

Ritu Arora

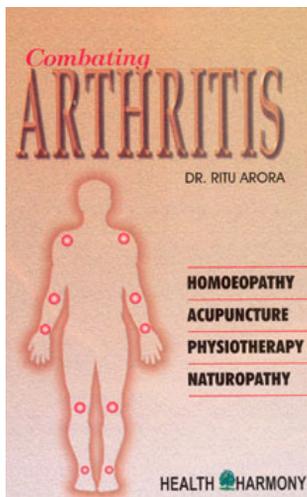
Combating Arthritis

Reading excerpt

[Combating Arthritis](#)

of [Ritu Arora](#)

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MORPHOLOGY AND EXAMINATION OF JOINTS

Before studying the disease, how to examine a diseased joint it is very important to understand the structural morphology and physiology of the joints.

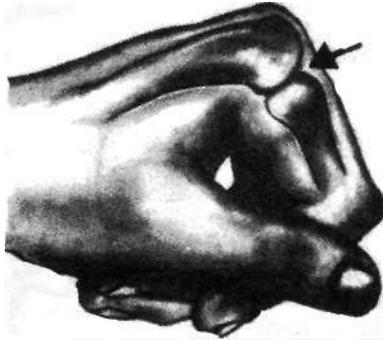
A typical mobile free joint is shown. The bones do not touch each other but are covered by an articular cartilage which forms a cushion between the bony surfaces. At the margins of articular cartilage the **synovial membrane** is attached. This membrane is folded to allow a free joint movement. It encloses the synovial cavity and into it secretes a viscous lubricating fluid the synovial fluid.

The synovial membrane is surrounded by a fibrous joint capsule, which in turn is strengthened by ligament extending from bone to bone.

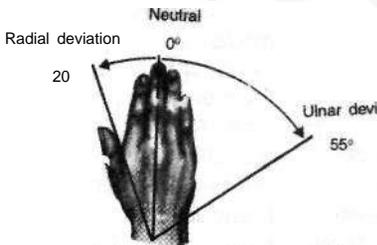
Some joints are slightly movable by vertebral bodies. Here the bones are not separated by a synovial membrane but by a fibro cartilaginous disc. At the centre of each disc is the nucleus pulposus, fibrogelatinous material that forms a cushion or a shock absorber between the vertebral bodies.

Bursae are disc shaped, fluid filled synovial sacs that occur at points of friction around and facilitate movement. They lie between the skin and the convex surface of a bone or joint or in areas where tendons or muscles rub against bone, ligaments or other tendons or muscles.

Wrist and Hands: At the wrist identify the bony tips of the radius (laterally) and the ulna (medially). On the dorsum of the wrist, palpate the groove of the radiocarpal or wrist joint.

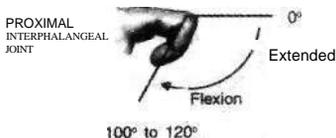


Palpate each of the five metacarpals and the proximal, middle, and distal phalanges. (The thumb lacks a middle phalanx.) Flex the hand somewhat and find the groove marking the metacarpophalangeal joint of each finger. It is distal to the knuckle and can be felt best on either side of the extensor tendon.



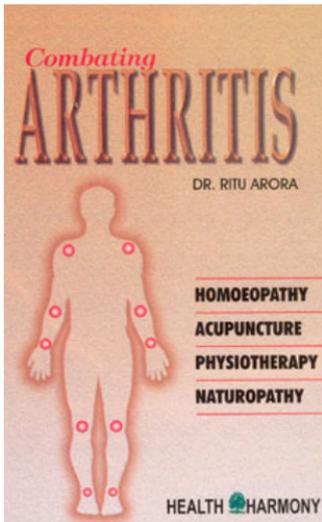
And at the joints of the fingers:

Proximal Interphalangeal Joint



LET US TAKE UP FEW RARE AND UN-COMMON BUT USEFUL DRUGS

1. **Itchyol:** It has a strong antiseptic and antiinflammatory properties. It is highly beneficial in gout and rheumatoid arthritis. It has been used only on the symptom of acute pains.
2. **Ictodes:** It is skunk weed which found in California. It is useful in rheumatoid arthritis with burning palms and soles as a predominant symptom.
3. **Illicium anisatum:** The star-anise belongs to magnoliaceae. It is useful in ankylosing spondylitis and acute lumbar spondylitis. It is also used in intercostal neuralgia and post herpetic neuralgia.
4. **Indigo:** It is a mixed oxidation product of several plant juices mainly *Indigofera tinctoria*. It is useful in Lumbo sciatica syndrome when the specific nocturnal aggravation at 3 a.m. > by moving and pressure.
5. **Indium:** It derives its name from the blue spectrum of indigo blue. It has some similarities to titanium and selenium. It is also useful in **Lumbar spondylosis** with radiating pains felt only in soles of feet. It is useful in frozen shoulder, cervical spondylitis and extra rib syndrome.
6. **Inula:** It is a perennial plant which is used primarily in Lumbo sciatica syndrome when the pain is associated with **Genito urinary symptoms**, affecting the (R) side. It is also useful in neuralgia pains of **A Vascular Necrosis (A.V.N.)**
7. **Iodoformum:** It is useful in Koch's Arthritis specially affecting the knee joints and the spine. Pains « slightest efforts to stand with radiation down both antero lateral aspects of thighs.



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Homeopathy, Acupuncture,
Physiotherapy, Naturopathy

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