The Use of Homeopathic Preparation Vozraston in the Therapy of Patients with Rheumatoid Arthritis

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We studied clinical and psychosomatic characteristics in 34 patients with rheumatoid arthritis. Sixteen patients received Vozraston (without considering the individual sensitivity) in addition to standard therapy. No changes in clinical and psychoemotional parameters were revealed. Vozraston reduced pain syndrome and increased the tone of the sympathetic nervous system.

Key Words: *rheumatoid arthritis; homeopathy; autonomic nervous system; psychoemotional disorders*

The therapy of patients with rheumatoid arthritis (RA) is an urgent medical problem. Most drugs used for the therapy of patients with RA display high toxicity, produce a variety of side effects, and cannot completely block bone erosion [7]. Progressive joint insufficiency in patients with RA impairs their social adaptation and leads to development of psychoemotional disorders [2]. Hence, the therapy of RA should include safe and effective methods for psychological correction.

Homeopathic preparations produce no side effects. However, the efficiency of these preparations and mechanisms of action are poorly known [4,5]. Vozraston was synthesized at the "Materia Medica Holding" Research-and-Production Company. The preparation contains *Ambra grisea* C50, *Aurum iodatum* C30, and *Causticum Hahnemanni* C200. Vozraston produces moderate tranquilizing and antineurotic effects. Here we studied the effects of Vozraston on psychosomatic and clinical characteristics of patients with RA. The preparation was given without considering the individual sensitivity to reveal its effects on various patients and compare their state with that of control individuals.

MATERIALS AND METHODS

We examined 34 patients with RA. The diagnosis of RA was made by the criteria of the American Association of Rheumatology. Control patients ($n=18$) received standard therapy with methotrexate (7.5 mg/

week) or Delagil (250 mg/day) and nonsteroid anti-inflammatory preparations. In addition to these drugs, patients of the main group ($n=16$) received Vozraston. The patients were examined on days 2 and 21. The type of patient's personal attitude to the disease was estimated using the PQBI test (personal questionnaire of the Bekhterev Institute). The degree of situational anxiety [6] and depression was estimated using the test adapted by T. I. Balasheva at the V. M. Bekhterev St. Petersburg Psychoneurological Institute. The state of the autonomic nervous system was determined by *R-R* interval recording. Not less than 100 *R-R* intervals were recorded after a 15-min rest (standard lead II). The following parameters of variational pulsogram were analyzed: mode, variational amplitude, amplitude of mode, index of autonomic balance, autonomic index of rhythm, and tension index [1]. Autonomic reactivity was evaluated by the cold test and Czermak-Hering sinocarotid reflex [3]. The concentrations of epinephrine and norepinephrine were measured spectrofluorometrically on a Hitachi MPF-4 spectrofluorometer.

RESULTS

We revealed no side effects and aggravation of RA symptoms in the control group.

The integral objective index ($p<0.01$), joint index ($p<0.01$), and index of Ritchie ($p<0.01$) decreased in patients of the main and control group. We revealed no differences between these patients after the therapy (Table 1). Parameters of reactive anxiety and depression remained unchanged. The ratio between patients

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TABLE 1. Dynamic of Psychosomatic and Clinical Characteristics in Patients with RA during the Therapy ($M\pm m$)

Parameter	Control group ($n=18$)		Vozraston ($n=16$)	
	before therapy	after therapy	before therapy	after therapy
Integral objective index	9.61±0.51	6.17±0.39*	9.33±0.21	7.33±0.42*
Ritchie index	16.94±1.74	8.56±1.76*	15.83±3.12	8.83±1.97*
Joint index	13.00±1.31	7.72±1.45*	12.67±1.98	8.67±1.35*
Lee test	12.60±1.93	10.40±1.03	13.40±1.47	11.60±2.44
Pain (visual analog scale)				
daytime	40.17±10.89	31.50±11.49	40.20±7.12	14.00±4.56*+
nighttime	54.00±15.14	35.67±10.89	68.40±9.42	23.40±8.84*+
Index of autonomic balance	444.4±99.6	468.4±80.4	477.20±61.47	912.1±182.0*+
Autonomic index of rhythm	9.46±1.89	9.33±1.42	10.55±1.36	15.67±2.99**+
Tension index	252.10±63.36	270.50±49.23	284.90±41.28	559.5±114.7*+
Variational amplitude	0.171±0.022	0.167±0.024	0.14±0.02	0.110±0.014+
Mode	0.949±0.035	0.914±0.038	0.890±0.047	0.890±0.051
Amplitude of mode	46.28±3.35	53.44±3.85	55.14±3.73	66.86±4.61+
Epinephrine, µg/ml	0.069±0.007	0.086±0.019	0.129±0.041	0.288±0.159
Norepinephrine, µg/ml	0.053±0.011	0.054±0.014	0.090±0.019	0.152±0.011
Reactive anxiety	35.85±2.13	36.55±2.26	38.29±5.71	33.71±5.50
Depression	41.21±1.74	41.74±1.98	42.43±5.12	39.00±3.93
Personal attitude to the disease				
adaptive type	36.8	21	14.3	57.1
disadaptive type	63.2	79	85.7	42.9

Note. *$p<0.01$ and **$p<0.05$ compared to parameters before therapy; +$p<0.05$ compared to the control.

with adaptive and disadaptive types of personal attitude to the disease did not change. In patients of the main group the severity of pain syndrome estimated by the visual analog scale decreased ($p<0.01$) and was lower than in the control group ($p<0.05$, Table 1). The homeopathic preparation Vozraston stimulated the sympathetic nervous system (Table 1), but did not change autonomic reactivity and plasma catecholamine concentrations.

These results indicate that Vozraston reduced pain syndrome in patients with RA. The effect of this preparation on the autonomic nervous system is of considerable interest and requires further investigations.

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