

Rheumatism

Definition

An acute or chronic illness, characterized by pain and swelling of the muscles, ligaments and tendons, or the joints

Rheumatism is of two types

- 1.Acute
- 2.chronic

Acute Rheumatism

- Characterized by fever

Intense soreness and pain

- In the acute muscular type

sensitiveness of the muscular area

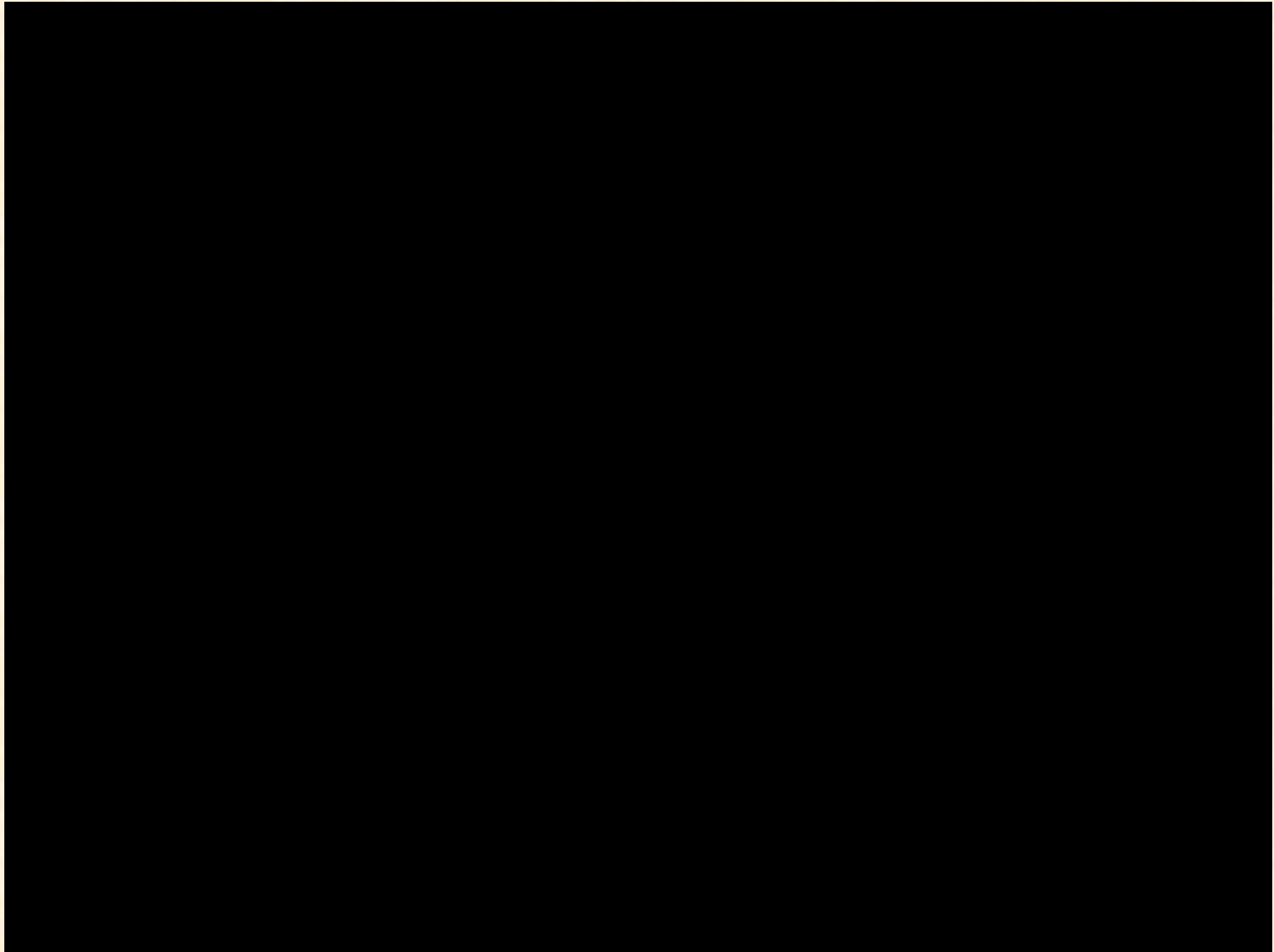
Chronic Rheumatism

The symptoms of chronic rheumatism are

- Muscular pain and stiffness of the affected muscles.

In the case of chronic articular rheumatism

- Pain and stiffness are felt in one or more joints, with swelling in most cases



Anti Rheumatic Drugs

The therapy in rheumatoid arthritis includes

- Control of inflammation and relief from pain
- Improvement and maintenance of function
- Prevention of deformity

Anti Inflammatory Analgesics

- These drugs relieve pain
- Decrease the swelling and
- Help to improve the joint movements
- The practice of exercise designed
- To promote the maintenance of function and
- The prevention of deformity

Anti Rheumatic Drugs

Classification

I. Anti-inflammatory and analgesics

Eg. Salicylates

Phenyl butazone

Indomethacin

fenamate compounds

II. Steroidal anti-inflammatory drugs like glucocorticoids

III. Gold preparations

e.g. Auro thiomalate

Auranofin

Anti Rheumatic Drugs

IV Antimalarials

e,g, chloroquine

V. Corticosteroids

e.g. prednisolone, d – Penicillamine

VI. Immuno-suppressants

e.g. alkylating agents like azathiopurine,
cyclosporine etc

Anti Inflammatory Analgesics

- Phenylbutazone has prolonged action
- A single dose at bed time relieves night pain and stiffness in the morning

Gold Salts

- Sodium aurothioglucanate produce, beneficial effect in rheumatoid arthritis

Antimalarials

Anti Malarial

- Chloroquine and hydroxy Chloroquine related drugs have the effect on the disease
- Found to induce remission in nearly 50% patients of rheumatoid arthritis

Glucocorticoids & D- Penicillamine

Glucocorticoids

- Cortisone produces beneficial effect in rheumatoid arthritis

D- Penicillamine:

- Is given in the dose of 500mg to 1g at fortnight (15 days) intervals

Immunosuppressive Agents

- Cyclo phosphamide and anti metabolites can be used

Choice of drug therapy

- Aspirin in adequate doses should be tried first .
- Low dose of corticosteroid along with salicylates modify the destructive phase of the disease

Supportive Therapy

- Good nutrition
- Attention to psychological aspect
- Both physical and mental rest are essential
- Light exercise should also be prescribed