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Management of Rheumatoid Arthritis Through Conventional Siddha Internal Regimen and Selected External Therapies - A Case Report

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Abstract: ***Background: Rheumatoid arthritis (RA) is a chronic autoimmune inflammatory disorder characterized by joint pain, swelling, and stiffness. Its clinical manifestations are comparable to Uthiravatha Suronitham described in Siddha literature. This case report describes the clinical management of RA using Siddha internal medicines and selected external therapies. Case Presentation: A 42-year-old woman presented with multiple joint pain, swelling, morning stiffness, and restricted movements. Laboratory investigations showed positive anti-cyclic citrullinated peptide antibodies, elevated C-reactive protein, and negative rheumatoid factor. The patient received internal Siddha formulations, including Thirikadugu Chooranam, Arumuga Chenduram, and Seenthil Chooranam, together with selected external therapies, including Nasiyam and Peechu. Results: Following 51 days of treatment, the Rheumatoid Arthritis Pain Scale score decreased from 110 to 79, while the Visual Analogue Scale score decreased from 7 to 3. Morning stiffness decreased from approximately 45 minutes to 10 minutes. Improvements in joint pain, swelling, mobility, and daily activities were also observed. No significant adverse drug reactions were reported. Conclusion: This case demonstrates encouraging symptomatic improvement following a combined Siddha treatment regimen. Further controlled clinical studies are required to establish its safety, effectiveness, and therapeutic contribution to rheumatoid arthritis management.***

Keywords: Uthiravatha Suronitham; Rheumatoid Arthritis; Siddha Medicine; Nasiyam; Peechu Therapy; Rheumatoid Arthritis Pain Scale; Visual Analogue Scale

1. Introduction

Rheumatoid arthritis (RA) is a chronic autoimmune disorder that affects millions of people worldwide. It primarily targets the joints, causing inflammation, pain and stiffness which can lead to significant disability if left untreated [1]. Unlike osteoarthritis, which results from wear and tear on joints, RA's root cause lies in the body's immune system mistakenly attacking healthy tissues. The clinical manifestations of the Siddha clinical entity *Uthiravatha suronitham* is identical to those of the symptoms described under the clinical diagnosis of RA in modern medicine [2]. According to basic principles of Siddha, deranged *vatha* aggravates *azhal* and affects *vyanan* causes pain and swelling in joints resulting in decreased range of motion [3].

"*Vaigithamaai kanaikaalu muzhangaal thaanu Markadanj chanthupura vadiyum veengi*
Seigithamaanj siruviralgal migavu nonthu Sinthaithadu maariye salippun daagum Paigithamam paithiyathil vaadha minji Baarama yurpavi thazhalun daagum
Uigithamam asanamathu thaanum venda Uthiravaatha suronithathin unarchi yaame [2]

The above stanza explains that, in *Uthiravatha suronitham* all the major and minor joints like ankle joint, knee joint and interphalangeal joints get swollen and affected. Also, symptoms like mind agitation, being tedious, loss of appetite occurs. Here *Azhal* humour exceeds its level and combines with *Vaatha,* causing *Uthiravatha suronitham.* Rheumatoid Arthritis is characterized by persistent cellular activation, autoimmunity and presence of immune complex at sites of articular and extra-articular lesions. This leads to chronic inflammation, granuloma formation and joint destruction [4]. Some of the common complications of rheumatoid arthritis include cardiovascular & lung issues, eye complications, Osteoporosis, anemia, rheumatic nodules, lymphoma, if left untreated. To make sure the given Siddha treatment for *Uthiravatha suronitham* is effective, the patient is followed regularly with the appropriate clinical assessment. In this case report study, a female case of *Uthiravatha suronitham* treated with both internal and external Siddha formulations along with external therapy like *Nasiyam* & *Peechu* was assessed using RAPS score, Visual Analogue scale (VAS) before and after treatment.

2. Patient Information

A 42-year-old female patient came to NIS OPD with the following complaints and later referred to NIS IPD for treatment. She weighed 56 kg with BMI 23. She is a tailor and suffered from severe pain in right shoulder joint, both the knee joints, temporomandibular joint and interphalangeal joints of both the upper limbs with difficulty in walking and flexing fingers of both the upper limbs for 3 months. There was no other relevant family history. She had a regular menstrual cycle (3/25). The patient presented with severe restriction of movement and was unable to carry out her own daily activities. She had hypothyroidism and on allopathic medication since two months.

3. Clinical findings

The case was admitted on 28th May 2023 at Ayothidoss Pandithar Hospital IPD. According to Siddha's *Yaakai Ilakanam*, the patient was found to have *Vatha pitha* body constitution. Physical examination was done for the patient. On inspection, the patient had swelling on both knee joints and the interphalangeal joints of both upper limbs. On palpation, no tenderness was present. Cardiovascular & respiratory system examinations were normal. No previous history of allopathic medications was taken for *Uthiravatha suronitham.* (SLR)Straight leg raise test, Lasegue test, Faber's test and Vertex compression test was found negative on examination.

4. Diagnostic assessment

Laboratory findings showed positive CRP (8.1u/ml), positive anti-cyclic citrullinated peptide (35 U/ml) and negative rheumatoid factor (12.1 IU/ml). Patient's hemoglobin levels were below normal (9.7gm/dl). Blood Glucose reports were normal (Fasting -78mg/dl; Post Prandial -113mg/dl; HbA1C – 5.3%). Serum Uric Acid levels were normal (3.5 mg/dl). T3 (1.01 pg/ml); T4 (0.63 ng/dl); TSH (10.62 mIU/ml). The patient reported morning stiffness for more than 45 minutes and constant pain with redness & swelling in the interphalangeal joints of both the upper limbs and both the knee joints. The symptoms of the patient correlate with the symptoms of *Uthiravatha Suronitham* as per the Siddha literature.

5. Therapeutic interventions

The patient underwent Siddha treatment for a total duration of 51 days, from 28 May to 17 July ,2023. According to Siddha literature, Uthiravatha Suronitham is classified among the 80 types of Vatha diseases, indicating Vatham as the predominant pathological humour involved in the disease manifestation.On the first day of treatment, an oil bath using Chukku Thailam (50 mL) was administered. Subsequently, Merugulli Thailam (10 mL) was administered orally once daily with hot water for three consecutive days to restore the balance of Vatham.The following internal Siddha formulations were administered during the initial phase of treatment: Thirikadugu Chooranam (2g twice daily) with hot water, Arumuga Chenduram (200 mg) with honey, and Seenthil Chooranam (2g, twice daily) with hot water. These formulations were administered according to the treatment schedule.The external therapies included Vathakesari Thailam (50 mL/day), Notchi Thailam (Used for Nasiyam)(50 mL) on one day, and Chitramutti Madakku Thailam(Used for Peechu therapy) (50 mL/day) for seven days.During the first week of July, based on the Naadi assessment indicating the predominance of Kabha humour, the treatment regimen was modified. Nasiyam therapy using Notchi Thailam was administered for three consecutive days, followed by Peechu therapy using Chitramutti Madakku Thailam (50 mL) for approximately seven days.The patient's vital signs were monitored regularly throughout the treatment period. No significant adverse drug reactions were reported during the intervention.

Table 1: Details of Siddha therapeutic interventions

S.no	Medicines	Dose	Frequency	Mode of Administration	Duration
1	Merugulli Thylam	10 ml	Od	Oral with hot water	3 Days
2	ThirikaduguChooranam	2g	Bd	Oral with hot water	Initial treatment phase
3	Arumuga Chenduram	200 mg	Bd	Oral with honey	Initial treatment phase
4	Seenthil Chooranam	2g	Bd	Oral with hot water	Initial treatment phase
5	Chukku Thailam	50 ml	Once	Oil bath	1st Day
6	Vathakesari Thailam	50 ml / Day	-	External application	Initial treatment phase
7	Notchi Thailam	50 ml	Once	Nasiyam	3 consecutive days
8	Chitramutti MadakkuThailam	50 ml	Once	Peechu	7 Days

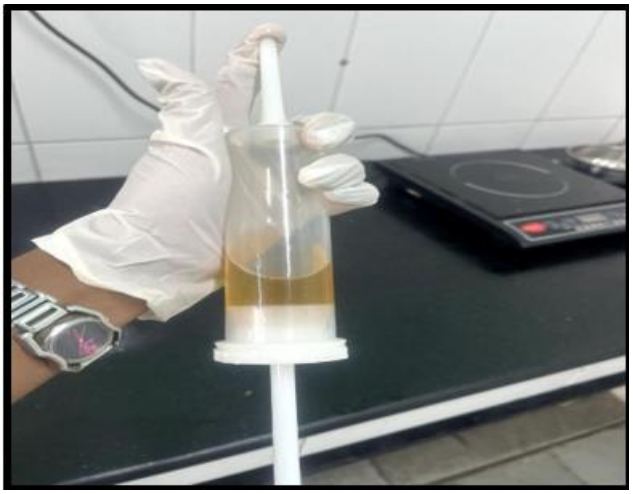


Figure 1: Sterile Glycerine Syringe Used for Peechu Therapy

6. Outcome & Follow Up

Patient was assessed using the instruments like RAPS (Rheumatoid Arthritis Pain Scale) [5] and VAS (Visual Analogue Scale) [6]. The Rheumatoid Arthritis Pain Scale (RAPS) serves as a valuable tool to assess the severity of pain and evaluate the effectiveness of rheumatoid arthritis and other chronic pain conditions. Visual Analogue Scale (VAS) involves presenting patients with a horizontal line labelled with endpoints representing "no pain" and "worst pain imaginable" on the other [7]. Patients are asked to mark their pain level on this line to quantify the pain intensity.

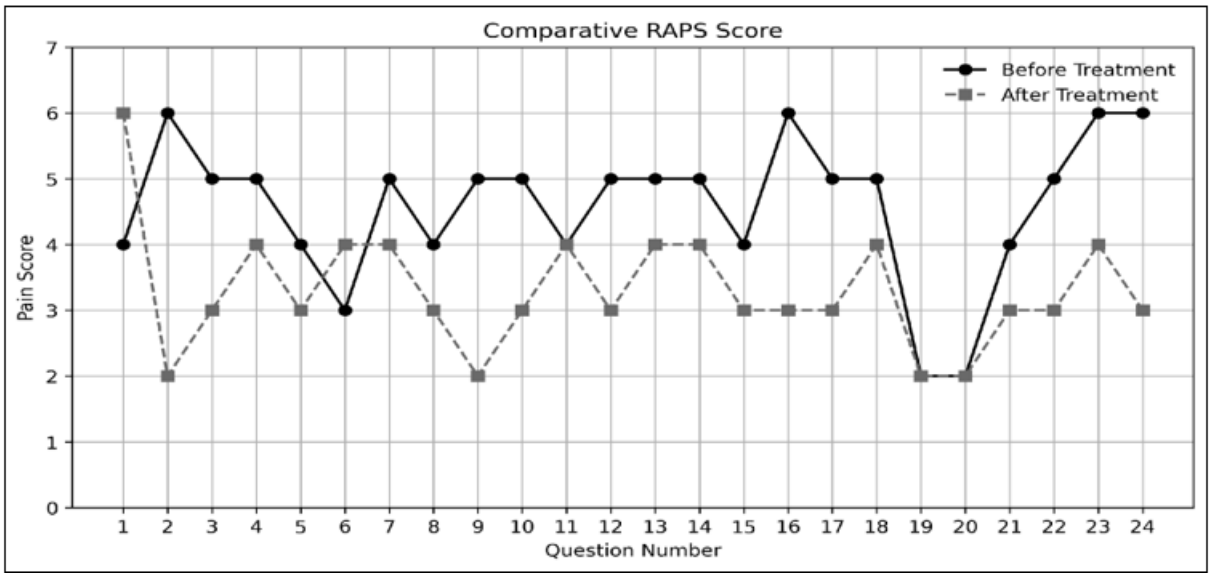


Figure 2: Assessment of RAPS Before and After Treatment

VISUAL ANALOGUE SCALE (VAS):

VAS Score (0-10)	Pain Category	Descriptive Icon	Descriptive Category (Range)	Category Range (Number)
0	No Pain		No Pain	0
1, 2, 3	Mild		Mild	1-3
4, 5, 6	Moderate		Moderate	4-6
7, 8, 9, 10	Severe / Worst Pain Possible		Severe / Worst Pain Possible	7-10

❖ The patient was assessed for pain periodically from 28th May – 17th July.

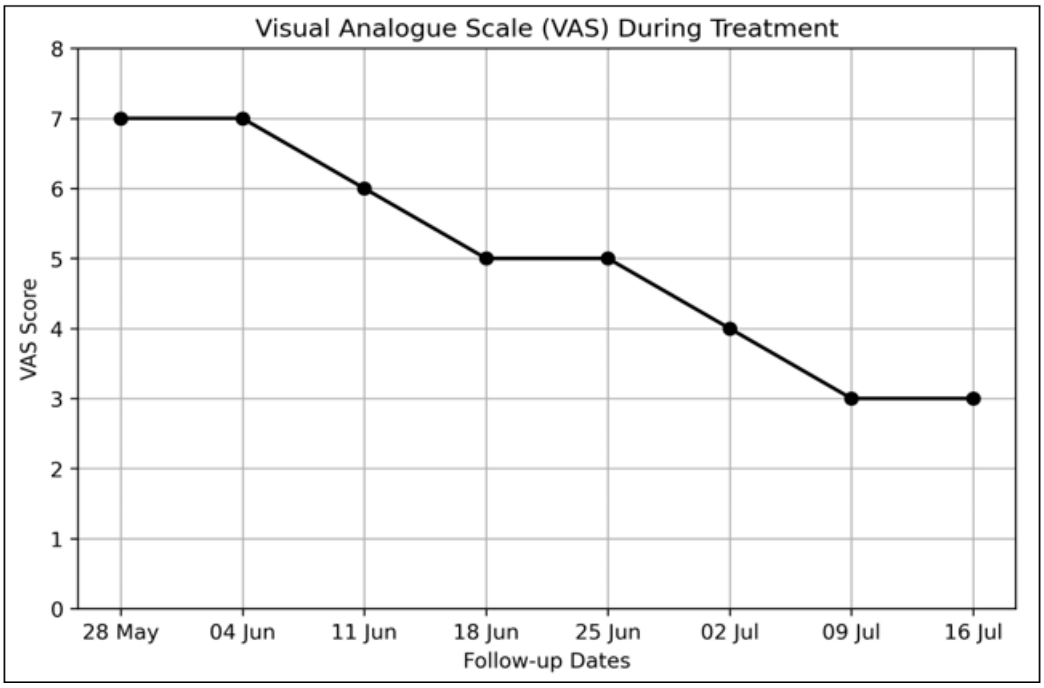


Figure 3: Assessment of VAS Before and After Treatment

7. Discussion

Previous studies on *Arumuga Chenduram* have established its safety profile and therapeutic potential. Toxicological evaluation conducted in albino Wistar rats demonstrated the absence of observable toxic effects following repeated oral administration for 28 days, even at a dose of up to 90 mg [9]. These findings indicate a favorable safety margin for the formulation. Furthermore, pharmacological investigations have reported that *Arumuga Chenduram* possesses significant analgesic and anti-inflammatory activities, supporting its traditional use in the management of inflammatory and pain-related conditions [10,11]. Previous studies indicate that *Seenthil Chooranam* is safe, with no observed toxicity across doses up to 2000 mg/kg in rats, establishing it as the NOAEL [12]. Additionally, it exhibits significant analgesic and anti-inflammatory activity, with higher doses (400 mg/kg) showing better efficacy than lower doses and effects comparable to standard drugs, suggesting its potential as a safe natural therapeutic agent [13]. Further, *Thirikadgu Chooranam* has demonstrated analgesic activity[14] but also helpful in enhancing the bioavailability of other drugs [15].

Peechu therapy (Figure 1) in Siddha involves administering medicated oils into the rectum to cleanse and balance the body and act as a reservoir for holding the herbal medicines [16]. *Nasiyam* is a therapeutic procedure in Siddha medicine, which involves the administration of medicinal oils or herbal preparations through the nasal cavity [17]. It is primarily used to treat disorders related to the head, neck, and respiratory system [18]. The nasiyam therapy is done in the same procedure as [18]

According to Siddha philosophy, *uthiravatha suronitham* is a *Vatha* disease, the external therapies like nasiyam and *peechu* are involved in regulating the *thridhosas*. The internal medicines administered are helpful in relieving pain and inflammation from their analgesic and anti-inflammatory activity.RAPS (Rheumatoid arthritis Pain Scale) score assessment before and after treatment showed improvement from score 110 to 79 as represented in Figure 2. VAS (Visual Analogue Scale) assessment was done every week and showed good improvement (Figure 3), particularly after the initiation of *Nasiyam* & *Peechu* therapies, in which the pain score was reduced drastically. Pain in the right shoulder joint and both the knee joint was reduced. Difficulty in raising the right shoulder joint and flexing the fingers of both hands was reduced. Patient was able to hold objects without difficulty. Redness and swelling in the interphalangeal joint and both the knee joint reduced. Morning stiffness was reduced from 45 minutes to 10 minutes. She was able to walk and climb stairs more effectively than before.

8. Conclusion

This case report describes encouraging clinical improvement in a patient with Uthiravatha Suronitham (rheumatoid arthritis) following treatment with internal Siddha formulations and selected external therapies, including Nasiyam and Peechu. Reductions in pain, morning stiffness, and joint swelling were observed, together with improved mobility and daily functioning. The findings suggest that the combined Siddha regimen warrants further clinical investigation. However, the contribution of individual interventions and their long-term effectiveness cannot be established from a single case. Larger controlled studies with standardized clinical assessments and appropriate safety monitoring are recommended.

Patient Consent

Appropriate patient consent was obtained at the time of admission.

Future Scope

Further large- scale, controlled clinical studies are warranted to evaluate the efficacy and safety of Peechu therapy combined with Siddha regimen in the management of

Rheumatoid Arthritis.

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