The Effect of Rumalaya Tablets and Ointment in Rheumatic and Allied Conditions (A study of 110 cases)

Dr. Mehta, B.V., F.R.C.S. (Eng.), F.R.C.S. (Edin.), M.Ch. (Orth.),
Hon. Asst. Professor of Orthopaedics
and
Dr. Kochar, P.N., M.B.,B.S., D. Orth. (Bom.)
Orthopaedic Registrar,
L.T.M.G. Hospital & L.T.M.M. College, Sion, Bombay, India.

INTRODUCTION
Rheumatic and rheumatoid disorders rank amongst the earliest diseases that have afflicted mankind. There are demanding problems in their care and management. Various forms of treatment have been tried with the advent of newer and newer drugs but many of them are toxic. The search for newer, less toxic drugs is going on. Chronic rheumatic diseases account for an important proportion of temporary or permanent, disablement in temperate climates. A recent survey suggested that approximately 1,740,000 of the population of Britain were affected by rheumatoid arthritis and that some 3,700,000 persons over the age of 65 were disabled by osteoarthritis (Davidson, 1968). In general practice it has been estimated that about 10 percent of the practitioners’ time is devoted to the diagnosis and treatment of various types of rheumatism.

The main presenting symptoms of the disease are pain and joint swellings with varying degrees of immobilisation. The disease runs a chronic course and if not treated at an early stage ends up in bad deformities and contractures. As the treatment is long-term, consideration should be given to the drugs which relieve the pain without toxic manifestations. With this in mind we have tried an indigenous drug (Rumalaya Tablets and Rumalaya Cream) in this study. Rumalaya 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.)

One of the important ingredients of Rumalaya. “Mahayograj guggul” has anti-inflammatory and anti-arthritic activity. The most important advantage of this drug is its low toxicity and therefore it can be given for long periods. However, the drug has got limited value in advanced cases of rheumatoid arthritis with contractures and deformities.

MATERIAL AND METHODS
One hundred and ten cases attending the Outpatient Department of L.T.M.M. College and L.T.M.G. Hospital, Sion, Bombay were selected for this study. None of the patients had contractures or ankylosis.

All the patients were kept on doses of one Rumalaya tablet three times a day, with simultaneous local use of Rumalaya Cream, along with hot fomentations at bedtime.

There were 70 female and 40 male patients.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Age</th>
<th>Rheumatoid arthritis</th>
<th>Nonspecific joint pains</th>
<th>Osteoarthritis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0 to 20 years</td>
<td>11</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>21 to 40 years</td>
<td>54</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>41 years and above</td>
<td>5</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>70</td>
<td>14</td>
<td>26</td>
</tr>
</tbody>
</table>

Table I: Age group

The youngest patient was seven years of age and the oldest patient was of 65 years of age. Most of the patients of rheumatoid arthritis were between 21 to 40 years of age and those of osteoarthritis were above the age of 41 years.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Disease</th>
<th>No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rheumatoid arthritis</td>
<td>70</td>
</tr>
<tr>
<td>2</td>
<td>Nonspecific joint pains</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Osteoarthritis</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>110</td>
</tr>
</tbody>
</table>

Table II: Symptomatology

There were 70 cases of rheumatoid arthritis, 14 cases were of nonspecific joint pains and 26 cases were of osteoarthritis. Out of these 26 cases of osteoarthritis, 20 patients had involvement of knee joints and the other six cases showed osteoarthritis of the spine.

Associated muscle spasm was observed in a total of 48 patients (42 cases of rheumatoid arthritis, 2 cases of nonspecific joint pains, 4 cases of osteoarthritis).

Swelling of the joint was seen in a total of 34 patients (29 cases were of rheumatoid arthritis, three cases of nonspecific joint pains and two cases were of osteoarthritis).

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<td>26</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>110</td>
</tr>
</tbody>
</table>

Table III: Relief of Pain

RESULTS

All the hundred and ten patients were followed. The shortest period required to obtain satisfactory result was 3 weeks and the longest period was four months; on an average satisfactory improvement was noticed at the end of the third or fourth weeks.

Assessment of results was done as follows:
Criteria:
I) Subjective improvement:
a) Relief of pain  
b) Relief from muscle spasm

II) Objective improvement:  
a) Effect of swelling  
b) Effect on E.S.R.

I) Subjective improvement:  
a) Relief of pain: Relief of pain above 60 percent was considered as good result and this was observed in a total of 74 patients (45 rheumatoid arthritis, 11 nonspecific joint pains, 18 osteoarthritis).

Relief of pain from 21 percent to 60 percent was considered as fair result, which was combined in 31 cases (22 cases were of rheumatoid arthritis, two cases were of nonspecific joint pains and seven cases of osteoarthritis).

No relief or relief below 20 percent was considered as poor result, which was seen in a total of five patients only (three rheumatoid arthritis, one nonspecific joint pains, one osteoarthritis).

b) Relief from Muscle Spasm: Muscle spasm was observed in total 48 patients

<table>
<thead>
<tr>
<th></th>
<th>Rheumatoid arthritis</th>
<th>Nonspecific joint pains</th>
<th>Osteoarthritis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complete relief from muscle spasm</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate relief from muscle spasm</td>
<td>27</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>No relief</td>
<td>11</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

II Objective Improvement:  
a) Effect of Swelling:  
Total 32 patients  

<table>
<thead>
<tr>
<th></th>
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<th>Nonspecific joint pains</th>
<th>Osteoarthritis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Complete disappearance of swelling</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate decrease</td>
<td>15</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3.</td>
<td>No effect</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Complete relief from muscle spasm was seen in six patients.

Moderate relief from the muscle spasm was observed in 28 cases, while in 14 cases no effect was observed on muscle spasm; these were the cases where relief from pain was below 60 percent.

Swelling was observed in 32 patients.
Complete disappearance was seen in only two patients. In 18 patients swelling was moderately decreased, while in 12 patients swelling persisted even after pain and muscle spasm disappeared.

b) **E.S.R. Reading:**
Serial E.S.R. study at the end of every two weeks showed gradual decrease in the level in many cases though the normal level was not observed in any of the cases. E.S.R. was not done in all the cases.

**CONCLUSION**
A total of 110 patients treated with Rumalaya tablets and Cream in rheumatic and allied conditions were studied in detail and results were recorded in the form of subjective and objective improvement.

Satisfactory response from the subjective point of view in relieving the pain was obtained in 105 patients (95.4 percent); only in five patients response in the relief of pain was below 20 percent. While the relief from muscle spasm completely or to the extent of tolerance was seen in 34 cases (70.8 percent) out of 48 cases, in the remaining 14 cases the effect was not very satisfactory.

Objective improvement in the form of disappearance of swelling completely or to the extent of being negligible was seen in 20 patients out of 32 patients (62.5 percent), while in 12 cases no effect on the swelling was observed.

Serial E.S.R. studies showed definite gradual decrease in level in many cases.

No side-effect was seen in any of the cases. Thus from these observations one can say that the drug has got a definite beneficial role to play in rheumatic and allied conditions particularly in relieving the pain and muscle spasm and can be given very safely as it is almost free from toxic effects. However, the preparation lacks any action in advanced cases with contractures and deformities.

We thank the Dean, L.T.M.M. College and L.T.M.G. Hospital, Sion, Bombay, for allowing us to report the hospital cases. We are also thankful to Himalaya Drug Co., for liberal supplies of Rumalaya tablets and Cream used in this clinical trial.

**REFERENCES**