

Other conditions which do not clearly fall under any one specific pattern of a definable disease or syndrome would include arthralgias, myalgias, episodes of myositis and generalised body aches of unexplained etiology.

Another major category of autoimmune disorders that includes connective tissue disorders like lupus, polyarteritis, scleroderma, etc., affect many organs including joints, kidneys, skin, muscles, eyes etc., are also adhiya vyadhis with a strong family tendency. Stressful life events trigger off the actual imbalance that manifests around middle age as a specific ailment through damage to connective tissues by autoimmunity.

Chronic fatigue syndrome(CFS) is another common disease of the muscular system, about which much research is going on. In this condition the fatigue is so severe that even to lift the hand from the bed could be a Herculean task. Research is continuing in order to understand the cause of CFS. It is believed to be a virus infection with an autoimmune process related to stressful life style.

## Management of Arthritis

Modern medicine has recognized the role of helping a patient with arthritis by a multidisciplinary approach, involving several experts including a physician, rheumatologist, orthopedic surgeon , physiotherapist, nurse, occupational therapist, psychologist and yoga therapist.

## How do modern medicines work in Rheumatoid Arthritis?

The Objective of drug therapy in RA has three goals.

- i. Symptom relief
- ii. Suppress inflammation, and
- iii. Prevent joint destruction.

The first level is symptom relief by painkiller tablets (Analgesics) which numb the nerves from sending off the messages of pain to the brain.

The second level drugs include non-steroidal anti inflammatory drugs (NSAID) and steroids.

Steroids (Corticosteroids) which was the only miracle drug that was available a few decades ago, has been replaced by NSAIDs because of the large number of serious side effects. Obesity, hypertension, diabetes, thinning away of bones with proneness to multiple fractures, skin problems and vulnerability to chronic dangerous infections are known to occur with long term usage of any of the categories of steroids. Hence today steroids are prescribed for short periods of not more than 4 to 6 weeks in rare situations of severe and dangerous flare up of RA, when it affects heart, eyes etc. It is also established that steroids do not have a disease modifying potency. Local steroid injections into the joints, eyes etc, are still used as it has no major side effects.

The NSAIDs are the commonly used agents as the first line of medication in all forms of rheumatic pains. Research over the years has been directed towards evolving potent and safe NSAIDs with less and less side effects. We can say that we have succeeded in the discovery of NSAIDs with almost no side effects even when consumed over years. A minor degree of stomach upset is probably the only minor side effect with the latest drugs of this category.

Steroids and NSAIDs work at the level of the white blood cells- the soldiers are blocked from attacking the cells in the lining of the joints by preventing the expression of the inflammatory processes.

The third category of medicines which are to be used for a long period of time in RA are called disease modifying anti rheumatic drugs (DMARD). These are Gold, D Penicillamine, anti-malarials like chloroquine and Immuno-suppressant drug Methotrexate. DMARDs are used for long term suppression of the basic immune disturbances. All these drugs are associated with many minor and major side effects requiring very close monitoring and careful look out for side effects that may affect the kidneys, eyes, blood etc. A judicious use of a combination of all these drugs has saved