Case Study

AYURVEDIC MANAGEMENT OF RHEUMATIC FEVER: A SUCCESSFUL CASE REPORT

Sanand Ratnam Thekkayil1*, Vasant Patil2, Mabin3, Iglhyza Ratnam3
1*Chief Medical Officer, Sree Subramania Ayurvedic Nursing Home, Calicut, Kerala.
2Research Advisor, Sree Subramania Ayurvedic Nursing Home, Calicut, Principal, Kjiar, Savli.
3Research Officer, Sree Subramania Ayurvedic Nursing Home, Calicut, Kerala.

ABSTRACT

Rheumatic fever is a rare but potentially life-threatening disease that may occur as complication of untreated infection caused by bacteria called group Astreptococcus. The main clinical features are fever, myalgia, swollen and painful joints, and in some cases, a red, grille like rash typically manifest two to four weeks after a bout of streptococcal infection. In some cases, though, the infection might be too mild to recognize clinically. A 27year old male case was admitted in SSANH on 27/5/2015 with following chief complaints - severe pain and stiffness over multiple joints symmetrically since 2years, swelling of larger joints of both upper and lower limbs symmetrically since 2 years and recurrent episodes of fever accompanied with dyspnoea and body pain. The case was diagnosed as Rheumatic fever and treated with Rasnasapthakamkashayam, Rasasindhooram, Yogarajaguggulu as main internal medications and treatments like choornakizhi, Choornavasthi and Lavana Kizhi. The Ayurvedic management provided better relief in subjective as well as objective parameters.

KEYWORDS: Acute rheumatic fever (ARF), Rasnasapthakamkashayam, Rasasindhooram, Yogarajaguggulu, choornakizhi, Choornavasthi and Lavana Kizhi.

INTRODUCTION

Acute rheumatic fever (ARF) and its long term sequel, rheumatic heart disease (RHD) is a major health problem in children, adolescents and young adults.[1] Despite the tremendous progress made in cardiology, the menace of morbidity and mortality due to acute rheumatic fever and its consequences remain very high in India.[2]Because of the preoccupation of the cardiologist with adult cardiac disease like ischemic heart disease, the problems of ARF/RHD have been sidelined and studies on prevalence, treatment and prevention receive only scant attention and only exotic palliative methods such as balloon mitral valvotomy, valve/ replacement have become the centre stage in India.[3]

In India, rheumatic fever is endemic and remains one of the major causes of cardiovascular disease, accounting for nearly 25-45% of the acquired heart disease. The annual incidence of rheumatic fever is 100-200 times greater than that observed in developed countries and fluctuates between 100-200 per 1,00,000 children of school age (from 5 years to 17 or 18 years depending on the study). India is in the phase of 'epidemiological transition'.[4]

Recent data from India suggest that a large number of cases of ARF/RHD are still seen frequently in young children under the age of 10 years.[5]

The major manifestations of ARF are: i) Carditis ii) Polyarthritis iii) Chorea iv) Erythema marginatum v) Subcutaneous nodules. The clinical profile of acute rheumatic fever seems to be changing (Figure 1). Clinical diagnosis of carditis was noted in at least 50% of acute rheumatic fever in the past. There seems to be a declining incidence of carditis. The diagnosis of carditis that is considered a major criteria in acute rheumatic fever depends on the clinical and traditional auscultatory findings.[6]

Case History

A 27 year old male patient was admitted in SSANH on 27/5/2015 with following chief complaints.

1. severe pain and stiffness over multiple joints symmetrically since 2 years.
2. swelling of larger joints of both upper and lower limbs symmetrically since 2 years.
3. recurrent episodes of fever accompanied with dyspnoea and body pain.

History of present illness

2 years back he had an acute onset of severe pain over small joints of hands and foot. Gradually
the pain migrated to larger joints of both upper limb and lower limbs. 2 weeks later he developed swelling in larger joints and morning stiffness which lasted more than one hour. The pain was very severe that he could not even walk. The pain was aggravated while exposure to cold climate and during mornings. He had associated complaints- recurrent episodes of fever, dyspnoea and sore throat. He had very poor appetite and tastelessness which hindered him from eating well. At this stage he went to an allopathic physician and took medicines and got temporary relief of pain and swelling. Few weeks later he had developed severe burning sensation over his joints. Doctor advised him to continue the medication for 3 months. Later he noticed presence of small nodes in back of shoulder and behind the knees which were painful. Also slight lateral deviation of both hands was noted. As the pain and other symptoms were getting worsened day by day, he was admitted in our hospital for better management.

**History of past illness**

Patient described a past history of high grade fever with associated sore throat symptoms at his age of 12. Thereafter he had recurrent episodes of fever and upper respiratory disturbances with cough, catarrh and body pain.

**Treatment History**

He was hospitalized many times for the illness and had courses of antibiotics. Symptoms were subsided temporarily each time and he was discharged.

**Physical Examination**

- **Pulse**: 72/ min
- **Appetite**: reduced
- **Temperature**: 98.6
- **Bowel**: constipated
- **Respiratory rate**: 12/min
- **Bladder**: normal
- **Heart Rate**: 60/min
- **Sleep**: disturbed
- **Blood Pressure**: 130/90 mm of Hg

**Systemic examination**

Musculoskeletal system was found affected

**Inspection**: Swelling was present over both knees, both ankles, both elbows.

**Palpation**: Temperature was present. Tenderness present on both knees, ankles, wrists, fingers and toes.

**Range of Movements**: Painful Movements over both knee joints, ankles, wrists, fingers and toes.

**Diagnostic Assessments**

**Investigations**

- Blood sugar, Serum Cholesterol, Uric Acid were within normal limits.
- **RA factor** - negative
- **ESR** - 52 mm /hour
- **ASO (Antistreptolysin O)** - 400 IU/ml.

**Diagnosis**: Rheumatic fever

**Treatment interventions**

<table>
<thead>
<tr>
<th>Serial no.</th>
<th>Name of the medicine</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Balarishtam[^7]</td>
<td>25ml</td>
<td>Twice a day after food</td>
</tr>
<tr>
<td>2</td>
<td>Kaisoraguggulu[^8]</td>
<td>1 tab</td>
<td>Twice a day after food</td>
</tr>
<tr>
<td>3</td>
<td>Rasasindooram[^9]</td>
<td>125mg with ginger juice</td>
<td>Twice a day</td>
</tr>
<tr>
<td>4</td>
<td>Agasthyarasayanam[^10]</td>
<td>5gm</td>
<td>Twice a day</td>
</tr>
<tr>
<td>5</td>
<td>Thaleesapatradichoornam[^11]</td>
<td>5gm</td>
<td>Thrice a day</td>
</tr>
<tr>
<td>6</td>
<td>Rasnasapthakam Kashayam[^12]</td>
<td>15ml Kashayam with 45ml lukewarm water</td>
<td>Twice a day before food</td>
</tr>
<tr>
<td>7</td>
<td>Yogarajaguggulu[^13]</td>
<td>1 tab</td>
<td>Twice a day before food</td>
</tr>
</tbody>
</table>

**Table 2: External Therapies administered 27/5/2015 to 16/6/2015**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Treatment</th>
<th>No. of days</th>
<th>Medicine used</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/5/2015 to 9/5/2015</td>
<td>Choornakizhi</td>
<td>14</td>
<td>KottamchukkadiChoornam</td>
</tr>
<tr>
<td>29/5/2015 to 4/6/2015</td>
<td>Choornavasthi</td>
<td>7</td>
<td>VaiswanaraChoornam</td>
</tr>
<tr>
<td>10/6/2015 -16/6/2015</td>
<td>Lavanakizhi</td>
<td>7</td>
<td>KottamchukkadiChoornam with Saindhavalavanam</td>
</tr>
</tbody>
</table>

**Observations and results**

The patient was feeling much better with only chief complaints such as pain and swelling over the joints. Morning stiffness and burning sensation were also reduced. He is now able to walk and do his daily activities. His appetite was improved with a normal bowel. Sore throat symptoms still persist mildly.
Available online at:  http://ijapr.in

Discharge medicines for 2 weeks duration
Table no. 3: Discharge medicines given

<table>
<thead>
<tr>
<th>No.</th>
<th>Medicine</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Agasthyarasayanam</td>
<td>5gm</td>
<td>Twice a day</td>
</tr>
<tr>
<td>2</td>
<td>Taleesapatradichoornam</td>
<td>5gm</td>
<td>Thrice a day</td>
</tr>
<tr>
<td>3</td>
<td>Aswagandharishtam[15]</td>
<td>30ml</td>
<td>Twice a day after food</td>
</tr>
</tbody>
</table>

Follow up assessments
The patient was discharged on the 21st day (16/6/15) and advised to continue the discharge medicines for 2 months and to come to OPD for review.

On follow up medicines were repeated for 2 more months and he was instructed to do lab investigations for ASO titer and ESR. On next follow up on 14/11/2015 his complaints were relieved and lab report showed normal values for ASO titer and ESR. No recurrence of symptoms like pain and swelling over joints, fever accompanied with body ache were reported later on. The patient is now able to perform day to day activities with comfort.

Assessment of effect of therapies
Table no. 4: Effect of therapies on subjective and objective parameters

<table>
<thead>
<tr>
<th>Sr.</th>
<th>Parameters</th>
<th>Before treatment (27/5/2015)</th>
<th>16/6/2015</th>
<th>14/11/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain</td>
<td>+++</td>
<td>+</td>
<td>Nil</td>
</tr>
<tr>
<td>2</td>
<td>Joint swelling</td>
<td>+++</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>3</td>
<td>Morning stiffness</td>
<td>+</td>
<td>+</td>
<td>Nil</td>
</tr>
<tr>
<td>4</td>
<td>burning sensation</td>
<td>+</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td>5</td>
<td>Appetite</td>
<td>+</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>6</td>
<td>Sore throat</td>
<td>+++</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>7</td>
<td>ASO</td>
<td>400 IU/ml</td>
<td></td>
<td>59 IU/ml</td>
</tr>
<tr>
<td>8</td>
<td>ESR</td>
<td>30mm/hour</td>
<td></td>
<td>0-10mm/hour</td>
</tr>
</tbody>
</table>

DISCUSSION
Rasna (Vanda roxburghi), Amruta (Tinospora cordifolia), Devadar (Cedrus deodara) etc. of Rasnasaptaka Kashaya neutralizes the Ama, increases appetite, reduces pain and swelling.

The main ingredient of Kaisoraguggulu is Guduchi. Guduchi possesses the qualities of Tikta, Kashaya Rasa, Madhur Vipak, and Ushana Veerya. Guduchi have the dual action of Vata Shamana and Bruhana, on the tissues, especially the Asthi Dhatu.[16] Guduchi contains glycosides, whose activity resembles that of nonsteroidal anti-inflammatory agents producing anti-inflammatory and anti-arthritic activities.[17]

Rasasindooram is Shadrasayukta, Ushana in Veerya, Madhura in Vipaka and has got Guru, Snigdha, Vajeekara and Sarvarogahara properties.[18]

Yogaraj Guggulu is a widely used Ayurvedic formulation. In a retrospective study for the frequency of, usage, Yogaraj Guggulu ranked first in the hospital practice and second in the private practice.[19] This formulation is used in conditions like arthritis, myalgia and hyperlipidemia. It has been shown to have significant anti-inflammatory activity in formaldehyde-induced arthritis and in croton oil granuloma.[20]

CONCLUSION
From the above case report, it can be said that, the rheumatic fever can be managed effectively by oral palliative medicines and panchakarma therapies.

REFERENCES
Sanand Ratnam Thekkayil et al. Ayurvedic Management of Rheumatic Fever: A Successful Case Report


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Address for correspondence
Dr. Sanand Ratnam
Chief Medical Officer, Sree Subramania Ayurvedic Nursing Home, Calicut-673010.
Mob. +91 9995449589
Email: cmo@ssanh.com

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