

STILLS DISEASE V/S SAMASANNIPATAJA JWARA: A HYPOTHETICAL REVIEW

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Abstract— Still's disease is an autoimmune disorder featuring inflammation characterised by high spiking fever ,salmon coloured, rash that comes and goes, arthritis along with muscle pain, swelling of lymph nodes and enlargement of spleen and liver. Among these high spiking fever is a cardinal symptom along with the rashes over the body. These characteristics features of still's disease almost mimics with lakshana of samasannipataj jawara which is evidenced in charaka samhita . Acharya Charaka says that "Yadihasti Tadanyatram" it means the information about disease and medicines (as it is chikitsa pradhan grantha) gathered here we won't get anywhere and the information about medicine from the other book surly we will get references here. Really it's time to realised the ancient science is the basic science for the other medicines. Here and attempt is made that by tracing Still's disease in Charaka Samhita with respect to Samasannipataj jwara.

I. INTRODUCTION

In *Ayurveda* the disease *jwara* is consider as *Agreya*(prime) among all disease. It has been said that *jwara* manifest during *janma* as well as *Marana*¹. Even in *kashyap samhita Sutika Roga jwara* is consider as *Agreya* because of its severity and mode of manifestation.² It manifest in difference forms by framing different *Samprapti's* . in *Ayurveda* it believes that if we learnt *jwara adhikara* thoroughly we will understand other disease manifestation easily. So only *acharya jwara* kept as first chapter and explained elaborately. The same way the *jwara*(*Samasannipataj jwara* manifest by framing number of *lakshanas* which may mimics *lakshana* of Still's disease in modern science. Here fever is the main symptom along with the rashes o

II. STILL'S DISEASE

A. Definition:

Adult Still's disease is a rare type of arthritis that features a sore throat, a salmon-coloured rash and a high fever that spikes once or twice a day. Joint pain tends to develop a few weeks after these initial signs and symptoms⁷.

B. History:

Still's disease is named after English physician Sir George Frederic Still (1861–1941).^{[8][9]}It was characterized by EG Bywaters in 1971⁸.

C. Prevention:

There is no prevention for Still's disease⁹.

D. Risk Factors:

Age is the main risk factor for adult Still's disease, with incidence in adults peaking twice: once from 15 to 25 years and again from 36 to 46 years. Males and females are equally at risk of acquiring the disorder. Multiple cases of adult Still's disease in families are uncommon, so it's unlikely that this disorder is inherited¹⁰.

E. Epidemiology:

Adult-onset Still's Disease is rare and has been described all over the world. The number of new cases of AOSD per year is estimated to be 0.16 new cases per 100,000 population.^[1] Prevalence is estimated at 1.5 cases per 100,000-1,000,000 population.^[citation needed] There is a bimodal age distribution with one peak incidence between ages 15–25 and a second peak between ages of 36–46 years¹¹.

F. Statistics:

Still's disease accounts for 10%-20% of all cases of JIA. It affects about 25,000-50,000 children in the United States. It is rare in adults, a majority of whom are between 20 and 35 years of age at the onset of symptoms.¹²

Of all patients with Still's disease, 100% have high intermittent fever, and 100% have joint inflammation and pain, muscle pain with fevers, and develop persistent chronic arthritis. Approximately 95% of Still's disease patients have the faint salmon-colored skin rash, 85% have swelling of the lymph glands or enlargement of the spleen and liver, 85% have a marked increase in the white blood cell count, 60% have inflammation of the lungs (pleuritis) or around the heart (pericarditis), 40% have severe anemia, and 20% have abdominal pain¹³.

G. Research:

A wide variety of research is ongoing related to Still's disease. While intravenous immunoglobulin therapy has been used in adult-onset Still's disease, more studies are needed to confirm these results.

Also, TNF-inhibitors (etanercept [Enbrel] and infliximab [Remicade]) have been used successfully in people who have failed other treatments (much as they are now used in rheumatoid arthritis). The intravenous infusions of infliximab helped decrease the Still's disease signs and symptoms, including fever, arthritis, muscle pains, enlarged spleen, and rash in some studies¹⁴.

H. Causes:

There have been a number of schools of thought regarding the cause (or causes) of Still's disease. One concept is that Still's disease is due to infection with a microbe. Another idea is that Still's disease is an autoimmune disorder. In fact, the precise cause of Still's disease is not yet known¹⁵.

I. Pathophysiology:

The cause of adult-onset Still's disease is unknown, but it presumably involves interleukin-1 (IL-1), since drugs that block the action of IL-1 β are effective treatments. Interleukin-18 is expressed at high levels¹⁶.

J. Sign and symptoms:

Most people with adult Still's disease experience a combination of the following signs and symptoms:

- **Sore throat.** One of the very first symptoms of adult Still's disease is a sore throat. The lymph nodes in your neck also might be swollen and tender.
- **Fever.** You may experience a daily fever of at least 102 F (38.9 C) for a week or longer. The fever usually peaks in the late afternoon or early evening. Sometimes, you may experience two fever spikes daily. Between episodes, your temperature will likely return to normal.
- **Rash.** A salmon-pink rash may come and go with the fever. The rash usually appears on your trunk, arms or legs. Physical contact, such as rubbing your skin, may provoke the rash to appear.
- **Achy and swollen joints.** You may find that your joints — especially your knees, wrists, ankles, elbows, hands and shoulders — are stiff, painful and inflamed. Usually, the joint discomfort lasts at least two weeks.
- **Muscle pain.** Muscular pain associated with adult Still's disease usually ebbs and flows with the fever, but the pain may be severe enough to disrupt your daily activities.

Having any of these signs or symptoms doesn't necessarily mean that you have adult Still's disease. The signs and symptoms of this disorder may mimic those of other conditions, including mononucleosis and a type of cancer called lymphoma.

Complications: Most complications from adult Still's disease arise from chronic inflammation of your body organs and joints.

- **Joint destruction.** Chronic inflammation can damage your joints. The most commonly involved joints are your knees and wrists. Your neck, foot, finger and hip joints also may be affected, but much less frequently.
- **Inflammation of your heart.** Adult Still's disease can lead to an inflammation of the sac-like covering of your heart (pericarditis) or of the muscular portion of your heart (myocarditis).
- **Excess fluid around your lungs.** Inflammation may cause fluid to build up around your lungs, which can make it hard to breathe deeply¹⁷.

K. Diagnosis:

i)- **Clinical-** The diagnosis is clinical, not based upon serology.^[4] At least seven sets of diagnostic criteria have been devised, however the Yamaguchi criteria have the highest sensitivity. Diagnosis requires at least five features, with at least two of these being major diagnostic criteria.^[5]

Major criteria	Minor criteria
Fever of at least 39C for at least one week	Sore throat
Arthralgias or arthritis for at least two weeks	Lymphadenopathy
Nonpruritic salmon colored rash (usually over trunk or extremities while febrile)	Hepatomegaly or splenomegaly
Leukocytosis (10,000/microL or greater), with granulocyte predominance	Abnormal liver function tests
	Negative tests for antinuclear antibody and rheumatoid factor

L. Labrotical:

There's no single test used to diagnose adult Still's disease. Imaging tests can reveal the damage that has been caused by adult Still's disease, while blood tests can help rule out other conditions that have similar symptoms. Rheumatoid factor and ANA tests are generally negative in systemic JIA. Lab findings: anemia of chronic disease, neutrophilia, thrombocytosis, elevated acute phase reactants (ESR, CRP, ferritin)¹⁹.

M. Treatment and drugs:

Doctors use a variety of drugs to treat adult Still's disease. The type of drug you'll take depends on the severity of your symptoms and whether you experience side effects.

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).** Over-the-counter NSAIDs, such as ibuprofen (Advil, Motrin IB, others) or naproxen (Aleve), may help with mild joint pain and inflammation. Stronger NSAIDs are available by prescription. NSAIDs can damage the liver, so you may need regular blood tests to check liver function.
- **Steroids.** Most people who have adult Still's disease require treatment with steroids, such as prednisone.

These powerful drugs reduce inflammation, but may lower your body's resistance to infections and increase your risk of developing osteoporosis.

- **Methotrexate.** The medication methotrexate (Rheumatrex, Trexall) is often used in combination with prednisone, which allows the prednisone dose to be reduced.
- **Biologic response modifiers.** Drugs such as infliximab (Remicade), adalimumab (Humira) and etanercept (Enbrel) have shown some promise, but their long-term benefit is still unknown. If other medications haven't worked, your doctor may suggest trying anakinra (Kineret) or rituximab (Rituxan)²⁰.

N. Prognosis:

The fever and other systemic features tend to run their course within several months. The arthritis can be a long-term problem. It usually stays on after the systemic features have gone. The arthritis can then become chronic and persist into adulthood. Persisting arthritis of the wrists, with eventual fusion, is common, especially if not treated aggressively. Newer biologic treatments are likely to be beneficial in stopping the progressive joint damage²¹.

O. Life style and home remedies:

Here are a few ways to help you make the most of your health if you have adult Still's disease:

- **Understand your medications.** Even if you're symptom-free some days, it's important to take your medications as your doctor recommends. Controlling inflammation helps reduce the risk of complications.
- **Supplement your diet.** If you're taking high doses of prednisone, talk to your doctor about taking more calcium and vitamin D supplements to help prevent osteoporosis.
- **Keep moving.** While you might not feel up to a workout if your joints ache, exercise can help you maintain your range of motion and relieve pain and stiffness²².

P. Ayurvedic view: Jwara

1) Definition:

One which does the *santap* to the *manas* as well as *deha* is called *jwara*.

2) History:

Jwara is got prime importance in all *samhita* including *Kashyapa samhita* were *Acharya Kashyapa* consider *jwara* as *pradhana* among the 64 *sutika roga*. According to *Acharya Charaka jwara* develops during the birth as well as death. As it got origin from *Rudrakopa* which evidences it's severity including manifestation.

3) Nidana:

Along with the *samanya doshika nidana* to be specify *vataja, pittaja, kaphaja nidana's* are told separately, even one should consider *Rudrakopa, mithyaupchara of panchakarma*.

4) Samprapti:

After indulging above said *nidana dosha* get *prakopa* which indirectly does the *agnimandya* and later *vikshepana* of *koshthagni* occurs by blocking *swedvaha, ambu, rasavah*

srotas by which *agni* get expelled to the *shakha* as well *twacha* and leadings to *jwara*.

5) Types:

There are several types of *jwara* has been explained in classics, among those *doshik jwara* should be consider prime because treatment goes on the basis of *dosha* involvement. There are 13 types of *sannipataja jwara* explained by *Acharya Charaka* among those *samasannipataja jwara lakshanas* mimics with the Still's disease.

क्षणे दाहः क्षणे शीतमस्थिसन्धिशिरोरुजा||१०३||

साम्रावे क्लुषे रक्ते निर्भुमे चापि दर्शनिःसस्वनौ सरुजौ कर्णौ कण्ठः
शूकैरिवावृतः||१०४||

तन्द्रा मोहः प्रलापश्च कासः श्वासोऽरुचिर्भ्रमः परिदग्धा खरस्पर्शा जिह्वा सस्ताङ्गता
परम्||१०५||

धीवनं रक्तपित्तस्य कफेनोन्मिश्रितस्य च शिरसो लोठनं तृष्णा निद्रानाशो हृदि
व्यथा||१०६||

स्वेदमूर्च्छापुरीषाणां चिराद्दर्शनमल्पशः कृशत्वं नातिगात्राणां प्रततं कण्ठकूजनम्||१०७||

कोठानां श्यावरक्तानां मण्डलानां च दर्शनममूकत्वं स्रोतसां पाको गुरुत्वमुदरस्य
च||१०८||

चिरात् पाकश्च दोषाणां सन्निपातज्वराकृतिः||१०९||

Sr .No	Samasannipataj	Still's Disease
	Origin: <i>Agantuj, rudrakopa</i>	Unknown origin /Auto immune
	<i>Prabhava: Janmadav nidhana</i>	Juvenile as well adult involvement
1	<i>Kshanedaah</i>	High ever up to 102 F (39°C)
2	<i>Kshanesheeta</i>	Rapidly returns to normal
3	<i>Asthisandhiruja</i>	Rheumatoid arthritis
4	<i>Sasravalochana</i>	Effect even conjunctiva
5	<i>Sarujakarana</i>	Otitis
6	<i>Kanthasukharivavrutam</i>	Sore throat
7	<i>Tandramoha</i>	Fainting
8	<i>Pralapmurcha</i>	Irrelevant speech because of high spiking of fever
9	<i>Aruchi</i>	Poor appetite
10	<i>Paridagdha</i>	Faint salmon colour skin rashes
11	<i>Srastaangata</i>	Fatigue
12	<i>Stivanam raktapittam, Kpha mishrita</i>	Plural effusion
13	<i>Trishna</i>	Thrust
14	<i>Nidranasha</i>	Insomnia
15	<i>Hridayavayatha</i>	Pericardial

		effusion
16	<i>Sweda mootra purisha chirat darshanam, alpasaha</i>	Disturb the basal metabolic rate
17	<i>Krishatwam</i>	Weight loss
18	<i>Pratatam kantha kujanam</i>	Plural effusion

III. DISCUSSION:

After clean observation in classics will get every diseases is are arising now a days, by evidencing example of still's disease in *Samhita*. There is clean observation is needed to know and understand the *Samhita's. Acharya Charaka* as said that the concept told in *Samhita* we won't get anywhere and the concepts told in any where we will get here. Still's disease mainly characterised by high spiking of fever which comes and goes along with the salmon colour rashes over the body, involvement of multiple joint arthritis in case of complicated stage it involves systemic organs such as liver, spleen, heart, lungs, some times kidney and leads to the inflammation of respective. *Jwara* is a prime disease/symptom which we will get in day today practice. To differentiate the *jwara* of different types of origin one should examine thoroughly along with the diagnostic values. Most of the *samasannipataja jwara lakshanas* traces the sign and symptoms of still's disease. So it's clear that still's disease is probably compared with *samsannipataja jwara* in *Samhita's*.

Conclusion: After analysing *samhita* thoroughly we will get references of every disease in it. just need to be Study respectfully and cleanly. As *charaka samhita* is *chikista pradhan grantha* which provides shadow for every disease and treatment in it, it may be even after hundred decades .

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