

To Study the Effectiveness of Homeopathic Medicine in Management of Gout in Age Group 30 to 70 By using Synthesis Repertory.

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Abstract: The motive of this take a look at is to remedy outcomes of homoeopathy in gout. There will be no disease if there is no definite cause. The disease's nature will follow the cause, and the effect will make the person sick. The effects and the sick person will be treated in a straightforward and understandable manner. Gout is the result of the cause, and the well-known Homoeopathic medicine can produce better results on this ailment when used in conjunction with the presence of the symptoms. There are numbers of medicines given in homeopathic Materia medica which can be differentiated on the basis of their characteristic symptoms. These are presented very well in the synthesis repertory. Synthesis repertory is the modern repertory which has vast number of remedies proved till date, easy symptom format and repeatedly checked addition from all the sources old & new.

Keywords - Synthesis repertory, Individualization, homoeopathy, gout.

INTRODUCTION: Gout is the most common inflammatory arthritis in men and in older women. It is caused by deposition of monosodium urate monohydrate crystals in and around synovial joints. About one-third of the body uric acid pool is derived from dietary sources and two-thirds from endogenous purine metabolism. The concentration of uric acid in body fluids depends on the balance between endogenous synthesis, and elimination by the kidneys (two-thirds) and gut (one-third). Purine nucleotide synthesis and degradation are regulated by a network of enzyme pathways, but xanthine oxidase plays a pivotal role in catalyzing the conversion of hypoxanthine to xanthine and xanthine to uric acid.

Aetiology of Gout

1. Diminished renal excretion (common)

➤ Idiopathic.

- Familial juvenile gouty nephropathy.
 - Inheritant isolated renal tubular defect
 - Renal failure
 - Chronic drug therapy
 - Lead toxicity
2. Increased production of uric acid (uncommon)
- Increased purine turnover
 - Increased de novo synthesis (over producers)
3. Clinical Features
- Sudden onset of joint pain
 - Joint swelling
 - Heat in the affected area

➤ Joint redness

In over 90% of patients, the main abnormality is reduced uric acid excretion by the kidney, which is genetically determined. Impaired renal excretion of urate also accounts for the occurrence of hyperuricemia in chronic renal failure, and for hyperuricemia associated with thiazide diuretic therapy. Other risk factors for gout include metabolic syndrome, high alcohol intake (predominantly beer, which contains guanosine), generalized OA, and a diet relatively high in offal, seafood, red meat and fructose, or low in vitamin C. Lead poisoning may cause gout (saturnine gout). [1]

Classification

Hyperuricemia and gout may be classified as primary and secondary. Increased production of uric acid as a cause of gout is seen in only 10-15% of subjects (over-producers) and in 80-90%, uric acid excretion is impaired.

Clinical Features Gout can occur in four phases.

Asymptomatic hyperuricemia: Hyperuricemia may be an incidental finding and may never lead to gout. Conversely, serum uric acid levels may not be elevated during acute gouty arthritis. This is because ACTH released in response to stress is uricosuric. Generally, asymptomatic hyperuricemia needs close observation with no active treatment. However, growing epidemiological and experimental evidence indicates that asymptomatic hyperuricemia is capable of directly promoting hypertension and vascular disease. Severe over-production of urate, as may occur with cytotoxic chemotherapy, is associated with high risk of acute renal failure and requires intervention.

Acute gouty arthritis: The big toe (first metatarsophalangeal joint) is the classic site of gout. A third of patients may find their first attack elsewhere, such as B. on the feet, ankles, knees, or hands. Sydenham's classic description lists important clinical features used to diagnose acute attack. The attack is severe and begins at night, the joint and surrounding tissues are swollen, hot, red, shiny and extremely painful. There is a slight fever with chills. Without treatment, the attack will improve after a week or two. The skin over the joint

may subsequently desquamate. Atypical manifestations include tenosynovitis, bursitis, cellulitis or mild pain and discomfort without swelling, lasting a day or two. Acute gout in one joint may provoke migratory attacks affecting other joints over subsequent days (cluster attacks). Pauci or polyarticular gout attacks are more common in women, especially with diuretic use.

Intercritical gout

After the first attack of gout, the second episode may never occur or occurs after several years. However, in most of the patients, the next few episodes occur within one year. The frequency of attacks and number of sites involved gradually increase with time.

Chronic gout (tophaceous gout)

Development of chronic tophaceous gout depends on uncontrolled hyperuricemia of long duration, usually more than 10. But tophi or chronic polyarthritis may occur as early as 3 years or as late as 40 years after the first acute attack. Tophi appear as firm, nodular or fusiform swellings. [2].

Clinical features:

The classical presentation is with an acute monoarthritic, which affects the first joint in over 50% of cases. Other common sites are the ankle, midfoot, knee, small joints of hands, wrist and elbow. The axial skeleton and large proximal joints are rarely involved. Typical features include:

- Rapid onset, reaching maximum severity in 2-6 hours, and often waking the patient in the early morning.
- Severe pain, often described as the 'worst pain ever'.
- Extreme tenderness, such that the patient is unable to wear a sock or to let bedding rest on the joint.
- Marked swelling in affected part with overlying red, shiny skin.
- Self-limiting over 5-14 days, with complete resolution

During the attack, the joint shows signs of marked synovitis, swelling and edema. There may be accompanying fever, malaise and even delirium, especially if a large joint such as the knee is involved.

Epidemiology:

The occurrence of gout is approximately 1-2%, with a greater than 5:1 male preponderance. Gout has become progressively more common over recent years in affluent societies due to the increased prevalence of obesity and metabolic syndrome, of which hypouricemia is an integral component. The risk of developing gout increases with age and with serum uric acid (SUA) levels. These are normally distributed in the general population and hyperuricemia is defined as an SUA of more than 2 standard deviations above the mean for the population. SUA levels are higher in men, increase with age and are positively associated with body weight. Although hyperuricemia is strong risk factor for gout, only a minority of hypouricemic individuals actually develop gout. [1].

Investigation-

1. The first step in diagnosing gout is usually a serum uric acid blood test. High uric acid levels are associated with gout.

X-rays: If patients have persistent joint disease or tophi under the skin and your physician suspects chronic gout, an X-ray may help with the diagnosis. This will show if there are lesions or permanent damage. [1].

Review literature

1.Sahani A et al; In a randomized, double-blind, placebo-controlled trial, the effects of individualized homeopathic remedies were compared with placebo medication in 60 patients with mild to moderate pain as a result of gout, as an adjunct to conventional treatment. There were no clinically relevant or statistically significant changes in the active quality of life score. Other subscales, notably those measuring severity, indicated relative improvements, but the extent of the effects was small. There were no differences between the groups for other measures. placebo in improving

the quality of life of patients with gout as an addition to conventional treatment in primary care.

2.Dr.Sabari Rajan et al; In the case of gout Homoeopathic medicines work by reducing the uric acid overproduction by the body and accelerating the removal of this waste product from through the kidneys. It helps in controlling the pain during the acute attack of gout and helps in preventing the recurrence of such episodes. Benzoic acid is found to be one of the best remedies for gout.

3.Dr. Aman Deep et al; A prospective randomized single-blind placebo-controlled study was conducted to evaluate improvement in the SUA level & VAS score of pain. A total of 162 patient was screened for this study in which 110 patients were enrolled and from this one group is the placebo group (n=55) and the other is indicated homeopathic medicine group (n=55). Patient of both groups was assessed for SUA & VAS score from baseline to the end of every three months. As per the result, the medicinal group was a higher reduction of SUA & VAS scores than the placebo group. The result of this study shows the effectiveness of homeopathic medicine in the management of hyperuricemia in primary gout.

4.Chintamani Nayak,et al; Individualized homeopathic medicines and *Urtica urens* mother tincture in treatment of hyperuricemia: an open, randomized; The clinical effectiveness of three treatment regimens - individualized homeopathy (IH), *Urtica urens* mother tincture (UUMT), and both (IH + UUMT) along with lifestyle modifications in a sample of 90 patients with hyperuricemia. Groups were comparable at baseline. Reductions in serum uric acid over 3 months were comparatively higher ($p=0.057$) in the UUMT group than others, however, the differences were narrowed over 6 months ($p=0.119$). Per protocol analysis of serum uric acid level revealed a similar trend of significantly higher reduction in the UUMT group than the other two (3 months: $p=0.001$; 6 months: $p=0.007$). No significant differences existed in reductions of GAQ2 scores among the three groups. Few significant differences were detected in MYMOP scores over 3 months favoring IH against others (symptom 2, $p=0.001$ and wellbeing score,

p=0.002), and also over 6 months favoring IH + UUMT against others (symptom 1, p<0.001).

5. Smulders H et al; In order to evaluate how gout patients responded to homeopathic simillimum treatment, a treatment group was compared to a placebo group in this double-blind study. 30 patients in all were chosen. Each patient had an equal chance of being chosen for either group when they were randomly split into two groups. A box was filled with fifteen pieces of paper labelled "treatment" and fifteen pieces of paper labelled "placebo." Calcarea carbonica, Carcinosinum, Lac caninum, and other medications are used in accordance with each individual's case.

6. Gautam P et al; A case of a 51-year-old man, the lean, thin man reported in the Outpatient Department of Regional Research Institute for Homoeopathy, Agartala on 6 June 2019, with a complaint of on and off cramping pain in the right groin and burning during micturition in the past 2 weeks with uninterrupted – clear urine flow. The patient was a known case of renal calculi with a history of right-sided renal colic twice in the past 4 months for which he underwent a few investigations on the physician's advice and took conventional treatment also with temporary relief. The patient did not suffer from any other major illness in the past, except for some gastric disturbances. Family history was not significant. The patient was a government employee belonging to a middle-class socioeconomic group. He consumed alcohol occasionally. The patient was already diagnosed case of hyperuricemia, and serum uric acid was tested again to know about the present status. His investigations revealed the following

significant findings:

- Serum uric acid was 8.0 mg% (21 May 2019).
- Urine examination revealed 8–10 red blood cells/ high power field (HPF) and trace proteins (25 April 2019).
- Ultrasonography – kidney, ureter, and bladder were suggestive of right renal tiny

echogenic foci (0.28 cm) near the lower pole probably renal calculus (1 February 2019).

After repertorisation, the top medicines were *Lycopodium*, *Nuxvom*, and *Merc.Sol*, *Pulsatilla*, and *Sepia*. After carefully analyzing the mental and physical generals of a patient, considering the reportorial result, and referring back to homeopathic Materia medica simillimum was prescribed. The patient was hot and *Lycopodium* has uric acid diathesis which further confirmed the selection of medicine. Individualized homeopathic treatment was started with a single dose of *Lycopodium* 30 followed by a placebo following the law of minimum dose.

First prescription (06 June 2019): *Lycopodium* 30/1 dose was prescribed on the basis of reportorial analysis.

Improvement in the patient started immediately after medicine in appropriate potency was given to the patient. Improvement was subjective in terms of relief in overall signs and symptoms such as burning during defecation disappearing completely, marked reduction in bloating and flatulence, as well as objective as evident by the expulsion of calculi within few days followed by a gradual decline of serum uric acid levels from 8.8 mg% to 6.2 mg%.

7. Sharma SP et al; In clinical research, they were assigned 60 patients to see homeopathic medicine:

1. Colchicum: It is the primary medicine given to gout patients. It is good for the treatment of chronic cases. It is given to patients who suffer from pain in the big toe. The pain is unbearable when the affected area is touched. The region turns, red and swollen. In these patients, the pain usually starts on the left side.
2. Ledum Pal: It is for patients who suffer from gout pain traveling. The pain is likely to start at the patient's feet and travels toward the knees. The patient will not be able to bear external warmth. The patient feels better with the cold application.
3. Benzoic Acid: This medicine is for patients who suffer from gout along with offensive urine. The odor of the urine is intolerable. Sometimes the urine appears unusually brown. There is a cracking sound in the joints. These medicines are helpful in the management of gout cases in homeopathy treatment.

8. Bala Ret al ;The case is a one-sided disease, that is, a disease in which symptoms are very few, which got cleared up with antipsychotic drugs. Thuja and Medorrhinum were prescribed at the beginning of the case based on the guidelines for one-sided diseases mentioned in the Organon of Medicine, and the patient later responded very well to Bryonia alba in higher potencies to lower the level of serum uric acid significantly, along with long-lasting improvements in her signs and symptoms.

9. Mohammad IS et al; The point of this exploration was to complete a similar investigation of bringing down of uric acid by the utilization of dried powder of Colchicum luteum and allopathic medication (allopurinol) in rabbits, to decide if natural medications can be utilized by patients rather than allopathic medications. The natural medication, dried corm powder of Colchicum luteum 2.5 mg/kg/day and dried powder of allopurinol 2 mg/kg/day an allopathic medication, was utilized in the review. The after effects of these medications were seen in creature model, utilizing 12 grown-up rabbits, which were divided into three groups, A, B, and C, separately, with group C being assumed to be the analysis of variance factual examination and examination of change (ANOVA) group. various gatherings and the degree of importance was 5%. It was found that dried corm of Colchicum luteum essentially diminished the uric acid in grown-up rabbits decreased by allopathic medication, allopurinol. In the radiance of present examination, we presumed that the natural meds can be utilized in lieu of allopathic medications. In this way, the gamble of incidental effects that are related with the drawn-out utilization of allopathic medications can be limited.

10. Saha S et al; A sum of 55 patients was, to begin with, screened based on passage basis of event of no less than one episode of fringe joint or bursal expanding, torment or delicacy and serum uric acid level of which, 45 were evaluated for qualification. No tolerance went through radiological assessment or synovial liquid assessment, as they were not accessible at the foundation. The ACR EULAR gout score was <8 in 9 patterns to 1.6 after the third month. Homeopathic drugs were utilized according to the entirety of side effects, at the gauge, Benzoicum Acidum was endorsed in 8 patients

(25%) and Lachesis mutes, Lycopodium clavatum, Pulsatilla nigricans, and Rhus Toxicodendron were recommended in 3 patients (9.4%) each. In the resulting remedies additionally, Benzoicum acidium was the most often utilized medication, trailed by Colchicum autumnale. The showed meds were recommended in various potencies according to the helplessness of every individual patient and rules of the Organon of Medicine patients and 4 didn't give assent. Subsequently, just 32 patients could be signed up for this study. They saw that Compared to standard, serum uric acid GAQ2 and MYMOP2 scores of members diminished essentially more than 90 days. According to the entirety of side effects, twenty distinct homeopathic prescriptions were utilized, Benzoicum acidium being the most well-known. It was seen that many related side effects of the patient, for example, sharpness, restlessness, draining per rectum, clogging, hack, and tingling (MYMOP2, Symptom 2), improved, proposing Homeopathy as an all-encompassing consideration restorative technique. This study evoked the expected impact of individualized homeopathic prescriptions in lessening the serum uric acid as well as progress in action and prosperity of patients with gout.

MATERIAL AND METHOD

CTRI Number: CTRI /2022/10/046358 Reg
on:11/10/2022

Study Setting: The study will be carried out in Bharati Vidyapeeth Homoeopathic Medical Hospital, Katraj, Pune.

Case Definition: The age ranging between 30 to 70 and activity related changes occurring in the hyperuricemia which causes gout of which result in pain in bones and joint pain or any kind of pain sensation in the joint age ranging between 30 tom 70 years irrespective of gender and cases which can be repertories by synthesis Repertory will be consider for the study.

Selection of samples: Approximately 30 case patients of both gender, age ranging between 30 to 70 years and fulfilling the criteria of inclusion are enrolled in the study.

Outcome assessment:

• After detailed case-taking of the patients, the case will be analyzed and clinical diagnosis will be made and a suitable remedy will be selected.

• **Follow up criteria-** Duration of follow up on the basis of scale will be 1 week to 15 days to monitor the patient, then depending on the case assessment remedy will be repeated, changed or patient will be referred.

Criteria for Assessment: Cases were assessed on the basis of their severity score of the condition before and after treatment on Vas Score scale severity scale ranging from 1 to 10. In which after intervention if pain are relief that was coming in improvement. If after intervention no relief of pain then it was coming under in no improvement.

Severity	Severity Score
Mild	1-3
Moderate	4-7
Severe	8-10

Statistical Techniques and Data Analysis: Statistical analysis was performed as per the outcome from severity of the disease before and after treatment and administration of the homoeopathic medicine. For the analysis of the data participants who had fulfilled the criteria as per the protocol was added in the research. Data is expressed in percentage (%).

OBSERVATION AND RESULT

Total 30 patients were registered in the trial of 30 to 70 age group and both genders. The history

taking and examination of each case was done according to standardized format designed for my dissertation. The selection of the case was based on inclusions and exclusion criteria. Selection of the remedy was done on the basis of the totality of the symptoms with the help of the Synthesis repertory. Potency was given according to the severity of the symptom of the patients. The subsequent tables and graphs were displayed below.

Data Analysis and Interpretation

Demographic characteristics of patients

Table1: Distribution of patients according to age

Age Group	No of patients	Percentage
30-40	8	26.67
40-50	4	13.33
50-60	9	30.00
above 60	9	30.00

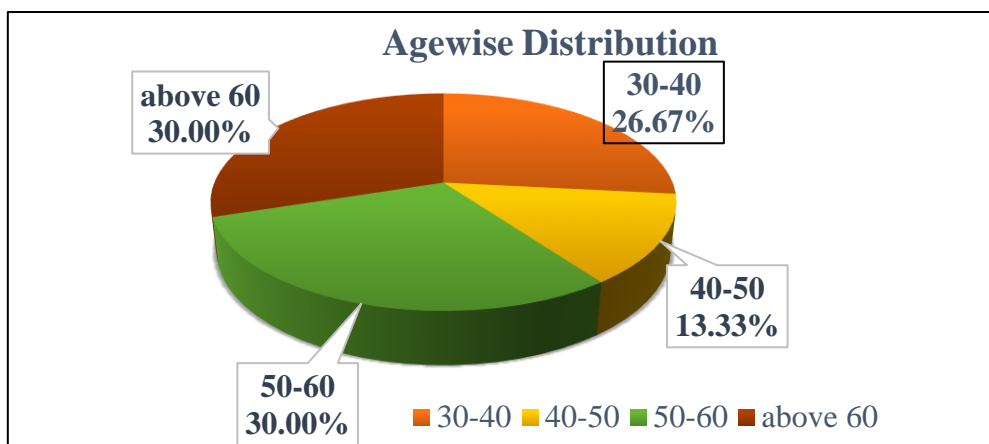


Figure 1: Pie diagram representing Age-wise distribution of patients

Above table1 and diagram (figure 1) show that 30% of the patients had an age above 60 years, 30% had an age between 50-60 years, 13% had an age

between 40-50 years and 27% of the patients had an age between 30-40 years in the study.

Table 2: Distribution of Patients according to Gender

Gender	Number of patients	Percentage
Female	13	43.3
Male	17	56.7

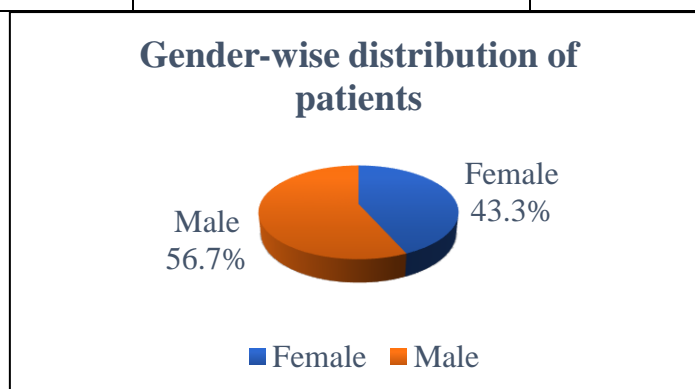


Figure 2: Gender-wise distribution of patients

Table no. 2 and Figure 2 show that 57% of patients were males and 43% were females in the study.

Table 3: Medicine-wise Distribution of patients

Medicine Prescribed	Number of patients	Percentage
Aconite-200	1	3.3
Antim crud-200	1	3.3
Bella-200	1	3.3
Benzoic acid-30	1	3.3

Ber.Vul-30	2	6.7
Cal.Carb-200	1	3.3
Carbo- Veg-200	1	3.3
Causticum -200	3	10.0
Colchi -200	1	3.3
Colchicum-200	2	6.7
Guaiaicum-30	1	3.3
Kali carb-200	1	3.3
Kalmia R-200	1	3.3
Led pal-200	3	10.0
Lithium Carb-200	1	3.3
Lyco-200	2	6.7
Phos -30	1	3.3
Rhus tox 200	1	3.3
Ruta-G 200	3	10.0
Sulph-200	1	3.3
Urtica urens-30	1	3.3

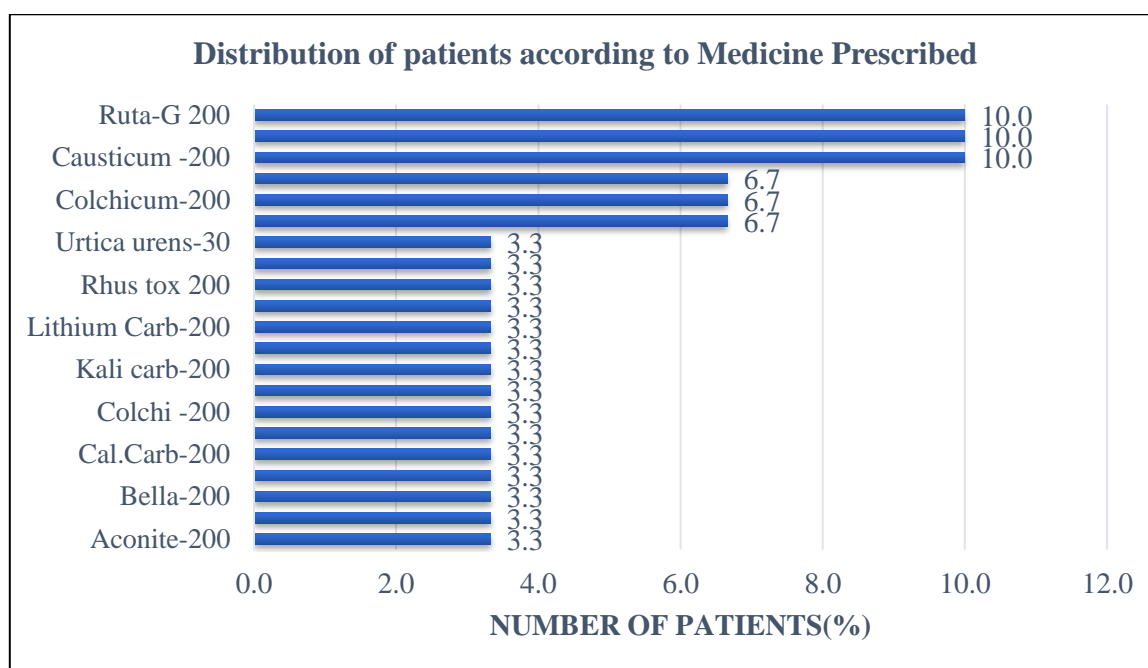


Figure 3: Distribution of prescribed Medicines to the patients

Table 3 and Figure 3 show homoeopathic medicine used in the management of gout. Causticum -200,

Led pal-200, Ruta-G 200 each of this given to 10 % of patients.

Table 4: Gender-wise Distribution of patients according to the degree of improvement in the management of gout.

Gender	Improved		Not improved	
	No. of patients	Percentage	No. of patients	Percentage
Female	12	92.31%	1	7.69%
Male	13	76.47%	4	23.53%
Overall	25	83.33%	5	16.67%

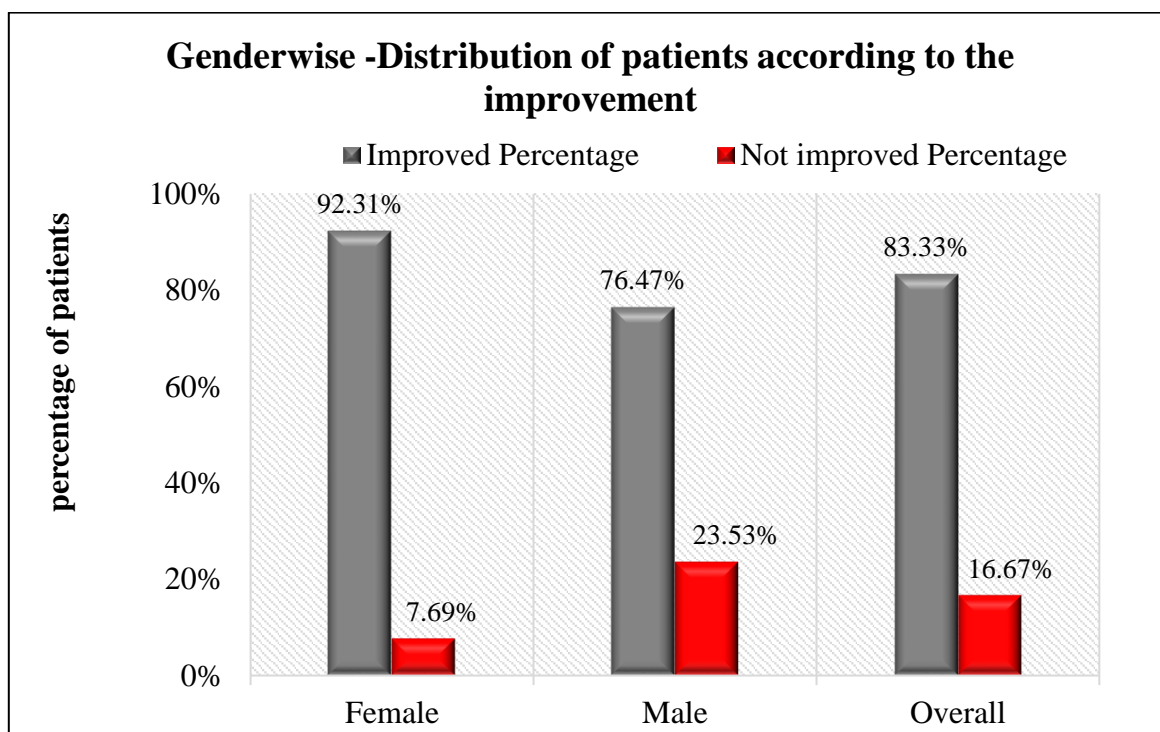


Figure 4: Gender-wise Distribution of patients according to the degree of improvement in the management of gout.

Table 4 and Fig4 show the distribution of patients (%) according to the improvement in the management of gout due to homoeopathic medicine. 92.31% of female patients showed improvement whereas 76.47% of male patients showed improvement in the management of gout due to homoeopathic medicine. Overall, 83.33% of patients showed improvement.

HYPOTHESIS TESTED:

H₀: Homoeopathic medicine is not effective in the management of gout by using synthesis Repertory.

Vs

H₁: Homoeopathic medicine is effective in patients in the management of gout by using synthesis Repertory.

Table 5: Paired t-test and Descriptive statistics of the VAS Score before and after the intervention.

VAS Score	N	Mean±SD	Min	Max	T Statistic Value	P-Value
before intervention	30	6.77 ± 0.82	5.4	9	11.05	0.000**
after intervention	30	3.26 ± 1.92	1	8.5		
Mean difference		3.51 ± 1.73				
95% CI for the mean difference		(2.860, 4.15)				

P Value <0.001, Considered to be statistically highly significant.

A test used: Paired t-test, **: Highly Significant Difference, T Statistic-value: Test Statistic value.

Hence there is a significant difference in the VAS score before and after the intervention.

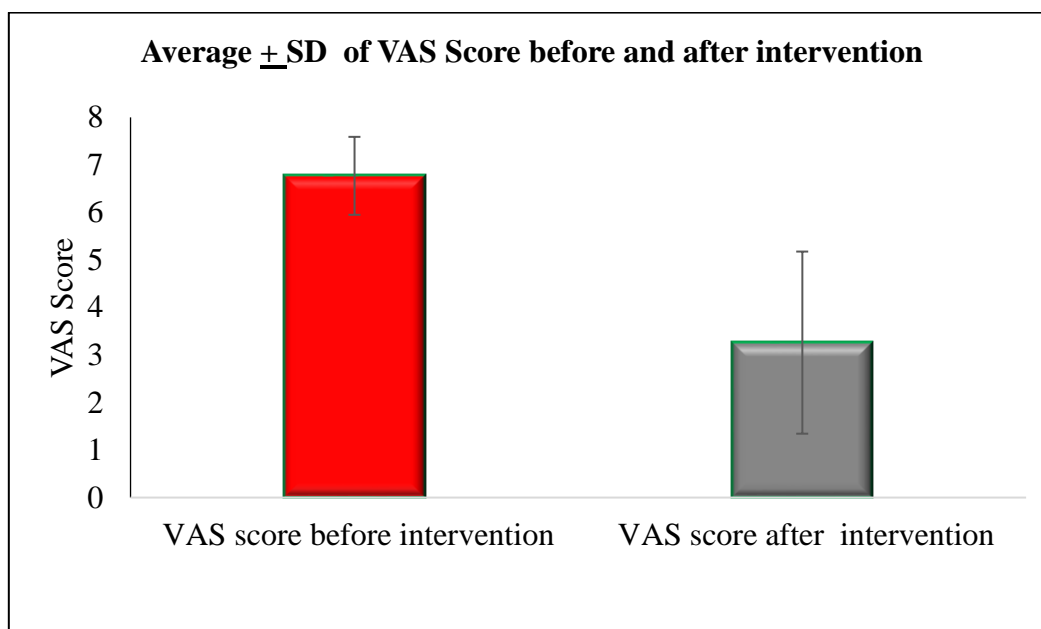


Figure 5: Bar diagram representing the Average ±SD of VAS Score before and after the intervention.

Table 5 and Fig 5 gave descriptive Statistics of the VAS Score before and after the intervention in the management of gout. Before treatment, VAS Score was 6.77 ± 0.82 (mean±SD) which reduces to 3.26 ± 1.92 after treatment.

To test the hypothesis of whether the average VAS Score in patients, before and after Homoeopathic medicine remains the same or not, the Paired t-test is used.

T-statistic value is 11.05 with a p-value of 0.000 ** highly significant.

We reject Ho and conclude that Homoeopathic medicine is effective in patients in the management of gout by using synthesis Repertory.

DISCUSSION

Homoeopathy is a branch of medical science based on the law of similia, we believe a substance which in crude form can cause a disease in healthy individual also has power to cure that disease in diseased individual. We prescribe our medicines on the basis of symptom similarity, a physician, with his knowledge and experience, establishes the

similarity between the natural disease and drug disease and chooses the similitum, by this way we individualize the cases. This study was taken to show effectiveness of homoeopathic medicines in the treatment of gout and to showed utility of synthesis repertory in finding out the similitum .

For the study, Patient was selected from IPD,OPD, rural camp of Bharati Vidyapeeth Homoeopathic Hospital. 32 patients were enrolled for study depending on inclusion, exclusion criteria and VAS Score scale . Study was carried out in 30 patients with VAS Score scale more than 3. Case taking was done for every patient in detail. Serum uric acid level was done before treatment. Then case was repertorized by using Synthesis Repertory and Medicine was given. Follow up was done depending VAS Score scale from 1 week to every 15days.

Homoeopathic medicines were effective in management of gout. 83.33% of patients showed improvement and 16.67% patients showed no improvement. The homoeopathic medicines like Ruta G, Causticum, Colcicum, Urtica urens, Lithium carb, Rhus tox were used in maximum cases. Statistical results also proved that Synthesis Repertory is useful in management of Gout.

Limitation of the study: Limitations of the study was small sample size, requires study on large sample size so that result should apply to more general population. These 40 studies were done on general health conditions which comes in day to day practice the emphasis should be more on condition oriented so that the results will be more specific

CONCLUSION

From 30 patient we enrolled for study we saw improvement in VAS SCORE SCALE 25 patient show improvement and 5 patients showed no improvement. Synthesis Repertory was used as tool for repertorization. Most of the patient show pain in interphalangeal joint , ankles joint & wrist joint. Less were seen in knee joint pain. Most of the Homoeopathic medicine prescribed were Ruta G, Causticum, Colchicum, Urtica urens. Medicine was prescribed in 30 & 200 potencies. According to my study patient between age group 50 to 60 & above 60 showed highest incidence of gout. Also, age

group 30 to 40 showed emerging incidence of gout due to life style disorder.

Limitation of the study: In this study sample size is small size if we take large sample size for then it would be given proper resulting.

SUMMARY

In homoeopathy case taking is first priority for case individualization on the basis of symptoms similarity we form totality of symptoms which is more important for repertorization on the basis of repertorization we gave medicine which is symptoms similarity according to disease condition.

These characterizes the symptoms and make them peculiar to the any given case either acute or chronic. They help to individualize the patient as well as remedies. After proper history taking a totality was made and the case were repertorised by using synthesis repertory.

30 patients were selected in this study, having characteristic modalities. The changes were evaluated before and after treatment. Response to treatment was determined by Vas score scale level of the disease condition before and after the treatment. After the careful study and repertorization with the synthesis repertory, the marked similitum was prescribed to the patients.

In this study out of 30 patients, 17 (56.67%) were male and 13 (43.33%) were female patients. In which overall result of patient is 83.33%. That is 25 patient showed improvement and 5 patient was not showed improvement.

That is, we can say that homoeopathic medicine is showing effective in management of gout by using synthesis repertory.

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