

AYURVEDIC MANAGEMENT OF RHEUMATIC ARTHRITIS IN CHILDREN – A CASE STUDY

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ABSTRACT

Ayurveda aims at prevention of disease and maintenance of health. Arthritis occurs in approximately 75% of patients with acute rheumatic fever and typically involves larger joints, which makes the day to day work difficult. The case study discussed here is of 4 year old male child, who had recurrent episodes of pain in multiple joints of lower limb and frequently received treatment but got temporary relief and relapses were frequent. Then she came to Ayurvedic OPD and was given ayurvedic regimen (i.e Bruhatvatichintamani Rasa, Trivanga Bhasma and Guduchi Satwa along with external application of Shunthi lepa over joints). The child had significant relief from signs and symptoms of rheumatic arthritis. The recurrence or the frequency of

disease was found markedly reduced. Ayurvedic regimen proved to be beneficial in this case of Rheumatic arthritis.

KEYWORDS: Rheumatic arthritis, Aamavata, Ayurvedic regimen.

INTRODUCTION

The annual incidence of acute rheumatic fever in Developing countries exceeds 50 per 100000 children. Arthritis occurs in approximately 75% of patients with Acute rheumatic fever and typically involves larger Joints, particularly the knees, ankles, wrists and Elbows.^[2] Involvement of these joints leads to decreased Efficiency in daily work. Therefore, the study was Planned to make available an Ayurvedic regimen with More efficient targets and less side effects. The Combination of three Ayurvedic drugs i.e. Bruhatvatichintamani Rasa, Trivanga

bhasma and Guduchi Satwa along with external application of Shunthi lepa over joints was given in this for this case.

AIM

Management of Rheumatic arthritis in children by An Ayurvedic regimen.

OBJECTIVES

- 1) To study the efficacy of Ayurvedic regimen in the Management of rheumatic arthritis.
- 2) To prepare an Ayurvedic line of treatment according To samprapti of disease in children.
- 3) To analyse results.

METHODOLOGY

To fulfill the aim and objectives of The study this work was carried out in the following Phase wise manner

- 1) Conceptual study
- 2) Case study
- 3) Discussion
- 4) Result and conclusion

Conceptual study

Rheumatic Fever is an immunological disorder that Follows infection of the pharynx by group A beta –Haemolytic streptococci. It affects the heart, joints, CNS, Skin and subcutaneous tissue. Upper respiratory tract Infections (streptococcal), poor socioeconomic Conditions and climate changes contribute to the risk of Rheumatic disease. Young children are more likely to Develop recurrences. Therefore management of the Disease in early age is crucial.

CASE STUDY

A male patient of 2 years old, reported to the Kaumarbhritya OPD of Government Ayurved Hospital, Dharashiv in October 2023 with following complaints Since 1 years.

Recurrent episodes of

- Pain and redness of right knee joint
- Migratory pain from right knee joint to right ankle Joint
- Fever before onset of pain

- Difficulty in walking due to pain

Associated complaints

- Nonspecific anorexia
- Frequent high grade fever

History of past illness

H/o recurrent episodes of Migratory pain in knee joint preceded by fever in last 1 Years.

H/o recurrent respiratory tract illnesses.

No h/o any other major illness or any surgery.

Drug history- Frequent use of anti rheumatic drugs (Methotrexate), steroids and Non steroidal anti Inflammatory drugs.

Family history- no h/o same illness in the family.

Birth history

- 1) Antenatal- Non specific.
- 2) Natal- Full term normal delivery at hospital Baby Cried immediately after birth, birth weight-2.5kg.
- 3) Postnatal-No h/o NICU admission, No h/o neonatal Jaundice/seizures.

Immunization history- Regular All vaccines given as per age.

General examination

Pulse: 98/min

BP: 110/60 mmHg

Temperature: 98.8 degree F

RR: 24/min

Systemic examination

RS: AEBE clear

CVS: S1S2 normal

CNS: Conscious and oriented

P/A: soft and non-tender

Anthropometry

Height – 87 cms

Weight –14 kg

Head circumference – 48 cms

Chest circumference – 50 cms

Mid arm circumference – 16 cms

Diagnosis (clinical and investigations)

Clinically on the basis of signs and symptoms (on The basis of Revised Duckett Jone's Criteria)

Acute phase reactants – ESR & CRP

ASO titre

X-ray both knee joint.

Table No. 1: Showing Revised Duckett Jone's Criteria.^[3]

Major Criteria	Minor Criteria	Essential Criteria
Arthritis	Fever Increased ESR, CRP	Evidence of antecedent streptococcal infection

Lab reports are summarised below

1. ESR – 35mm/hr
2. CRP – 14.7
3. ASO titre – positive
4. RA turbidimetry – negative
5. X-ray of both knee joints – normal.

Table no. 2: Showing Grading for clinical features.

Clinical Features	Verbal descriptor scale		Before treatment	After treatment			Relief
				1 st week	2 nd week	3 rd week	
Pain in the right knee joint	No pain	0	4	3	2	1	90%
	Mild pain	1					
	Moderate pain	2					
	Severe Pain	3					
	Extreme Pain	4					

Clinical Features	Tenderness Grading, Soft tissues		Before treatment	After treatment			Relief
				1 st week	2 nd week	3 rd week	
Tenderness	Tenderness with no physical response	1	3	3	2	1	90%
	Tenderness with grimace, wince and flinch	2					

	Tenderness with withdrawal (jump sign)	3					
	Non-noxious stimuli (eg : superficial palpation, gentle percussion) results in patient refusal to be palpated due to pain	4					

Clinical feature			Before treatment	After treatment			Relief
				1 st week	2 nd week	3 rd week	
Warmth	No warmth	0	3	3	2	0	100%
	Mild warmth	1					
	Moderate warmth	2					
	Severe warmth	3					

Clinical feature	Patellar tap test		Before treatment	After treatment			Relief
				1 st week	2 nd week	3 rd week	
Swelling in the left knee joint	No swelling	0	3	3	2	1	90%
	Mild swelling	1					
	Moderate swelling	2					
	Severe swelling	3					

Samprapti Ghatakas

1. Hetu: Agantuj
2. Dosha: VATA and PITTA
3. Dushya: Rasa, Rakta, Asthi
4. Agni: Jatharagnimandya
5. Srotas: Rasavaha Raktavaha Asthivaha
6. Srotodushti: Vimargagamana
7. Adhishthana: Sandhi
8. Rogamarga: Madhyam.

Table No. 3: Showing Ayurvedic regimen.

Sr.no.		Bruhatvatachintamani Rasa	Trivanga Bhasma	Guduchi Satw
1	Reference	Bhaishjya Ratnavali – Vata vyadhyadhikar, p-358	Rasatantrasaar va Siddhaprayog Sangraha – pg - 62	Bhaishjya Ratnavali – p -458
2	Ingredients	Swarna bhasma, Rajat bhasma, Abhraka bhasma,	Vanga bhasma, Naag bhasma,	Guduchi

		Loha bhasma, Prawaal bhasma, Mukta bhasma, Rasasindoor	Yashad bhasma	
3	Dosha karma	Vatahara	Vatahara Pittashamak	Vatahara Pittashamak
4	Agni karma	Deepan	Deepan	Deepan
5	Anupana	Madhu	Madhu	Madhu

Table No. 4: Showing Oral Medications.

Formulation	Mode	Dose	Duration	Anupana
1) Lashoonadi vati	Oral	125mg BD	8 Days	Water
2) Bruhatwaatchintamani ras		10 Tb		
3) Triwanga Bhasma		10 Mg		
4) Guduchi satw	Oral	In the form of churn in divided doses	21 Days	Madhu
5) Haritaki churna	Oral	BD 10Mg 5 mg	21 Days	Lukewarm water

Table No. 5: Showing Panchakarma treatment.

Sr. no.	Panchakarma Procedure	Duration
1	Sthanik snehan with Eranda sneha	21 Days
2	Shunthi lepa	21 Days

OBSERVATION AND RESULTS

The patient was given treatment for 3 weeks and examined on 7th day, 14th day and 21st day. During this period patient didn't develop any other complaints and relieved from existing complaints.

Her acute phase reactants were repeated after 21 days of treatment –

ESR – 15mm/hr

CRP – 5

Patient reported gradual improvement in pain, swelling and difficulty in walking reduced.

After treatment patient got significant relief.

Follow up after treatment

Patient is advised to continue Mahamanjishthadi.

Kashayam 5ml BD before meal with water for 3 months.

DISCUSSION

Ayurvedic regimen is a combination of three drugs which contain Bruhatvatanchintamani Rasa, Trivanga Bhasma & Guduchi satwa. Bruhatvatanchintamani Rasa is a suvarnakalpa with vatashamak, rasayan, balya properties especially beneficial in Aamvata. Trivanga Bhasma has following medicinal properties which are helpful in rheumatic arthritis for example – it is a good vata and vatapittashamak. It works on rakta, mansa and asthi dushti. It specially works on Dushyas like Rakta, Mansa and Asthi. Guduchi satwa is a anti-inflammatory, anti-gout, immunomodulatory drug. It works on dhatudoorbala. Lashoonadi vati with its deepana pachana property works as a amapachak and helps in Agnivardhana. Haritaki churna with its vatanulomaka and virechana property helps in expelling the toxic materials out of the body.

CONCLUSION

In the present case study, sthanik snehan with Eranda sneha, shunthi lepam and internal administration of ayurvedic regimen containing Bruhatvatanchintamani Rasa, trivanga bhasma, guduchi satwa, lashoonadi vati and haritaki churna shows significant effect. The overall effect of therapies showed 90% improvement in symptoms. There is no adverse reactions found with these drugs. Oral medications and shunthi lepa are effective in managing the symptoms of rheumatic arthritis in children.

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