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Case Report

Juvenile Idiopathic Arthritis

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Ayurveda management of Juvenile Idiopathic Arthritis - A Case Study

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Juvenile idiopathic arthritis is commonest inflammatory joint disease in children and adolescents. A 9 year old male child of juvenile idiopathic arthritis was brought the OPD of Kaumarbhritya department with complaints of pain in multiple joints especially in lower limbs, morning stiffness, difficulty in climbing up stairs and back pain with diagnosed case of juvenile idiopathic arthritis in the last 2 months. Morning stiffness was present. Swelling observed on both knee and ankle joints. ANA and Anti CCP were positive. This treatment protocol is based on the Agnideepana, Pachana, Mridu Shodhana and Rasayan Chikitsa. Joint pain, swelling and stiffness were completely cured; ANA and Anti CCP were negative after treatment. This single case report demonstrates that juvenile idiopathic arthritis can be successfully managed through rejuvenating Ayurveda treatment.

Keywords: Ayurveda, Juvenile idiopathic arthritis, Deepana, Pachana, Rasayana Chikitsa

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Introduction

Juvenile idiopathic arthritis is commonest inflammatory joint disease in children and adolescents, a prevalence of around 48 cases per 100,000 children.[1] It is defined as arthritis of unknown etiology, which begins before age of 16 years and persists for at least 6 weeks and may persist into adulthood and result in significant morbidity.[2] The pathophysiology of JIA involves an autoimmune response where body's immune system attacks its own cells. This process is driven by interactions among immune cells, such as lymphocytes, monocytes, macrophages and neutrophils, along with pro-inflammatory cytokines like interleukins. These interactions lead to an inflammatory response characteristic of JIA. The exact triggers and predispositions for this inflammatory response are influenced by environmental and genetic factors. Infections, genetic susceptibility and stress are commonly associated with JIA determined precise role of environmental factors.[3] Symptoms include swollen, stiff, and painful joints in knees, hands, feet, ankles, shoulders, elbows or other joints, often in morning or after a sleep; fatigue, decreased appetite, poor weight gain, and slow growth. Nonsteroidal anti-inflammatory drugs (NSAIDs), Disease Modifying Anti-Rheumatic Drugs (DMARDS), corticosteroids and biological agents can give temporary relief. *Ayurvedic* treatment involves *Doshika Ama Pachana* (digestion specify to *Dosha*), and *Rasayan Chikitsa* is applicable to relieve swelling, stiffness, pain and fatigue.

Case Report

A 9-year-old male child of juvenile idiopathic arthritis was brought OPD of *Kaumarbhritya* department with complaints of pain in multiple joints especially in lower limbs, morning stiffness, difficulty in climbing up stairs and back pain with diagnosed case of juvenile idiopathic arthritis in last 2 months. He was advised on corticosteroid therapy (Tab. Wysolone) for one month but didn't get relief. He was admitted in IPD of *Kaumarbhritya* department in January 24 for 30 days for *Ayurveda Panchakarma* Procedures.

Clinical findings:

On examination, swelling observed on both knee and ankle joints, no tenderness. Morning stiffness was present.

Laboratory investigations showed ANA positive (29.65 au/ml), Anti CCP positive (23.52 au/ml), ESR 36 mm. RA Factor and HLA B27 were negative.

Table 1: Assessment

Symptoms	Score
Swelling in joints	
No selling	0
Mild swelling	1
Moderate selling	2
Severe swelling	3
Joint pain	
No pain	0
Pain only on movement	1
Pain on rest but no disturbance in routine	2
Severe pain disturbance in routine activities	3
Joint stiffness	
No stiffness	0
Stiffness persisting only for half to one hour in the morning	1
Stiffness presenting for long time	2
Stiffness for whole day and night	3

Therapeutic intervention:

Table 2: Treatment Plan

Treatment	Dose	Duration
Vardhman Pippali Krama	Started the dose from 500 mg on the first day twice a day with warm water, it was increased by 500 mg daily up to a maximum dose of 3 gms twice a day. 3 gms was given for 5 days and then gradually tapered by 500 mg daily up to the dose of 1 gm twice a day.	14 days
Valuka Swedana on back and lower limb joints.	2 times / day	14 days
Mridu Virechana Karma	On the day of Virechana, Sarvanga Abhyanga with Bala Taila Bashpa Swedana Virechana Karma (Dinadayal Churna – 3gms and Eranda Sneha 30 ml) Virechana Vega – 9 Vega Sansarjana Krama	2 days
Pippali Churna Simhanad Guggulu	1 gm (2 times/day) 1 tab/3 times (after food)	14 days
Niruha Basti Dashamula Kwath	80 ml	14 days
Sarvanga Nadi Swedana with Nirgundi Patra	5 min	14 days
Discharged medicine: Dashamula Kwath	20ml (Once/day in morning)	30 days

The patient has *Kapha*-dominant *Prakriti* and *Kapha Prakopaka Kala* (*Shishir Rutu*). Hence, initial *Kapha Shamaka* & *Rasayana* therapy, were done. (Table 2)

Pathya:

Light diet like rice, *Mudga Dal*, *Mudga* preparations, *Khichadi*, green vegetables, boiled vegetables soup and boiled water.

Observations and Results

Chief complain	Before Treatment	After Treatment
Swelling in joints	2	0
Joint pain	2	0
Joint stiffness	1	0

Laboratory Investigations

Investigations	Before Treatment (November 23)	After Treatment (February 24)
ANA	29.65 au/ml	Negative
Anti CCP	23.52 au/ml	Negative
ESR	36 mm	15 mm
RA Factor	Negative	-
HLA B27	Negative	-

Follow-up

Symptoms such as pain in multiple joints especially in lower limbs, morning stiffness, difficulty in climbing up stairs and back pain were completely resolved. No swelling was observed in joints.

Discussion

Therapeutic aim is to reduce joint pain and morning stiffness by reducing joint swelling. The drug *Pippali* has been selected and administered in *Vardhanana Krama* to yield its *Agni Deepana, Dosha Pachana* with *Rasayana Karma*. *Vardhaman Pippali Rasayana* is indicated treating *Shopha* and *Vatabalasaka Avastha* by *Acharya Charaka*.**[4]**

Vardhamana Pippali Krama works here as *Rasayana* therapy along with *Deepana Pachana Karma* by this during therapy patient's strength has increased and felt energetic.

Pippali has been shown to have immunomodulatory effects regulating the immune system by potentially stimulating immune responses through mechanisms like activating macrophages and enhancing phagocytosis, making it a potential immune booster. **[5]** *Valuka Swedana* reduces stiffness in joints as external therapy.**[6]**

After *Dosha Pachana* and *Swedana* therapy, *Doshas* attain *Nirama Avastha* and may require elimination from the body by *Shodhana* by *Virechana Karma*. *Niruha Basti* with *Dashmula Kwath* again works as balancing *Vata Dosha* especially in *Shopha Pradhana Avastha*.

As this is a single case report, it limits the exploration of this result in a similar population. This single case report demonstrates that juvenile idiopathic arthritis can be successfully managed through rejuvenating *Ayurveda* treatment.

Declaration of patient consent:

The author certifies that have obtained all appropriate patient consent forms. In the form the patient has/have given his/their consent for clinical information to be reported in the journal.

The patient understands that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

References

1. Abujam B, Mishra R, Aggarwal A. Prevalence of musculoskeletal complaints and juvenile idiopathic arthritis in children from a developing country: a school-based study. Int J Rheum Dis. 2014 Mar;17(3):256–260. *[Crossref][PubMed][Google Scholar]*

2. Ravelli A, Martini A. Juvenile idiopathic arthritis. Lancet. 2007;369:767–779. *[Crossref][PubMed][Google Scholar]*

3. Huang HYR, Wireko AA, Miteu GD, Khan AR, Sakshi BA, Ferreira T, Garg T, Aji N, Haroon F, Zakariya F, Alshareefy Y, Pujari AG, Madani D, Papadakis M. Advancements and progress in juvenile idiopathic arthritis: a review of pathophysiology and treatment. Medicine (Baltimore). 2024 Mar 29;103(13):e37567. *[Crossref][PubMed][Google Scholar]*

4. Tripathi B. Charaka Samhita – Chikitsa Sthana. Varanasi: Chaukhambha Surbharti Prakashana; 2022. Chikitsa Sthana 1/3; Shloka 35; p. *42 [Crossref][PubMed][Google Scholar]*

5. Singh S, Byadgi PS, Tripathi JS, Rai NP. Clinical appraisal of immunomodulators in Ayurveda in the light of recent pharmacological advances. World J Pharm Res. 2015;4(4):678–692. *[Crossref] [PubMed][Google Scholar]*

6. Tripathi B. Charaka Samhita – Sutra Sthana. Varanasi: Chaukhambha Surbharti Prakashana; 2022. Sutra Sthana 14/26, 27; p. *240 [Crossref] [PubMed][Google Scholar]*