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QUALITY OF HEALTH OF OSTEOARTHRITIS PATIENTS OF 60 to 70 AGE GROUP AT KALOL CITY, GUJRAT

Dr. Santoshkumar A. Gite^{*1}, Dr. Maheshkumar A. Gite², Dr. Vinay Kumar Yadhav³, Dr. Khyati Prakash⁴

¹MD (Hom), PhD; Associate Professor, Ananya College of Homoeopathy, Kalol, Gujrat.

²MD (Hom), PhD Scholar; Professor, Arihant Homoeopathic Medical College, Gandhinagar, Gujrat

³MD (Hom), PhD Scholar; Assistant Professor, Ananya College of Homoeopathy, Kalol, Gujrat.

⁴MD (Hom), PhD Scholar; Assistant Professor, Ananya College of Homoeopathy, Kalol, Gujrat.

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***Corresponding Author: Dr. S.A. Gite**

Email: santgite@gmail.com

Abstract- As patients of OA are increasing day by day in the city particularly after 60 age group, so, a survey was conducted. Patients under homoeopathic treatment were selected for the study of quality of health of osteoarthritis patients during winter season of the age group 60 to 70 years. A study was conducted among 60 patients in which 34 patients were found very poor for their regular joint movements and body postures. Mostly the patients were found affected with knee joints. Study shows that 42 patients are from working field. Rest of them were retired persons. 43 females and 17 males took part in the study.

Key Words- Health Quality, Osteoarthritis, Homoeopathy, Kalol City.

1. Introduction – Most common form of arthritis, affecting millions of people worldwide. Only joints and not the internal organs are affected like other types of arthritis. The signs are swelling, Muscle wasting, Deformities, Crepitus, stability, Movements, Tenderness, Redness, Local heat, Rash. Investigations are disease activity markers. This help in assessment of phase of the disease¹. It is not a single disease. It is the end result of variety of patterns of joint failure. There is degeneration of articular cartilage and proliferation of a bone, cartilage and connective tissue. Inflammatory changes in the synovia are usually minor and secondary.

Classification-

- a) Primary- etiology is unknown.
- b) Secondary- degenerative changes in response to systemic factors².

Definition- It is a joint inflammation that results from cartilage degeneration³.

Symptoms-



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- a) Most common symptoms are **joint pain** and **stiffness**, **joint swelling**, decreased range of motion, weakness, and numbness⁴.
- b) Most commonly affected joints are hip, knee, neck, lower back, end of fingers, and base of thumb. Symptoms progress slowly over years. Symptoms can interfere work and **daily activities**⁴.
- c) Old joint injury, Overweight, abnormality, mechanical stress and degeneration of cartilages are the risk factors. Pain causes loss of ability and stiffness. It is relieved by rest and is aggravated by activities⁵.
- d) There are some biochemical changes in OA cartilage. Metabolic diseases lead to degeneration of cartilage⁶.
- e) OA of the knee joint is often associated with obesity and women. It leads to knee deformities⁷.

Management-

- a. Maintaining and improving joint functions minimizes handicap².
- b. Patient education and encouragement of positive approach are important in OA.
As it is irreversible disease, prognosis may be good in relation to improving muscle strength and maintaining mobility².
- c. It is important to avoid undue trauma and physical stress. Fitting of rubber heels is the simple protection to the joint for minimizing the risk².
- d. Some majors like Heat application, Exercises, Self-help devices, dieting are also equally helpful for the patient to improve or maintain the quality of health with degeneration⁸.

2. Methodology-

2.1. Objectives-

- Commonly observed complaint in 60 -70 age group.
- To know the incidence in Kalol City.
- To enhance activities with OA
- To aware and educate people about self-care.

2.2. Study Design- City area selected as our study was focused to osteoarthritis of urban people. The present study was conducted at **Kalol City**. A community based cross sectional study was done with randomly selected sample. Total 60 patients were studied out of 183 people. Ethical clearance was obtained from institutional ethical committee. After taking consent of involved people in study, they were explained the purpose of the study. Rapport was built and study conducted.

2.3. Selection of study sample –

Inclusion Criteria- Age group of 60 to 70 years irrespective of sex of a particular



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area of Kalol City with written consent and random selection.

Exclusion Criteria- Age below 60 and above 70 were excluded. Rural area patients were not selected. People with systemic diseases were excluded.

2.4. Questionnaire- A structured questionnaire was prepared to collect the data.

3. Results and Discussion

Chart no1. Sex Ratio

Sex	No	%
Male	17	28.34
Female	43	71.66
Total	60	100

Chart No 2. Age Distribution

Age	No	%
60-65	29	48.34
66-70	31	51.66
Total	60	100

Chart No 3. Occupation

Occupation	No	%
Service	42	70
Retired	18	30
Total	60	100

Chart No 4 Quality of Health

Activities	No	%
Better	26	43.34
Poor	34	56.66
Total	60	100

Out of 60 patients 26 (43.34%) were in better health and 34 (56.66%) in poor health with osteoarthritis. 42 (70%) farmers and 18(30%) retired persons took part in the study. More the age, more the degenerative changes. As we found 31 (51.66%) patients in 66-70 years age group with more degenerative changes than 60-65 age group. (48.34%). 17(28.34%) male and 43(71.66%) female were included in the study.

4. Conclusion- Condition is not curable due to irreversible changes. It is a chronic condition, lifelong sustains. More the age, more the degenerative changes. Some majors



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like Heat application, Exercises, Self-help devices, dieting are also equally helpful for the patient to improve or maintain the quality of health with degeneration

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