Rumalaya in Chronic Rheumatoid Arthritis

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OBJECT OF PRESENT STUDY
The present trial was carried out to test the analgesic and anti-inflammatory effects of Rumalaya, in patients with chronic rheumatoid arthritis and note the side effects of the drug.

COMPOSITION
Rumalaya contains per tablet:
- Mahayograj guggul 0.162 gm
- Exts. 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 16 mg
- Swarnamakshik bhasma 5 mg
- Shankh bhasma 65 mg
- Sarna (Gold) catalyst 1 mg

(Prepared in the juices and decoctions of Vitex negundo, Tinospora cordifolia, Ocimum sanctum, Eclipts alba etc.).

MATERIAL AND METHODS
Patients were selected from the outpatients at V.S. General Hospital, Ahmedabad, and from private consulting practice. All were ambulatory. Active inflammation of six or more joints was an essential criterion for selection for the trial. Twenty two patients with definite or classical rheumatoid arthritis were chosen. Patients with deformities were excluded. There were 15 women and 7 men. Their age varied from 27 years to 62 years with disease of 6 months to 7 years duration.

<table>
<thead>
<tr>
<th>Age incidence</th>
<th>Duration of illness</th>
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<tbody>
<tr>
<td>Age in years</td>
<td>No. of cases</td>
</tr>
<tr>
<td>21-30</td>
<td>4</td>
</tr>
<tr>
<td>31-40</td>
<td>12</td>
</tr>
<tr>
<td>41-50</td>
<td>4</td>
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<tr>
<td>51-60</td>
<td>1</td>
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<td>61-70</td>
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Investigations revealed Haemoglobin about 72% in most of the cases which increased to 78% after 2 weeks. ESR was between 30 to 45 in 14 cases and 46 to 52 in 8 cases before starting the therapy. After two weeks of therapy it came down to 12 in 17 cases and between 18 to 32 in 5 cases, and in all cases it became normal after 3 weeks of therapy. Total and differential white blood cell counts, urine and blood examinations were normal.

There was no history of previous hyperacidity except in one case who had gastric distress during previous phenylbutazone therapy.
All had been treated before with current drugs with some benefit but with undesirable side effects in a great majority of cases. All the patients received the drug for 14 weeks. The Rumalaya tablets were given initially in doses of one tablet four times a day preferably after meals. After a week, the dose was increased to 2 tablets three times a day, if no relief was noticed.

RESULTS
Assessment was based on the clinical evaluation of subjective and objective relief. Most of the patients had treatment with different rheumatic drugs and their opinion of improvement was considered while assessing overall results.

Fifteen patients out of 22 (68%) showed marked improvement i.e. almost complete relief of pain and 80% improvement in range of movements. Swelling of the joints subsided completely. Four patients had moderate relief of pain and range of movements improved to about 50%. Three patients had no relief although two of them could not tolerate more than three tablets of Rumalaya a day. The response to the drug was noticed in most patients by the end of 8 days. Five patients had appreciable response after the end of two weeks. Remissions lasted from two months to 16 months in the patients who could be followed. Patients who improved with Rumalaya at the end of the 14 weeks period continued the drug of their own accord – some up to sixteen months. The maintenance dose was one tablet three times a day. Six patients were followed up for 16 months without any recurrence and they were maintained on one tablet twice daily during this period.

During acute exacerbations, 7 patients had treatment with steroids and other antirheumatic drugs, while continuing on Rumalaya. It was noticed by the patients that they needed smaller dose of steroids and phenylbutazone in comparison to exacerbations in pre-trial period.

SIDE EFFECTS
Throughout the trial period, only five patients complained of epigastric fullness, which subsided in two patients after concurrent antacid therapy. In three patients, it was difficult to increase the dose beyond three tablets due to epigastric distress. No other toxic effects were observed in patients who took the drug for more than 8 months. Repeated blood counts, haemoglobin, urine analysis and blood urea were normal. In seventeen patients E.S.R. became normal at the end of two weeks. In remaining five patients, it returned to normal after three weeks.

CONCLUSION
Rumalaya is an effective drug for the treatment of chronic rheumatoid arthritis as evidenced by this clinical trial with strict patient selection criteria and long duration of illness. Out of 22 patients of chronic rheumatoid arthritis without deformity treated with Rumalaya, 15 (68%) showed marked improvement, most of them within a period of three weeks. In four patients, there was partial relief from pain and tenderness but spasm persisted.

The drug is also a useful adjuvant during treatment of acute exacerbations with powerful anti-rheumatic drugs as it decreases the annoying side effects of the latter drugs.

Rumalaya should prove a useful, safe and promising tool in the treatment of chronic rheumatoid arthritis.