Rumalaya Therapy in Rheumatoid Arthritis Osteoarthritis and Periarthritis Shoulder

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(Specially contributed to the ‘The Antiseptic’)

INTRODUCTION
The medical management of rheumatoid and osteoarthritis have, for ages, posed serious problems. These diseases cause crippling of one’s physical movements, bringing in their wake many social, emotional, psychological and economic problems. They are all disabling ailments especially during one’s middle and old age.

The chief presenting symptoms are discomfort, pain and joint swelling, with varying degrees of immobilisation. Usually the history of the disease presents a chronic long-drawn course and if not treated at an early stage ends up in deformities and contractures.

Many drug-analgesics, steroids, phenylbutazone, indomethacin and many more have been reported to be effective with varying results. Sometimes, severe side reactions and a high degree of toxicity are observed. Blood dyscrasias, gastric haemorrhage, severe anaemias have been reported often in many cases with different therapies. The use of non-toxic drugs would therefore be considered a blessing for these patients in whose cases the treatment is necessarily a prolonged one.

COMPOSITION
Each tablet contains:
Mahayograj guggul 0.162 g
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
Musk 1 mg
Swarna (gold) catalyst

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

Recently, there is an increased interest in the use of indigenous drugs in the treatment of rheumatoid and osteoarthritis. Rumalaya tablets and cream, (The Himalaya Drug Co.) have been favourably reported from many medical centres, medical colleges and hospitals. This drug is stated to contain a combination of Mahayograj guggul with various reputed herbs and minerals having anti-arthritic, anti-infective, anti-spasmodic and other properties. The cream contains many ingredients which have
a stimulating, counter irritant and reflex action by which welcome changes are effected in the circulation and healing processes in the joints, periarticular tissues, and the muscles.

**MATERIAL AND METHODS**

A planned study was carried out in the Department of Orthopaedics, S.G.T.B. Hospital and Medical College, Amritsar, on the basis of a carefully-prepared proforma. A total of 146 cases were selected for the study. Out of this total 19 cases were put on a placebo and the balance of 127 cases were put on the trial drug, i.e., Rumalaya. Thirteen of 127 cases could not be followed up as they failed to report for the check-up. One of these thirteen was a case of gouty arthritis and the patient did not turn up for the follow-up. The remaining cases were divided into three groups:

<table>
<thead>
<tr>
<th>Group</th>
<th>Condition</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A</td>
<td>Osteoarthritis</td>
<td>81</td>
</tr>
<tr>
<td>Group B</td>
<td>Rheumatoid arthritis</td>
<td>29</td>
</tr>
<tr>
<td>Group C</td>
<td>Periarthritis shoulder</td>
<td>4</td>
</tr>
</tbody>
</table>

**Total** 114 cases

Past history of diagnosis and previous therapy were recorded. Most of the cases gave a history of massage, local fomentations and consumption of some drug or other. The nature of the drug consumed could not be ascertained except in 8 cases of rheumatoid arthritis who confirmed the use of steroids in one from or the other. The duration of the illness i.e., of the affected joints, varied from 2-3 weeks to 5-8 years. The duration of the illness was quite long in the case of osteoarthritis.

There were 81 cases of osteoarthritis, consisting of 70 cases affecting the knees, 8 of the spine and 3 cases of knees and spine. There were 29 cases of rheumatoid arthritis affecting the small joints of the hands, and there were four cases of periarthritis of the shoulder.

<table>
<thead>
<tr>
<th>Table I</th>
<th>Rumalaya</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee</td>
<td>70</td>
<td>11</td>
</tr>
<tr>
<td>Spine</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Knee and spine</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small joints of hands</td>
<td>29</td>
<td>7</td>
</tr>
<tr>
<td>Periarthritis shoulder</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Eight more cases of osteoarthritis of the knee and 4 cases of rheumatoid arthritis and one of gout, *i.e.*, total 13 cases could not be followed-up.

Routine blood, urine examination and ESR studies before, during and after the end of the therapy were carried out. X-ray examinations were done initially to establish the diagnosis and later on, to follow the progress and finally, to assess the degree and grade of the improvement and response.

The E.S.R. was low in cases of rheumatoid arthritis showing excellent or good response while it showed an increase in cases which did not respond to treatment.

X-ray examination of the affected joints showed that the radiological features of the affected joints remained unaltered i.e. in cases of osteoarthritis, lipping of the bones, osteophytes and gross configuration of the joints remained unchanged. Same was the state in cases of rheumatoid arthritis, i.e. changes in the structure of the bones were not noticed as a result of the therapy.

Rumalaya 2 tabs. t.i.d. were given initially for 3 to 7 days and then 1 tab. t.i.d. for 5 to 10 weeks, and continued further in cases where it responded. Rumalaya cream was also applied locally three
times daily. Simultaneously exercises and local fomentations to the affected parts were recommended. In cases where the spine was affected, the use of a hard bed was advised, and exercises of the back and local fomentations were carried out. In cases of rheumatoid arthritis—Vitamin C 500 mg b.i.d. was given, in addition to, therapy, local fomentations and physiotherapy. In cases of periarthritis of the shoulder, local fomentations and physiotherapy were used. 13 cases reported nausea and vomiting as side-effects. Side-effects, whenever noticed, were mild to moderate, in intensity and never severe enough to discontinue therapy. The dosage of the drug, however, had to be reduced in a few of these cases and the patients were advised to take the drug after meals and also along with milk.

RESULTS
The results were graded as “Excellent”, “Good” and “Poor” as shown in Table II.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain and tenderness</td>
<td>Markedly reduced</td>
<td>Appreciable relief</td>
<td>No relief or worsened</td>
</tr>
<tr>
<td>Swelling of the joints</td>
<td>Markedly reduced</td>
<td>Significant reduction</td>
<td>Persistent or increased</td>
</tr>
<tr>
<td>Stiffness</td>
<td>Minimised</td>
<td>Sufficient decrease</td>
<td>Unaltered or worsened</td>
</tr>
<tr>
<td>Range of movements</td>
<td>Much increased</td>
<td>Optimum increase</td>
<td>Decreased</td>
</tr>
<tr>
<td>Clinical picture</td>
<td>A lot of improvement</td>
<td>Much better</td>
<td>No improvement or deterioration</td>
</tr>
</tbody>
</table>

ESR was also considered as a criterion in rheumatoid arthritis.

The detailed results of the therapy in each group are presented in Table III.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteoarthritis</td>
<td>52 (64.2%)</td>
<td>18 (22.2%)</td>
<td>11 (13.6%)</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>14 (48.3%)</td>
<td>8 (27.6%)</td>
<td>7 (24.1%)</td>
</tr>
<tr>
<td>Periarthritis</td>
<td>3 (75%)</td>
<td>1 (25%)</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>69 (75%)</td>
<td>27 (25%)</td>
<td>18 (20%)</td>
</tr>
</tbody>
</table>

All the cases on placebo showed poor response. they remained either static or deteriorated.

RESULTS
Group-A: Osteoarthritis: Out of a total of 81 cases, 52 (64.2%) cases showed excellent response to therapy. Pain and tenderness markedly decreased and the patients were relieved of discomfort to a large extent. Stiffness of joints disappeared and the movements of the joints improved considerably. The clinical picture of the patients showed marked improvement and the mobility of the patients was very encouraging.

Eighteen (22.2%) cases reported good results, showing appreciable relief of pain. Tenderness was reduced to the minimum and the patients were satisfied with the therapy; stiffness decreased, and movements of the affected joints became more free. There was also a significant decrease in swelling. The overall clinical picture of these cases showed moderate improvement with sufficient increase in the mobility of the patients.

Eleven cases (13.6%) were not satisfied with the therapy and the results in this group were described as “poor”. Pain and tenderness persisted, swelling increased, and the patients did not improve in any respect. Stiffness of the joints persisted and the mobility of the patients worsened.

Group B: Rheumatoid arthritis: (Total cases - 29). Excellent results were observed in 14 cases, i.e. 48.3%. Pain and tenderness at the joint level decreased. Swelling was markedly reduced and the
stiffness of the joints disappeared. Movements became pain-free and greater in range. The patients were much benefited by the therapy. E.S.R. level was low and the general outlook of the patients improved remarkably.

The patients did not need any additional therapy such as steroids, etc. and those who were previously on steroids were in a position to taper them off.

Eight cases (27.6%) showed good results. Pain was reduced from severe intensity to mild. Swelling and tenderness of the joints decreased and the patients experienced a feeling of physical well-being. Movements of the joints improved markedly and E.S.R. was stabilised.

Seven cases (24.1%) did not respond to therapy and the results were recorded as “poor”, in this group. All the cases in this group deteriorated inspite of the drug therapy. Overall clinical picture worsened, i.e., pain and stiffness of the joints increased, tenderness increased, swelling of joints increased and the range of movements became less. A change of drug became inevitable in these patients.

Group C: Periarthritis shoulder: (Total cases - 4). 3 cases (75%) were satisfied with the therapy and results were described as “good”. They had appreciable relief from pain and tenderness. some increase in the range of movements was also observed.

One case (25%) was not benefited with the therapy, as pain and tenderness persisted. The range of movements remained unaltered and the treatment had therefore to be changed ultimately.

CONCLUSION
The above results indicate clearly the clinical effects and efficacy of the products—Rumalaya tablets and cream. The results are very encouraging and a large number of patients felt marked relief. There were no toxic effects, except mild and transient nausea and vomiting in 13 cases. It was not necessary to discontinue the drug in any patient on that score.

From the present study it could be established that Rumalaya therapy has a useful place in the treatment of osteoarthritis, rheumatoid arthritis and shoulder periarthritis. Although Rumalaya therapy is slow in action, it has virtually negligible side-effects. It is an useful addition to the currently available forms of therapy for rheumatoid arthritis and osteoarthritis—conditions which are difficult to treat effectively with modern therapy.

SUMMARY
1. A total of 146 cases were studied for observing the clinical effects of Rumalaya tablets and cream for a period of 5 to 8 weeks, etc. Nineteen of these were put on a placebo and thirteen did not come for the follow-up.
2. Out of 81 cases of osteoarthritis, the results were “excellent” in 52 cases (64.2%), “good” in 18 cases (22.2%) and “poor” in 11 cases (13.6%).
3. Out of 29 cases of rheumatoid arthritis, the results were “excellent” in 14 cases (48.3%), “good” in 8 cases (27.6%) and “poor” in 7 cases (24.1%).
4. There were four cases of shoulder periarthritis. The results were “excellent” in 3 cases (75%) and “good” in 1 case (25%).
5. Nineteen cases on placebo did not show any improvement and showed either a downhill or static course.
6. There were no toxic effects noticed except occasional mild nausea or vomiting in 10% of the cases which responded readily to treatment and the drug could be continued.

7. This therapy was found to be effective and gave good relief.