

POST VIRAL ARTHRALGIA - A CASE REPORT

Kumari Vandana¹, Sapra Umesh Kumar², Gujjarwar Vidula S³

¹MD scholar, ²Assistant Professor, ³Professor & HOD

PG Department of RogaNidanaEvumVikritiVigyana, Ch. BrahmPrakash Ayurved Charak Sansthan, KheraDabar, Najafgarh, New Delhi 110073, India

Email: umeshsapra123@gmail.com

ABSTRACT

Post viral arthralgia may affect patient from 6 months up to 2 years. Pain, swelling, tenderness and restricted range of motion in bones and joints affect quality of life. A 55 years old female patient visited hospital with pain and swelling in multiple joints, numbness in body, loss of appetite and sleep disturbance on and off for the past six months. Patient had suffered from Chikungunya 6 months back. Fever subsided on allopathic medication but other symptoms persisted debilitating her activities. Such presentation show close resemblance with *SandhighaSannipatajJwara*. Patient visited Ayurvedic hospital. She was admitted and treated as per severity of symptoms. Appropriate data collection methods were adopted to record pain and swelling of affected parts. Overall improvement was reported by patient. Line of treatment according to *SandhighaSannipatajJwara* help achieve recovery from symptoms and better quality of life.

Keywords: Chikungunya, *SandhighaSannipatajJwara*, viralinfections, post viral arthralgia.

INTRODUCTION

Most viral fevers are associated with symptoms of joint pains – arthralgia. Viral arthritis is a self - limiting disease. Sometimes even after the virus is eliminated from the body, the changes in the joints continue to cause pain and swelling. The various causes of post viral arthralgia are Chikungunya, Paravirus infection, Mumps and Rubella viruses^{1,2}.

Chikungunya³ is a mosquito borne viral disease. It is caused by bite of infected female *Aedes aegypti* mosquito. Symptoms of Chikungunya are high grade fever, severe headache, chills, rashes on limbs and trunk, fatigue, nausea, vomiting, severe joint pain and muscle pain. Most patients fully recover but in some cases joints pain may persist for several months or even years.

Material and Methods: A 55 years old female patient visited OPD No.20 hospital of Ch. Brahm Prakash Ayurved Charak Sansthan with OPD no. 4300. Her chief complains were pain and swelling in right wrist, restricted movement of right hand due to pain in right elbow and shoulder, pain and occasionally numbness in left hand, mild pain in hip joint while lifting left leg on walking, pain at back of neck, general body weakness and distention of abdomen due to gas since last 6 months. Patient was admitted in hospital under IPD no.256/42.

History of present illness: She suffered from Chikungunya 6 months back. She recovered from fever after taking allopathic medicines but pain and swelling in multiple joints sustained. **Past illness:** No H/ODM, HT, TB, RA, thyroid dysfunction and OA. **Family history:** None. **On enquiry:** Exacerbating factors of pain were simple house hold work with affected hand, advancing cold season and relieving factors rest or analgesics. Pain dull and continuous in back, sharp in nature in right palm and wrist. Morning stiffness was absent but numbness or mild pain in left arm occasionally.

On general examination: Demeanor- Distressed, Consciousness – Alert, Posture – Erect, Gait- Mild limping due to pain in hip joint and Built - Short and centrally obese. Conjunctiva -pallor. Pulse Rate, BP, Temperature- WNL. **Systemic examinations:** GIT, Respiratory system, Cardio vascular system NAD. Central nervous system - alert, well oriented to time, place and person.

Locomotor system –

Inspection- Redness and oedema in right hand and wrist. No movement of right elbow and

right arm due to pain. Restricted movements of left arm. Limping gait.

Palpation- Rise of temperature in right hand and wrist. Non pittingoedema in affected part of right hand. Tenderness present in right arm and lumber region.SLR - negative in both legs Pinch grip and key grip, grippingbottle, Eating and brushing teeth, Dressing and hair care, Toileting and cleaning perineum activities which involves fingers, wrist, fore arm, elbow joint and shoulder joint respectively were absent in right hand.

On basis of Visual analogue score (VAS) and other appropriate data collection methods were adopted to count tenderness, swelling and range of movement in number of joints before and after treatment. Diagnosis was made according to symptoms and indirect help from article ‘Clinical diagnosis in Ayurveda’⁴.

Treatment given:

Initial treatment given was as follows:

1. Tab. *Yograajguggulu*- 2 TDS after meal.
2. Tab. *Aampachak vati*-1 TDS after meal.
3. Tab. *Sanjeevani vati*-1 TDS after meal.
4. Tab. *Septalin* (Himalaya)- 2 BD after meal.
5. Decoction of *Dashmoolakwath*- 20 ml BD after meal.
6. Syrup *Rumavatapravahi* (IMPCL)- 1 tsf BD after meal.
7. *Lepagutika* (local application).

Panchkarmatherapies:

1. *Balukaswedan* (*Sarwang*)- first 5 days
2. *Kati basti* (*Balaashwagandha* oil)- 7 days
3. *Patra potaliswedan* (*Panchguna* oil)- last 7 days

Patient was kept on hospital diet (light and easy to digest). During her stay at hospital she complained of incomplete evacuation of bowels, pain and burning sensation in epigastrium and disturbed sleep due to pain. Treatment chart was revised as follows:

1. Tab. *Yograajuggulu*- 2 TDS after meal.
2. Tab. *Aampachak vati*-1 TDS after meal.
3. Tab. *Shankh vati*-250 mg BD after meal.
4. Tab. *Navayas loha*-250 mg BD after meal.

5. *Ashwaganga* powder-3 gm BD after meal.
6. *Ajmodadi* powder-5 gm BD after meal.
7. *Haritaki* powder -5 gm HS.

Results:

Patient stayed in IPD of the hospital for 18 days. Data from VAS and another charts show significant improvement in her symptoms. Before and after treatment Charts:

Table: Visual Analogue Score (VAS)

Score	Type of pain
0	None
2	Mild, annoying and uncomfortable
4	Moderate on rest but dreadful on pressure application
6	Dreadful
8	Severe
10	Pain as bad as it could be

Table 1:

Right Hand			Left Hand	
BT	AT	Joints	BT	AT
4	2	Shoulder	2	0
6	2	Elbow	2	0
8	2	Wrist	2	0
8	2	MCP	2	0
4	2	PIP	0	0

Table 2: Chart A

Right Hand				Left Hand				
ROM		Swelling		Joints	Swelling		ROM	
BT	AT	BT	AT		BT	AT	BT	AT
RM	FM	-	-	Shoulder	-	-	FM	FM
NM	FM	-	-	Elbow	-	-	FM	FM
NM	RM	+	-	Wrist	-	-	FM	FM
NM	FM	+	-	MCP 1	-	-	FM	FM
NM	RM	+	-	MCP 2	+	-	FM	FM
NM	RM	+	-	MCP 3	+	-	FM	FM
RM	RM	+	+	MCP 4	-	-	FM	FM
RM	FM	+	+/_	MCP 5	-	-	FM	FM
RM	FM	-	-	PIP 1	-	-	FM	FM

RM	FM	--	--	PIP 2	--	--	FM	FM
FM	FM	--	--	PIP 3	--	--	FM	FM
FM	FM	--	--	PIP 4	--	--	FM	FM
FM	FM	--	--	PIP 5	--	--	FM	FM

ROM= Range of movements, FM = Free movements, RM = Restricted movements, NM = No movements, BT = Before treatment, AT = After treatment.

Patient discharged on 19th day with above treatment (S.No.1-6) and advised to follow up after 14 days.

DISCUSSION

Presentation of patient holds close resemblance with *Sandhigha Sannipataj Jwara* described in *Bhavaprakashchikitsashasthana* due to vitiation of *tridosha*. The symptoms are oedema of joints, excessive salivation, sleep deprivation, mild coughing and malaise or generalized pain. Treatment according to *sannipatajvyadhi* includes *shaman chikitsa* and *panch karma*. Drugs like *Sanjeevanivati*, *Dashmoola* decoction are widely used in *sannipatajwara* for their action of pacifying imbalanced *tridosha*. *Agni* plays great role in development of disease when *visham* or *manda*. Derangement of *pitta dosha* and *agni* was corrected by *Ajmodadi* powder and *shankhvati*. *Navayasloha* rejuvenate iron in blood as per its contents. *Yograajugglu* is used in *vatajvyadhis*. *Haritaki* powder used as *anulomana*. *Panchkarma* therapies like *Sarwanganbalukaswedan* relieved *shoola* (pain) and *shotha* (swelling). *Shotha* is mainly due to vitiation of *Kaphadosha* and *balukaswedan* is a kind of *rookshaswedan*. Oil prepared for *Patra potliswedan* had leaves of *Nirgundi* (*Vitexnirgundo*), *Ark* (*Calotropisprocera*), *Erand* (*Ricinus communis*), paste of garlic, *methi* (fenugreek) powder. All have properties of *vata shamana*. *Shoola* (pain) is predominantly due to *rooksha* property of vitiated *vata dosha*. Oils are *ushana* and *snigdha* in nature opposite to *vata* properties.

CONCLUSION

Post viral arthralgia can be well managed on the line of treatment of *Sandhigha Sannipataj Jwara*.

REFERENCES

1. <http://www.Emedicines/medscape.com>, Viral Arthritis, clinical presentation.
2. Munjal YP editor-in- chief, Agarwal A.K, Singal R.K et al editors. API textbook of medicine, section 20 chapter 14, vol 2, 9th edition, The Association of Physicians of India, page no.1437.
3. www.nvbcp.gov.in (PDF) National Guidelines for clinical management of Chikungunya 2016.
4. Patil Vasant, Sapra Umesh Kumar- clinical diagnosis in Ayurveda; Concepts and current practice (editorial), Journal of Ayurveda and Holistic Medicine, 2013.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Sapra Umesh Kumar Et Al: Post Viral Arthralgia - A Case Report. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: http://www.iamj.in/posts/images/upload/3675_3678.pdf