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A Successful Case Study on Sannipatataj Jwara with Special Reference to Systemic Onset Juvenile Idiopathic Arthritis with Macrophage Activation Syndrome

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***Abstract*: This paper presents a study on Sannipatataj Jwara with special reference to systemic onset juvenile idiopathic arthritis with macrophage activation syndrome.**

***Keywords*: Anuloman, Deepan, Juvenile arthritis, Pachan, Samsannipataj jwar.**

1. Introduction

A. Present case history with chief complaints

A 5 years old female child was accompanied by parents with the complaints of fever, joint pain lack of appetite constipation and generalised weakness since last 2 years to the hospital. A thorough clinical examination was carried out and the previous detailed history was taken.

B. Details of the previous history of the patient

A 31/2-year-old female child with the chief complaints of fever since past 2 months insidious onset, not progressive, associated with chills initially later subsided; no diurnal variation reduces on medication. H/o B/L Lower limb pains more over right hip joint and right knee joint compared to left. No history of swelling/redness over the joint. H/o inability to walk since fever started. No H/o ear discharge, cough, cold, headach, throat pain. No H/o abdominal pain rash, ecchymosis, loose stool, vomiting. No H/o burning micturation bleeding manifestation. H/o appetite loss and weight loss present.

Past medical history: no significant past medical history.

Treatment history: Child was taken to local hospital on 28/9/2015, admitted till3/10/2015(calf tenderness present).

Child was treated with Xone, Pipzo for 5 days, Tab Doxy for 3 days, Injection Lassinate-0,12 hours.

After that the child was taken to another hospital admitted for 1 day, treated with IV fluids and Doxycycline. Then the child was referred to Dharwad hospital and admitted on 4/10/2015 till 21/10/2015, initially thought of Arthritis right hip. MRI reveals minimal inflammation. Treated by Oflaxacine-12 days.

Amikacin-7 days
Durataz-7 days
Xone -7 days
Vancomycine -12 days
Zental 400mg stat
Blood transfusion was given.

Then the child was home for 1 week on oral medication. Then again, the child was admitted in Sneha hospital from 8/11/2015, treated as PUO or Ricketeseal fever. Treatment unknown. Blood transfusion was given. Then referred to KMC Hospital Manipal Karnataka for further management.

Birth history: full term normal vaginal delivery. Birth weight 3.4 kgs

Post-natal history – no H/o NICU admission.

Developmental history- normal development for age.

Immunization history – immunized as per schedule.

Family history – Non consanguineous marriage, second order birth.

Physical findings of examination:
Child was alert and active
Heart rate 134/min
Respiratory rate32/min
Bp 110/60mmHg
CFT<3Sec

Lymphadenopathy present-B/L Submandibular lymph nodes present, non-tender, discrete, mobile 1x1cm single node.

No pallor, icterus, cyanosis clubbing, oedema.

Head to toe examination normal.

Systemic examination: CVS S1S2 heard, no murmurs, Apex beat at left 5th ICS MCL

RS-B/L NVBS heard no added sounds.

P/A – Soft, non-tender, no distention, no organomegaly, bowel sounds present.

CNS –No focal neurological deficits.

Here the child was thoroughly evaluated in detail in all previous hospitals and put on antipyretic Naproxen. Evaluation revealed features of Systemic Onset Juvenile Rheumatoid Arthritis with Macrophage Activation Syndrome and all other infective and heamatological malignancies were ruled out.

Child was started on IV Steroids (Methyleprednisolone > prednisolone) and she became a febrile. However, any attempt

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of reduction in steroid dose caused her fever to reappear. Hence the child was also started on s.c Methotrexate (15mg/m2/dose) weekly. She had shown good improvement since then and was hence discharged with the following advice.

Condition on discharge –stable

Medicines advised on discharge:

Tab Prednisolone 5mg-0-0x 14 days at 8 am after food.

Syrup Calcikind 250mg/5ml three times a day to continue.

Syrup Beneficiale 5ml-0-0-3.5ml to continue.

S/c Methotexate 7.5 at local hospital on 1/1/16

Physiotherapy to be continued

After a gap of 2 months the child developed fever which was sudden in onset, moderate grade. Intermittent, not associated with chills and rigors, pain in the metacarpal, metatarsal joints that progressed to wrist and ankle knees and elbow joints since 8 days. Swelling of ankle and wrist joints, insidious in onset and gradually increased in size. Pain present throughout the day, with restricted joint movements.

Physical findings of examination:

Child was conscious and active.

Heart rate 170/min

Temperature 99.4 degree F

CFT :< 3 sec

Pallor present. B/L Cervical LN palpable, non tender1x1 cm.

No clubbing, cyanosis, lymphadenopathy, oedema

Treatment given the hospital: child was given Tocilizumab injection following which she developed significant tachycardia and rigors requiring IV Hydrocortisone and antihistamines. Rheumatologist's opinion was taken and the child was given 1 pulse dose of Methyl prednisolone 30 mg/kg and the child was started on oral prednisolone 1 mg/kg in view of persistent disease activity despite Tocilizumab. *The parents were counseled about the resistant nature of the disease, guarded outcome also explained.*

Condition on discharge: Improved.

Further advised on discharge:

Tab Wysolone 10 mg 1 tab +5 mg ½ tab 12.5 mg OD to continue.

Syrup Rantac 5ml/75 mg 1.5 ml BD X15 days.

Tab Naproxen 250 mg ½ tab sos during fever and joint pain

To review on 18/3/16 for Tocilizumab injection.

Syrup Toneferon 5 ml/80 mg 2.5 ml OD.

The patient was on these medications for almost 2 months but fever and joint pain, swelling were persisting. When approached for the same to the consulting physician as per the scheduled follow up, the parents were again counseled about the resisting nature of the disease. With all lost hopes they referred back to their native.

Highly expensive medicines and the deterioration of the child's condition made the parents to stop all medications. After a gap of 2 months the child was taken to us that time patient was evaluated for the following points.

General condition weak and emaciated.

Tongue coated

Conjunctivae pallor

Both knee joints and phalanges swollen and tender

Hand grip and strength weak

Inability to fold the legs over the joints

Bowels irregular

Appetite poor

Vital examinations Temperature 100.2 F

Respiratory rate 14/min

Blood pressure 110/80mmHg

After going through all the previous reports and the detailed narration about the condition of the child from the parents the condition and the symptoms were more similar to SAMA SANNIPATAJ JWARA.

The symptoms of sannipataj jwara were more or less present in the patient. Among the classical symptoms of sannipataj jwara as per the classics were observed in the patient.

The patient at times has burning sensation and at times feels cold,

Pain in bones, joint and head.

Excessive lacrimation and eyes will be cloudy and red.

There will be drowsiness, unconsciousness, delirium, cough, breathlessness, anorexia and giddiness.

The tongue appears black and rough.

Sweat, urine and stool will appear very late and they will be in small quantity, heaviness in the abdomen.

The doshas will undergo paka (metabolic transformation) after a long time.

With these symptoms the line of treatment was planned.

With the concept of kayachikitsa and the principal of "kayasyantragni chikitsa kayachikitsa" initial line of treatment with deepan pachan and anooloman was done with the following medicines.

Ojus syrup10ml before food twice.

Tab Anuloma half after food twice with lukewarm water.

Sudarshan kadha 10ml with equal quantity of water after food.

These medicines were advised for 15 days.

On 16th day the child when came for the follow up was examined for the joint symptoms swelling, redness and stiffness were very moderately reduced but still mild degree of fever and fatigue were present. Bowel was much satisfactory. The same line of treatment was advised to continue for another 15 days.

After one month of the treatment during the second follow up, frequency and occurrences of fever were reduced, appetite was improved and bowel was satisfactory. Joint symptoms were mildly reduced but still grip and strength were not satisfactory.

The following medicines were advised

Sudarshan kadha 10 ml with equal quantity of water after food.

Tab Anuloma half tab at bed time with lukewarm water.

Maharasnadhi kadha 10 ml with water before food twice.

These medicines were advised for one month.

After 15 days the child when came for the follow up it was noticed that fever was remitted appetite and bowels were satisfactory.

Mild reduction in the joint pathology was noticed on examination. No medicines were prescribed at this time.

After one month of the treatment parents were happy that fever was completely remitted general condition was improved, at this time rasayana (Syrup Imunocin 10 ml after food) was advised and continued with the above medicines. After one month the child was very fine and in good physical condition.

With appropriate pathya, vishrama and above medicines for the next 6 month especially Rasayan treatment the child improved in both physical and psychological well-being.

The child was regularly observed and monitored for the above symptoms but none were relapsed except for few seasonal health variations, and treated accordingly.

Rasayana treatment was continued for quite some time.

Since, *Rasayana* Increases immunity in a healthy person and rejuvenate the body at cellular and molecular Levels. As rightly pointed by Acharya Charak

2. Conclusion

Fever as a disease as well as a symptom, had been provided utmost place in ancient Ayurvedic literatures. Fever is such disorders of the living beings that comes into existence immediately after birth and continues to exhibit its presence till death. Fever, although has been found one of the many symptoms of various disorders but almost all ancient Ayurvedic texts have described it as major disorder and that too as forerunner because it appeared first of all in human beings. Presence or absence of fever in any disease is important in terms of diagnosis and treatment because it alters the etiopathogenesis of disease,

Naturally its management is also changed. Status of body temperature intensely influences the existence or extinction of life because, temperature regulation is vital for continuation of life process for this very reason Jwara has been termed as synonyms of diseases.

Hence with this line of treatment it is concluded that by adopting Deepan Pachan Anuloman and Rasayan chikitsa such chronic conditions can be cured.

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