

Clinical Report 3 (Japan)

*One Case that had Effect of Daibofuto on RA with High Level of
Metaphalangeal Deformation*

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[Case]

Female of 79 years old

Initial visit: November 4, 2009

Chief complaint: With deformed finger joints on both hands, unable to open them.

Current medical history:

Since the diagnosis of rheumatoid arthritis of about 20 years ago, the patient had received treatment. The daily dose of 5mg of prednisolone was started six years ago. The deformation of both hands began to progress about 5 years ago. About a year ago, the fingers of both hands drifted into the ulnar-deviated positions, in which they (fingers) pointed toward little fingers. All fingers became bent with pains, and gradually advanced to the inability of their extension. The deformation of toes was prominent. From a week ago, hand fingers were being unable to open at all, causing her great difficulty in carrying out normal activities of daily living, such as using chopsticks at mealtimes and using the toilet. Due to pains in both shoulders, upper limbs could not be raised. Toes on both feet were also deformed. Loxoprofen relieved morning pains, so that it was routinely used.

Appetite: Ordinary

The patient always had dry mouth. She frequently drank water.

Sleep: She had difficulty in falling asleep, but it was not a special problem.

Defecation: Once/day

Urination: 10-12 times/day

Present condition: 134cm (as her back was hunched, the height was inaccurate.) and 42kg.

Because of the deformed lumbar spines, her back was greatly hunched over.

Pulse: Sunken and thin

Tongue: Pale red with no furs. Smooth without lingual papillae.

Diagnosis: Deficiency of qi and blood and weak constitution / liver-kidney deficiency / wind-cold dampness causing accumulation and stagnation of excess fluids.

Method of treatment: To tonify qi and blood/to dispel wind and disperse swelling

Prescription: *daibofuto decoction* with adjustment

Angelicae Acutilobae Radix 4g

Paeoniae Radix 4g

Rehmanniae Radix 4g

Astragali Radix 4g

Saposhnikoviae Radix 4g

Eucommiae Cortex 4 g

Atractylodis Lanceae Rhizoma 4g

Zingiberis Rhizoma 1g

Cnidii Rhizoma 3g

Ginseng Radix 2g

Notopterygii Rhizoma 2g

Achyranthis Radix 2g

Glycyrrhizae Radix 2g

Ziziphi Fructus 2g

Aconiti Radix Processa 2g

Course: The pain in the fingers on the hands improved within 2 weeks and they could be opened slightly. After 4 weeks, they could be further opened with the pain in the right shoulder resolved, allowing the right arm to be elevated. However the pain in the left shoulder still remained. At this point, non-prepared *Aconiti* Radix 0.5g was added. The patient showed CRP0.3 and KL-6 188 on December 17. On January 13 of year X+1, the fingers on both hands could be opened further wider and the pain in the left shoulder disappeared and no problems were left with both upper limbs. On March 18, the level of CRP was 0.00 whilst that of RF was 201. In May, the patient resumed his farm work. In the visit to the hospital of August 18, she showed further recovery and was more cheerful.

[Discussion]

The patient with the history of RA for 20 years could not open fingers of both hands, causing the difficulty in carrying out her daily living. Furthermore, she had the back hunched and pains in the joints of both shoulders, so that even motions gave her excruciating pains and she was at a complete loss. Thus she visited our clinic. Unlike in the initial stage of RA development, disabilities and limits to motions due to the deformation as well as continuing pains as ever threatened her daily living.

The patient had the long time stagnation of wind-dampness which obstructed the flows of qi and blood, resulting in deficiency at the same time. Because of this, strong medicines for disorders in the acute stage cannot appropriately be used. Wind-dampness must be eliminated while qi and blood are being tonified and replenished to allow for their flows to be recovered. The patient disease was long-standing, leading to the deficiency of the liver-kidney, which further caused the inability of producing nutrients for muscles and bones. Therefore, the liver and kidney needed to be replenished.

How could such conditions of the chronic phase be improved in a short period of time, and even if possible, improvements would be limited. Notwithstanding, only a little improvement could improve the quality of the patient's life. Especially whether or not she could open and close the hand fingers did matter a lot to her.

Daibofuto has the action of replenishing deficient qi and blood and eliminating wind-dampness being stagnant in muscles and bones. Two weeks after the start of administration, the hand fingers became able to open and close, and then general pains became gradually improved, making the patient's daily living less difficult. Some functional recovery in other patients with RA that has progressed to develop deformity over an extended period of time can be expected to a certain degree, if not complete, and the quality of life will be enhanced by means of identifying the etiology to provide appropriate procedures. *Daibofuto* is a recommendable medication for such cases.