

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 *Jwara* (fever) in Charaka's terms, classify its varieties, walk through *Samanya* and stage-wise *Chikitsa Sūtras* (including *Taruṇa*, *Dhātu-gata*, *Samśṛṣṭa* and *Sannipātaja*), plan care for *Viśama* and *Punarāvartaka Jwara*, choose correct *Pathya* (*Śaḍaṅga Pāniya*, *Yavāgū*), and justify *Ghṛta/Kṣīra* and *Śodhana/Daivavyapāśraya* decisions.

1) Jwara: Prakṛti, Pravṛtti, Prabhāva, Pūrvārūpa, Adhiṣṭhāna, Pratyātmā Lakṣaṇa

1.1 Prakṛti (nature) and Pravṛtti (origin)

Charaka emphasises that *Jwara* 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:

“दोषाः शारीरा मानसाश्च युक्तेऽन्योन्यं प्रकोपयेत् ।
न हि निर्व्याधिदोषाणां ज्वरः सम्पद्यते नरः ॥” (Cha.Chi. 3/12)

The *pravṛtti* (initiation) of *Jwara* is connected to *parigraha* (clinging/over-attachment) and, mythically, to Rudra's wrath—Charaka recalls this from *Nidāna Sthāna*:

“इत्यस्य प्रकृतिः प्रोक्ता प्रवृत्तिस्तु परिग्रहात् ।
निदाने पूर्वमुद्दिष्टा रुद्रकोपाच्च दारुणात् ॥” (Cha.Chi. 3/14)

1.2 Prabhāva (dreadfulness)

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

“क्षयस्तमो ज्वरः पाप्मा मृत्युश्चोक्ता यमात्मकाः ।
पञ्चत्वप्रत्ययान्नुणां क्लिश्यतां स्वेन कर्मणा ॥” (Cha.Chi. 3/13)

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 *Jwara* 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 *Jwara*. (See also Cha.Ni. 1: *Jwara Nidāna*.)



1.5 Adhiṣṭhāna (seat)

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

1.6 Pratyātmā Lakṣaṇa (cardinal features)

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

2) Jvara: Classification, Samānya Saṃprāpti, Lakṣaṇa, Sādhyāsādhyatā

2.1 Classification (Bheda)

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

2.2 Samānya Saṃprāpti (general pathogenesis)

Nidāna (dietary/behavioral, seasonal, psychic) aggravate one or more *doṣa*. In the *āmāśaya*, *doṣa* afflict *jātharāgni*→*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 Lakṣaṇa (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 (*viśamata*) in *Viśama 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.,



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 Saṃśṛṣṭa 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*, *langhana-yavāgū*, and avoid harsh *śodhana* unless life-saving and patient is fit. Prognosis is guarded.

4) Viṣama & Punarāvartaka Jvara; Śaḍaṅga Pāniya; Yavāgū

4.1 Viṣama Jvara (irregular/periodic fevers)

- Definition & patterns:** Irregular onset, course or periodicity—*satata*, *anyedina*, *tr̥tīyaka* (*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 *doṣa/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 Śaḍaṅga Pāniya (six-herb anti-pyretic water)

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

Dravya (Sanskrit)	Common identification
Musta	<i>Cyperus rotundus</i>
Parpatāka / Pitta-pāpaḍa	<i>Fumaria parviflora</i> (or <i>Fumaria vaillantii</i>)
Uśīra	<i>Vetiveria zizanioides</i>
Candana	<i>Santalum album</i> / <i>Pterocarpus santalinus</i> (red sandal)
Udīcyā / Hrīvera	<i>Valeriana wallichii</i> / <i>Pavonia odorata</i> (as per regional usage)
Nāgara (Śuṅṭhī)	<i>Zingiber officinale</i> (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-sāmaka*, mild diaphoretic, anti-jvara.

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

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*, *śuṅṭhī*, *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 Saṃśodhana 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 → *Śaḍaṅga Pānīya* sips → starch-free yavāgū → *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 / Viśama cycles:

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



7) Selected Charaka Ślokas to Memorise

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

“दोषाः शरीरा मानसाश्च युक्तेऽन्योन्यं प्रकोपयेत् ।
न हि निर्व्याधिमोषाणां ज्वरः सम्पद्यते 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-mañḥ-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*).

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.

Yavāgū idea	Core dravya theme	When to use
Lāja-based	<i>Lāja</i> (parched paddy)	Early thirst/heat
Tikta-yavāgū	<i>Nimba</i> / <i>Guḍūci</i> / <i>Paṭolādi</i>	Pitta-āma
Pañcakola-yavāgū	<i>Pippalī</i> - <i>Marica</i> - <i>Śuṅṭhī</i> - <i>Citraka</i> - <i>Cavya</i>	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	<i>Hingu</i> - <i>Ajwain</i> etc.	Flatulence, kapha
Tridoṣa-saṁśamana	Balanced spices	Mixed pictures
Bṛhmaṇa-yavāgū	Starchy, with <i>māṁsa-rasa</i> add-on	Convalescence

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



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 *brhmaṇa* 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 **Śaḍaṅga Pāniya** 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 *Viśama 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 Pāniya**: 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 *yavāgū* b) Non-starchy *yavāgū* c) *Māṃsa-rasa* d) *Kṣīra* → **Ans:** b.
2. **Śaḍaṅga Pāniya** 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-maṇaḥ santāpa* c) *Vāta-pitta-kapha* d) *Agnimāndya-āma-ojas kṣaya* → **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* → **Ans:** b.
5. *Punarāvartaka Jvara* management chiefly stresses:
a) Early heavy diet b) Immediate *brhmaṇa* c) Strict *pathya* and staged up-stepping d) Avoidance of *langhana* → **Ans:** c.



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 Pāniya 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.