Adult onset still's disease management by Panchkarma: A Case report

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ABSTRACT

Background: Adult-onset Still's disease (AOSD) is characterized by high spiking fever rash that comes and goes which are main cardinal symptoms, arthritis along with muscle pain, etc. 1.5 cases per 100,000 -1000, 000 people were reported in India Affects young people and has a bimodal age distribution with two peaks - at 15-25 and 36-46 years of age. More than 80% of AOSD patients did not achieve remission with NSAIDs and approximately 20% suffered adverse events.

Case presentation: A 17 yr old male patient having symptoms like frequent high grade fever with rashes all over body, muscle pain, swelling and morning stiffness in multiple joints, loss of appetite since 2 yrs. Patient needed anti inflammatory and corticosteroid since 2 yrs attended Panchkarma OPD of I. P. G. T. & R.A. Jamnagar on 29 may 2019.

Treatment and outcome:

The patient was treated with deepana and pachana for 15 days, after that mrudu virechana was given on 4th day of abhyanaga and svedana, after sansarjana krama kshara basti(320ml) and pathyadi kvatha basti(320ml) along with bruhata saindhavadi taila basti(120ml) was given once a day (alternate) after food for 30days with kaishor guggulu, manjisthadi kwath, Rasna saptaka kwatha, guduchi churna, gokshura churna, sunthi churna, pippali churna each 1-1 gm orally medicaments. Improvement observed in all Symptoms. Fever, rashes, swelling and morning stiffness in multiple joints completely relief, muscle pain occasionally and appetite increased**.** Improvement shows in laboratory investigations.

Key words: Adult-onset Still's disease (AOSD), virechana, basti karma.

INTRODUCTION

Still's disease, a disorder featuring inflammation, is characterized by high spiking fevers, salmon-colored rash that comes and goes, and arthritis[1]and a neutrophil-predominant increased white blood cell count in the blood. Still's disease was first described in children, but it is now known to occur, much less commonly, in adults (in whom it is referred to as adult-onset Still's disease or AOSD). Still's disease is named after the English physician Sir George F. Still (1861-1941).

1.5 cases per 100,000 -1000,000 people Adult-onset Still's disease cases were reported in India Affects young people and has a bimodal age distribution with two peaks - at 15-25 and 36-46 years of age[2]. The cause of adult-onset Still's disease is unknown, but it presumably involves interleukin-1 (IL-1), since medications that block the action of IL-1β are effective treatments. Interleukin-18 is expressed at high levels. More than 80% of AOSD patients did not achieve remission with NSAIDs and approximately 20% suffered adverse events. Nevertheless, temporary use of NSAIDs can be considered during diagnostic workup or for early relapse of the disease[3]. It's not certain what causes adult Still's disease. Some researchers suspect the condition might be triggered by a viral or bacterial infection.

CASE PRESENTATION

A 17 yr old male patient attended Panchkarma OPD of I. P. G. T. & R.A. Jamnagar on 29 may 2019 with a 2 years history of frequent high-grade fever, salmon rash on his trunk and upper limbs arthralgia of bilateral wrist, ankles, shoulders and knees. He denied the presence of joint stiffness in the morning and night, headache, back pain, burning urination, decreased appetite and morning stiffness. The rest of the review of the systems was negative. He had no significant past medical history and had no significant family history.

Patient needed anti inflammatory and corticosteroid like prednisone 40 mg OD and Diclofenac plus 1tab thrice per day since 2 yrs. The patient improved in pain and fever but appetite was decreased totally. If the patient missed a single dose of the drug, the patient had fever and rashes on upper body immediately.

Natal history: His birth was full term normal delivery without any complications.

Past medical history: He had no significant past medical history.

Clinical findings

This 16-year-old patient was fully conscious with intact mental status. He was very much cheerful, cooperative and good in nature. Socially he was very friendly with all his surrounding patients in the hospital and always helpful to them. His body weight (42.3 kg). His HR was 110/minute and RR was 18/ minute; both with regular rhythm. His blood pressure was normal 110/78 mm of hg. Temperature was 103 ^{0} F.

No any abnormalities found in respiratory, cardiovascular nervous system during the clinical examination.

	Major criteria of diagnosis	
1	Fever of at least 39 °C for at least one week	**>39 ^{0}C**
2	Arthralgias or arthritis for at least two weeks	**2 years**
3	Nonpruritic salmon-colored rash (usually over trunk or extremities while febrile)	**Present**
4	Leukocytosis (10,000/microL or greater), with granulocyte predominance	**>10,000**
5	Negative tests for antinuclear antibody and rheumatoid factor	**Negative**

MANAGEMENT AND OUTCOME

After hospitalization and his clinical examination, the patient was put on oral ayurvedic treatment along with some selected panchakarma procedures for one month as given below.

No	Procedure	Drug	Dose	Route of Administer & Anupana	Duration
1	Deepana - Pachana	Sunthi churna	2gms TDS / day	orally with luke warm water	15 days
2	Abhyanga & svedana	Bruhata saindhavadi taila	As per required	Bahya	4 days
3	Mrudu virechana karma	Erand taila	70ml in morning	orally with Go dugdha	On 4th day, after Abhyanga & svedana karma
4	Sansarjana krama	Peyadi krama	16 Vega observed after virechana karma	Orally	5 days
5	Basti karma	**Kshara basti 320 ml** Chincha- 100gm Guda – 100 gm Satpushpa Churna -10 gm Go- Mutra - 100 ml Saindhava – 10 gm Bruhata	**Pathyadi basti -320ml** kwath- 240ml Madhu – 30ml Taila – 30ml Saindhava- 5 gms kalka- 15gms	Rectal Rectal	3 days- kshara basti and on 4th day anuvasan basti for 8 days

	sindhavadi anuvasana basti	120ml 1 2 3 4 5 6 7 8 K K K A K K K A 9 1 1 1 1 1 1 1 0 1 2 3 4 5 6 P P P A P P P A K- Kshara Basti P- Pathyadi basti A- Anuvasana Basti		After that on place of kshara basti pathyadi basti given (Alternate kala basti was given after Lunch) 16 days started from 1st day of Basti Karma till last Basti.
6	Kaishora Guggulu	4 tabs / thrice / day after food	orally with Luke warm water	
7	Manjishthadi Kwatha + Rasna saptaka kwatha	40ml / twice / daily empty stomach	orally	16 days
8	guduchi churna -1gm gokshura churna-1gm sunthi churna-1gm pippali churna-1gm	3gms / thrice / daily	orally with Luke warm water	16 days

Diet

Boiled, cooked and seasoned green gram, green gram bean soup, boiled, cooked and seasoned vegetables, and rice or rice chapati, rice or khichari (Indian recipe, which contains equal quantity of mudga beans and rice), boiled, cooked and seasoned vegetables

Papaya was allowed in between the food if become hungry. Similarly seasoned puffed rice was also permitted whenever patient felt hungry at odd times.

Laboratory investigations

Sr. no.		Before treatment	After treatment
1	Total count (WBC)	19,000	12,000
2	RA Quantitative	7.9 IU/ml	6.8IU/ml
3	C-reactive protein	84mg/L	23 mg/L
4	ESR (after 1 hour in mm)	92 mm / hr	29 mm / hr
5	Haemoglobin	9.3 gm%	9.8 gm%

OUTCOME

The patient had increased appetite after deepana and paachana. The patient had very few episodes of high fever after mrudu virechana karma and patient have a single episode of high fever and rash on upper limbs after 8 kshara basti and anuvasana basti hence, on place of kshara basti pathyadi basti was given after that on a single episode of fever and rashes observed. Morning stiffness relieved after 1st 3 kshara basti. After mrudu virechana tab. Diclofanec stop and tab. Prednisone 40mg was given once daily which was divided in two dose 40mg per day after virechana karma, 20mg prednisone given once per day after 5 days of sansarjana krama reduced and untimely stopped during basti karma. His CRP reduced 84mg/L to 23mg/L. ESR was also decreased 92mm/hr to 29mm/hr. His hemoglobin has improved.

DISCUSSION

Virechanakarma is described for the effective management of ama condition as a shodhana therapy. It might be responsible for agnivardhana and evacuation of ama, which is the main culprit of this disease.

Kshara basti comprises of saindhava, guda, chincha, shatahva and gomutra. In this basti, maximum quantity is of gomutra, which is having kshara guna. Kshara has the property of lekhana and vishoshana, which are antagonistic to ama and is very much required in the conditions like amavata and also indicated in the condition of sula and anaha, in cakradatta. After virechana, the body cans response well to the kshara basti.

Kaishora guggulu is indicated as good blood purifier therefore, corrects Raktadushthi (vitiation of blood) and having Rasayana property (anti ageing). It helps to improve digestion hence indicated in Mandagni.

Manjishtha kvatha is raktashodhak(blood purifier) ,kaphaghna(alleviates kapha). Rasna saptaka kvatha having anti inflammatory activity, analgesic, anti-arthritic activity. viz Rasna (Pluchea lanceolata), Gokshura (Tribulus terrestris), Eranda (Ricinus communnis). Some of them even known for their antioxidant activity like Aragvadha (Cassia fistula) and Immunomodulatory activity.

Guduchi churna having rasayana, sangrahi, balya, agnidipana, tridoshshamaka, jwara-bhootaghni action. Gokshura churna having properties like Vedanasthapana, Vatashamaka, Amashayabalya, Agnideepaka, Anulomana, Shothahara. Sunthi churna having Shunthi has ushana Virya and Katu Rasa properties. By virtue of these properties, The state of Mandagni might have improved. So when the Agni is improved the further production of Ama is checked at root level. Pippali has dipana, pachana and rasayana actions and is helpful in

alleviating ama from the body. It is one of the rasayana drugs described in charaka samhita. Anti-inflammatory action of pippali has been proved by recent studies.

Conclusion:

Ayurvedic treatment has shown encouraging result with relief of the symptoms in the patient of AOSD suffering since 2 yrs and also stopped all conventional medicines during treatment. Long follow up and more number of patients are required to reach up to any conclusion but in this case it can be stated the this treatment is a hope for the patients of AOSD resistant with conventional medicaments.

References:

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