Vasculitis

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General signs and symptoms of vasculitis include:

- Fever
- Headache
- Fatigue
- Weight loss
- General aches and pains
- Night sweats
- Rash
- Nerve problems, such as numbness or weakness
- Henoch-Schonlein purpura (IgA vasculitis). This condition is more common in children than in adults, and causes inflammation of the smallest blood vessels (capillaries) of your skin, joints, bowel and kidneys. Signs and symptoms include abdominal pain, blood in the urine, joint pain, and a rash on your buttocks or lower legs.
- Polyarteritis nodosa. This form of vasculitis usually affects the kidneys, the digestive tract, the
 nerves and the skin. Signs and symptoms include a rash, general malaise, weight loss, muscle
 and joint pain, abdominal pain after eating, high blood pressure, muscle pain and weakness, and
 kidney problems.
- Takayasu's (tah-kah-YAH-sooz) arteritis. This form of vasculitis affects the larger arteries in the body, including the aorta. Signs and symptoms include joint pain, loss of pulse, high blood pressure, night sweats, fever, general malaise, appetite loss, headaches and visual changes.

Diagnosis

Your doctor likely will start by taking your medical history and performing a physical exam. He or she may have you undergo one or more diagnostic tests and procedures to either rule out other conditions that mimic vasculitis or diagnose vasculitis. Tests and procedures might include:

- Blood tests. These tests look for signs of inflammation, such as a high level of C-reactive protein.
 A complete blood cell count can tell whether you have enough red blood cells. Blood tests that look for certain antibodies such as the anti-neutrophil cytoplasmic antibodies test can help diagnose vasculitis.
- **Urine tests.** These tests may reveal whether your urine contains red blood cells or has too much protein, which can signal a medical problem.
- Imaging tests. Noninvasive imaging techniques can help determine what blood vessels and organs are affected. They can also help the doctor monitor whether you are responding to treatment. Imaging tests for vasculitis include X-rays, ultrasound, computerized tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET).
- X-rays of your blood vessels (angiography). During this procedure, a flexible catheter, resembling a thin straw, is inserted into a large artery or vein. A special dye (contrast medium) is then injected into the catheter, and X-rays are taken as the dye fills the artery or vein. The outlines of your blood vessels are visible on the resulting X-rays.
- **Biopsy.** This is a surgical procedure in which your doctor removes a small sample of tissue from the affected area of your body. Your doctor then examines this tissue for signs of vasculitis.

Treatment

Treatment focuses on controlling the inflammation with medications and resolving any underlying disease that triggered your vasculitis. For your vasculitis, you may go through two treatment phases — first stopping the inflammation and then preventing relapse (maintenance therapy).

Both phases involve prescription drugs. Which drugs and how long you need to take them depend on the type of vasculitis, the organs involved and how serious your condition is.

Some people have initial success with treatment, then experience flare-ups later. Others may never see their vasculitis completely go away and need ongoing treatment.

Medications

Your doctor may prescribe a corticosteroid drug, such as prednisone or methylprednisolone (Medrol), to help control inflammation. Side effects of corticosteroids can be severe, especially if you take them for a long time. Possible side effects include weight gain, diabetes and bone thinning (osteoporosis). If a corticosteroid is needed for long-term (maintenance) therapy, you'll likely receive the lowest dose possible.

Other medications may be prescribed with corticosteroids to control the inflammation so that the dosage of corticosteroids can be tapered more quickly. These medications are sometimes called steroid-sparing and may includemethotrexate (Trexall), azathioprine (Imuran, Azasan), mycophenolate (Cellcept) or cyclophosphamide.

The specific medication that you'll need depends on the type and severity of vasculitis you have, which organs are involved, and any other medical problems that you have. Biologic therapies such as rituximab (Rituxan) or tocilizumab (Actemra) may be recommended, depending on the type of vasculitis you have.

Coping and support

One of your greatest challenges of living with vasculitis may be coping with side effects of your medication. The following suggestions may help:

- Understand your condition. Learn everything you can about vasculitis and its treatment. Know
 the possible side effects of the drugs you take, and tell your doctor about any changes in your
 health.
- **Follow your treatment plan.** Your treatment plan may include seeing your doctor regularly, undergoing more tests and checking your blood pressure.
 - Choose a healthy diet. Eating well can help prevent potential problems that can result from your
 medications, such as thinning bones, high blood pressure an diabetes. Choose a diet that
 emphasizes fresh fruits and vegetables, whole grains, low-fat dairy products, and lean meats and
 fish. If you're taking a corticosteroid drug, ask your doctor if you need to take a vitamin D or
 calcium supplement.
- Get routine vaccinations. Keeping up to date on vaccinations, such as for the flu and pneumonia, can help prevent problems that can result from your medications, such as infection.
 Talk to your doctor about vaccinations.

• Exercise most days of the week. Regular aerobic exercise, such as walking, can help prevent bone loss, high blood pressure and diabetes that can be associated with taking corticosteroids. It also benefits your heart and lungs. In addition, many people find that exercise improves their mood and overall sense of well-being. If you're not used to exercising, start out slowly and build up gradually. Your doctor can help you plan an exercise program that's right for you.

TCM treatment besed on Syndrome Differentiation

- Syndrome of invasion of heat-toxin into blood: Accompanied by chills, fever, headache, constipation and scanty urine, burning sensation, serious pain, red tongue with yellowish coating, rapid pulse.
- Trerapeutic Methods: Clear away heat, cool blood and dissolve toxins.
- Modified Niujiao Dihuang Tang.
- Acupuncture.