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> **CASE REPORT** Sept-Oct 2020

# Ayurvedic management of Enteropathic arthritis : A Case Study

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# ABSTRACT

Introduction: A Female patient aged 28 years with chief complaints of reduced appetite, increased frequency of defecation, vague body ache since 10 years approached our OPD. Patient was on eldoper for the past 10 years and recently developed multiple joint pain. This can be diagnosed as Enteropathic arthritis or Vataja grahani. Materials and Methods: A set of treatment principles were adopted including Piccha Basti and Amalaki Rasayana for 30 days. Results: Soon after Deepana-Pachana, frequency of defecation reduced to 3-4times/day and further reduced to 1-2 times/day after Piccha Basti. After 30 days, urge for defecation soon after food intake subsided and there was considerable reduction in multiple joint pain. Discussion: There is no cure for this condition as such in modern system of medicine. By following the treatment principles mentioned in Ayurveda, proper Samprapti Vighatana of the disease along with prevention of recurrences can be achieved.

Key words: Enteropathic Arthritis, Piccha Basti, IBS, Amalaki Rasayana.

#### INTRODUCTION

People with Inflammatory bowel disease (IBD) are more likely to develop a type of arthritis called Enteropathic arthritis (EA) if not given proper treatment. It generally affects the joints of the lower limbs and the spine associated with debilitating body aches. EA typically affects younger people between 15 and 40 years of age, but older people can get it too. It affects men and women equally and has a prevalence ranging between 17% and 39%. The etiology of this condition is not known and is mostly immune

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mediated.<sup>[1]</sup> Inflammation of Gastro-intestinal tract might increase permeability, resulting in absorption of antigenic material, including bacterial antigens. These arthrogenic antigens may then later on localize in musculoskeletal tissues including enthuses and synovial membrane, thus exhibiting an inflammatory response. This condition can be correlated to Vataja Grahani, where symptoms mimic IBD associated with arthritis.

Initial strategy of treatment should be treatment of IBD which will reduce the remission of peripheral arthritis. NSAID'S though are usually used as the first line therapy for spondylo arthropathies, but these agents might exacerbate IBD. Thus cyclooxygenase selective NSAID'S are generally used. Surgery does not provide any benefit for axial involvement of IBD.<sup>[2]</sup> This condition can be effectively managed with the treatment principles mentioned under the context of Vataja Grahani and attempt in that direction is adopted here.

#### **OBJECTIVE OF THE STUDY**

To understand the treatment of enteropathic arthritis through principles of Vataja Grahani.

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A 28 years old female patient approached Panchakarma OPD of GAMC Bengaluru with chief complaints of reduced appetite, increased frequency of defecation (5-6 times /day), vague body ache since 10 years. According to patient's words, she suffered from Malaria 11 years ago. She received allopathic treatment for the same and was relieved of the disease. Gradually she developed urge for defecation soon after food intake along with on and off fever. She managed these symptoms with Paracetamol and eldoper for these 10 years. But since past 6 months, the patient has developed frequent defecation (5-6 times) almost every day. So the patient took eldoper daily for past six months. Now she has also developed multiple joint pains along with headache and loss of appetite, hence approached our OPD.

**On examination:** Per abdominal examination showed no abnormalities.

Locomotor system examination shown tenderness of grade 2 in lower back and mild swelling in B/L knee joints and inter phalangeal joints.

### **MATERIALS AND METHODS**

#### **Materials**

- 1. Shadanga Paneeya Vina Shunthi for Deepana Pachana
- 2. Yastimadhu Gritha for Anuvasana
- 3. Ingredients of *Piccha Basti* shown in table no.1.

#### Table 1: Showing ingredients of Piccha Basti.

Ingredients	Quantity
Honey	30 ml
Saindhava	10 g
Mahatiktaka Ghrita	50 ml
Yashtimadhu + Shatapushpa Kalka	20 g
Piccha Basti Kwatha	150 ml
Arjuna Patra Piccha	30 ml

#### 4. Amalaki Rasayana

#### **TREATMENT ADOPTED**

#### Table 2: Showing treatment adopted.

Days	Treatment	Medicine	Dose & Time	Duration
1-5 days	Deepana and Pachana	Shadanga Paneeya Vina Shunthi	15ml TID B/F	5 days
6-10 days	Yoga Basti	Yashtimadhu Ghrita Anuvasana & Piccha Basti	<i>Anuvasana:</i> 30 ml <i>Piccha Basti-</i> 250 ml	5 days
11-30 days	Shamana Aushadhi	Amalaki Rasayana	1 tsp BD with warm water	20 days

#### Table 3: Showing Yoga Basti pattern.

Basti	Day 1	Day 2	Day 3	Day 4	Day 5
Anuvasana Basti	~	~	<b>√</b>	~	<b>~</b>
Piccha Basti	×	~	~	~	×

#### Assessment criteria

- 1. VAS score for pain
- 2. Frequency of bowel movements

#### **OBSERVATION AND RESULTS**

# Table 4: Showing the Visual Analog Scale scoring forpain as treatment progressed.

Day	VAS score for pain
1	7
5	5
10	5
30	1

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# Table 5: Showing frequency of bowel movements astreatment progressed.

Day	Frequency of bowel movements
1	5-6 times/day
5	3-4 times/day
10	1-2 times/day
30	1-2 times/day

Soon after *Deepana-Pachana*, frequency of defecation reduced to 3-4times/day and further reduced to 1-2 times/day after *Piccha Basti*. After 30 days, urge for defecation soon after food intake subsided and there was considerable reduction in multiple joint pain.

#### DISCUSSION

The most common areas affected by Enteropathic arthritis are the peripheral (limb) joints and, in some cases, the entire spine can become involved, as well. There is no diagnostic test that definitively identifies EA. Diagnosis is usually achieved by confirming the presence of inflammatory bowel disease (IBD), through history taking and examination. Contemporary science opine that it is very important for people with EA to make sure that any inflammation of bowel is properly treated and that their bowel disease is kept under good control. This will often significantly improve their symptoms. This condition can be rightly correlated to Vataja Grahani, where Pratyatma Lakshana of Grahani mimics IBD associated with arthritis.<sup>[3]</sup>

Considering the chronicity of the disease and *Vataja Grahani* symptoms like "*Punah Punah Srujeth*" and multiple joint pain, the treatment was focussed on *Agni Deepana, Ama Pachana* and *Vata Shamana*. Hence *Basti* was planned according to *Bala* of the patient.

Agni Nasha will be there due to long term use of anti diarrheals. Shadanga Paneeya Vina Shunthi is Agnideepaka and Ama Pachaka and at the same time does not irritate intestines to increase bowel movements. Piccha Basti is indicated in Chira Kala Atisara.<sup>[4]</sup> Madhu is having Madhura Rasa, Kashaya Anurasa and Ushna Veerya with Shodana, Ropana properties.<sup>[5]</sup> Yastimadhu used as Kalka Dravya helps in coating the intestinal mucosa to protect from any irritational effects of Basti. Also Glycyrrhizin is gastroprotective and increases the rate of mucous secretion by gastric mucosa. Glycyrrhetic acid has corticosteroid like activity and is also anti allergic in action. The main drug of Piccha Basti Kwatha is Shalmali, which has Madhura Rasa, Madhura Vipaka, Sheeta Veerya, Snigdha and Picchila Guna. This drug plays a major role in reducing the frequency of bowel movements. Arjuna leaves when soaked in water produces a mucoidal liquid. This *Picchilata* also helps in reducing bowel movements and also protect mucosal lining of intestines. Amalaki Rasayana along with Rasayana properties is useful in IBD.

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#### CONCLUSION

The complications of Enteropathic arthritis are secondary amyloidosis, complications of IBD, uveitis, loss of mobility etc. IBD-related arthritis tends to carry the worse long-term prognosis, particularly where there is severe axial involvement. Currently, there is no known cure for enteropathic arthritis in conventional system of medicine. The medications and therapies are available only to manage the symptoms of both the arthritis and bowel components of the disease. In that case, Ayurveda can be of great help not only in minimizing the symptoms but also to prevent recurrences. This study can be adopted in larger sample sizes to come to a scientific conclusion.

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