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MANAGING REACTIVE ARTHRITIS WITH AYURVEDIC PRINCIPLE: A CASE REPORT

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ABSTRACT

Reactive arthritis is a sterile but painful inflammatory arthritis which occur as a sequela to an infection by certain bacteria. It is included under a group of diseases called spondyloarthritis. A male patient of 18 years was brought on a wheelchair with the chief complaints of ulceration and pain in bilateral palms and soles including the forearms and the lower limbs along with pain and destruction of nail and nailbeds for 3 weeks. He also had pain in multiple joints like in the lower back region, knee and ankle joints, buttocks along with other complaints like inability to walk, weight loss and general weakness for 3 weeks. After a detailed clinical study he was diagnosed as a case of Reactive Arthritis and the same was co-related with Ayurvedic parameters and internal and external medicine was advised as per the Ayurvedic Principle. After treatment, the overall health was boosted, and all his skin lesion resolved after 2 months.

Keywords: *Reactive arthritis, Keratoderma blenorrhagica, anukta vyadhi, nidanarthakara roga, vyadhi sankar, shaman chikitsa.*

INTRODUCTION

Reactive Arthritis is an inflammatory arthritis that manifests several days to weeks after a gastro-intestinal or genito-urinary infection and in some cases after nasopharyngeal infection. The classical trial of arthritis, urethritis and conjunctivitis was known as Reiter's syndrome. Constitutional symptoms include fatigue,

malaise and weight loss; musculoskeletal symptoms like asymmetric and additive arthritis, backache and other mucocutaneous lesions and a typical skin condition known as keratoderma blenorrhagica with onycholysis with hyperkeratosis of nail and nailbeds can be seen. Sexually active males between the ages of 18 to 40 years are more prone to develop reactive arthritis than females after a urogenital infection. However equal incidences are seen post enteric infection in both sexes. The incidence is seen higher in genetically predisposed individuals with HLAB-27 and patients with HIV. Thus, the rate of incidence and prevalence of reactive arthritis varies based on geography, pathogens and the presence of HLAB-27 and many times it gets misdiagnosed due to its varied clinical presentation. Prevalence of Juvenile reactive arthritis is uncommon. Cases of reactive arthritis resolve within 3 to 5 months, or it may develop into other chronic presentations with remissions. Acute cases are managed with NSAIDs, glucocorticoids and antibiotics while DMARDs, biological agents are being used for its chronic management. In Ayurveda, this disease is not directly mentioned but the signs, symptoms and pathogenesis can be found in Ayurvedic texts scattered. So, a detailed study on reactive arthritis in Ayurveda is highly essential to constitute a treatment plan in Ayurveda.

Patient information:

A male patient of 18 years was brought on a wheelchair to Roga Nidan OPD, Govt. Ayurvedic College & Hospital, Guwahati, Assam on 23rd August 2021 with severe skin lesions and pain in multiple joints like bilateral knee and ankle joints (with severity more on the left knee joint), lower back region and in the buttocks for 3 weeks. He also had other complaints like weight loss and general weakness for 3 weeks. On examination his built was medium with a weight of 35 kg, blood pressure 100/70mgHg, pulse rate 114/min with pallor positive, no icterus, oedema, cyanosis or dehydration. His CNS, CVS, RS, GIT was examined and found WNL. On examination of the Locomotor system number of joints involved were 5 (bilateral knee joint and ankle joint, left sacroiliac joint). His bilateral knee & ankle joints were swollen with pain and tenderness. Muscle wasting was present on his bilateral upper and lower limbs. Ulceration was present in bilateral limbs; no deformities were noted. Examination of the skin, scalp, hair, mucous membranes and nails were done. Maculopapular lesions were seen on bilateral upper and lower limbs including the palms and the soles. These lesions joined to form larger plaques. Asymmetric distribution of the lesions was seen bilaterally on the limbs and the scalp. Fluid-filled blisters were formed initially which ruptured to form ulcerations on both limbs. The previous history revealed an initial infection in the genitals which then spread to the palms and soles. The colour of the lesion was brownish yellow, oval in shape, 3 to 5cm in diameter, irregular border with crusting and hyperkeratosis, no bad odour with destruction and thickening of the nail and nailbeds were seen. The patient couldn't walk due to pain and the skin lesions on his soles, and he had prominent weight loss and suffered from general weakness for 3 weeks.

He was prescribed antibiotics on being taken to the multi-speciality hospital and was also prescribed mupirocin ointment for the skin lesions, but the skin lesions aggravated so the patient was discharged against medical advice and brought to Govt. Ayurvedic College & Hospital, Guwahati, Assam. The laboratory studies showed Hb-6.9gm/dl, TC-8,400/cumm, CRP-201mg/l, ASO and RAF negative and Anti-CCP-6.72, ESR-135mm, AEFH, TSH-3.16 µIU/mL and MRI LS spine- left-sided sacroiliitis.

The patient was examined clinically by specially designed proforma and the specific hetus involved was tried to be evaluated from various questionnaires regarding diet and regimen. The specific hetus were found to be: aharaja-gutkha, meat, fast foods, processed foods. Vihara- as by profession the patient was a truck driver, he had hetus like sahasa, vegadharan, ratrijagaran. The history of co-habitation was also positive as given by the patient. On astavidh and dashavidh pariksha the patient was of vataja prakriti with vataja nadi, the mutra was prakriti, mala was amaja with vibandha, jihva was sama, shabda svabhavik, sparsha rukshata on skin, drik prakrit and akriti was atikshina. The doshas involved were vata-pittaja, dushyas all dhatus except shukra, avar sara of all

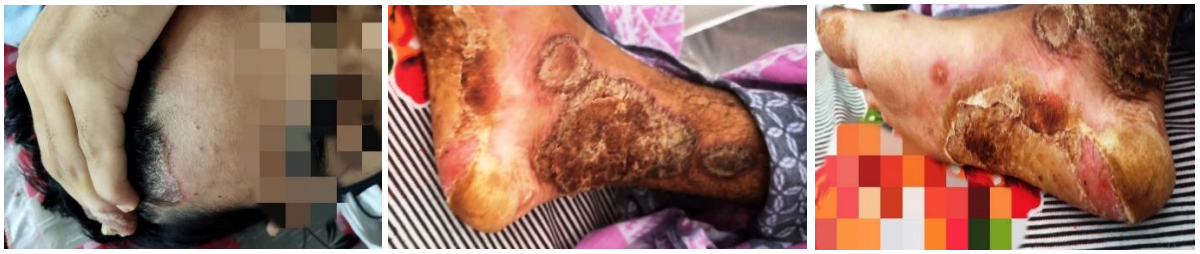
Dhatus, Samhana-Avar, Pramana-Madhyam, Satmya-Madhur Ras, Vihar-Vata-Pitta Shamak Vihar, Satva-Tamasik, Ahar Shakti and Vyam Shakti-Avar, Vaya-Yuva.

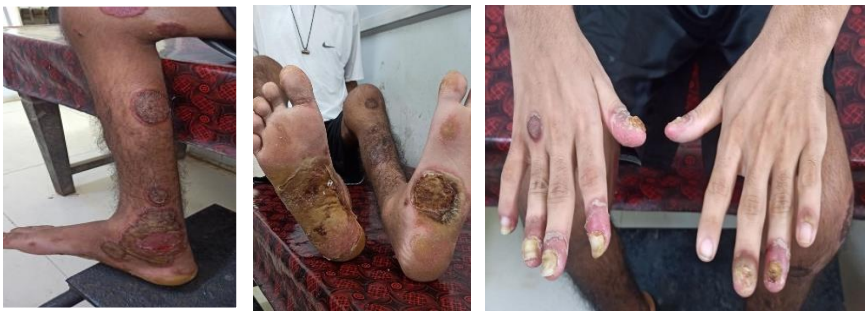
Therapeutic intervention:

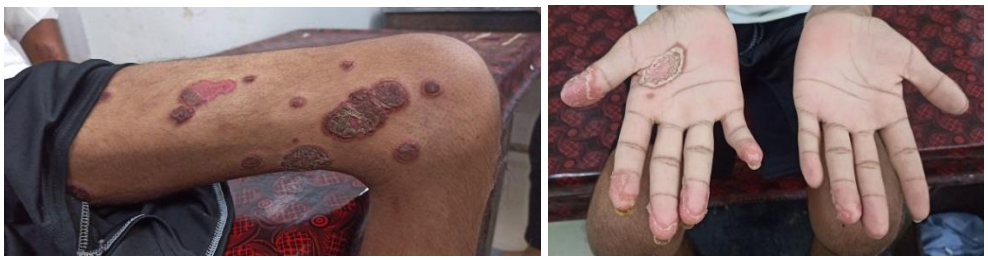
Considering the history, clinical findings, positive and negative laboratory investigations and considering the status of doshas-dushya, agnibala and other parameters, the patient was given a mixture of internal and external medicines along with panchakarma therapy. He has advised a diet that was light to digest but at the same time, which was nutritious like mamsa ras with ghrita, fresh fruits like pomegranate, milk and others. Aseptic cleaning and dressing of the ulcers were done regularly with Yastimadhu kvath dhawan and Jatyadi taila application for vrana ropana. Agnitundi vati, Panchatikta ghrita guggulu, vasanta malati ras, ashwagandha churna with milk, Arogyavardhini vati and giloy swaras was given to the patient. The patient was also given iron and folic acid tablets. Ashwagandha ghrita and mahanarayan taila was used for matrabasti. The overall health of the patient become better by 1st week of treatment. The skin lesions improved within 15 days. There were no new eruptions but rather the skin lesions were healing. General weakness was diminished, and the pain was decreasing by 3rd week of treatment, on discharge, the patient could walk without support and his weight measured 37 kgs. The patient was followed up after 1 month and his weight measured 39 kgs.

The skin lesions improved after 15 days and pain decreased in 1 month. After 2 months of follow up treatment, the skin lesions have completely resolved, and the patient was on follow up for another 1month. Diet and lifestyle modifications were also advised.

Before treatment Photos:







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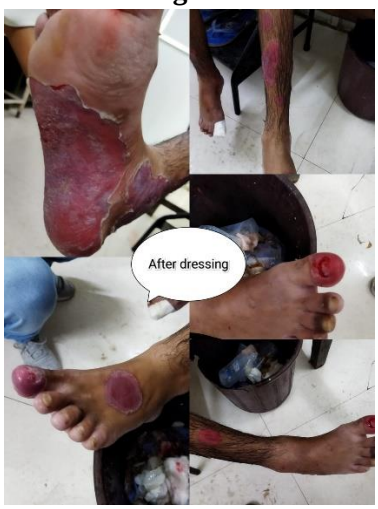

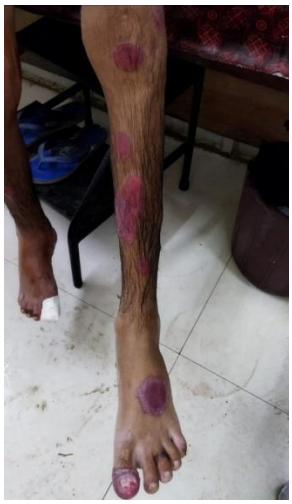
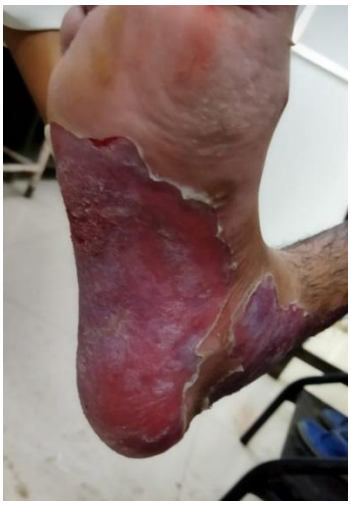

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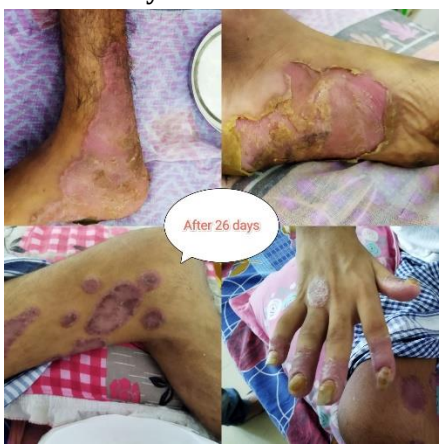
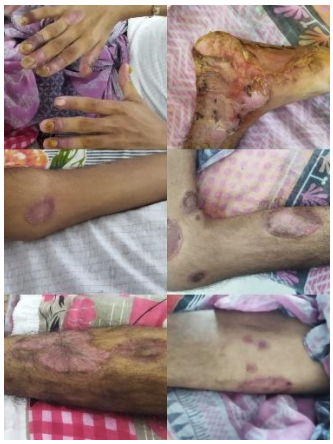
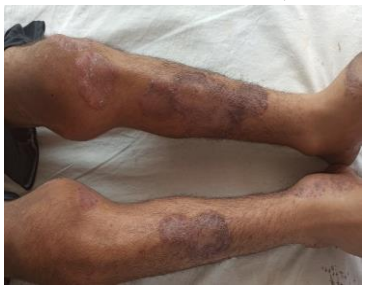
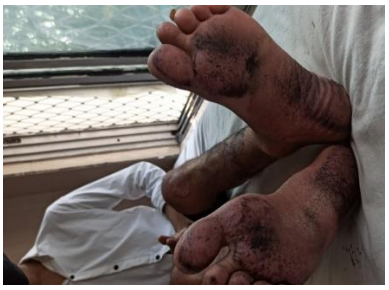
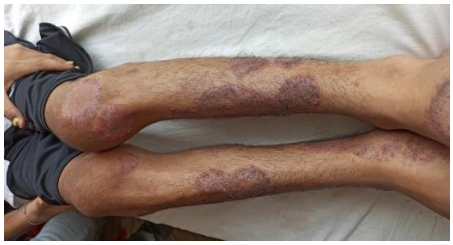
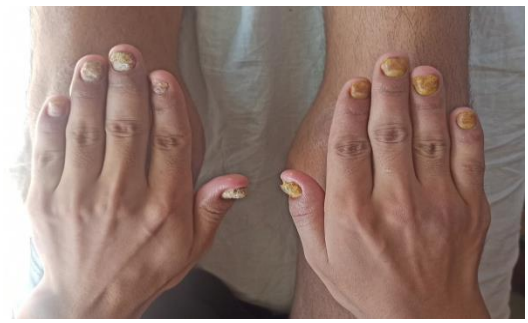
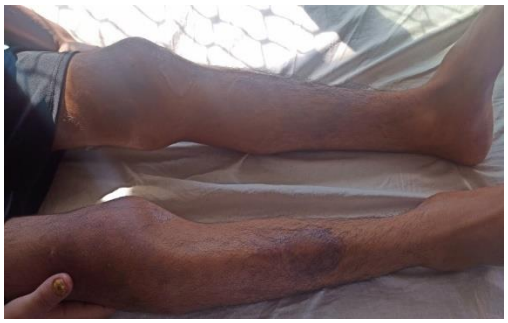
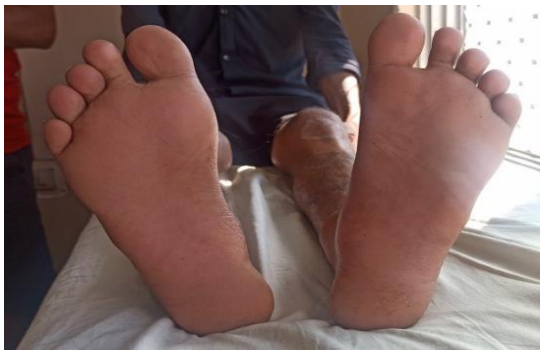
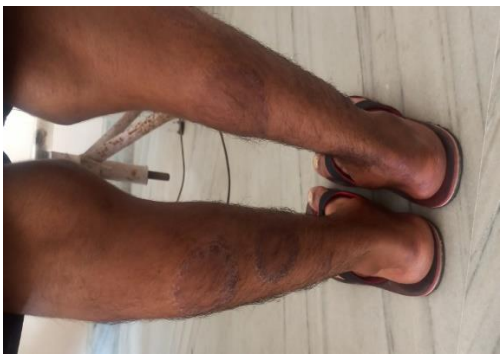




Follow up after discharge (22/10/2021-after 2 Months):

12/11/2021- after 3 months:

DISCUSSION

Dermatology in Ayurveda has been described scattered in headings of Kustha, visarpa, vrana, vata-shonita, kshudra roga, visha chikitsa and others. It is difficult to correlate reactive arthritis directly with different vyadhis mentioned in the classical texts. Taking the concept of Anukta Vyadhi and considering the clinical presentation in the patient, it can be correlated with different diseases like vrana sosha, asthi-sandhi shula, pandu in a nidan arthakara roga and vyadhi sankar condition. The proper diagnosis was made using pancha nidan, taking the help of pramana and astavidh and dashavidh pariksha. After proper clinical examination, the patient was diagnosed as vrana sosha in vyadhi sankar avastha. The treatment was decided considering the dosha-dushya and making a proper samprapti from the lakshanas and then doing samprapti vighantan chikitsa. Considering the patient condition shaman chikitsa was adopted instead of shodhan chikitsa and specific hetus involved was tried to be evaluated from various questionaries regarding diet and regimen.

Agnitundi vati was given for agnideepan and ama pachan. From brimhana pancha tikta ghrita guggulu which does not aggravate vata or increase ama and ghrita being deepan pachan was selected. Ashwagandha churna with milk was used as an antistress, adaptogenic and as a rasayan. Giloy swaras and arogyavardhini vati decreased the aggravated pitta and giloy also increased the immunity of the patient. Vata anulomana was achieved by Ashwagandha ghrita matrabasti (60ml) for 7 days followed by matravasti (60ml) with Mahanarayan taila for another 7 days. For pain, a compound medicine, containing simhanad guggulu, nirgundi, eranda taila, triphala was given to the patient and iron and folic acid tablets were given to the patient to increase the haemoglobin. For overall rasayan, Vasanta malati ras was given to the patient.

CONCLUSION

This particular case study shows that patients presenting with multiple & challenging clinical manifestations like reactive arthritis can be successfully managed considering the Ayurvedic parameters, making a proper samprapti and doing samprapti vighantan chikitsa all according to Ayurvedic principles.

Declaration of the patient consent:

The authors certify that they have obtained all appropriate patient consent forms. The patient has given his/her consent for these images and other clinical information to be published in this journal. The patient understands that their identity will not be disclosed.

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