Treatment and Diagnosis of Rheumatoid Arthritis According to Tibetan and Oriental Herbal Therapy

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November 27, 2023
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ACKNOWLEDGMENTS

Firstly, I would like to acknowledge my teachers who have support me throughout my life. I would like to thank NUMSS for facilitating my education. The university presented the various natural medicine possibilities and differential diagnoses. Herbal therapies will be very effective in the medicine of the future. Lastly, I would like to thank my parents and friends who encourage me during my medical studies.

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Introduction

Rheumatoid arthritis is a systemic autoimmune disease characterized primarily by inflammatory changes in the joints but can also affect other organs. The reasons why it occurs are unknown, but in addition to innate genetic predisposition, other environmental influences such as viruses and bacteria also play a role, as do infections and smoking. As the disease progresses, an inflammatory reaction occurs in the affected joint capsule, leading to the accumulation of fluid in the joint space and the formation of scar tissue, the so-called "pannus." Pannus fills the joint space, permanently restricting joint movement, and severely damaging the bones and cartilage that make up the joint. In addition to the joints, the disease affects the lungs, heart lining, pleura, eyes, and skin, causing inflammation. In addition to clinical symptoms, the disease is diagnosed by characteristic laboratory abnormalities. (such as the presence of autoantibodies in the blood) and joint imaging studies (such as X-rays).

Treatment aims to eliminate the inflammatory processes, thus preventing subsequent complications and limitation of movement. Non-pharmacological treatment includes physiotherapy and physical therapy, the use of medical aids, external and internal herbal therapies, and lifestyle changes. However, in addition to their beneficial and pain-relieving effects, these do not prevent inflammatory reactions and joint damage, which requires medication to prevent. Many different drugs are used in medicine to treat rheumatoid arthritis, including painkillers and anti-inflammatory drugs, including steroids, to relieve acute symptoms. As a long-term treatment, disease-modifying antirheumatic drugs “DMARDs” are used to slow the progression of the disease. Targeted biological therapy has been used for many years, mainly using monoclonal antibodies against the inflammatory cytokine TNFα, but also other agents that block other target molecules.

The topic of this thesis is rheumatoid arthritis, an autoimmune disease. In medicine, the exact root cause of the disease is unknown. Treatment of the disease is about overcoming the biological and chemical inflammatory processes affecting the joints. I think this is a local therapy rather than a treatment for the real root cause.

In my private practice, I have done treatments for patients diagnosed with rheumatoid arthritis who are not on biological therapy but on anti-inflammatory drugs such as Medrol. The first aim of my study was to determine the causes of the disease by using differential diagnostic methods used in Tibetan medicine, such as tongue diagnostics, kinesiology, and neurological tests to assess the condition of the organs involved, and by questioning the patients about the function of their digestive organs. Once I had done this, I started treating them with acupuncture and herbs according to Tibetan medicine.

Rheumatoid arthritis

Definition

Rheumatoid arthritis (RA) is a chronic inflammatory rheumatologic process of unknown origin with an autoimmune pathomechanism causing symmetric joint damage.

Epidemiology

Rheumatoid arthritis is one of the most common autoimmune diseases worldwide.
It is most common in North America and Europe. The incidence of this disease affects a small proportion of the world's population, between 0.5% and 1%. However, when you look at gender, you find that women are three to five times more likely to be affected than men. The disease mainly affects women between the ages of 40 and 50; onset is delayed in men. It is worth noting that the frequency of occurrence is lower in countries in the Southern Hemisphere. However, when you look at gender, you'll find that women are affected three to five times more often than men.

Pathogenesis

The current scientific view is that genetic predisposition plays an important role in the development of the disease. Polymorphisms in the HLA DRB gene and, to a lesser extent, in certain cytokine genes have been shown that associated with the disease. The presence of subtypes with certain amino acid sequences is associated with a worse course of the disease. Among the external factors, are viruses such as EBV, and parvovirus. Among the bacteria, enteric bacteria, the microbiome may play an important role in the development of the disease. Mycoplasmas also play a role in the disease, in addition to hormonal factors. Smoking is considered a risk factor.
The disease is characterized by B and T cells and macrophage activation as a result of an autoimmune process, which is associated with altered cytokine levels, firstly with increased interleukin and TNFα production, abnormal cell adhesion and migration, then with angiogenesis and finally with joint destruction.

Rheumatoid arthritis is a multifactorial disease that can be caused by environmental influences in genetically predisposed individuals. After the initial trigger, pathological autoimmunity develops, leading to inflammation of the affected organs. It has been successfully demonstrated that autoimmunity does not start primarily in the joints but in the mucosa.

The inflammatory processes that occur in different organs and tissues during disease are relatively well understood, but relatively little is known about the triggers and how they trigger the disease.

This process is self-sustaining, continues, and continues after the trigger has ceased.
Patients with rheumatoid arthritis have been shown to develop autoimmunity years before the onset of the disease and to have autoantibodies in their blood that are characteristic of the disease. The link between the amount of antibodies and the onset of disease symptoms is well established. The more antibodies present, the shorter the time before symptoms appear.

Levels of inflammatory cytokines and C-reactive protein (CRP), which signals inflammation, as well as antibody levels, increase before symptoms appear. The pathogenesis of the disease may be significantly affected by the cyclization of proteins in the joints.
In affected joints, the PAD enzyme citrullinates various proteins including vimentin, type II collagen, fibrin, and fibrinogen. Antibodies to these proteins are also produced in the joint, such as the anti-citrullinated protein antibody (ACPA), which is produced by plasma cells infiltrating the affected area.
Studies have shown that the presence of Porphyromonas gingivalis, a bacterium commonly found in periodontitis, leads to the production of PAD enzymes, which citrullinate human proteins. This evidence strongly suggests that this bacterium is involved in the development of autoimmunity.

Sign and Symptom

Arthritis is the most common symptom of the disease. Symptoms may appear gradually over several months. Initially, the disease typically manifests itself as symmetric polyarthritis, affecting the hand first. The severity of the initial symptoms can vary widely, from sudden and acute to gradual and slow. Inflammation of the joints leads to limited mobility. Small joints, especially those on the hand, are the most commonly affected areas. The joints most commonly affected are the proximal phalangeal joints and the metacarpophalangeal joints. Similarly, the metatarsophalangeal joints of the foot are also commonly affected. Occasionally, larger joints may also experience complications.
This inflammation often results in increased tenderness and warmth in the affected area. As the condition progresses, a loss of muscle mass around the joint may also become noticeable.

Inflamed joints are particularly painful after repetitive motion in the morning, right after waking up, after a long break, or after long periods of inactivity. In advanced stages, characteristic deformations of the hand occur, often with hyperextension, most commonly finger and ulnar deviation, and interosseous atrophy of the fingers.

The ulnar head is displaced dorsally due to the destruction of the wrist ligaments. Painful limitation of motion occurs in the shoulders and flexion contractures are common in the elbows and knees. Dilatation of the popliteal pouch leads to the development of Baker's cyst, the rupture of which may mimic the symptoms of deep vein thrombosis. Hip joint involvement, although less common, has a worse prognosis and is more common in older adults with rheumatoid arthritis.

Diagnostics

Many other medical conditions can resemble RA and should be distinguished from it at the time of diagnosis.
Diagnosis of the disease is essentially clinical, based on the patient's complaints and abnormalities found on physical examination. In addition to the inflammation of the small joints, there may be general complaints such as fatigue or loss of appetite, or the disease may present with some extra-articular involvement first. These are complemented by imaging and laboratory tests, which also provide information on the likely aggressiveness of the disease. Early diagnosis is of the utmost importance, as the damage seen in advanced disease is irreversible, and untreated disease has many complications that statistically shorten the life expectancy of those affected.

To diagnose the disease, four of the seven symptoms must be present according to the ACR criteria, and the first four must have been present for at least six weeks. Stiffness of the joints in the morning. A medical condition characterized by inflammation in three or more joint regions. Inflammation of the joints of the hand is a medical condition that can cause pain, swelling, and stiffness in the affected area. Symmetrical involvement of the joints. The presence of rheumatoid nodules is a significant factor in the diagnosis and treatment of rheumatoid arthritis. Changes in radiology, especially porosity around the joints or erosions at the edges. The presence of serum rheumatoid factor and antifilaggrin positivity have been noted as significant indicators in certain medical contexts. Radiological changes.

Laboratory tests

Elevated C-reactive protein (CRP) and accelerated erythrocyte sedimentation rate (ESR) are non-specific signs of chronic inflammation in the body. But should be the focus of simple laboratory tests at first time. Because of the possible involvement of inside organs, it is also important to check a complete blood test and liver and kidney function. Next comes the detection of various autoantibodies, one of which has long been known as rheumatoid factor RF (rheumatoid factor), which is an antibody that binds to the Fc part of IgG-type immunoglobulins, usually forming an immunoglobulin complex.

RF itself is most often of the IgM, IgG, or IgA subclass, less often IgE, and can be detected by ELISA.
The absence of rheumatoid factor does not exclude the disease.RF is detectable in 70% of cases. However, in the absence of RF, the disease is often referred to as seronegative RA.

Rheumatoid factor positivity also carries prognostic information, and monitoring its level is useful for patient follow-up and to assess the effectiveness of treatment. High titers of rheumatoid factor are known to increase the risk of extra-articular complications and to have a higher mortality rate, mainly due to cardiovascular and respiratory complications. However, rheumatoid factor is not specific to rheumatoid arthritis and may be present in other diseases and a small proportion of healthy people.

The detection of ACPA (anti-citrullinated protein antibodies) also plays an important role in the diagnosis of the disease. ACPA is also measured by ELISA and although, like rheumatoid factor, it is not positive in all patients, its specificity is much higher and its prevalence is not typical of other diseases. Citrullination is the post-translational protein modification of various proteins by PAD enzymes, which then generates autoantibodies that can be detected in diseases. In diagnostics, it is called cyclic citrullinated peptide (CCP)-based ELISAs. CCP is an artificially created peptide fragment and the detection of antibodies reacting with it (anti-CCP) is RA-specific. In addition to anti-CCP, anti-mutated citrullinated vimentin (MCV) antibodies (anti-MCV), which can also be classified as ACPA, are slightly more sensitive and have approximately the same specificity as CCP-based antibodies

Imaging examinations

Imaging examinations of the affected joints (most commonly the hands and feet) can help to diagnose unclear cases and can also be used to monitor the progression of the disease.

In the early stages of the disease, there are usually few radiographic abnormalities, which are more characteristic of advanced disease. Classical radiography is most often used. Typical differences are narrowing of the joint space, thinning of the bone surrounding the joint, and bone destruction on the bone surface. Rheumatoid arthritis has different radiological classifications.
In addition to X-rays, an ultrasound or MRI of the joint may be performed.

With the advent of high-frequency transducers, ultrasound equipment can also visualize smaller, finer structures, making it suitable for examining small forms of arthritis. Ultrasound can be used for early diagnosis of disease by detecting thickening of the joint capsule, increased vascularity, fluid build-up in the joint space, or cartilage damage. Overall, ultrasound further improves diagnostic accuracy and can also be used to follow-up patients.

Treatment

Autoimmune diseases, such as rheumatoid arthritis, are typically incurable. However, with the right treatment, symptoms can be alleviated or even eliminated. Once the disease has started, it is crucial to start treatment as soon as possible, as any changes or deformities that occur later are no longer curable.

Classical DMARDs, or anti-rheumatic drugs, are a type of drug used to treat autoimmune diseases. These drugs work by suppressing the immune system and slowing down the progression of the disease. Although there are many conventional DMARDs available, they all have the common goal of reducing inflammation and preventing joint damage. Some common examples of conventional DMARDs are methotrexate, sulfasalazine, and hydroxychloroquine. Despite their effectiveness, these drugs can have many negative side effects and therefore require close monitoring of patients.

As one of the most commonly prescribed essential therapy drugs, methotrexate is the first-line treatment option for this disease. When used as a stand-alone therapy, patients often experience a remarkable improvement of around 25-50 percent within 6-12 months, making it a highly effective conventional medicine.
The therapeutic effect of methotrexate typically takes about 4 to 6 months to develop a noticeable effect. It is most commonly administered in tablet form. EULAR recommends a target dose of 25-30 mg per week with folic acid supplementation, with a lower dose for mild side effects.
Treatment usually starts at lower doses and gradually increases over time. Adequate folic acid supplementation is essential to reduce adverse effects.

Although most patients tolerate methotrexate treatment without problems, the drug has several potential side effects. One such side effect is the drug's ability to damage the liver. In mild cases, this is limited to elevated liver enzyme levels, which affect about 10-15% of patients. In more severe cases this can lead to the development of liver fibrosis. Methotrexate can also cause lung and kidney damage and in rare cases, prolonged use can lead to pulmonary fibrosis. If methotrexate is not a workable option or is not tolerated by the patient's body, consideration of other conventional medicines is recommended. Both sulfasalazine and leflunomide are potential alternatives that may prove effective. In milder cases, the antimalarial agents chloroquine and hydroxychloroquine may be used, but their use in more severe cases is limited.

When conventional medicines do not produce the desired results, biological therapy is often used as an additional treatment option. This therapy does not replace conventional medicines but rather enhances their effectiveness.
The incorporation of biological medicines can increase the effectiveness of treatments, leading to more positive outcomes for patients. In cases where the biological therapeutic goal has failed, they can be replaced by other biological therapeutic agents. The initial TNFα inhibitors to be developed were infliximab, etanercept, and adalimumab. TNFα is a cytokine that stimulates inflammation and is key in the regulation of inflammatory processes; its inhibition by drugs can reduce the chronic inflammatory processes associated with the disease. When TNFα inhibitors are used alone, the improvement is similar to methotrexate. However, when used with methotrexate, the rate of improvement is significantly higher.

The use of TNFα inhibitors is not without side effects. In patients taking these inhibitors, they increase the risk of reactivation of opportunistic infections such as tuberculosis or varicella-zoster virus. Patients with advanced heart failure should not be given TNFα inhibitors because it may worsen their condition. Some studies have suggested that the use of TNFα inhibitors increases the risk of certain cancers, such as lymphomas, but other studies have not found a higher risk compared with the general population. The body may produce antibodies against the drug, which can cause side effects or reduce the effectiveness of therapy, especially in chimeric antibodies that contain foreign protein fragments, such as infliximab. In addition, there is concern about the high cost of biological therapies.
In addition to TNFα neutralization, IL-1, and IL-6 inhibitors have been used, as well as abatacept, which blocks T-cell activation, and rituximab, which kills B-cells.

Alternative medicine

Alternative medicine is a prevention, diagnostic, and therapeutic method that has thousands of years of practical experience. Alternative medicine is not part of the Western hospital health care system. Hospital care is based on scientifically based diagnostic and treatment procedures and drug therapies.

Alternative medicine, which is partly scientific or non-scientific. Treatments involving spiritual and experiential methods. Examples of such methods include homeopathy, Chinese medicine, Tibetan medicine, phytotherapy, acupuncture, kinesiology, and other natural healing methods.

Alternative medicine practitioners treat diseases by improving the body's ability to heal itself. According to alternative medicine practitioners, these methods can help to understand the causes of disease. They use the body's own energies to heal physical and mental disorders. This is called a holistic approach. Alternative medicine is a system that includes many methods, but they all have a common theoretical background.

Techniques include fasting and various blood cleansing and detoxification treatments, as well as other natural remedies such as herbal therapies and hydrotherapy. The use of vaccines is often opposed, claiming that they can be prevented simply by enhancing the body's natural ability to heal itself.

Natural therapies are still widely used today and are also known as non-conventional or alternative medicine. In general, they are characterized by a lack of clear scientific evidence of their effectiveness and a theoretical background that is often incompatible with Western medicine.
Unfortunately, in classical medical training, doctors learn little or nothing about these therapies.
However, there is a growing need for doctors to understand these approaches. According to some surveys, more and more physicians are using complementary therapies, mainly in primary care, and in chronic diseases.

In Western countries, the demand for alternative medicine has grown rapidly in recent decades, and it is estimated that around half of all patients use such health services. Accordingly, the literature on naturopathic medicine has expanded significantly and the absolute number and proportion of publications on alternative medicine in various medical databases has increased.
At the same time, approximately half of these publications and articles appear in peer-reviewed journals. In the lack of scientific evidence, these methods have been criticized on many ethical grounds. Because their effectiveness cannot be proven by scientific methods and, according to Western medicine, they are often based on unscientific assumptions.

One of the major problems of Western medicine is that it cannot measure with existing tools the physical changes and signs that alternative medicine already identifies as signs of certain diseases.
Genetic engineering and biochemistry, as well as the technology of diagnostic machines, have developed significantly in recent decades.

Despite this, Western medicine still has many shortcomings. It is also rudimentary in the testing and treatment of diseases.

There is also a huge demand for alternative medicine such as Tibetan medicine in the treatment of autoimmune diseases.
In this thesis, I will present the study of the autoimmune disease rheumatoid arthritis using alternative medicine and the treatment options for this disease.

Tibetan medicine

In the human body, these elements are seen as three different energies wind, bile, and phlegm. The wind has the moving quality of wind. Blie has the heat property of the fire element. Phlegm has the solid and stable properties of the earth element and the moist properties of the water element. These three energies are the basis of creation, life, and destruction of the human body.

Wind

Wind energy is first of all vitality and is inextricably linked to the individual's spirit. It is both the air we breathe and our inner energy.
Wind energy is present in specific areas of the body, such as the brain and nerves, heart and chest, digestive tract and anal area, and bones, controlling many functions of the body and mind, especially those related to movement. Memory, consciousness, sensory perception, language, body movements, the production of essence, the opening and closing of body orifices, the functioning of the nervous system, and the circulation of essence in the blood, all depend on wind energy. Mental acuity, excitement, and sexual pleasure are also imparted by this energy.

Bile

Energy is primarily understood as the heat present in various parts of the body as the basis of life force.
Bile energy is found in the digestive tract, liver, gallbladder, heart, blood, eyes, and skin and serves a variety of functions. In particular, it regenerates all body components and blood.
Strength and courage to achieve one's goals, analytical judgment, good complexion, good eyesight, digestive heat, proper metabolism, and body temperature all depend on bile energy.

Phlegm

Phlegm energy mainly represents the moist component of the organism and has cooling properties. Phlegm energy is located in the head, tongue, salivary glands, spleen, pancreas, chest, stomach, kidneys, bladder, and joints and has multiple functions. In particular, it maintains the water the body needs and produces gastric juices. Mental stability, satisfaction of sensory

perceptions, taste experience, food digestion processes, and comfort in movement and sleep all depend on Phlegm energy.

Constitution type

People have different psychophysical makeups depending on which of the three energies is dominant.

People with Wind constitutions have slightly arched backs, thin constitutions, poor complexion, and excessive desires. They are usually not liked by other people. Their joints creak when they walk or move. They are talkative, rough-tempered, fall asleep easily, and cannot tolerate cold. They love to sing and laugh, but their life span is short and their wealth is limited. In addition, their metabolism is irregular, sometimes fast and sometimes slow.

People with a Bile constitution have severe hunger and thirst and a yellowish complexion. They sweat a lot, have moderate physical strength, are mentally sharp, and are prone to pride. They are aggressive but can also be ruthless. Their life expectancy and wealth were mediocre. In addition, their bodies are hot and their metabolism is fast.

People with Phlegm physiques are tall, physically strong, harmless, and have fair skin. When they walk, they bend their backs slightly, feeling relaxed and in a good mood. Their character is very stable. They resist hunger and thirst and sleep soundly. They live a long life and have a lot of wealth. In addition, their bodies are cold and their metabolism is slow. Most people have a mixture of two or more of these constitutions. Classic types are quite rare. People with these three energies have the best physical characteristics and personalities and rarely get sick.

As imbalances trigger crises physical and mental health depends on the harmony and interaction of these energies. There are a variety of conditions that can disrupt the balance of Wind, Bile, and Phlegm, such as diet, behavior, accidents, and provocations of energy.

Due to this condition, deficiencies, excesses, or conflicts between the three energies may occur, leading to various physical and mental ailments. Tibetan medicine divides diseases into three categories: wind disease, bile disease, and phlegm disease.

Wind disturbance manifests itself in excessive intake of bland, raw, and nutritionally deficient foods; not eating or sleeping enough; working on an empty stomach; having too much sex; being exposed to wind and cold; engaging in intense intellectual activities; and excessive talking. Attachment-related sadness, worry, and mental fixation are particularly susceptible to strong winds. Wind disturbance increases during summer, afternoon, and dawn hours.

Bile disease manifests itself through excessive consumption of spicy, salty, greasy foods, especially nutritious foods such as fatty meats, and excessive alcohol consumption; engaging in excessive physical activity, such as strenuous labor and exercise; experiencing physical trauma; sleeping in the afternoon; and being exposed to heat and dry environments. These diseases worsen in the fall, at noon and midnight.

Phlegm disorders manifest themselves as eating too many sweets, greasy foods, and cold and raw foods. Overeating, lack of exercise, sleeping during the day, living in a humid environment, catching a cold, etc. Specific factors include inactivity associated with mental passivity, consumption of stale or raw foods and dairy products, and insufficient time between meals. These diseases are worse in the spring, in the evening, and in the morning.

Symptoms of imbalance

Wind energy imbalance can be identified by irritability, impaired sensation, yawning, trembling, repeated stretching of the limbs, chills, soreness in the hips, lower back, and joints, acute intermittent pain, nausea, and ineffective retching. These symptoms are more severe on an empty stomach. The tongue is red, dry, and rough; the pulse floats and disappears under pressure; the urine is sky blue with large bubbles.

When these symptoms worsen, a bile energy imbalance can be identified by a bitter taste in the mouth, headache, hypothermia, and acute oral pain. Pain can appear in the upper part of the tongue. Digestion is covered with yellowish mucus; pulse is rapid; urine is orange and has a foul odor.

Phlegm energy imbalance manifests as loss of appetite, difficulty digesting, vomiting, sticky mouth, bloating, belching, fatigue, apathy, and coldness both internally and externally. These symptoms worsen after meals. The tongue is pale and smooth; the pulse is weak and slow; the urine is as transparent as water, with almost no odor and water vapor.

Four types of treatment

Once the nature of the disease is recognized, treatment must take a multi-pronged approach, starting with dietary and behavioral changes, medications, and external therapies. These four lines of healing balance three energies with intentionally opposite characteristics.

Diet

Imbalance of Wind. Relief can be achieved by including nutritious oily foods in the diet such as aged meat, lamb, bone broth, bone marrow, barley flour gnocchi, good soup, roasted barley soup, molasses, sesame oil, butter, garlic, and onions, nutmeg, nuts and old beer.

Bile imbalance is reduced by foods that have cooling or bitter properties, such as herbivorous game, goat meat, fresh cereals, soups, millet soup, soups containing roasted barley flour, whole grain cereals, yogurt, buttermilk, goat milk made from turnip or dandelion leaves, sugar and boiled cold water added to milk, milk, soup.

Warm foods can reduce phlegm disturbance, such as mutton, pork, fish, honey, fresh roasted barley or whole grain soup, peas, soybeans, salt, pepper, ginger, chili, beer, and boiling water.

Behavior

Having good conversations, keeping a relaxed attitude, and living in a warm place are some of the behaviors that can alleviate wind imbalance. Physical and mental relaxation and staying in a cool place are behaviors that can relieve bile imbalances. Behaviors to relieve phlegm imbalance include activity, exercise, exercises, yoga, and staying in a warm place.

Medicines

Medicines that combat the three energy imbalances are based on ingredients whose taste counteracts the properties of the energy itself. These ingredients can be herbs, minerals, or other substances. Tibetan medicine uses a variety of active ingredients in decoctions, powders, pills, ointments, and tonics.

External therapies

Among the four treatment methods, external treatment is the fastest and most effective. These include bloodletting, moxibustion, medicinal baths, stone and wrap therapies, and massage.

There are four cold methods for the treatment of febrile diseases (acute diseases): light diet, less nutritious foods, and cold behavior. Examples include living in a cooler climate; cold remedies such as camphor; and cold therapies such as bloodletting.

Cold diseases (chronic diseases) are treated with four heat therapies; a hot diet, including warm and nutritious foods, hot behaviors, such as living in a warm climate; stimulating drugs such as pomegranate; and external heat therapies such as moxibustion.

Generally speaking, bloodletting is used to treat bile diseases. Various moxa are used to treat phlegm and wind diseases. Oil massage is used to regulate wind imbalances. Medicinal baths are used to treat various vitality imbalances.

Moxibustion as complementary therapy

The suitability of moxibustion for treating chronic and complex conditions makes it a particularly valuable modality that can complement or even, in some cases, replace traditional treatments.

Rheumatoid arthritis from the perspective of Tibetan medicine

Rheumatoid arthritis as an autoimmune disease is a cold type of disease from the perspective of Tibetan medicine. The cold type of wind energy predominates in the body. One or more internal organs may be affected by the wind type of disease.

The cold wind will stress the affected internal organs, and then the excess energy will cause symptoms on the skin, bones, in small joints, and the digestive system. Western medicine recognizes arthritis as a symptom in the joints. It finds elevated CRP levels in the joints through laboratory tests. As a result, the patient is given anti-inflammatory drugs. However, it cannot link the cause of the inflammation to any internal organ.

According to Tibetan medicine, digestive system dysfunction may be the cause of rheumatoid arthritis in patients. Typical frequent digestive complaints are observed in RA: around the stomach and intestines. Typical symptoms include bloating, constipation or diarrhea, hemorrhoids, food intolerance or allergies, belching, rumbling around the navel, dry mouth, backache, and the formation of gas in the teeth. Often, digestive complaints may be caused by bacterial, fungal, or viral infections that attack the digestive tract, such as the EBV virus and the pathogenic bacterium Klebsiella pneumoniae.

Typically, it is observed that this disease is more common in people with wind type.
People with typical wind-type features are: thin build, prone to weight loss, cold limbs are characteristic, skin is dry with cold palpation, tongue has no visible plaque layer, dry spots, and red crack may be present. Some people are also neurotically unstable.

Treatment according to Tibetan medicine

Tibetan medicine is based on balancing energies so in this case, cold-type illness should be treated with warm-type therapy.

Balancing and treating wind energy

Wind energy imbalance

Unbalanced wind energy can manifest in other forms and cause illness. When wind energy is mixed with elements with thermal properties, its temperature becomes higher. When mixed with cold elements, the cold effect can be enhanced. Air is found in all parts of the body, above, below, outside, and inside. It is precisely because of this property that it can amplify cold and heat and is the helper and source of all illnesses. It is therefore important to understand the transformed form of wind energy from a therapeutic point of view.

Causes of wind energy imbalance

The properties of wind energy are: rough, light, cold, fine, hard, and mobile. These qualities are thrown out of balance for some reason and begin to increase or decrease. Because of this, the wind element cannot control the body normally. This condition can lead to wind disease. By its nature, it is linked to cold and heat and spreads and causes disease. Therefore, these six basic properties are responsible for the transformation of wind energy.

Wind energy imbalance background

The six basic characteristics of wind energy are transformed by the following four factors:

Nutritional factors

Excessive consumption of bitter, astringent, light, cold, and coarse foods such as mutton, strong black tea, and bitter vegetables is beneficial for enhancing the light, cold, and coarse properties of wind energy, leading to the amplification of wind energy. Excessive consumption of sweet, sour, salty, hot, oily, and heavy foods such as ghee, mutton, and seed oil weakens the subtle, hard, light, and cold nature of wind energy, leading to a decrease in wind energy.

Lifestyle, emotional factors

Minor to major life factors such as long sleep, hunger, excessive talking, nervousness, staying in cold and windy weather, strenuous work, excessive sexual desire, etc. All lead to increased wind energy. Manifestations of the unconscious mind such as useless desires, attachments, excessive fear, worry, aversion to something, discomfort, and restless states of mind, lead to confusion of elements, leading to diseases. On the contrary, if a person stands idle in a warm place for a long time and ignores his emotions too much, the wind will cause a decrease in energy.

Weather factors

Cold mornings and evenings or windy weather can further increase the cold, harsh quality of wind energy. On the other hand, excessively warm weather also reduces the excessive increase in wind energy.

Other factors

Excessive laxatives, vomiting, blood loss, etc. cause chaos in wind energy and increase wind energy, while excessive use of heavy oily medications and nutritional supplements are factors that lead to a decrease in wind energy.

The process of change in wind energy

The change process consists of the accumulation, mobilization, and deceleration stages. In the accumulation phase, the wind element starts to increase due to the amplifying effect of the light, cold, rough, and mobile properties.

To counteract this process, light can be reduced to heavy, cold to warm, coarse to soft, and mobile to immobile, thus preventing a qualitative change in the wind energy. The quantitative change in each of its properties will be detectable. However, at this stage, there are no symptoms, but the excess wind energy is already present in the background. During this period, people are craving warm, oily foods.

During the period of wind energy activation, wind energy continues to increase and goes from a quantitative to a qualitative change. At this time, symptoms corresponding to their characteristics are already present. During the calming period of the wind energy, the subtle and hard qualities of the shifted wind energy can be restored to their original state of equilibrium by treating them with oily, nourishing, warm, heavy substances and foods.

Forms of growth, decay, and disturbance in the process of wind energy change

Growth of wind energy occurs when wind energy is thrown out of equilibrium and begins to grow by effects with properties identical to its own. During this period, the patient's body starts to lose weight, feels warm, and dizzy, sleeps little, and experiences nervous exhaustion. Fatigue, gas, and constipation are common. He talks a lot and his senses are dulled. A decrease in wind energy occurs when wind energy is thrown out of balance by an increase in factors that are contrary to its own properties and begins to decrease. Then there is a total lack of strength, listlessness, and lack of speech. When wind energy is disturbed, the opposite symptoms occur due to the increase and decrease of wind energy. In such cases, the symptoms are mostly those of an increase in wind energy.

Wind energy
Disturbance of the light and mobile quality of the energy causes dizziness, sighing, restlessness, slurred speech, rapid and disorderly movements, and stabbing pain.

Disturbance of its rough quality makes the skin and tongue dry and rough to the touch. In such cases, hunger may cause severe pain under the sternum, or the afternoon period may be due to the predominance of wind energy.

Because of its cold property, the patient's hands and feet are constantly cold, and he constantly craves warmth. Disruption of its delicate properties causes joint and hip pain, as well as tooth or nail pain.

Its harsh properties cause the abdominal area to harden and become constipated. In the Shad-dsud section, the theoretical root, the Gyüsi Tantra divides the forms of wind diseases into 42 sections.

Case studies

In the case studies patients diagnosed with rheumatoid arthritis who are not on biological therapy. They were given an exclusive steroid. (medrol)

In my naturopathic practice, I have treated 17 patients with rheumatoid arthritis.

They were examined and treated using Tibetan medicine methods.
As a supplement, I also performed kinesiology muscle tests.

I used kinesiology muscle tests to identify the strain on their internal organs. When I found a weak muscle, I used visceral manipulation to treat the internal organ that was attached to it.
Then if the muscle was strong, then I considered the corresponding internal organ to be involved in the treatment.

For example: the rectus femoris muscle tone was weak. After I did visceral manipulation of the small intestine. If the rectus femoris became strong. I involved the small intestine in the treatment.

The relationship between viscera and muscles

LUNG
Deltoids (middle, posterior, and anterior), serratus anterior, levator scapula, and coracobrachialis provisional for flexor pollicis longus and brevis

LARGE INTESTINE
Hamstrings, quadratus lumborum, tensor fascia latae,

STOMACH
Pectoralis major (clavicular division), biceps brachii, brachialis, brachioradialis, pronator quadratus, supinator pronator teres, sternocleidomastoid, opponens pollicis, adductor poilicis, opponens digiti minimi, neck extensors, and medial neck flexors

SPLEEN
Lower trapezius, latissimus dorsi, middle trapezius, , triceps brachi, anconeus

HEART
Subscapularis

SMALL INTESTINE
Quadriceps, abdominals, flexor digiti minimi brevis

BLADDER
Tibialis anterior peroneus tertius. peroneus longus and brevis, extensor hallucis longus and brevis, and sacrospinalis

GENITAL ORGANS
Sartorius, gracilis adductors, gluteus maximus, gluteus medius and minimus, piriformis, gastroc nemius, soleus, tibialis posterior, flexor hallucis brevis, and flexor hallucis longus

BALL BLADDER
Popliteus

LIVER
Pectoralis major (sternal division), rhomboids

KIDNEY
Psoas, iliacus, and upper trapezius

BRAIN
Supraspinatus

Anamnesis and physical examination

Of the 17 patients with RA, all had gastrointestinal complaints.13 of them have some kind of food intolerance to milk, eggs, and cereals with IgG type.
1 of the patients has a wheat flour IgE-type food allergy.

They had frequent gastrointestinal complaints, dry mouth suggestive of gastric dysfunction, discomfort in the stomach after meals, bloating, variable stool consistency, mucus in the stool, fatigue, cold limbs, rumbling around the navel, dry mouth, hoarseness, and formation of gas.
Their skin is dry which is also a sign of excess wind energy.

Their eating habits were never examined. Most of them either did not eat breakfast or had a cold breakfast and dinner. They were characterized by irregular eating. They ate a lot of cold food. They consumed frozen and many ready meals.

Tongue diagnosis

They had no or very little plaque on their tongues. It was rather dry, with dots and small cracks indicating an excess of wind energy.

Urine diagnosis

Their urine was white or slightly bluish, odorless, with large bubbles, which also indicated a predominance of wind energy.

Muscle tests

By 13 patients had weak tensor fasciae latae, hamstring, quadriceps femoris refers to the small intestine and colon.

4 patients had weak pectoralis major (clavicular division) and tensor fasciae latae, and hamstring muscles refer to the stomach and colon.

Treatment

The patients received 10 treatments.

The sessions were 40 minutes long and included 5-10 minutes of discussion about their condition. There were 30 minutes of acupuncture, cupping-glass treatment, moxibustion, and foot reflexology. Various moxa are used to treat wind diseases.

I treated points of the stomach, small intestine, and colon.

They were given suggestions at the first session.

I recommended a digestive enzyme to be used 2 times a day with meals for 1 month. Then 1 time a day with the main meal.

I suggested that all their meals should be hot. Eat spicy, salty, oily, and fermented foods several times a day.

I also suggested avoiding milk and white flour because it is a common experience that causes complaints in autoimmune patients.

I suggested turmeric tea before meals every day, 1 turmeric tea with 1 pinch of pepper 2 times a day.

Suggested herbal teas: flax seed, anise, coriander, rosemary, nettle, peppermint. These are warm-type teas.

Recommended spices: strong spices, hot peppers, turmeric, fennel, mustard, chili, pepper, curry.

Suggested meditation practice like the 9 cleansing breaths. Shiatsu practices that promote digestive energetics.
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Results

13 out of 17 patients had almost complete relief of digestive complaints.
They report that the digestive system is functioning at 80-90%.

By 4 patients have improved a lot but still have some disturbing complaints. They report that the digestive system was functioning at 70%.

Rheumatoid arthritis complaints are being re-examined.

Inflammatory complaints in 5 patients were asymptomatic for 4 days after treatment. They return afterward, but their musculoskeletal complaints have improved a lot compared to the baseline.

By 8 patients had much improved inflammatory complaints of Rheumatoid Arthritis after 10 treatments. They need to use fewer anti-inflammatory drugs.

By 4 patients had a moderate improvement in their inflammatory complaints, but could not reduce their use of anti-inflammatory drugs.

Conclusion

As a result of my research, Eastern medicine methods are effective in patients with Rheumatoid arthritis. It is worth looking at the digestive complaints in these diseases. If the digestive organs are improved in autoimmune patients, their inflammatory complaints can be greatly improved.
I believe that with Tibetan and kinesiology modalities we can find and treat the root causes. This can have very effective results in patients with autoimmune arthritis. Further research on the relationship between the digestive system and autoimmune diseases is worthwhile. It may be worthwhile to do gut microbiome studies. It may be possible to find additional options for rheumatoid arthritis by treating the gut flora. Some theories suggest that bacterial causes are behind the development of rheumatoid arthritis.

Book References

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