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Clinical Outcomes of Manual Nerve Therapy in a Patient with Rheumatoid Arthritis: A Retrospective Case Report

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Abstract: ***Rheumatoid arthritis is a chronic autoimmune disorder that causes persistent joint inflammation, pain, swelling, stiffness, and gradual loss of physical function. This case report describes the clinical course of a 34 year old woman with rheumatoid arthritis who received a series of manual nerve therapy sessions along with supportive treatment including a muscle relaxant, vitamin D, calcium, and coenzyme Q10. Before treatment, the patient had widespread joint pain, swelling, difficulty walking, and an elevated rheumatoid factor level of 55.31 IU/mL. After completing approximately 35 to 40 treatment sessions, the patient reported marked relief from pain, reduced joint swelling, and improved mobility. Follow up laboratory testing showed a reduction in rheumatoid factor to 8.94 IU/mL, which was within the reference range. No serious adverse events were documented during the treatment period. As this report describes a single patient without standardized disease activity measures or a control group, the observations cannot establish treatment effectiveness. The findings support the need for larger controlled clinical studies to evaluate the potential role of manual nerve therapy as a supportive approach in the management of rheumatoid arthritis.***

Keywords: Rheumatoid arthritis, Manual nerve therapy, Rheumatoid factor, Joint pain, Case report

1. Introduction

Rheumatoid arthritis is a chronic autoimmune disease characterized by persistent synovitis, inflammatory joint destruction, and systemic manifestations. Patients commonly experience symmetrical joint pain, swelling, prolonged morning stiffness, fatigue, and progressive impairment of physical function. Untreated disease may lead to irreversible joint damage and disability.

Clinical assessment of RA typically incorporates symptoms, physical examination, laboratory investigations such as rheumatoid factor and anti-cyclic citrullinated peptide antibodies, inflammatory markers, imaging findings, and standardized disease activity scores. Rheumatoid factor is one component of this assessment but is not, by itself, a measure of disease activity.

Complementary and manual therapies are sometimes used by patients alongside conventional care to address pain, mobility, and quality of life. Evidence supporting such approaches varies in quality. Reporting carefully documented clinical observations may help generate hypotheses for future research.

This report describes the clinical course of a patient with rheumatoid arthritis who received manual nerve therapy together with supportive medications and experienced improvement in symptoms and a decrease in rheumatoid factor during follow-up.

2. Case Presentation

A 34-year-old female presented with generalized body pain involving multiple joints. The patient also complained of joint swelling and increasing difficulty in walking because of pain and stiffness.

Initial clinical evaluation suggested inflammatory polyarthritis, and laboratory investigation was requested. Quantitative rheumatoid factor testing demonstrated an elevated value of **55.31 IU/mL** (reference range 0–20 IU/mL).

The patient subsequently underwent a course of manual nerve therapy performed by the treating clinician. The intervention consisted of manual pressure techniques applied according to the clinician's established nerve therapy protocol over approximately 35–40 treatment sessions.

During the treatment period, the patient also received supportive therapy consisting of:

- Muscle relaxant
- Vitamin D supplementation
- Calcium supplementation
- Coenzyme Q10

According to the available clinical records, no disease-modifying antirheumatic medication was administered during the reported treatment period.

3. Clinical Outcome

Over the course of treatment, the patient reported progressive reduction in generalized body pain and joint discomfort. Swelling of the affected joints was observed to decrease clinically, and walking ability improved substantially. By the completion of therapy, the patient described much less pain and no longer experienced the previous degree of difficulty in walking.

Repeat quantitative rheumatoid factor testing performed after completion of treatment demonstrated a value of **8.94 IU/mL**, which falls within the laboratory's stated reference interval.

4. Therapeutic Intervention

The patient underwent a course of manual nerve therapy administered by the treating clinician. The therapy consisted

of manual digital pressure and stimulation applied to selected anatomical regions based on the patient's clinical presentation and areas of tenderness.

The principal treatment areas included:

- Cervical spine
- Thoracic spine
- Lumbar spine
- Sacrum and coccyx
- Bilateral shoulder joints
- Hip joints
- Knee joints
- Periarticular ligaments associated with the affected joints

The clinician identified tender regions through palpation before treatment. Manual pressure was then applied sequentially over these regions using the thumb and fingers. Treatment intensity was adjusted according to patient tolerance.

Each treatment session lasted approximately 30–45 minutes. The patient completed approximately 35–40 treatment sessions over the treatment period.

During the same period, supportive medications consisting of a muscle relaxant, vitamin D, calcium supplementation, and coenzyme Q10 were prescribed. According to the available clinical records, no disease-modifying antirheumatic drug was administered during the reported treatment period.

No serious adverse events were documented during treatment.

Intellectual Property Statement

The author is the developer of the manual nerve therapy protocol described in this report. The written educational material describing the protocol is protected under Copyright Registration No. **[L-124676/2023]**. This declaration is provided for transparency and does not constitute evidence of the clinical effectiveness of the intervention.

5. Discussion

This report describes improvement in patient-reported symptoms together with a reduction in rheumatoid factor during the observation period. Although these findings are encouraging, several factors limit interpretation.

First, this is a single case report without a control group. Second, the patient also received supportive medications including muscle relaxants, vitamin D, calcium, and coenzyme Q10, which may have influenced symptoms or overall well-being. Third, standardized measures of disease activity (such as DAS28, ESR, CRP, HAQ, or VAS pain scores) were not recorded. Consequently, it is not possible to determine the relative contribution of the manual nerve therapy or to establish a causal relationship between the intervention and the observed changes.

Nevertheless, the observed improvement in patient-reported pain, walking ability, and laboratory findings suggests that further systematic investigation may be warranted. Future studies should prospectively enroll larger numbers of patients, collect standardized clinical outcomes, document imaging findings, include longer follow-up, and compare outcomes with appropriate control groups.

6. Conclusion

In this patient, generalized pain, joint swelling, and walking difficulty improved during a treatment period that included manual nerve therapy and supportive medical management. A reduction in rheumatoid factor from 55.31 IU/mL to 8.94 IU/mL was also observed. While these findings are noteworthy, they should be interpreted as observations from a single case. Controlled clinical studies are required before conclusions can be drawn regarding the effectiveness of manual nerve therapy for rheumatoid arthritis.

Patient Consent

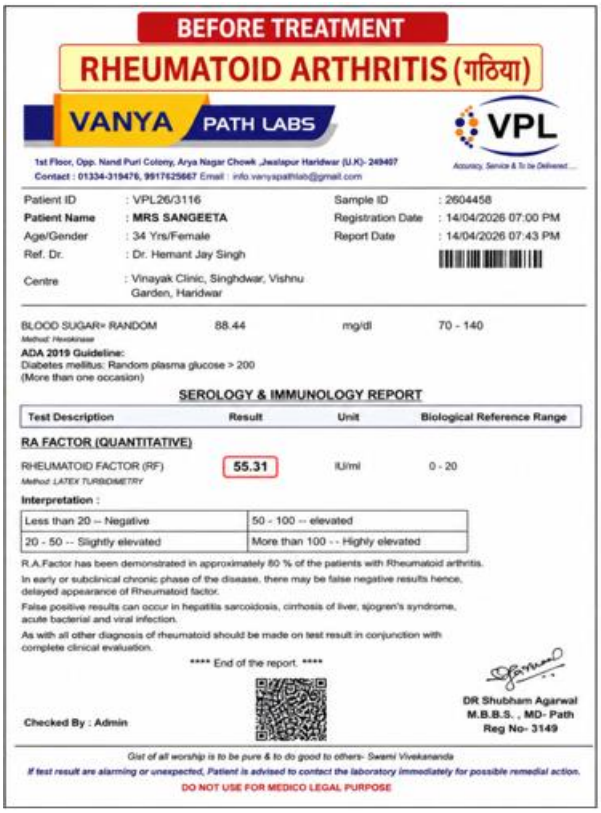
Written informed consent for publication of this case report and accompanying laboratory data should be obtained from the patient before journal submission.

Conflict of Interest

The author declares no financial conflict of interest related to this case report.

Funding

No external funding was received for preparation of this manuscript.



BEFORE TREATMENT

RHEUMATOID ARTHRITIS (गठिया)

VANYA PATH LABS

VPL

1st Floor, Opp. Nand Puri Colony, Arya Nagar Chowk ,Jwalapur Haridwar (U.K)- 249407
Contact : 01334-319476, 9917625667 Email : info.vanyapathlab@gmail.com

Patient ID	: VPL26/3116	Sample ID	: 2604458
Patient Name	: MRS SANGEETA	Registration Date	: 14/04/2026 07:00 PM
Age/Gender	: 34 Yrs/Female	Report Date	: 14/04/2026 07:43 PM
Ref. Dr.	: Dr. Hemant Jay Singh		
Centre	: Vinayak Clinic, Singhdwar, Vishnu Garden, Haridwar		

BLOOD SUGAR= RANDOM	88.44	mg/dl	70 - 140

Method: Hexokinase

ADA 2019 Guideline:
Diabetes mellitus: Random plasma glucose > 200
(More than one occasion)

SEROLOGY & IMMUNOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
RA FACTOR (QUANTITATIVE)			
RHEUMATOID FACTOR (RF)	55.31	IU/ml	0 - 20

Method: LATEX TURBIDIMETRY

Interpretation :

Less than 20 -- Negative	50 - 100 -- elevated
20 - 50 -- Slightly elevated	More than 100 - - Highly elevated

R.A.Factor has been demonstrated in approximately 80 % of the patients with Rheumatoid arthritis.
In early or subclinical chronic phase of the disease, there may be false negative results hence, delayed appearance of Rheumatoid factor.
False positive results can occur in hepatitis sarcoidosis, cirrhosis of liver, sjogren's syndrome, acute bacterial and viral infection.
As with all other diagnosis of rheumatoid should be made on test result in conjunction with complete clinical evaluation.

**** End of the report. ****

Checked By : Admin

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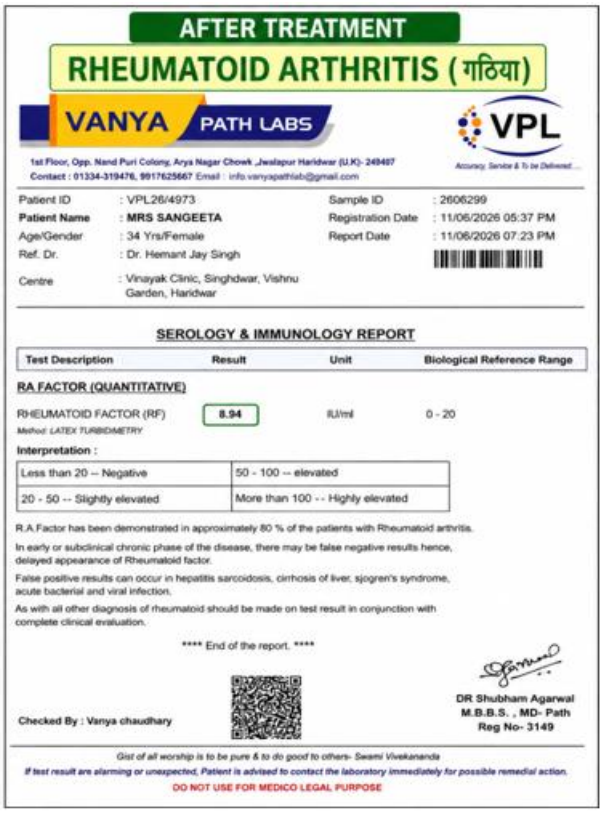
Reg No- 3149

Gist of all worship is to be pure & to do good to others- Swami Vivekananda
If test result are alarming or unexpected, Patient is advised to contact the laboratory immediately for possible remedial action.
DO NOT USE FOR MEDICO LEGAL PURPOSE



AFTER TREATMENT

RHEUMATOID ARTHRITIS (गठिया)

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Contact : 01334-319476, 9917625667 Email : info.vanyapathlab@gmail.com

Patient ID	: VPL26/4973	Sample ID	: 2606299
Patient Name	: MRS SANGEETA	Registration Date	: 11/06/2026 05:37 PM
Age/Gender	: 34 Yrs/Female	Report Date	: 11/06/2026 07:23 PM
Ref. Dr.	: Dr. Hemant Jay Singh		
Centre	: Vinayak Clinic, Singhdwar, Vishnu Garden, Haridwar		

SEROLOGY & IMMUNOLOGY REPORT

Test Description	Result	Unit	Biological Reference Range
RA FACTOR (QUANTITATIVE)			
RHEUMATOID FACTOR (RF)	8.94	IU/ml	0 - 20

Method: LATEX TURBIDIMETRY

Interpretation :

Less than 20 -- Negative	50 - 100 -- elevated
20 - 50 -- Slightly elevated	More than 100 - - Highly elevated

R.A.Factor has been demonstrated in approximately 80 % of the patients with Rheumatoid arthritis.
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False positive results can occur in hepatitis sarcoidosis, cirrhosis of liver, sjogren's syndrome, acute bacterial and viral infection.
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**** End of the report. ****

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