ABSTRACT

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Uthiravathasuronitham, a vatha disease described by Sage Yugi can be correlated to Rheumatoid arthritis in Siddha system of Medicine. 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 aetiology. In the year 1858, Sir Alfred Garrod introduced the term Rheumatoid arthritis. It is a chronic inflammatory, destructive and deforming symmetrical poly-arthritis associated with systemic involvement. The individuals with HLA D4 and HLA DR4 are more prone to rheumatoid arthritis. According to one report out of every 100,000 people, 41 are diagnosed with Rheumatoid Arthritis every year. Rheumatoid Arthritis does not have a cure at this time. Many new treatments have been developed over the last 30 years, but none of them “cure” Rheumatoid Arthritis. Instead, they aim to lower inflammation and pain, prevent joint damage, and slow the progression of the disease. In Siddha System of Medicine it can be compared with Uthiravathasuronitham characterized by pricking pain in the joints, body pain, fever, heaviness of the body, anorexia, etc. A 37yr male patient was diagnosed with rheumatoid arthritis and was undergoing DMARDs and NSAIDs treatment which was proved to be ineffective who was later visited to National Institute of Siddha & Ayothidass Pandithar Hospital, Tambaram Sanatorium, Chennai, Tamil Nadu, India. for the same, treated according to the Uthiravathasuronitham protocol and had
significant improvement in the condition and on further follow up with regular medication his condition was better.

**KEYWORDS:** Rheumatoid Arthritis, *Uthiravathasuronitham*, Siddha medicine, Auto immune disorder.

**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 aetiology. In the year 1858, Sir Alfred Garrod introduced the term Rheumatoidarthritis.\(^1\) It is a chronic inflammatory, destructive and deforming symmetrical poly-arthritis associated with systemic involvement. The individuals with HLA D4 and HLA DR4 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 *Yugi Vaidhya Chindhamani, Para Rasa Sekaram. Vali Azhal Keel Vayu*. The *Uthiravathasuronitham* has features like acute onset, pricking pain in the joints pain described as the pain as that of scorpion sting, joint stiffness, heaviness in the body, burning sensation in the body and anorexia.\(^4\) The treatment of *Uthiravathasuronitham* is given in our classics clearly and step wise so that it will not lead to any complication and chances of reoccurrence are less. The simultaneous administration of our IPD medication is required. The main objective of this study was evaluate the efficacy of IPD Internal and External medications in *Uthiravathasuronitham* thereby providing relief to their ailments and improving quality of life.
MATERIALS AND METHOD

Center of study | OPD of Sirappu Maruthuvam Department, National Institute of Siddha, Ayothidass pandithar Hospital, Tambaram Sanatorium, Chennai, Tamil Nadu, India.
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Study type | Simple random single case study
Treatment protocol | 1. Normalization of Altered *uyirthathukal*
2. Internal Medicine
3. Exteranal Medicine

Table 1: Treatment summary.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Name of Treatment</th>
<th>Name of the Medicine</th>
<th>Does and times of medicines</th>
<th>Anupanam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kazhichal Maruthuvam (Purgation therapy)</td>
<td>Agasthiyar Kuzhambu</td>
<td>200mg O.D at Early morning (Day 1)</td>
<td>Hot water</td>
</tr>
<tr>
<td>2</td>
<td>Oil bath (Oleation therapy)</td>
<td>Arakku thylam</td>
<td>Take oil bath twice in a week</td>
<td>Bath with Hot water</td>
</tr>
<tr>
<td>3</td>
<td>Internal Medicine</td>
<td>Tablet. Amukkara Chooranam</td>
<td>2TDS after food</td>
<td>Milk (50ml)</td>
</tr>
<tr>
<td>4</td>
<td>Internal Medicine</td>
<td>Tablet. Muthuchippi parpam</td>
<td>2TDS after food</td>
<td>Milk (50ml)</td>
</tr>
<tr>
<td>5</td>
<td>Internal Medicine</td>
<td>Capsule. Rasaganthi mezhu</td>
<td>2 B.D after food</td>
<td>Palmjaggary</td>
</tr>
<tr>
<td>6</td>
<td>External Medicine</td>
<td>Kunthiriga thylam</td>
<td>Local Application TDS</td>
<td>External Medicine</td>
</tr>
</tbody>
</table>

CASE REPORT

A 37 year old married male who is a Coolie worker presented to the Out Patient Department of Sirappu Maruthuvam of National Institute of Siddha & Ayothidass pandithar Hospital, Tambaram Chennai, Tamilnadu. India. with chief complaints of pain and swelling, morning stiffness in proximal interphalangeal joints, wrist joint, ankle joints bilaterally since 3 months. His disease was diagnosed as *Uthiravathasuronitham*(Rheumatoid arthritis) by clinical evaluation and lab investigations. He was admitted to the inpatient ward 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 3 years with frequent remissions and exacerbations. The patient complained increased pain, swelling and morning stiffness since 6 months. He had constipation since 1 week. The patient was apparently normal 3 years back. He first developed pain in interphalangeal joints. He gradually developed swelling and morning stiffness. Later he also developed pain in major joints namely ankle joint and shoulder joints.
On examination he displayed restriction of movement in his wrist joints, ankle joints and knee joints due to pain. His blood investigations had done on 5.8.2017 revealed raised ESR (102 mm/hr) and CRP (52.4mg/L) levels. Serum Uric acid (3.90IU/ml), RA factor quantitative (5.987IU/ml), ASO quantitative (48.79IU/ml) were found to be within normal limits. Based on ACR-EULAR (American College of Rheumatology-European League against Rheumatism collaborative initiative) 2010 criteria for diagnosing Rheumatoid arthritis, the case was diagnosed as Rheumatoid arthritis with a score of 7/10 .he had undergone treatments including analgescis and NSAIDs initially that provided temporary relief to his condition. 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.

Figure 1: VAS Numeric Pain Distress Scale was used to assess the Severity of the Condition.

**Personal history**

Diet: Mixed diet, prefers spicy, non-vegetarian

Marrital status: Married

Known history of Alcholic consumption 2 years

Non-Smoker

Appetite: Irregular

Bowel: constipated often
Bladder: Normal

**Siddha system of examination**

The patients hailed from *Neithalthinai* (Chennai). He presented with complaints during Ilavenirkaalam. He 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, Samanavayuand Viyanavayu was affected. Analapitham and Sathagapitham were affected. Avalambagam and Santhigmwas affected. Envagaithervugal (eight folds examination), malam was affected. In kanmendhriyangal 5, kai, kaal, eruvai was affected. Among the 7 udalthathukkal, saram, enbu, kozhuppu, moolaiwas 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 ridden5. The patient was in grade 7 before treatment. 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.

**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. At the end of 30 days, He 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. CRP-reduced 3.5 mg/L). There was significant decrease in ESR1/2hr- 8, 1hr- 20. The patient’s general condition was stable and was discharged. Internal medications were continued for another 15 days. 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).

**CONCLUSION**

The OPD medications Internal and External medicines have 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*. 
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