Studies on Effects of Rumalaya in Osteoarthritis

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Chronic arthropathies including osteoarthritis have afflicted mankind for ages. Their crippling and incapacitating effect on the afflicted patients presents many emotional, social and economic problems.

The main presenting symptoms of the disease are pain and joint swellings with varying degree of immobilisation. The disease runs a chronic course and if not treated early, it ends up in deformities. As the treatment is long-term, drugs which relieve pain without short or long-term toxic manifestations are preferable. Although many drugs, analgesics, steroids, butazolidin, indomethacin etc., have been reported to be of value with variable results, sometimes severe side reactions and a high degree of toxicity are observed.

Of late, the medical profession in India has started taking interest in trying indigenous drugs in such difficult and problematic conditions where modern therapy is not very helpful. Rumalaya tablets and cream are reported to be beneficial on the whole complex of complaints associated with osteoarthritic disorders and are completely non-toxic. They are slow acting and need long-term therapy.

Osteoarthritis is a common problem which appears with age. It is mainly a degenerative process, precipitated by mechanical factors on the weight bearing joints. The pathological process which occurs cannot be prevented from further progress. So the problem necessitates a drug which can be used for a prolonged period to relieve the pain without any side-effects.

We tried an indigenous drug Rumalaya (The Himalaya Drug Co.) containing reputed Mahayograj guggul and Shilajeet, Shankh bhasma, Musk, Gold (as a catalyst) prepared in special juices and decoctions.

The composition of Rumalaya tablet is as follows:

Each Rumalaya tablet contains:
Mahayograj guggul 0.162 g
Ext. Maharasnadi quath 65 mg
Moringa pterygosperma 16 mg
Pristimera indica 6 mg
Rubia cordifolia 13 mg
Tinospora cordifolia 10 mg
Tribulus terrestris 16 mg
Shilajeet (Purified) 16 mg
Swarnamakshik bhasma 5 mg
Mahayograj guggul has anti-inflammatory and anti-arthritis activity. The most important advantage of this drug is its low toxicity and hence it can be administered for a long time. It has been reported to be useful by Aggarwal, 1970; Gogate, 1957; Bhattacharya, 1974; Tejeswar Rao, 1974 and B.V. Mehta & Kochar, 1972. This oleo-gum resin is considered a sovereign remedy in ancient medicine.

It is quickly absorbed and is excreted by the skin, mucous membranes and kidneys and in the course of its excretion disinfects this secretions, improves the functions and stimulates the activity of the respective organs. It has marked antiseptic properties also. Apart from anti-inflammatory action it has anti-phlogistic, anti-arthritis, anti-spasmodic, analgesic and tonic effect. It stimulates uric acid excretion and prevents osteoporosis and degenerative changes. These reported studies prompted us to try the clinical results of the indigenous drug Rumalaya tablets.

**MATERIAL AND METHODS**

In a controlled study of 75 cases of osteoarthritis at the Rheumatology Clinic of Ramkrishna Mission Seva Pratisthan, 50 cases were treated with Rumalaya tablets 2 tablets t.i.d. daily after meals for a period of nine months. Twenty five similar cases served as controls; they were put on other drugs and were not given Rumalaya. They were reviewed by the same doctor using the same criteria once every month and the detailed findings, subjective and objective response and other effects, if any, were recorded very carefully for the final assessment and evaluation. Routine urine testing, haemogram, E.S.R. estimation and occult blood test in stools were carried out regularly. Gastric intolerance or any other side effects were also looked for and noted.

**OBSERVATIONS**

The ages in both the groups varied from 23 to 82 years, the average being 52 years. Females predominated slightly being 52%, the males being 48%. Average haemoglobin was 75% and E.S.R. 8 mg at the end of one hour. Occult blood was absent in stools and routine urine examination did not reveal any abnormality.

After confirming the diagnosis clinically by laboratory, x-rays and other findings, the patients were given Rumalaya tablets 2 t.i.d. after meals. All the examinations, investigations and x-rays were carried out by the same person initially and at each follow-up for 9 months.

The initial findings in all the cases of both the study and control groups were: pain in 50 (100%) and 25 (100%) cases in respective affected joints, about 45 (90%) and 23 (92%) showed crepitation on movement in the affected knees, 17 (34%) and 8 (32%) had stiffness in the affected joints and 10 (20%) and 2 (8%) of these had restriction of movements of their joints.

**RESULTS**

In the study group on Rumalaya 20 out of 50 patients i.e., 40% of the patients did not have any pain at the end of the trial i.e., pain completely disappeared on therapy, other 20 i.e., 40% did feel less pain and felt relieved to some extent and continued to remain much better with increased movement while they were on Rumalaya. The remaining 10 patients i.e., 20% did not have any appreciable change of any kind and remained *status quo*. None of the patients got worse or had any gastric irritation, intolerance or untoward effect during all these nine months. There were no undue effects on E.S.R., haemogram remained static, x-rays showed some progress towards improvement. Five patients (10%) did not have any physiotherapy. The remaining patients received either short-wave
diathermy alone or along with exercises. One patient each had ultrasonic therapy and electrical stimulation. In this group 40 patients (80%) had increase in the range of movement and in 20 cases gradual improvement was observed even after a period of nine months to 2 years after the treatment had been discontinued.

In the control group, with conventional drugs some patients had only short-lived relief of pain or even no relief. There was relapse in 18 (72%) cases within 2 to 3 months after the treatment had been discontinued. Only 8 (32%) patients had increased range of movement whereas in the Rumalaya group 40 patients (80%) had increased range of movement. Ten (40%) cases in the control group on other drugs reported gastric intolerance within 2 weeks and had to be given antacids and other drugs for relief and the drugs had to be discontinued in 9 (36%) cases within 3 to 4 weeks. Thus the results were definitely much better in Rumalaya group of cases.

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<thead>
<tr>
<th>Table 1: Response in Rumalaya and Control groups</th>
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<tr>
<td>Response</td>
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<tr>
<td>Rumalaya group</td>
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<tr>
<td>Total 50 cases</td>
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<tr>
<td>Control group</td>
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<tr>
<td>Total 25 cases</td>
</tr>
<tr>
<td>Relief of pain</td>
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<tr>
<td>Stiffness of knees</td>
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<tr>
<td>Increased movement</td>
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<tr>
<td>Gradual improvement in 9 months to 2 years</td>
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<tr>
<td>No change</td>
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<tr>
<td>Relapse, gastric intolerance</td>
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<td>Discontinuation</td>
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These results of this controlled study convincingly show that therapy with Rumalaya tablets is very useful in the management of osteoarthritis on a short and long term basis. The relapse rate was low and the remissions and periods of freedom from pain were much longer. There was marked relief to the patients on Rumalaya and there was a profound sense of well-being.

**SUMMARY**

1. Seventy five cases of osteoarthritis were studied with 50 cases on Rumalaya tablets and 25 as control cases on conventional drugs for a period from nine months to two years at the Rheumatology Clinic of Ramakrishna Seva Pratishthan, Calcutta.

2. Rumalaya 2 tablets t.i.d. were given for the period. There was marked relief of pain, stiffness of the joints and mobility gradually improved and there was a general feeling of well-being. There were no relapses in the Rumalaya group.

3. In the control group there was transient of very short period of relief of pain, more recurrences and the stiffness of the joints persisted and there was much less mobility of the joints. There was gastric irritation in 40% of control cases and the drugs had to be discontinued in 36%.

4. There were no toxic effects or gastric irritation in the Rumalaya group even on prolonged therapy.

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**REFERENCES**


