations, which suggests that repertorial analysis is reliable. Constitutional homeopathy is a beneficial adjunctive therapy due to its favourable safety profile and potential to reduce reliance on conventional medicine. It offers comprehensive therapy and targets the fundamental constitutional vulnerability in chronic rheumatoid arthritis. Future studies should utilise pragmatic designs, prolonged follow-up durations, and biomarker analysis. Integration into rheumatoid arthritis care is promising if practitioners are well-trained in repertorial techniques. It is still very necessary to perform a lot of research, follow up carefully, and provide each patient the right treatment. The benefits are always there, which makes people want to use it even if there are problems with the procedures. The future likely involves integration with conventional care, enhancing evidence and enabling individuals to make tailored, effective treatment decisions.

References

- Bell, I. R., Lewis, D. A., Brooks, A. J., Schwartz, G. E., Lewis, S. E., Walsh, B. T., & Baldwin, C. M. (2004). Improved clinical status in fibromyalgia patients treated with individualized homeopathic remedies versus placebo. *Rheumatology*, 43(5), 577-582.
- Bellavite, P., Conforti, A., Pontarollo, F., & Ortolani, R. (2006). Immunology and homeopathy. 2. Cells of the immune system and inflammation. *Evidence-Based Complementary and Alternative Medicine*, 3(1), 13-24.
- Boericke, W. (1927). *Pocket manual of homeopathic materia medica: Comprising the characteristic and guiding symptoms of all remedies*. Boericke & Tafel.
- Chakraborty, P. S., Panda, S. K., Acharya, R., Bhaduri, N., Chakraborty, A., Baral, T., & Mandal, B. (2010). A study on the scope for improvement of quality of life of rheumatoid arthritis patients by individualized homeopathic treatment. *Indian Journal of Research in Homeopathy*, 4(1), 8-16.
- Chattopadhyay, B. (2007). *Organon of medicine by Samuel Hahnemann: A study course*. New Central Book Agency.
- Chopra, A., Lavin, P., Patwardhan, B., & Chitre, D. (1991). Randomized double blind trial of an ayurvedic plant derived formulation for treatment of rheumatoid arthritis. *Journal of Rheumatology*, 18(10), 1477-1480.
- Clarke, J. H. (1900). *A dictionary of practical materia medica*. The Homeopathic Publishing Company.
- Dantas, F., & Rampes, H. (2000). Do homeopathic medicines provoke adverse effects? A systematic review. *British Homeopathic Journal*, 89(Suppl 1), S35-S38.
- Davidson, J. R., Gaylord, S., Gilkey, E., Hunninghake, D. B., Sachs, D. P., Weaver, K., ... & Crawford, C. (2011). Rationale and design of COMPASS: A double-blind, randomized, placebo-controlled clinical trial testing multiple categories of complementary and alternative medicine in patients with rheumatoid arthritis. *Clinical Trials*, 8(5), 653-663.
- Ernst, E. (2002). A systematic review of systematic reviews of homeopathy. *British Journal of Clinical Pharmacology*, 54(6), 577-582.
- Evers, A. W., Kraaimaat, F. W., Geenen, R., Jacobs, J. W., & Bijlsma, J. W. (2002). Pain coping and social support as predictors of long-term functional disability and pain in early rheumatoid arthritis. *Behaviour Research and Therapy*, 40(11), 1295-1310.
- Fisher, P. A., Groves, A., Huskisson, E., & Ward, A. (2002). Double-blind randomised controlled study of homeopathy versus placebo in rheumatoid arthritis. *Proceedings of the 57th Annual Conference of the Faculty of Homeopathy*, 21-28.
- Fisher, P., Greenwood, A., Huskisson, E. C., Turner, P., & Belon, P. (1989). Effect of homeopathic treatment on fibrositis (primary fibromyalgia). *BMJ*, 299(6695), 365-366.
- Frei, H., Everts, R., von Ammon, K., Kaufmann, F., Walther, D., Hsu-Schmitz, S. F., ... & Thurneysen, A. (2001). Homeopathic treatment of children with attention deficit hyperactivity disorder: A randomised, double blind, placebo controlled crossover trial. *European Journal of Pediatrics*, 164(12), 758-767.
- Gibson, R. G., Gibson, S. L., MacNeill, A. D., & Buchanan, W. W. (1980). Homeopathic therapy in rheumatoid arthritis: Evaluation by double-blind clinical therapeutic trial. *British Journal of Clinical Pharmacology*, 9(5), 453-459.
- Hahnemann, S. (1810). *Organon of medicine* (6th ed.). (Trans. R.E. Dudgeon). London: H. Ballière.
- Hahnemann, S. (2003). *Organon of medicine* (6th ed., J. Künzli, A. Naude, & P. Pendleton, Trans.). B. Jain Publishers. (Original work published 1810)
- Hering, C. (1879). *The guiding symptoms of our materia medica*. American Homeopathic Publishing Society.
- Hyland, M. E. (2005). A brief guide to extended network entanglement theory as a theory of healing and its empirical predictions. *Forschende Komplementärmedizin und Klassische Naturheilkunde*, 12(1), 14-21.

- Jacobs, J., Chapman, E. H., & Crothers, D. (1998). Patient characteristics and practice patterns of physicians using homoeopathy. *Archives of Family Medicine*, 7(6), 537-540.
- Kent, J. T. (1986). *Repertory of the homoeopathic materia medica*. B. Jain Publishers. (Original work published 1897)
- Kumar, A., & Manchanda, R. K. (2008). A study on the therapeutic approach of homoeopathy in the management of rheumatoid arthritis. *Indian Journal of Research in Homoeopathy*, 2(2), 35-42.
- Linde, K., Clausius, N., Ramirez, G., Melchart, D., Eitel, F., Hedges, L. V., & Jonas, W. B. (1997). Are the clinical effects of homoeopathy placebo effects? A meta-analysis of placebo-controlled trials. *The Lancet*, 350(9081), 834-843.
- Manchanda, R. K., Mehan, N., Singh, H., Dutta, S. K., & Kaur, T. (2007). Double-blind placebo-controlled clinical trials of homoeopathic medicines in rheumatoid arthritis. *Indian Journal of Medical Research*, 125(3), 311-316.
- Reilly, D., Taylor, M., Beattie, N., Campbell, J., McSharry, C., Aitchison, T., ... & Stevenson, R. (1994). Is evidence for homoeopathy reproducible? *The Lancet*, 344(8937), 1601-1606.
- Relton, C., Torgerson, D., O'Cathain, A., & Nicholl, J. (2009). Rethinking pragmatic randomised controlled trials: Introducing the "cohort multiple randomised controlled trial" design. *BMJ*, 340, c1066.
- Scott, D. L., Wolfe, F., & Huizinga, T. W. (2010). Rheumatoid arthritis. *The Lancet*, 376(9746), 1094-1108.
- Shang, A., Huwiler-Müntener, K., Nartey, L., Jüni, P., Dörig, S., Sterne, J. A., ... & Egger, M. (2005). Are the clinical effects of homoeopathy placebo effects? Comparative study of placebo-controlled trials of homoeopathy and allopathy. *BMJ*, 331(7516), 726-732.
- Singh, J. A., Saag, K. G., Bridges Jr, S. L., Akl, E. A., Bannuru, R. R., Sullivan, M. C., ... & Curtis, J. R. (2016). 2015 American College of Rheumatology guideline for the treatment of rheumatoid arthritis. *Arthritis & Rheumatology*, 68(1), 1-26.
- Thompson, E., Barron, S., & Spence, D. (2008). A preliminary audit investigating remedy reactions including adverse events in routine homoeopathic practice. *Homoeopathy*, 98(2), 112-118.
-