Rheumatoid arthritis is due to Autoimmune inflammation of the joints for reasons not understood. The disease starts with pain, which is due to synovitis. The other symptoms of swelling and early morning stiffness (often lasting more than one hour) are also due to the same. In the past, the specialists started the drugs slowly, observed and then changed to superior (stronger) drugs. Unfortunately, synovitis, if not treated quickly leads to all complications of Rheumatoid arthritis, including contractures.

Today, when you spot a patient of Rheumatoid arthritis – consider it and treat it as a medical emergency. I like to advise physiotherapy. The best DMARD drug Methotrexate takes 2-3 months to show its effects. Therefore, start with NSAID drugs plus steroids (for about six weeks only). Fortunately, Leflunomide has shown promising results in this disease and can be started. Chloroquine in the form of HCQS tablets (Hydroxychloroquine) is a benign drug (patient needs annual retinal check up) and can be added without second thoughts. Thus with the starting of 5 drugs, it is satisfying to see such a patient ambulatory within 4-6 weeks! Of course drugs like Methotrexate and possibly Leflunomide or/and HCQS may have to be continued for years!

It is worth remembering that even Anti CCP test, which is diagnostic of Rheumatoid arthritis, is positive only in 50% of the patients during the “early” phase of the disease. Thus a clinical diagnosis, with only a raised blood ESR is enough to start treatment.

Ex. Hon. Physician, Jaslok Hospital and Bombay Hospital, Mumbai. Ex. Hon. Prof. of Medicine, Grant Medical College and JJ Hospital, Mumbai 400 008.

THE DEADLY TOLL OF S PNEUMONIAE AND H INFLUENZAE TYPE b

Streptococcus pneumoniae (pneumococcus) and Haemophilus influenzae type b (Hib) – the pathogens responsible for most child deaths from bacterial pneumonia and meningitis – are directly responsible for just as many child deaths as HIV/AIDS, malaria, and tuberculosis combined. This finding is shocking because vaccines against both pathogens are readily available and have been consistently safe and effective in trials in developing countries.

Effective pneumococcal and Hib vaccines exist and can be successfully integrated into national immunization programmes.