IOSR Journal Of Pharmacy
(e)-ISSN: 2250-3013, (p)-ISSN: 2319-4219
www.iosrphr.org Volume 5, Issue 9 (September 2015), PP. 50-52

Treatment of UthiravathaSuronitham (Rheumatoid Arthritis) with a Siddha Compound Formulation - A Case Study.

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Abstract: *Uthiravathasuronitham, a vatha disease described by Sage Yugi can be correlated to Rheumatoid arthritis. A 53 year old lady diagnosed as Uthiravathasuronitham was treated with Siddha medicines Karpoora Chindhamani Mathirai and MannennaiKalavaiThylam. A single case study of Uthiravathasuronitham is detailed in this article.The patient presented with pain and swelling in minor joints of hand, wrist, ankle, shoulder joints and morning stiffness. The RA factor, CRP was positive at the time of enrollment. She was admitted in the IPD of Sirappu Maruthuvam Department of National Institute of Siddha for 45 days. The treatment outcome was encouraging. Hence further clinical studies can be carried out.*

Keywords: *Uthiravathasuronitham, Rheumatoid arthritis, Siddha, Case study, Karpoora Chindhamani Mathirai, Mannennai Kalavai Thylam.*

I.INTRODUCTION

Uthiravathasuronitham is one among the 80 *vatha* diseases described by Sage Yugi. The disease symptoms can be equated to rheumatoid arthritis in modern science. Rheumatoid arthritis is asymptomatic disease of unknown etiology. In the year 1858, Sir Alfred Garrod introduced the term Rheumatoidarthritis[1].Itis a chronic inflammatory, destructive and deforming symmetrical poly-arthritis associated with systemic involvement. The individuals with HLA D_4 and HLA DR_4 are more prone to rheumatoid arthritis. The female: male ratio is 3:1. The following are criteria for the diagnosis of rheumatoid arthritis: 1. Morning stiffness (more than one hour for more than six weeks), 2. Arthritis involving three or more joints, 3. Arthritis of hand joints (wrist, metacarpo- phalangeal, proximal inter-phalangeal joints more than 6 weeks),4.Symmetrical arthritis, 5. Rheumatoid nodules, 6.Rheumatoid factor, 7. Radiographic changes.

Uthiravathasuronitham is a type of arthritis of rheumatic origin. It is characterized by pain and swelling in ankle joints, knee joints and all smaller joints of the hands, feeling of tiredness and loss of appetite[2]. The unique feature of this disease is described in YugiVaidhyaChindhamani, Para Rasa Sekaram. Vali Azhal Keel Vayu disease symptoms mentioned in the thetext book SababahthiKaiyedu can be co-related to Rheumatoid Arthritis in modern science.

We here describe a case of *Uthiravathasuronitham* treated with the internal medicine *KarpooraChindhamani Mathirai*[3]and external medicine *MannennaiKalavai Thylam*[4]. The ingredients of the drug *KaarpooraChindhamaniMathirai*were purified calomel, powder of *Myristicafragrans*, purified *Croton tiglium* seeds, *Aloe vera*juice, powder *Acacia arabica* gum. The ingredients are grinded with *Aloe vera* juice and finally powder of gum Arabic is added and grinded till pill rolling consistency is attained. Each pill weighs about 130mg. Adjuvant used : Ghee. The ingredients of the oil are neem oil, peacock feather, *Ceraflava*(Wax), rock oil and camphor.

II. Case study

A 53 year old married female who is a house wife presented to the Out Patient Department of SirappuMaruthuvam of National Institute of Siddha with chief complaints of pain and swelling, morning stiffness in proximal interphalangeal joints, wrist joint, ankle joints bilaterally since 3 months. Her disease was diagnosed as *Uthiravathasuronitham*(Rheumatoid arthritis) by clinical evaluation and lab investigations. She was admitted to the inpatient ward (IP No:1612) and treated for 45 days.An informed consent was obtained from the patient for receiving treatment as well as to publish the data before starting the treatment.

The total duration of symptoms was 2 years with frequent remissions and exacerbations. The patient complained increased pain, swelling and morning stiffness since 3 months. She had constipation since1week. The patient was apparently normal 2 years back. She first developed pain in interphalangeal joints. She gradually developed swelling and morning stiffness. Later she also developed pain in major joints namely ankle joint and shoulder joints.

There was no history of diabetic mellitus, hypertension, pulmonary tuberculosis, bronchial asthma, trauma etc. the family history was not significant with the patient's disease.

Thepatient was on Non- Steroidal Anti-inflammatory drugs 3 months back. She attained menopause at the age of 50. She is a vegetarian and have clean habits.

General examination: Her weight was 55kg, height: 160 cms, body temperature 98.6° F, Blood pressure:130/80 mmHg. Here vital signs- pulse rate(73/minute), heart rate, respiratory rate were normal. She was not pallor, jaundiced. She had no clubbing, cyanosis. She had pedal oedema. There was no significant lymphadenopathy. The other systems (cardiovascular, respiratory, central nervous system, abdomen, genito-urinary system) examination was also normal.

Clinical examination: On inspection, the attitude of the patient was normal. There were no muscle wasting. swelling of proximal inter-phalangeal joints, ankle joints was noted. There were no nodules and deformities. Skin over the joint appears normal. On palpation, there was swelling noted in proximal inter-phalangeal joints, tenderness, joint stiffness,local heat was present. The oedema present in ankle was pitting in nature. Regarding movements, there was restricted movements of minor joints of hands, both shoulders and ankle joints. The movement resulted in pain. The nature of pain was severe (grade 8).Grade 0: No Pain , Grade 1 -3 : Mild pain, Grade 4-6: Moderate pain, Grade 7-10: Severe pain

The universal pain measurement scale was used. The patient feels relief from pain on rest.

Siddha system of examination: The patients hailed from *Neithalthinai* (Chennai). She presented with complaints during *Ilavenirkaalam*. She was *Rasogunam* predominant, the naadi (pulse) before and after treatment was *Vathapithanaadi*. Neerkuri: The urine was straw coloured. Serpentine pattern was observed in oil on urine sign (Neikkuri).*Abanavayu, Samanavayu*and *Viyanavayu* was affected. *Analapitham* and *Sathagapitham* was affected. *Avalambagam* and *Santhigm*was affected. *Envagaithervugal* (eight folds examination), malam was affected. In *kanmendhriyangal* 5, *kai, kaal, eruvai* was affected. Among the 7 *udalthathukkal, saram, enbu, kozhuppu, moolai*was affected. The functional ability was assessed with grading. Grade 1: fit for all activities, Grade 2: moderate restriction, Grade 3: marked restriction, Grade 4: confined to chair or bed ridden[5]. The patient was in grade 3 before treatment.

The laboratory investigations on day 1: TWBC:7400 cells/cumm,P:54,L:40,E:6,M:0,TRBC:3.3million cells/cumm, blood sugar fasting:90mg%, postprandial:130mg%, serum cholesterol:180mg/dl, blood urea: 18mg, serum creatinine:0.6mg,SGOT: ,SGPT:25 IU, ESR ½hr:20mm, ESR 1hr:52mm, Hb: 12.3gms, ASO titre – negative. Alkaline phosphatase: 178 IU, Albumin: 3.2, globulin: 2.5. The urine analysis was normal.C-Reactive proteinand Rheumatoid factor was positive.*KarpooraChindhamaniMathirai* – 60 mg is given twice a day,i.e, morning and at bed time after food with ghee. Application of *MannennaiKalavaiThylam* was advised twice a day. Patient had diarrhea atleast twice in the morning after taking the night dose. The morning dose medicine did not cause any diarrhea. She experienced nausea for few hours after taking the pill. When the patient experienced severe diarrhea, the internal medicine was stopped and *Acoruscalamus* ash was given with honey and the medicine was started from the next day. For nausea *Elathy chooranam*-1gram was prescribed when needed. The treatment was continued for 45 days and all the laboratory investigations were repeated. The swelling was measured before and after treatment. The patient was on follow up for the next two months.

III.Results and discussion:

Pain (grade 6) and swelling of ankle was reduced on day 7. Range of movements was not improved. At the end of second week the pain(grade 5) and swelling of interphalangeal joints were also reduced. The morning stiffness was reduced. The patient had 3 episodes of diarrhea daily in the morning for first 4 days after taking *KarpooraChinthamaniMathirai*. Then from day five she passed loose stools only once in the morning. The nausea was experienced occasionally thereafter. At the end of 30 days, she had mild pain in ankle joint (grade 3). The pain in other minor joints was in grade 4. The swelling was completely reduced in all the joints. After 45 days, the medicine was stopped and on 46th day the laboratory investigations were repeated. The rheumatoid factor turned to be negative (RAfactor-negative) and CRP-negative). There was significant decrease in ESR- 1/2hr- 8, 1hr- 20. There was no other marked difference with other blood parameters. The gradation of movement was improved (from grade 3 to grade 2) and the pain was reduced (grade 1).

"*ViresanathalVathamThazhum*" is a verse of Theraiyar[6]. Accordingly the drug reduces the *vathahumour* by relieving the constipation.*Croton tiglium* is well known for its purgative action[7].Calomel has anti-inflammatory and laxative activity. The juice of *Aloe vera* which was used for grinding also have potent anti-inflammatory activity. The purgative action of the Croton seeds would have been compensated by *Myristicafragrans* which is an astringent.Thus synergistic action of *KarpooraChindhamaniMathirai* and *MannennaiKalavaiThylam* was effective in the management of *Uthiravathasuronitham.*

IV. Conclusion

The drug *KarpooraChindhamaniMathirai* and *MannennaiKalavaiThylam* has proved to be an effective treatment package in *Uthiravathasuronitham*. With this lead, further clinical trials can be planned and executed to validate the treatment for *Uthiravathasuronitham.*

V. Acknowledgement

The authors would like to express their sincere thanks to the Director, National Institute of Siddha for his support.

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