



**AYURVEDIC MANAGEMENT OF POLYMYALGIA RHEUMATICA
-- A CASE REPORT**

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ABSTRACT

A 45 years old female patient of Polymyalgia Rheumatica visited O.P.D of D. Y. Patil Ayurveda Hospital, Nerul, Navi Mumbai, having Pain and stiffness of pectoral and pelvic musculature, These symptoms developed in the last 12 weeks and was worse in the morning. Morning stiffness >2 hours and normal motor strength. She was also having *Agnimandya*, *Aruchi*, constipation and feverish feeling. Her ESR was 60 mm and CRP 3.1mg/dl at the time of admission. Physical examination shows there was limitation of movement of both shoulders with muscle tenderness in pectoral and pelvic musculature; Neurological examination and Joint X-Ray findings were normal. *Simhanad Guggul* 250mg 2tabs TDS and *Gandharva Haritaki* 5gm HS and *Shunthi Phant* 20ml with *Erand* oil 5ml in *Apana Kala* was given for 2 months along with *sarwanga Snehana* with *Vishagarbha* oil and *Sarvang Kuti swedan* and *Vaitarana Basti* for 15 days. Oral medicines continued for two months. Improvement continued gradually over 2 months with reduction of symptoms. Patient was markedly improved and her muscle stiffness lessened. Her CRP level reduced to 1.5 mg/dl just after 15 days of treatment. This treatment combination relieves signs and symptoms of Patient on Subjective and Objective parameters after 2 months of treatment.

Keywords: Polymyalgia Rheumatica, *Vaitarana basti*, *Simhanad Guggul*, *Erand* oil

INTRODUCTION: Polymyalgia rheumatica (PMR) is a Rheumatic disorder associated with moderate-to-severe musculoskeletal pain and stiffness in the neck, shoulder, and hip area ^[1]. It affects individuals ages ≥ 45 years. The etiology is not clearly known but is associated with immune activation and likely environmental and genetic factors. Polymyalgia Rheumatica is the most common inflammatory Rheumatic disease ^[2], and it is a common indication for long term treatment with Glucocorticosteroids ^[3]. Steroids are having many side effects ^{[4][5]}. *Ayurvedic* medicines are showing good results in many autoimmune diseases. According to modern medicine Polymyalgia Rheumatica is a disorder of unknown cause. According to Ayurveda

we can say it is caused due to *Mansagata sama vata*. *Charaka* has mentioned the *Mansagata vata* in *Vatavyadhi* ^[6]. The given line of treatment in *Mansagatavata* is *Virechana*, *Niruhabasti*, and *shamana* medicines. When *aama* gets mixed with *vata* and gets located [*Sthanasinshraya*] in muscles (instead of joints) symptoms of polymyalgia Rheumatica occurs. Polymyalgia Rheumatica is a disorder of unknown cause affecting older patients. The synonym of Polymyalgia Rheumatica is - Anarthritic Rheumatoid syndrome. It is characterized by shoulder and hip stiffness and an elevated Erythrocyte sedimentation rate (ESR) and elevated CRP ^[7]. In modern medicine Corticosteroids are considered the treatment of choice because they often

cause complete or near-complete symptom resolution and reduction of the ESR to normal. However, steroids do not cure the disease and having many side effects. Other treatments include NSAID [8], Methotrexate [9] and other immunosuppressive therapies are seldom used in PMR treatment but all above mentioned treatments also having many side effects [9].

Criteria for diagnosis of Polymyalgia Rheumatica [10]

- (1) Shoulder and pelvic girdle muscle pain
- (2) Morning stiffness lasting 2 to 3 hr is typical, and patients often have difficulty getting out of bed.
- (3) Duration of at least 2 months unless treated.
- (4) ESR over 30 mm/hr or C-reactive protein (CRP) increased
- (5) Absence of inflammatory arthritis or malignant disease.
- (6) Absence of objective signs of muscle disease.
- (7) Mild soft tissue tenderness may be present, Malaise, weight loss, and a low-grade fever are common

Case Presentation: - Basic information of the Patient

Name –XYZ

Unique Identification Number -- 134495

Age – 45 years

Sex – Female

Date of admission: 03.02.2018

Religion – Hindu

Socio-economic status – Middle class

Chief complaints: Pain and stiffness of pectoral and pelvic musculature since 10 weeks, Morning stiffness >2 hours, Myalgia, Aruchi, Agnimandya, Constipation.

History of present illness: 45 years old female patient with symptoms - Pain and stiffness of pectoral and pelvic

musculature [duration 12 weeks], Morning stiffness >2 hours, Myalgia, Aruchi, Agnimandya and Constipation, since 12 weeks. Patient visited D.Y. Patil Ayurvedic hospital, Nerul Navi Mumbai Kayachikitsa OPD no 1 on 3 Feb. 2018. She was diagnosed as Polymyalgia Rheumatica. She did not have any other associated major illness. She was taking NSAIDs for above complains. She was admitted to D.Y. Patil Ayurvedic hospital for indoor treatment.

Nidansevan - *Dadhi sevan* every day, excessive eating of *Amla*, *LavanRasa* (pickle and Papad every day) Fish three times per week, potatoes, *Diwaswap*, excessive work in cold water.

Examination: Vitals: Temperature: 98.2 F
Pulse: 80/ min

Blood pressure: 120/ 82 mm of Hg

Respiration rate: 18/ min

Tongue: sama

Stool: unsatisfactory motions, foul smell, sama mala.

Urine: 5-6 times/ day 2 times during night

CVS: S1 S2 - normal

RS: Air entry bilaterally equal chest clear

CNS: Fully conscious and well oriented. Higher mental functions normal, motor and sensory function normal.

P/A: Soft, no tenderness, peristalses normal

Patient Investigations:

Anti CCP negative

CRP- positive titer 3.1 on 5.2.18

The erythrocyte sedimentation rate (ESR) was 60 mm/hr

The complete blood cell test reveals mild anemia and Neutrophilia

The white blood cell count was mildly elevated. Platelet counts was slightly increased.

Antinuclear antibodies (ANA) level was negative. RA – weakly positive.

Treatment Given

Simhanad Guggul ^[11] 250mg 2tabs TDS with warm water x2months

Gandharva Haritaki 5gm HS and with warm water x2months

Shunthi phant 20ml with *Erand* oil 5ml in *Apana Kala* was given x2months

Sarvanga Snehan with *Vishagarbha Oil* X 15 days

Kutiswedan X 15 days

Vaitarana Basti X 15 days

Vaitarna basti^[12] : *Guda* 25 grams, *Saindhava lavana* 3 grams, *Murcchita Tilataila* 120 ml, *Chincha Swarasa* 50 grams, *Gomutra* 200 ml

Preparation of *Vaitarana basti* was done as per guidelines ^[12]; at first *guda* was melted and when it became dense like honey then it was taken in *khalwa*. *Saindhava* was added to this and mixed thoroughly. As *Sneha*, *murcchita Tila taila* was added and again mixed. As *kalka dravya*, *chinch swarasa* was added. It was prepared by soaking *chinch* in water and macerating it. At last, *Gomootra* was added and mixed till becomes homogenous mixture.

Vaitarana basti is useful in *Amadosha* predominance, *shoola* and *vatakaphajadisorders*^[13].

Method of administration of *Vaitarana*

basti

After *Mala Mutra veganivarana* after *sarwanga Snehan* with *vishagarbha oil Sarvang Kuti swedan* was done as pre procedure preparation (This *Basti* is given after *Laghu ahara* which is applicable in case of *Vaitarana basti* instead of being a *Niruha basti*)

Criteria for assessment: Patients improvement was assessed on the basis of relief in symptoms like morning stiffness, *Agnimandya*, *Jivha Samata*, pain relief, *Aruchi* and *sama Mala* gradations which are given in following table. Improvement in patient was also assessed with VAS scale, and ESR and CRP reading before and after the treatment.

Following scores were given for assessment.

VAS SCALE

GRADE 0-1: no pain

GRADE 2-3: mild annoying pain

GRADE 4-5: Uncomfortable troublesome pain

GRADE 6-7: Distressing miserable pain

GRADE 8-9: Intense dreadful horrible pain

GRADE 10: Worst possible unbearable excruciating pain

Table 1 Assessment and Grading of Subjective Criteria was done using following gradations.

Grade	0	1	2	3	4
<i>Angamarda</i>	No <i>Angamarda</i>	Occasional <i>Angamarda</i> but patient is able to do usual work	Continuous <i>Angamarda</i> but patient is able to do usual work	Continuous <i>Angamarda</i> which hampers routine work	Patient is unable to do any work
<i>Aruchi</i>	Normal desire for food	Eating timely without much desire	Desire for food, late than normal	Desire for food only after long intervals	No desire for food at all

			time		
<i>Alasya</i> (Tiredness)	No <i>Alasya</i>	Starts work in time with efforts	Unable to Start work in time but completes the work	Delay in start of work and unable to complete	Never able to start the work and always likes to rest
<i>Gaurava</i> (Heaviness)	No heaviness in body	Occasional heaviness in body but does usual work	Continuous heaviness in body but does usual work	Continuous heaviness in body which hampers routine work	Patient is unable to do any work due to heaviness
<i>Stambha</i> (Morning stiffness)	No Stiffness in body	<30 minutes	>30 Min But < 1 hour	>1 hour but < 2 hours	>2 hours
Muscle pain	No Muscle pain	Mild muscle pain bearable in nature	Frequent moderate muscles pain but no difficulty in movements	Severe Muscle pain requires medication and may remain throughout the day	Severe Muscle pain difficulty in body movements which is disturbing sleep and requires strong analgesics
Fatigue	No Fatigue	Full time work despite fatigue	Patient has to interrupt work and rest short time due to fatigue	Fatigued and require rest almost half day	Full day feeling fatigue needs rest
Walking time for 25 feet in number of seconds	15-20 seconds	21-30 seconds	31-40 seconds	41-50 seconds	>50 seconds

Results

Table 2 Subjective Criteria Assessment in the patient during 60 days treatment.

Name	Day 1	Day 15	Day 30	Day 45	Day 60
Angamarda	3	2	2	1	0
Aruchi	4	3	2	2	1
Alasya (Tiredness)	4	3	2	1	0
Gaurava (Heaviness)	3	2	2	1	0
Stambha (Morning stiffness)	4	3	2	1	1
Muscle pain	4	3	2	1	0
Fatigue	4	2	2	1	0
Walking time for 25 feet in number of seconds	4	2	2	1	0

Table 3 Objective Criteria Assessment in the patient before and after treatment

Sr. No	Name of parameter	Day 1	Day 15	Day 30	Day 45	Day 60
1	VAS Score	9	7	5	4	3
2	ESR	60	--	--	--	30
3	CRP	3.1	1.5			

DISCUSSION: Vaitaran Basti along with oral medications proven beneficial in this patient. Due to *Sukshma* and *Tikshna* properties *Saindhav* help to pass the drug Molecules in systemic circulation through mucosa. It helps *Bastidravya* to reach up-to molecular level It is also helpful for elimination of waste that is *Aama* due to its irritant property

Jaggary in this *basti* along with *saindhav* make homogeneous mixture. *Chincha* is having *vatakaphaghna*, *Ruksha Ushna* properties. These properties of *Chincha* make it useful for disease Polymyalgia Rheumatica. *Ruksha gun* helps in *Aamapachana* which is chief pathogenic factor of the disease. *Gomutra* is the chief content which is having *katu Rasa*, *katu vipaka*, *Ushna Virya*, *Laghu*, *Ruksha*, *Tikshna guna* acting as *Aamapachana* and *kaphaghna*. So overall *Vaitarana basti* is showing properties as *Vatakaphaghna*, *Aamapachan*, *Vatanuloman*, *Agnideepan* and *Strotoshodhan*. Along with *Vaitarana Basti* *Simhanad Guggul*, *Gandharva*

Haritaki and *Eranda Sneha* with *Shunthi Phanta* is used orally.

Simhanad Guggul have *Katu*, *Tikta Rasa*, *Laghu*, *Ruksha Guna*, *Ushna Virya*, *Katu Vipaka Vedanasthapana* and *Deepana-Pachana Karma* hence, it has *Vatakaphashamaka*, *Amapachaka*, *Srotoshodhaka* properties which helps in breaking the pathogenesis of *PMR*. Specially *Tikta* and *Katu Rasa* present in *Simhanada Guggulu* possess the antagonistic properties to that of *Ama* and *Kapha* which are the chief causative factors in this disease. Because of its *Agnivridhikara* property, digestive power increased, which digests *Amarasa* and removes the obstruction of the *Srotas*. Because of *Ushna Virya*, it also alleviates vitiated *Vata*. *Katu Rasa* helps in *Agni Deepana Pachana Karma* of *Ushna Virya*, *Katu Rasa* and *Kaphahara Karma* of *Ruksha*, *Laghu Guna*, and *Ushna Virya Amadosha Pachana* occurs. *Lekhana Karma* of *Laghu*

Guna and *Tikta Rasa* removes the adhered *Dosha* from the *Dushita Srotas*. The *Ushna* properties of *Simhanada Guggulu* do not allow the *Ama* to linger at the site of pathogenesis and to create *Srotorodha*.

It reduces *Srotorodha* and pain. Thus, it controls *Ama*, *kapha* and *Vata* together and minimizes the process of pathogenesis. *Gandharva Haritaki* is doing *Amapachana*, *Mrudu Virechana* and *Vatanulomana* action.

Eranda Sneha due to its *Sukshma Guna* ^[14] penetrate into micro channels and remove obstruction in them also due to *Katu Rasa* and *Ushna Virya* it potentiate digestive fire, acts as *Vata Shamaka* due to its *Snigdha Guna*, finally it enters at *Dhatu* level (cellular level) where it acts as *Ama Pachaka* and *Kapha Shamaka* and *vatanulomaka drug*^[15].

Sarvang Snehan with *Vishagarbha* oil is useful in relieving muscle pain as it is having deep penetrating properties and *sukshma strotogamitwa*. *Kutisweda* is beneficial for *Strotoshodhan* and relieving *Strotorodha* and improving blood circulation in muscles.

CONCLUSION: Ayurvedic treatment of Polymyalgia Rheumatica was aimed at *Amapachan*, *Strotoshodhan*, *Agnideepan*, *Dhatwagni Deepan* and *Vatanulomana*. After completion of 15 days of *Sarwanga Snehan* with *vishagarbha* oil, *Kutisweda* and *Vaitarana basti* and 60 days of oral medication treatment, patient got relief in subjective and objective parameters and reduced the symptoms of Polymyalgia Rheumatica. So it is concluded that *sarwanga Snehan* with *Vishagarbha oil*, *Sarvang Kuti swedan* and *Vaitarana Basti* for 15 days along with oral medicines *Simhanad Guggul*, *Gandharva Haritaki*

and *Shunthi Phant* + *Eranda* oil for 2 months is proven useful in the case of polymyalgia Rheumatica.

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Blood Investigation Reports Before treatment and after treatment

1] Patient's C.R.P Level before Treatment on 10/02 19

D.Y. Patil Ayurvedic Hospital
Nerul, Navi Mumbai

Patient Name: SONABAI D. NAIK
Case Paper: OPD/2018/134495
Sex / Age: Female / 45
Ref. Doctor: OPD

Reporting Date: 10/2/2018
Print Date: 15/10/2019
Test No: 107127
Provisional Diagnosis: *Duplicate*

CRP Test

Description	Observation	Normal Range
CRP Test	3.1	up to 0.6 mg/dL

Note:- Test performed on semi automated biochemistry analyzer.

LAB TECHNICIAN: *Raj*

**** End of Report ****

PATHOLOGIST
Dr. RAJIV RAO
M. D. (Path.)
CONSULTANT PATHOLOGIST

2] R.A. test before treatment

D.Y. Patil Ayurvedic Hospital
Nerul, Navi Mumbai

Patient Name: SONABAI D. NAIK
Case Paper: OPD/2018/134495
Sex / Age: Female / 45
Ref. Doctor: OPD

Reporting Date: 10/2/2018
Print Date: 15/10/2019
Test No: 107128
Provisional Diagnosis: *Duplicate*

Rheumatoid Arthritis Test (RA)

Description	Observation	Normal Range
Rheumatoid Arthritis Test (Qualitative)	Positive (1:8)	

LAB TECHNICIAN: *Raj*

**** End of Report ****

PATHOLOGIST
Dr. RAJIV RAO
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CONSULTANT PATHOLOGIST

3] CBC test before treatment

D.Y.Patil Ayurvedic Hospital
Nerul, Navi Mumbai

Patient Name: SONABAI D. NAIK
Case Paper: OPD/2018/134495
Sex / Age: Female / 45
Ref. Doctor: OPD

Reporting Date: 10/2/2018
Print Date: 15/10/2019
Test No: 107126
Provisional Diagnosis:

DUPLICATE COPY

Description	Observation	Normal Range
Haemoglobin (Cyanmethemoglobin)	11.1	(11.5-16.0 g/dl)
Total Leucocyte Count (Electrical Impedence)	9,300	(4,000 - 10,000 /cumm)
Total Erythrocyte Count (Electrical Impedence)	4.07	(3.8 - 5.8 10 ⁶ /µL)
PCV (Calculated)	34.3	(37 -47 %)
MCV (Electrical Impedence)	84.3	(80-99 fL)
MCH	27.3	(27- 33 pg)
MCHC (Calculated)	32.4	(32 - 37%)
Differential Count		
Neutrophils (Peripheral smear)	75	(40- 70 %)
Lymphocytes (Peripheral smear)	17	(20- 45 %)
Eosinophil (Peripheral smear)	08	(1 - 6 %)
Monocytes (Peripheral smear)	00	(0 - 10 %)
Basophils (Peripheral smear)	00	(0 - 1 %)
Platelets Count (Electrical Impedence)	5.41	(1.5 -5.0 Lakhs/cumm)
Abnormalities	Eosinophilia	

Note:- Test performed on fully automated 3 part differential cell counter.

LAB TECHNICIAN

**** End of Report ****

PATHOLOGIST
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CONSULTANT PATHOLOGIST

4] CRP level after 14 days treatment

[After receiving Vaitarana Basti and oral medicines C.R.P.reduced from 3.1mg/dl to 1.5mg/dl]

D.Y.Patil Ayurvedic Hospital
Nerul, Navi Mumbai

Patient Name: SONABAI D. NAIK
Case Paper: OPD/2018/134495
Sex / Age: Female / 45
Ref. Doctor: OPD

Reporting Date: 24/2/2018
Print Date: 15/10/2019
Test No: 107563
Provisional Diagnosis:

DUPLICATE

Description	Observation	Normal Range
CRP Test	1.5	.up to 0.6 mg/dL

Note:- Test performed on semi automated biochemistry analyzer.

LAB TECHNICIAN

**** End of Report ****

PATHOLOGIST
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