

## AYURVEDIC MANAGEMENT OF ENTHESITIS RELATED ARTHRITIS (JUVENILE RHEUMATOID ARTHRITIS)

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## ABSTRACT

Enthesitis related arthritis is a type of Juvenile Idiopathic arthritis, the most common form of childhood arthritis. This paper is the retrospective observation study of the condition "Enthesitis related arthritis" in one patient getting relief from *Ayurvedic* treatment in paediatric unit of Government Ayurved Hospital, Nanded. Despite vast range of NSAIDs, immunosuppressive agents, corticosteroid etc., the cure from this disease is still not possible. The symptoms of disease *Amavata* described in *Ayurvedic* classics shares similarity with certain rheumatologic disorders as well as JIA in paediatric age group. Improvement in the patient's condition was observed following *Ayurvedic* treatment and may have potential of advancement the field of research.

**KEYWORDS:** enthesitis related arthritis, *Amavata*, *Deepan*, *Paachan*, *Panchkarma*.

## INTRODUCTION

The term juvenile idiopathic arthritis was proposed by the paediatric standing committee of the International League of Association for Rheumatology (ILAR). It refers to a group of conditions characterized by chronic inflammatory changes of the joints. It is defined as arthritis of one or more joints with an onset below the age of 16 yr and persisting for at least 6 wks. Enthesitis related arthritis is one of its subtype. This condition is more common in boys typically older than 8 years of age. Large joints of lower extremities are commonly affected.<sup>[1]</sup> The symptoms present in ERA of JIA are comparable with features of *Amavata*.<sup>[2]</sup>

## CASE REPORT

A 13 years old male child came to *Kaumarbhritya* OPD of GAC & H, Nanded with complaints of multiple joint pain especially of lower limbs, swelling, stiffness and restricted movement since 2 months. Assessment of clinical examination revealed antalgic gait due to pain and subsequently led to inability to maintain posture. Changing of position from sitting to standing and vice-versa was very much painful and comparatively slow. Examination of joints revealed signs of inflammation i.e., visible swelling, pain, tenderness and restricted movements of bilateral ankle joint, knee joint along with lower lumbar spine joints.

## HISTORY OF PRESENT ILLNESS

Patient was well 2 months ago. Then he suddenly met with a minor accident which led to tweaking of the left ankle joint followed by swelling and pain of the same

joint along with mild fever. Treatment was taken for the same and patient got some relief. But again after 2-3 days patient presented with mild fever along with multiple joint inflammation of lower limb. Since then patient has taken allopathic treatment but did not get any relief. As a result, the patient was brought to OPD of GAC&H, Nanded by his parents to seek *Ayurvedic* treatment for their child.

## INVESTIGATIONS

CBC- Within normal limits  
ESR- 76 at the end of 1<sup>st</sup> hour  
CRP- 56 mg/dl  
X-ray- No significant findings seen.  
ASO Titre - negative  
RA factor - negative  
HLA B-27- positive

## TREATMENT

First regimen- *Agnideepana* and *Amadosha pachana*.  
*Shankha vati*<sup>[3]</sup>  
*Eranda Shunthi Yoga*  
*Simhanada guggulu*<sup>[4]</sup>  
*Chitrakadi vati*<sup>[5]</sup>

Second regimen- *Panchakarma*  
*Shunthi siddha jalpana*  
*Snehana*<sup>[6]</sup> with *Vishagarbha taila*  
*Valuka pottali swedana*<sup>[7]</sup>  
*Vaitarana basti*.<sup>[8]</sup>

**ASSESSMENT**

Assessment was conducted on day one and on the last day using parameters of American college of rheumatology (formerly the ARA) score<sup>[9]</sup>:

1. Severity of pain

2. Tenderness

3. Swelling

4. Grip strength

5. Functional score

**Severity of pain**

3	severe
2	moderate
1	mild
0	nil

**Tenderness**

3	severe
2	moderate
1	mild
0	nil

**Swelling**

3	severely present
2	markedly present
1	slightly present
0	nil

**Grip strength**

3	severely poor
2	moderately poor
1	mild weakness
0	normal strength

**Functional score**

3	unable to do anything
2	can do with help of other person or device
1	able to do anything with some difficulty
0	able to do anything without difficulty

On the basis of above criteria the severity of the disease and the effect of the treatment was assessed.

**RESULT**

Showing result of assessment before and after treatment:

Parameters	Before treatment(1 <sup>st</sup> day)	After treatment(37 <sup>th</sup> day)
Severity of pain	2	0
Tenderness	3	0
Swelling	2	0
Grip strength	L-3, L-2	L-2, R-2
Functional score	3	0
Total score (max-18, min-0)	15	4

**DISCUSSION**

Symptoms of *Amavata* includes general symptoms like *angamarda*(bodyache), *aruchi*(anorexia), *trushna*(excessive thirst), *aalasya*(malaise), *gourava*(feeling of heaviness), *jwara*(fever), *apaaka*(indigestion), *shoonata-anganam*(swelling/inflammation of body parts).

On examination, there was *saroojam shotham*(painfull swelling) of hands and legs *gulpha sandhi*(ankle joints), *jaanu sandhi*(knee joints).

In chronic condition or during a stage exacerbations, painful joint is the main symptom and lastly *jadata*(stiffness) or *akarmanyata*(inability of joint to perform its normal function) develops in the patient.

Here vitiated *Vata dosha* associated with *Ama* (undigested toxic substance) produces many constitutional and specific symptoms affecting the bony joints by invading multiple body systems.

The line of treatment can be summarized under two main captions i.e., to bring *Agni* (digestive power) to the normal state to digest *Ama* and second to eliminate the vitiated *Vata* and *Ama*. Keeping this in view, *shankha vati* and *chitrakadi vati* were given for *deepana-pachana* (enhancing the proper digestion). *shankha vati* and *chitrakadi vati* contains all the contents with *tikshna-ushna veerya* which helps in digestion of undigested toxic substance. *Eranda shunthi* yoga was given in the first regimen to help clear the *malavashthamba* (constipation). *Eranda shunthi* yoga helps in purgation in mild form. *Simhanada guggulu* helps to reduce the inflammation of the joints. Ingredients of *simhanada guggulu* are having properties like antioxidant, hepato-protective, immunomodulatory digestive stimulant, carminative and analgesic which can help to heal the inflammation and to restore joint health.

During the second regimen, *shunthi siddha jala* was given to improve the digestive power and avoid indigestion during the course of *Panchakarma* procedure. This *shunthi siddha jalapana* also helps to reduce the pain. *Vishagarbha taila snehana* helps to direct *dosha* from *shakha* (periphery) to *koshtha* (centre of the body). *Valuka pottali swedana* helps reduce inflammation and pain of the joints and finally *Vaitarana basti* of 30 days course was given. *Basti* is the treatment of choice for vitiated *Vata dosha*. As this *Vata dosha* is associated with *ama*, *rukshana* (de-oiling) is also necessary so the content of *Vaitaran basti* contains *gomootra* (cows urine) is said to be one of the *rukshana dravya*. Which acts simultaneously on *Vata* and *Ama* eliminating the vitiated *Vata* out of the body.

After giving the above treatment of 7 days *deepana-pachana* and 30 days of *panchakarma* a positive outcome was observed with reduced pain and inflammation of the joints and improvement of in the activity of the patient.

Effective management of JIA needs a multidisciplinary team approach for preventing the joint destruction and promote the growth and development, which is the aim of good management. The main stay of recent treatment protocol is oral medication along with physiotherapy. It gives symptomatic relief to the patient but not marked or better improvement in disease condition. Medications used are mainly non-steroidal anti-inflammatory drugs and methotrexate-a type of drug known as disease modifying anti rheumatic drug (DMARD). Associated side effects such as hepatic, pulmonary, renal and bone marrow abnormalities; and minor side effects such as stomatitis, malaise, nausea, diarrhea, headache and mild alopecia.

## CONCLUSION

The purpose of presenting this case is to enlighten the effect of *ayurvedic* treatment in such conditions where improvement without use of analgesic is impracticable. Though *ayurvedic* medicine is well recognized for its pain management assistance to society, but if this option is tried in JIA and if found to have positive and hopeful effect, it can be a great help for patient suffering from JIA.

## REFERENCE

1. Essential pediatrics OP Ghai 8<sup>th</sup> edition.
2. Madhavakara, Madhava Nidana (Prof K.R. Srikanta Murty, Trans) Reprinted Varanasi, Chaukhambha Orientalis 2011 chapter 25, Amavata Nidana pg 25.
3. Bhaishajya Ratnavali, Agnimandya Rogadhikar, 182-183 AFI vol 1.
4. Bhaishajya Ratnavali, Amavata Adhikara 130-135.
5. Agnivesha, Charaka Samhita, Chikitsasthana, Grahanichikitsaadhyaya 15/96-97, Charak Chandrika, Hindi commentary by Dr. Brahamananda Tripathi, Chaukhamba Surbharati prakashan Varanasi Reprint 2013.
6. Agnivesha, Charaka Samhita, Sutrasthana, Matrashitiyaadhyaya 5/85-89, Charak Chandrika, Hindi commentary by Dr. Brahamananda Tripathi, Chaukhamba Surbharati prakashan Varanasi Reprint 2013.
7. Chakrapanidatta, Chakradatta (P.V. Sharma trans.) chapter 25, Amavata Chikitsa pg. 227, Chaukhamba publishers, Varanasi 2007.
8. Chakrapanidatta, Chakradatta, Niruhadhikar 73/32, Vidyaprabha Hindi commentary by Dr. Indradev Tripathi, Chaukhambha Sanskrit sanstha, Varanasi Reprint 2010.
9. Felson et al.(1995), "ACR Preliminary Definition of Improvement in Rheumatoid Arthritis."
10. Madhavakara, Madhava Nidana (Prof K.R. Srikanta Murty, Trans) Reprinted Varanasi, Chaukhambha Orientalis 2011 chapter 25, Amavata Nidana pg 25.