



QUALITY OF HEALTH OF OSTEOARTHRITIC (KNEE JOINT) PATIENTS OF 50 TO 70 YEARS AGE AT RURAL JAMKHED TAHSIL.

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ABSTRACT

Osteoarthritis is a result of old age. The signs are swelling, muscle wasting, deformities, crepitus, stability, movement restriction, tenderness, redness, local heat, rash etc. 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. Osteoarthritis is classified into two types viz. Primary (etiology is unknown) and Secondary (degenerative changes in response to systemic factors). Most commonly affected joints are hip, knee, neck, lower back, end of fingers and base of thumb. Old joint injury, overweight, abnormality, mechanical stress and degeneration of cartilages are the risk factors. Management of OA aims at maintaining and improving joint functions minimizes handicap. In rural area people have to do hard and strenuous work and hence chances of occurrence of OA are also more. The present study was conducted at Rural area of Jamkhed. Total 100 patients suffering from Osteoarthritis were studied by history taking and clinical examination. People were educated and taught about lifestyle and dietary measures of self-care to improve quality of life. Incidence of OA was found since age of 50 years. Females were found more prone to OA than males. Poor quality of health was in 31% and Bad quality of health was found in 8% among total 100 patients. Very few patients were found taking Homeopathy treatment for OA. There is need of awareness among rural people about OA and role of Homeopathy in OA.

Keywords: Health Quality, Osteoarthritis, Rural Jamkhed, Homeopathy.

1. INTRODUCTION

There are many diseases which affects as per age progresses. Such diseases are called as Geriatric diseases. Osteoarthritis is one of such diseases. 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, movement restriction, tenderness, red-



ness, local heat, rash etc. Investigations are disease activity markers. This help in assessment of phase of the disease.¹ 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.

Osteoarthritis is classified into two types viz. Primary (etiology is unknown) and Secondary (degenerative changes in response to systemic factors).² The condition in which It is a joint inflammation that results from cartilage degeneration.³ Most common symptoms are joint pain and stiffness, joint swelling, decreased range of motion, weakness, and numbness.⁴ 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 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 activities.⁵ There are some biochemical changes in OA cartilage. Metabolic diseases lead to degeneration of cartilage.⁶ OA of the knee joint is often associated with obesity and women. It leads to knee deformities.⁷

Management of OA aims at maintaining and improving joint functions minimizes handicap.² Patient education and encouragement of positive approach are important in OA is also important. As it is irreversible disease, prognosis may be good in relation to improving muscle strength and maintaining mobility.² It is important to avoid undue trauma and physical stress. Fitting of rubber heels is the simple protection to the joint for minimizing the risk.² 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 degeneration.⁸ Osteoarthritis commonly affects elderly people, but now a day it affects people since age of 50 years due to different reasons. Women are more prone to OA as compared to men.⁹

In rural area people have to do hard and strenuous work and hence chances of occurrence of OA are also more. Present study was Cross-sectional study to assess quality of health of Osteoarthritis patients of rural area. There is need to aware rural people about OA and lifestyle measures regarding OA to maintain and improve quality of life.

2. METHODS

2.1. Objectives

- ◆ To study commonly observed complaints in Osteoarthritis.
- ◆ To assess quality of life of Osteoarthritis patients.
- ◆ To aware and educate Osteoarthritis patients about self-care.

2.2. Study Design

Rural area of Jamkhed Tahsil was selected. The present study was conducted at Jamkhed Homoeopathic Medical College and Hospital, Ratnapur, Jamkhed, Ahmednagar. A community based cross sectional study was done with randomly selected sample. Written consent was taken. Total 100 patients suffering from Osteoarthritis were studied by history taking and clinical examination. All data of patients were recorded in CRF which was specially designed. Data analysis and interpretation were done after collection of data. People were educated and taught about lifestyle and dietary measures of self-care to improve quality of life.

2.3. Selection patients

2.3.1. Inclusion Criteria

- ◆ Age group of 50 to 70 years, irrespective of gender, education and occupation.
- ◆ Patients showing symptoms of Osteoarthritis (Knee joint).
- ◆ Patients from rural area of Jamkhed Tahsil.

2.3.2. Exclusion Criteria

- ◆ Age group below 50 and above 70 years.
- ◆ Patients of Osteoarthritis other than Knee joint.
- ◆ Patients of Rheumatoid arthritis, Gout etc.
- ◆ Patients with fractures.



- ◆ Urban area patients.
- ◆ Patients from rural area of Jamkhed Tahsil.

2.4. Assessment criteria

To assess quality of life following criteria were observed.

Pain

- ◆ **0:** No pain
- ◆ **1:** Mild pain, occasional and can perform routine work
- ◆ **2:** Moderate pain, frequent, sometimes disturbs routine work
- ◆ **3:** Severe pain, continuous, cannot perform routine work

Stiffness

- ◆ **0:** No stiffness
- ◆ **1:** Mild stiffness, in morning and evening less than 1 hour
- ◆ **2:** Moderate stiffness, in morning and evening more than 1 hour
- ◆ **3:** Severe stiffness, most time of day

Swelling

- ◆ **0:** No swelling
- ◆ **1:** Mild swelling, movements are not restricted
- ◆ **2:** Moderate swelling, sometimes restricts joint movements
- ◆ **3:** Severe swelling, restricted joint movements

Restricted movements

- ◆ **0:** No restricted movements
- ◆ **1:** Mild restricted movements, occasional and can perform routine work
- ◆ **2:** Moderate restricted movements, frequent, sometimes disturbs routine work
- ◆ **3:** Severe restricted movements, continuous, cannot perform routine work

Painful movements

- ◆ **0:** No painful movements
- ◆ **1:** Mild painful movements, occasional and can perform routine work
- ◆ **2:** Moderate painful movements, frequent, sometimes disturbs routine work
- ◆ **3:** Severe painful movements, continuous,

cannot perform routine work

Deformity

- ◆ **0:** No deformity
- ◆ **1:** Mild deformity, no change in gait of patient
- ◆ **2:** Moderate deformity, limping gait during
- ◆ **3:** Severe pain, continuous, cannot walk properly

X Ray of Knee joint

- ◆ **0:** Within normal limit
- ◆ **1:** Osteophytes, reduced bone density, no joint space reduction
- ◆ **2:** Osteophytes, reduced bone density, joint space reduction
- ◆ **3:** Osteophytes, reduced bone density, joint space reduction and severe structural deformity

2.5. Quality of health

Quality of health of Osteoarthritic patient was decided as per total symptom score. Quality of health was classified in following grades, viz. Good (score 0 to 5), Moderate (score 6 to 10), Poor (score 11 to 15) and Bad (score 16 and above).

3. RESULTS AND DISCUSSION

Out of 100 patients, 34 patients (12 males and 22 females) were from 66 to 70 years age group followed by 25 patients (10 males and 15 females) were from 50 to 55 age group. It indicates that age of occurrence of OA is less now days. Females were 61 and male were 39. It is also mentioned in previous studies that, females are more prone to OA than males (Table 1).

Housewives (50) and Farmers (28) were found most among all occupations. Housewives in rural areas also do farming work in the fields. Hence it can be said that strenuous and hard work among rural Jamkhed Tahsil area is one of major causes of OA (Table 2).

As per defined gradations of assessment criteria data of 100 patients is shown in Table 3. Grade 3 means most severity of that criteria or symptom. Among included 100 patients, severe



pain was present in 25 patients, severe stiffness was present in 11 patients, severe swelling was present in 4 patients, severe restricted movements were present in 31 patients, severe painful movements were present in 62 patients, severe deformity was present in 8 patients and severe X Ray findings was present in 8 patients.

After assessing health quality of 100 OA patients, we found Good quality of health in 27% patients, Moderate quality of health in 36% patients, Poor quality of health in 31% patients and Bad quality of health in 8% of patients.

Further all patients were taught about OA, its signs-symptoms, complications and management. Also, each and every patient was advised few lifestyle and dietary modifications in their daily routine so that they can suffer less by it. Importance and role of Homoeopathy treatment was explained and asked them to take Homoeopathy treatment for their complaints.

Present Cross-sectional study was carried out in limited area to judge quality of health and hence interpretations cannot be generalized to population. But further large study is needed in that retardancy. One may carry clinical trials on lifestyle and dietary modifications to improve quality of health in OA patients

4. CONCLUSION

Earlier aged people are also suffering from OA due to many reasons. Farmers and Housewives in rural area are most prone to OA. Most of people take analgesics and allopathy treatment. Very few prefers Homeopathy. There is need of awareness among rural people about OA and

role of Homoeopathy in OA.

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6. TABLES

Sr. No.	Age	Male	Female	Total
1	50 to 55 years	10	15	25
2	56 to 60 years	8	12	20
3	61 to 65 years	9	12	21
4	66 to 70 years	12	22	34
5	Total	39	61	100

Table 1. Age and sex wise distribution



Sr. No.	Occupation	No of patients
1	Farmer	28
2	Service / Retired	12
3	Housewife	50
4	Business	10
5	Total	100

Table 2. Occupation wise distribution

Sr. No.	Health Quality	No of patients
1	Good	27
2	Moderate	36
3	Poor	31
4	Bad	8
5	Total	100

Table 4. Quality of Health of patients

Sr. No.	Assessment Criteria	No of patients with grade			
		Grade 0	Grade 1	Grade 2	Grade 3
1	Pain	0	12	63	25
2	Stiffness	13	44	32	11
3	Swelling	9	45	42	4
4	Restricted movements	6	20	43	31
5	Painful movements	4	10	24	62
6	Deformity	27	52	13	8
7	Knee X Ray	24	55	13	8

Table 3. Severity gradations is assessment criteria

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