

### Cha. Chi. 3. Jwara Chikitsitam

### Cha. Chi. 3 — Jwara Chikitsitam (Management of Fever)

**Learning goal:** By the end of this chapter you should be able to define *Jvara* (fever) in Charaka's terms, classify its varieties, walk through *Samanya* and stage-wise *Chikitsa Sūtras* (including *Taruṇa*, *Dhātu-gata*, *Saṃsṛṣṭa* and *Sannipātaja*), plan care for *Viṣama* and *Punarāvartaka Jvara*, choose correct *Pathya* (Śaḍaṅga Pānīya, Yavāgū), and justify *Ghṛta/Kṣīra* and *Śodhana/Daivavyapāśraya* decisions.

# 1) Jvara: Prakṛti, Pravṛtti, Prabhāva, Pūrvārūpa, Adhiṣṭhāna, Pratyātmā Lakṣaṇa

### 1.1 Prakṛti (nature) and Pravṛtti (origin)

Charaka emphasises that *Jvara* is not a mere rise of temperature; it is a systemic affliction of *doṣa* acting on body, senses and mind. He lists the *doṣa* basis and reminds that those free of somatic and psychic doṣa imbalance are not afflicted by fever:

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"दोषाः शारीरा मानसाश्च युक्ते ऽन्योन्यं प्रकोपयेत्।
न हि निर्व्याधिदोषाणां ज्वरः सम्पद्यते नरः॥" (Cha.Chi. 3/12)
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The *pravṛtti* (initiation) of *Jvara* is connected to *parigraha* (clinging/over-attachment) and, mythically, to Rudra's wrath—Charaka recalls this from *Nidāna Sthāna*:

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"इत्यस्य प्रकृतिः प्रोक्ता प्रवृत्तिस्तु परिग्रहात्।
निदाने पूर्वमुद्दिष्टा रुद्रकोपाच्च दारुणात्॥" (Cha.Chi. 3/14)
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### 1.2 Prabhāva (dreadfulness)

Charaka underscores the gravity of Jvara, equating it with agents of mortality:

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"क्षयस्तमो ज्वरः पाप्मा मृत्युश्चोक्ता यमात्मकाः।
पञ्चत्वप्रत्ययान्नृणां क्लिश्यतां स्वेन कर्मणा॥" (Cha.Chi. 3/13)
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### 1.3 Synonyms and conceptual footprint

Traditional synonyms like *Vyādhi, Amaya, Gaḍa, Ātanka, Yakṣmā* are cited in the same section of Charaka; together they convey that *Jvara* is the archetype disease that torments body-senses-mind (*deha-indriya-manaḥ-santāpa*)—a phrase Charaka explicitly uses while describing its core manifestation (Cha.Chi. 3/31).

## 1.4 Pūrvārūpa (premonitory signs)

Pūrvārūpa include loss of taste, heaviness, malaise, yawning, body ache, anorexia, and ālasya. These are to be recognised early to initiate langhana/pācana before full-blown Jvara. (See also Cha.Ni. 1: Jvara Nidāna.)

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### 1.5 Adhişthāna (seat)

The primary locus is āmāśaya with agnimāndya (impaired digestive fire). The vitiated doṣa vitiate rasa and obstruct sveda-vaha srotas, producing santāpa and systemic features.

### 1.6 Pratyātmā Lakṣaṇa (cardinal features)

Cardinally, *Jvara* presents with **deha-indriya-manaḥ santāpa** (anguish at body, senses and mind), anorexia, thirst, malaise and altered *agni*. (Cha.Chi. 3/31 consolidates this triad.)

## 2) Jvara: Classification, Samānya Samprāpti, Lakṣaṇa, Sādhyāsādhyatā

### 2.1 Classification (Bheda)

- Nija (endogenous): Vātaja, Pittaja, Kaphaja, Dvandvaja, Sannipātaja.
- Āgantuka (exogenous): Abhighāta, Abhiśāpa, Abhicāra, Bhūtābhiśanga etc., which may secondarily blend with dosa.
- **Special patterns:** *Vișama Jvara* (irregular cyclicity—satata, anyedina, tṛtīyaka, caturthaka etc.) and *Punarāvartaka Jvara* (relapsing).

### 2.2 Samānya Samprāpti (general pathogenesis)

*Nidāna* (dietary/behavioral, seasonal, psychic) aggravate one or more *doṣa*. In the *āmāśaya*, *doṣa* afflict *jāṭharāgni→āma* forms→*rasa* becomes *āma-rasa→sveda-vaha srotas* obstruction→heat dysregulation and systemic *santāpa*. (Compare Cha.Ni. 1 and Cha.Chi. 3.)

#### 2.3 Laksana (shared features)

Shivering or heat waves, body ache, heaviness/lightness as per *doṣa*, thirst, anorexia, weakness, headache, and mental restlessness. The pattern of onset, diurnal variation and periodicity reveal *doṣa* dominance and the irregularity (*viṣamata*) in *Viṣama Jvara*.

### 2.4 Sādhyāsādhyatā (prognosis)

Prognosis depends on *bala* (patient's strength), *doṣa*, *kāla* (stage), *deśa*, *vyādhi-bala*, and response within the classic time-windows. Charaka anticipates remission/mortality windows around **3, 7, and 10 days** (for *vāta*, *pitta*, *kapha* dominance respectively), while *santata* fevers may extend further (Vāgbhaṭa: 14, 18, 22 days).

### 3) Chikitsā Sūtra

### 3.1 Samānya Chikitsā (general plan)

- Langhana (measured lightening through *pācana-āhāra*), **Nirāgni-Svedana** (non-thermal sudation by warm room, coverings), **Uṣṇodaka** (warm water), **Tikta-rasa āhāra** in early phase; escalate to **Śodhana** when *doṣa* load is high; transition to **Bṛhmaṇa** as *āma* clears.
- Doṣa-anubandha, vāta-rakta involvement, ojas status and agnibala guide timing and intensity.

### 3.2 Taruṇa Jvara (first 7-10 days)

- Aim at āma-pācana and doṣa-upaśamana without depleting.
- **Diet:** Śaḍaṅga-odaka (see §4.3) sips; **Yavāgū without starch** (thin gruel) for up to ~6 days to kindle *agni* without burden; avoid heavy/sour/milk/fat at this stage.
- Procedures: Langhana, Nirāgni-Svedana. In kapha-pittolbala early Jvara, carefully indicated Śodhana (e.g.,

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vamana/virecana) may be used when strength allows, otherwise defer.

### 3.3 Dhātu-gata Jvara (deeper tissue involvement)

• Recognise *dhātu-specific* signs (e.g., *rasa/rakta/māṃsa...* features) and adopt targeted measures: gentle *Śodhana* (including *raktamokṣa* where appropriate), *bṛhmaṇa* with compatible soups (*yūṣa*), then *ghṛta* later, maintaining *agni*.

### 3.4 Saṃsṛṣṭa Jvara (mixed doṣa)

• Treat the dominant *doṣa* first; avoid antagonistic measures simultaneously (e.g., intense *rukṣa* with *sādhana* snigdha together). Transition step-wise as clinical picture evolves; diet remains *laghu-pācana* till *āma* recedes.

### 3.5 Sannipātaja Jvara

• Guard *ojas* and heart. Emphasise gentle *langhana*, cautious *nirāgni-sveda*, *laṅghana-yavāgū*, and avoid harsh *śodhana* unless life-saving and patient is fit. Prognosis is guarded.

## 4) Vişama & Punarāvartaka Jvara; Śaḍaṅga Pānīya; Yavāgū

### 4.1 Vișama Jvara (irregular/periodic fevers)

- **Definition & patterns:** Irregular onset, course or periodicity—satata, anyedina, tṛtīyaka (tertian), caturthaka (quartan), etc. Often tridoṣaja in origin with vāta dominance, and an āgantuka/para-hetu (external trigger) component emphasised by classical commentators.
- **Management:** Early phase like *taruṇa*: *langhana*, *śaḍaṅga-odaka*, *tikta-rasa āhāra*. As periodicity stabilises and *āma* clears, add *yūṣa*, red-rice *odana*; in chronic cycles, adopt *bṛhmaṇa* with *māṃsa-rasa* and *ghṛta* as needed, monitoring for *agnimāndya*.

### 4.2 Punarāvartaka Jvara (relapsing fever)

- Idea: Relapse occurs when the patient resumes apathyā before full recovery or when residual dosa/āma re-ignite.
- **Principles (Cha.Chi. 3/333-343):** continue *pathya*, gradual *āhāra-saṃskāra* (diet up-stepping), correct timing of *śodhana/bṛhmaṇa*, and strict avoidance of causative factors till strength returns.

### 4.3 Śadanga Pānīya (six-herb anti-pyretic water)

**Indication:** *Taruṇa Jvara* with thirst/heat, *tṛṣṇā*, *dāha*, *pitta-kapha* predominance.

Dravya (Sanskrit) Common identification

Musta *Cyperus rotundus* 

Parpaṭaka / Pitta-pāpaḍa Fumaria parviflora (or Fumaria vaillantii)

Uśīra Vetiveria zizanioides

Candana Santalum album / Pterocarpus santalinus (red sandal)
Udīcya / Hrivera Valeriana wallichii / Pavonia odorata (as per regional usage)

Nāgara (Śuṇṭhī) Zingiber officinale (dry ginger)

**Preparation:** Coarse powder of equal parts; boil with 64 parts of water and reduce to half; filter warm and sip frequently. Effects: appetiser, *dāha-śāmaka*, mild diaphoretic, anti-jvara.

**Exam pearl:** Keep Śaḍaṅga-odaka as default drink in early pittolbala/kapha fevers unless contraindicated (dehydration shock, severe vāta).

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### 4.4 Ten types of Yavāgū in Jvara

Charaka enumerates ten *Jvara-yavāgū* preparations and specifies when to use starch-free vs. starchy gruels. In *Taruṇa Jvara*, **yavāgū without starch** supports *langhana-pācana*; in convalescence/jeerna phase, **starchy yavāgū** aid *bṛhmaṇa*. Representative set (names vary by commentary; selection below illustrates indications):

- Lāja-peya / Lāja-yavāgū (parched paddy): light, thirst-relieving in early phase.
- **Tikta-yavāgū** (with *nimba, guḍūcī* etc.): for *pitta/āma* dominance.
- Pañcakola-yavāgū (with pippalī, marica, śuṇṭhī, citraka, cavya): deepana-pācana when kapha-āma prevails.
- Mūga-yavāgū / Yūṣa-yavāgū: convalescence with kapha residue.
- Śaḍaṅga-yavāgū: pairs well with śaḍaṅga-odaka in heat and thirst.
- Kṣīra-yavāgū (milk-based) & Ghṛta-siddha yavāgū: only after āma subsides (jeerna phase).

(For verse anchoring see Cha.Chi. 3, mid-section where **"Ten types of yavāgū in jvara"** are listed; also see modern consolidations.)

**Clinical cue:** Early jvara — stick to *laghu*, non-starchy, *tikta*-leaning yavāgū; convalescence — add starch, *yūṣa* and red-rice *odana* for *bṛhmaṇa*.

# 5) Ghṛta & Kṣīra Prayoga in Jeerna Jvara; Śodhana; Daivavyapāśraya

### 5.1 Ghṛta & Kṣīra in Jeerna Jvara

In second phase (*jeerna*), once *āma* clears and *agni* rekindles, medicated **ghṛta** and **processed milk** are **life-supporting**, replenishing *dhātu* and stabilising recovery. They are **contraindicated** in the *āma-dominant taruṇa* stage.

### 5.2 Samsodhana Chikitsā

When doṣa load is high, or in kapha/pitta burden with strength preserved, Charaka allows **vamana**, **virecana**, **śirovirecana**, **niruha-basti** in *Jvara* — judiciously timed and dosed. Over-zealous *langhana/sveda* or premature *śodhana* harms *agni/ojas*.

### 5.3 Daivavyapāśraya Chikitsā (faith-based measures)

Within Jvara therapy, Charaka's triad (Daivavyapāśraya-Yuktivyapāśraya-Sattvavajaya) frames supportive use of mantra, maṅgala, upavāsa, and conduct-based protections to stabilise mind, reduce fear and aid recovery—always **adjunct** to Yukti-based treatment.

# 6) Taruṇa vs. Jeerna: Putting it together (quick algorithm)

### 1. Suspect Taruṇa (≤7-10 days; āma signs):

 $Langhana \rightarrow Śaḍaṅga\ Pānīya\ sips \rightarrow starch-free\ yavāgū \rightarrow nirāgni\ sveda;\ avoid\ milk/ghṛta.\ Escalate to śodhana if strong and doṣa load evident.$ 

### 2. Shifting phase (fever easing; hunger returns):

Step-up to mild yūṣa, red-rice odana; continue warm water; gentle bṛhmaṇa.

#### 3. Jeerna (convalescence):

Add medicated *ghṛta/kṣīra*, *māṃsa-rasa* if depleted; physiologic rebuilding.

### 4. Relapses / Vișama cycles:

Sustain pathya, review triggers, use tikta/yavāgū-yūṣa rhythm; correct with staged śodhana where indicated.

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## 7) Selected Charaka Ślokas to Memorise

1. Jvara's doşa basis and freedom from affliction (Prakṛti):

''दोषाः शारीरा मानसाश्च युक्ते ऽन्योन्यं प्रकोपयेत्।

न हि निर्व्याधिदोषाणां ज्वरः सम्पद्मते नरः ॥" (Cha.Chi. 3/12)

2. Dreadfulness (Prabhāva):

''क्षयस्तमो ज्वरः पाप्मा मृत्युश्चोक्ता यमात्मकाः।

पञ्चत्वप्रत्ययान्नुणां क्लिश्यतां स्वेन कर्मणा ॥" (Cha.Chi. 3/13)

3. Origin recalled from Nidāna (Pravṛtti):

"इत्यस्य प्रकृतिः प्रोक्ता प्रवृत्तिस्तु परिग्रहात्।

निदाने पूर्वमुद्दिष्टा रुद्रकोपाच्च दारुणात्॥" (Cha.Chi. 3/14)

(For the cardinal triad deha-indriya-manah-santāpa, see Charaka's description in Cha.Chi. 3/31.)

## 8) Pathya-Apathya Summary in Jvara

**Pathya (early phase):** Warm water (*uṣṇodaka*), Śaḍaṅga Pānīya, thin non-starchy *yavāgū*, light *tikta* vegetables, adequate rest, mental calm.

Pathya (jeerna): Red-rice odana, yūṣa, medicated ghṛta/kṣīra, gradual mobilisation.

Apathya: Heavy, sour, cold, oily foods in early phase; exertion, day sleep (unless exhausted), early indulgence after

remission (risk of *Punarāvartaka*).

Yavāgū idea

# 9) Ten Types of Yavāgū in Jvara — quick table (indicative)

Use the right consistency (non-starchy in taruṇa; starchy in jeerna); choose dravyas by dominant doṣa and stage.

When to use

Lāja-based	Lāja (parched paddy)	Early thirst/heat
Tikta-yavāgū	Nimba/Guḍūcī/Paṭolādi	Pitta-āma
Pañcakola-yavāgū	Pippalī-Marica-Śuṇṭhī-Citraka-Cavya	Kapha-āma, anorexia
Śaḍaṅga-yavāgū	Six herbs of §4.3	Heat/thirst with pitta
Mūga-yavāgū	Green gram with <i>yūṣa</i>	Transition to jeerna
Kṣīra-yavāgū	Milk-based	Jeerna only
Ghṛta-siddha yavāgū	Medicated ghee finish	Jeerna debility
Deepana-yavāgū	Hingu-Ajwain etc.	Flatulence, kapha
Tridoṣa-saṃśamana	Balanced spices	Mixed pictures
Bṛhmaṇa-yavāgū	Starchy, with <i>māṃsa-rasa</i> add-on	Convalescence

Core dravya theme

(See Cha.Chi. 3 for "ten yavāgū in jvara"; diet staging corroborated in contemporary analyses.)

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## 10) Case-style checkpoints (apply the sūtras)

- Q: A 3-day pittolbala fever with thirst and anorexia. What to start?
  - A: Langhana, Śaḍaṅga-odaka sips, non-starchy Tikta-yavāgū; avoid milk/ghṛta till hunger returns.
- Q: A relapsing tertian pattern with fatigue after premature heavy diet. Your plan?
  - **A:** Re-establish *pathya*, reinstate *langhana-yavāgū*, consider staged *śodhana* when fit; then *bṛhmaṇa* and slow diet expansion to prevent *Punarāvartaka*.

## **Self-Review (quick)**

- 1. State Charaka's triad that defines *Jvara's* core suffering.
- 2. List three differences in diet between Taruṇa and Jeerna phases.
- 3. Name the six herbs of **Śadaṅga Pānīya** and one indication.
- 4. Outline how you would prevent *Punarāvartaka* after remission.
- 5. When is *Kṣīra* safe in *Jvara*? When is it harmful?

(Try to answer verbally in under 90 seconds each.)

## Assessment Bank (exam-style)

### A. Long Essay (10 marks each)

- 1. Explain the Samānya Chikitsā Sūtra of Jvara and its staging into Taruṇa and Jeerna, with rationale for Langhana, Sveda, Yavāgū, Ghṛta/Kṣīra. Support with Charaka references.
- 2. Discuss *Viṣama Jvara*: definition, patterns, *saṃprāpti*, and step-wise management including pathya and *śodhana*.
- 3. Write on *Punarāvartaka Jvara* with emphasis on *Chikitsā Sūtra* (Cha.Chi. 3/333-343), relapse prevention and diet up-stepping.

### B. Short Notes (5 marks each)

- a) Deha-Indriya-Manaḥ Santāpa in Jvara.
- b) Śaḍaṅga Pānīya: composition, method, indications.
- c) Dhātu-gata Jvara—recognition and lines of treatment.
- d) Ten Yavāgū ideas for Jvara—how to choose.
- e) Daivavyapāśraya in Jvara—role and limits.

### C. MCQs (1 mark each; answer key below)

- 1. In early *Taruṇa Jvara*, the preferred gruel is:
  - a) Starchy  $yav\bar{a}g\bar{u}$  b) Non-starchy  $yav\bar{a}g\bar{u}$  c)  $M\bar{a}msa$ -rasa d)  $Ks\bar{i}ra \to \mathbf{Ans:}$  b.
- 2. Śadanga Pānīya contains all except:
  - a) Musta b) Parpaṭaka c) Uśīra d) Haridrā → **Ans:** d.
- 3. The triad central to Jvara's definition is:
  - a) Śīta-uṣṇa-rūkṣa b) Deha-indriya-manaḥ santāpa c) Vāta-pitta-kapha d) Agnimāndya-āma-ojas kṣaya  $\rightarrow$  **Ans:** b.
- 4. In Jeerna Jvara, Kṣīra is:
  - a) Contraindicated b) Lifesaving if processed and used appropriately c) Always neutral d) Indicated only with  $vamana \rightarrow Ans:$  b.
- 5. Punarāvartaka Jvara management chiefly stresses:
  - a) Early heavy diet b) Immediate *bṛhmaṇa* c) Strict *pathya* and staged up-stepping d) Avoidance of *langhana* → **Ans:** c.

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### References (core classical anchors & scholarly consolidations)

- Charaka Saṃhitā, Chikitsā Sthāna, Adhyāya 3 (Jvara Chikitsā): key ślokas on synonyms/nature, origin, and dreadfulness (3/11–14).
- Cardinal triad & classification summaries: Cha.Chi. 3/31; modern summaries.
- Taruṇa/Jeerna protocol, Yavāgū staging, Śaḍaṅga-odaka: Non-pharmacological protocol review (2023) synthesising Charaka's directives.
- Śaḍaṅga Pānīya composition & method: classical consolidations and pharmaco-profiles.
- Viṣama & Punarāvartaka Jvara: classical descriptions and contemporary reviews.

**Remember:** In *Jvara*, timing is treatment. First calm *āma* and *doṣa* without breaking *agni*; then nourish what the fever has consumed. Charaka's steps help you do exactly that.

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