## Unit 3. Teevra Jwara Vega (Hyperpyrexia)

### Unit 3: Tīvrā Jvara-Vega (Hyperpyrexia)

**श्लोक (ज्वर की अग्रता):**
रोगाणां प्रवरो ज्वरः।
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# 1) Orientation: what “tīvrā jvara-vega” means at the bedside

**Tīvrā Jvara-Vega** denotes a **high-intensity fever surge**, typically with core temperature **≥ 41–41.5 °C (hyperpyrexia)**, fast deterioration, and risk to **prāṇa—ojas—agni**. In the emergency window, your goals are to **rapidly recognise severity, lower temperature safely, maintain perfusion and mentation,** and start a cause-directed plan without delaying referral when red flags appear. Āyurveda frames this as an aggressive *jvara* storm (often doṣa-sannipāta or pitta-pradhāna) that can threaten **marma** (especially **śira-hṛdaya**).

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# 2) Classification you must use immediately

## 2.1 Swatantra Jvara vs Paratantra Jvara

- **Swatantra Jvara (स्वतन्त्र ज्वर):** Primary, **doṣa-pradhāna** fever where jvara is the **main disease**. It shows classical **doṣa signatures**:
  - **Vātaja:** marked chills, body ache, dry mouth, constipation, fine rapid pulse.
  - **Pittaja: high temperature**, thirst, burning, yellowish tinge, irritability, bitter taste.
  - **Kaphaja:** heaviness, nausea, white coat on tongue, cough/congestion, sluggishness.
  - **Sannipātaja:** mixed features; in emergencies, commonly **pitta-dominant**.
- **Paratantra Jvara (परतन्त्र ज्वर): Secondary** fever due to another **roga** or **āgantuka** factor (trauma, bites, suppuration, pneumonia, UTI, meningitis, heat-stroke, etc.). Fever pattern follows the **parent pathology** (abscess, toxemia, obstruction, inflammatory foci).

**Key clinical use:** If jvara is **driving** the illness with clear doṣa signs → treat as **Swatantra** (plus cause search). If fever is **a sign** of another dominant disease (e.g., neck stiffness, localized lung signs, pelvic pain, deep wound) → treat as **Paratantra** and address the **source** urgently.

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# 3) Clinical examination in emergencies (fast but thorough)

**A. Triage in the first minute (ABCD):**

- **A – Airway:** voice hoarseness, drooling, stridor?
- **B – Breathing:** rate >30/min or <10/min, cyanosis, chest signs.
- **C – Circulation:** pulse quality, capillary refill, systolic BP <90 mmHg, active bleed, dehydration.
- **D – Disability (neurology):** GCS, agitation/delirium, seizures, neck stiffness, focal deficits.

**B. Confirm “fever” and its context**

- **Core temp** (preferably oral/tympanic; rectal only in facility). Hyperpyrexia ≥ 41–41.5 °C.

- **Pattern:** intermittent/remittent/sustained/periodic; recent antipyretics.
- **Onset speed & exposure:** heat exposure, travel, bites, contaminated water, sick contacts, recent procedures.
- **Risk groups:** infants, elderly, pregnancy, immunocompromise, chronic disease.

**C. Focused exam to separate Swatantra vs Paratantra**

- **ENT/chest:** purulent foci, sinus tenderness, otitis, crackles/consolidation.
- **Abdomen/pelvis:** guarding, CVA tenderness, suprapubic pain, pelvic discharge.
- **Neuro:** headache with vomiting, photophobia, neck stiffness (Kernig/Brudzinski in facility), altered behaviour.
- **Skin/soft tissue:** rash (petechiae/purpura), cellulitis, burn/wound.
- **Hydration & shock:** mucosal dryness, sunken eyes, cold clammy skin, thready pulse.

**D. Red flags demanding immediate escalation**

- Temp ≥ 41 °C **plus**: delirium/seizure, severe headache/neck stiffness, hypotension, purpura/petechiae, severe dyspnoea, new focal neuro-deficit, oliguria, pregnancy, infant <3 months.

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## 4) Differentiation of fever patterns at the bedside

| Pattern/Feature | Points towards | Sample correlates | What it means for action |
|---|---|---|---|
| Sudden spike with chills, very high temp, intense thirst, burning | **Pittaja Swatantra** or **heat-stroke** | Hot climate exposure, dry skin early | **Active cooling now**, fluids; search exposures; pitta-śamana |
| High fever with cough, pleuritic pain, focal chest signs | **Paratantra** (pneumonia) | Productive cough, tachypnea | Oxygen if needed; antibiotics at facility; avoid delay |
| High fever + neck stiffness/photophobia | **Paratantra** (meningitis) | Headache, vomiting, confusion | Urgent referral; avoid oral intake |
| Fever with rigors, pallor, splenomegaly | **Paratantra** (malaria) | Travel/season history | Rapid test at facility; start protocol |
| Intermittent fever + localized pain/swelling | **Paratantra** (abscess) | Tender warm area | Source control at facility |
| Fever with nausea, heaviness, congestion | **Kaphaja Swatantra** | Coated tongue, sluggishness | Lightening + safe antipyresis; watch airway secretions |

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## 5) Ayurvedic view of pathology in hyperpyrexia

- **Doṣa dynamics: Pitta** (uṣṇa, tīkṣṇa) lifts core heat; **Vāta** drives shivering, delirium swings; **Kapha** holds *āma/saṅga* (congestion) that may trap heat internally.
- **Agni:** Initially tīkṣṇa (burning, thirst), quickly **collapses** with exhaustion → anorexia, nausea.
- **Ojas:** High heat and dehydration **drain ojas**, reducing resilience (thready pulse, confusion).
- **Srotas: Prāṇavaha** stress with tachypnea; **mūtravaha**/ **svedavaha** losses (diaphoresis, scant urine).
- **Marma risk (śira/hṛdaya):** delirium, seizures, syncope, arrhythmia in extremes.

**ज्वर का प्राणघातक रूप :**
**ज्वरे तीव्रे प्राणवहानि शीघ्रं भवन्ति ।** *(■■■■■■■■■■: ■■■■■ ■■■■ ■■■■■ ■■ ■■■■■ ■■ ■■■■■ ■■■■ ■■)*
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# 6) Management: modern and Āyurvedic, together and time-sequenced

## 6.1 First 10 minutes (do not delay for anything else)

1. **ABCD** as above; place patient in a **cool, well-ventilated** area; remove excess clothing.
2. **Active cooling**: **tepid sponging/evaporative cooling** (lukewarm water; avoid ice baths outside monitored settings), fans to enhance evaporation.
3. **Hydration:** If fully alert and no aspiration risk → frequent small sips of **oral rehydration**/cool water. If hypotensive or vomiting → **refer for IV fluids**.
4. **Antipyresis: Paracetamol** (adults 500–1000 mg every 6–8 h; children 10–15 mg/kg/dose) unless contraindicated.
5. **Look for source and red flags** simultaneously; if any present, **arrange immediate transport** after basic measures.

**Clinical pearl:** Cooling and hydration **protect prāṇa–ojas** while you identify whether this is Swatantra (doṣa-pradhāna) or Paratantra (source-driven).

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## 6.2 Abhyantara Auṣadhi (internal medicines) — rational, bedside-safe choices

**Always prioritise safety; do not force oral intake if sensorium is impaired. Dosages below are adult general ranges; adjust to patient, brand standards, and pharmacopeial norms.**

**For Pitta-dominant Tīvrā Jvara (burning, thirst, high core heat):**

- **Śadanga Pāniya** (Mustā, Parpaṭa, Uśīra, Candana, Udīcyā, Pāṭhā) as **sītalā pāna**: 100–150 ml **every 2–3 h**, sips.
- **Gudūcī Kaṣāya** (Tinospora cordifolia): 40–60 ml **BD–TDS**; or **Gudūcī Ghana** 500 mg **BD**.
- **Pravāla Piṣṭi / Mukta Piṣṭi** (where appropriate): 125 mg **BD** with *gulāba-jala* or water.
- **Amṛtōttara/Amṛta-arishta** in convalescence, **not** in dehydration.

**For Vāta-Kapha predominant fever with stiffness/heaviness (not hyperpyrexic):**

- **Sudarśana Cūrṇa** 1–3 g **BD–TDS** with warm water.
- **Tribhuvana Kīrti Rasa** 125 mg **BD**, short course, if no contraindications and under supervision.
- **Tulasi–Śuṇṭhī–Pippalī** warm infusion in small sips if no dehydration.

**For āma-loaded states (nausea, coated tongue, anorexia):**

- **Laghu Pachanam: Mustā** or **Pippalī + Śuṇṭhī** tiny sips; **avoid** heavy ghṛta/sneha during hyperpyrexia.

**Note:** If the clinical picture suggests **Paratantra** (e.g., pneumonia, meningitis, malaria, dengue, heat-stroke), **do not delay** appropriate **facility-based protocols** (antimicrobials, antimalarials, IV fluids, electrolytes, monitored cooling).

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## 6.3 Basti (enema) — when and how (post-stabilisation only)

- **Role:** In **Swatantra Vātaja/Sannipātaja jvara** with refractory body pain, constipation, or when **Vāta** is flaring after temperature control, **mridu niruha** (gentle decoction enema) may help once **ABCD stable** and **no dehydration**.
- **Composition (example):** *Gudūcī–Mustā–Yaṣṭimadhu* decoction as base (lukewarm), a little **ghṛta** if **pitta signs receded**, and **saindhava** for vāta relief.
- **Avoid:** During **hyperpyrexia**, shock, dehydration, acute abdomen, or altered sensorium. Never prioritise basti

over life-saving cooling/fluids.

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### 6.4 Dhūpana (fumigation) — supportive, not curative

- **Purpose: Environmental asepsis** and **comfort** (kapha-saṅga, foul odour wards).
- **Dravyas: Nimba-patra**, **Guggulu**, **Vaca**, **Ajavāyana (Ajwain)**, **Haridrā** blends.
- **When:** Between patient encounters, not over the patient in dyspnoea.
- **Avoid:** In bronchospasm, infants, or oxygen-enriched rooms. Dhūpana is **adjunct hygiene**, not primary antipyresis.

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### 6.5 Svedana (sudation) — selective use

- **Indication: Mild–moderate kapha-vāta jvara** with chills, stiffness, no hyperpyrexia; **nāḍī-sveda** or **loka-sveda** (local fomentation) can relieve rigors and myalgia.
- **Avoid: Tīvrā jvara-vega (hyperpyrexia)**, dehydration, pitta-dominance (burning, red eyes, thirst). In such states choose **śītala upakrama** (cooling) instead.

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### 6.6 Lepa (topical pastes) — sheetala support

- **Forehead/temporal cooling lepa (where appropriate):**
  **Cūrṇa:** *Candana (Santalum), Uśīra (Vetiver), Mustā (Cyperus)*, a pinch of **Yaṣṭimadhu**; mix with cool **gulāba-jala** or plain water to make a thin lepa; apply **thin layer** to forehead/temples.
- **Cautions:** Do **not** apply thick, occlusive, or very cold pastes; avoid if chills are active; do not obstruct skin heat loss.

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## 7) Putting it together: a stepwise plan

1. **Recognise Tīvrā Jvara-Vega:** Temp ≥ 41 °C or any red flag → **cool + hydrate + monitor mentation**.
2. **Swatantra vs Paratantra check:** If clear **source** (lung, CNS, abdomen, urinary, skin) or toxin/heat exposure → **Paratantra** → **urgent facility care** after first aid.
3. **If Swatantra (doṣa-pradhāna):**
   - Pitta-dominant → **śītala upakrama** (tepid sponging, shade, sips), **Gudūcī/Śadanga pāniya**, *piṣṭi* where suited; **no svedana**.
   - Kapha–vāta with chills (no hyperpyrexia) → light **svedana**, **Sudarśana**, warm infusions; reassess temp.
   - Āma signs → **laghu pācana**, sips only; **no sneha** until heat and nausea settle.
4. **Reassess every 15–30 min:** pulse, breathing, mentation, urine, temperature.
5. **If deterioration/any red flag → escalate and refer**; document actions and response.

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## 8) Practical formulations & dosing matrix (adult, typical ranges)

| Scenario | Internal medicine (examples) | Typical adult dose & notes |
|---|---|---|
| **Pitta-dominant hyperpyrexia** | **Gudūcī Kaṣāya**; **Śadanga Pāniya**; **Pravāla/Mukta Piṣṭi** | Kaṣāya 40–60 ml BD–TDS; Śadanga 100–150 ml every 2–3 h as sips; Piṣṭi 125 mg BD |
| **Kapha–vāta with chills (not hyperpyrexic)** | **Sudarśana Cūrṇa**; **Tribhuvana Kīrti Rasa** (short course) | Sudarśana 1–3 g BD–TDS; Tribhuvana Kīrti 125 mg BD with honey/warm water |

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| Scenario | Internal medicine (examples) | Typical adult dose & notes |
|---|---|---|
| **Āma-dominant, nausea** | **Mustā** + **Śuṇṭhī** warm infusion; **Pippalī** micro-doses | 50–100 ml sips 2–3 hourly; adjust if gastritis |
| **Post-spike myalgia/constipation** | **Mridu Niruha Basti** (post-stabilisation) | In supervised setting only; avoid in dehydration |
| **Convalescence** | **Amṛta-arishta**, **Drākṣā-arishta** (as appropriate) | 15–30 ml with equal water after meals |

*(Use institutional/Pharmacopeia standards; watch for pregnancy, renal/hepatic comorbidities, drug interactions.)*

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## 9) Special situations you must not miss

- **Heat-stroke (āgantuka pitta-saṅkṣobha):** Hot, dry skin; collapse, confusion; often **no sweating**. **Immediate evaporative cooling**, cool IV fluids at facility; avoid svedana/sneha.
- **Sepsis:** Fever may be **very high** or **low** with confusion; capillary refill delayed; oliguria. Needs **urgent IV fluids, antibiotics, monitoring**.
- **Meningitis/encephalitis:** Fever + **headache, neck stiffness, photophobia, seizures** → **nothing orally**, side-position, rapid transport.
- **Dengue warning signs:** Fever → critical phase with **abdominal pain, persistent vomiting, mucosal bleed, lethargy**; avoid NSAIDs; facility care.
- **Malaria (falciparum risk):** High fever with rigors, pallor, splenomegaly; test and treat per protocol.

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## 10) Monitoring and documentation

- Record **time of spike**, **temp**, **pulse**, **BP**, **RR**, **mentation**, **urine**.
- Note **what you gave** (cooling, fluids, medicines) and **response in 30 min**.
- For referral: include **red flags**, **suspected source**, **first-aid provided**, **allergies**, and **contact**.

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## 11) Quick cases (think it through)

1. **41.2 °C with burning, intense thirst, flushed face; no localising signs.**
   **Likely:** Pitta-dominant **Swatantra**.
   **Action now:** Cool environment, **tepid sponging**, sips of **Śadanga Pāniya**, **Gudūcī Kaṣāya**, paracetamol if not contraindicated. Observe 30 min; if delirium or hypotension appears → **refer**.
2. **40.5 °C with cough, pleuritic pain, crackles.**
   **Likely: Paratantra** (pneumonia).
   **Action:** Cooling + oxygen if needed; **urgent facility referral** for antibiotics and monitoring; Āyurvedic internal support (e.g., Gudūcī) in conjunction, **not** as a delay.
3. **Very high fever, headache, photophobia, vomiting, neck stiffness.**
   **Likely: Paratantra** (meningitis/encephalitis).
   **Action: Nothing orally**, protect airway (side-position), rapid transport; do not attempt basti or svedana.

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## 12) Summary (pin these to memory)

- **Tīvrā Jvara-Vega** = **hyperpyrexia** with prāṇa–ojas risk.
- **Swatantra** (doṣa-pradhāna) vs **Paratantra** (source-driven) classification directs priorities.
- First aid = **cooling, hydration, mentation watch, paracetamol** (if appropriate), and **fast source search**.

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- **Pitta-dominant** states favour **śītala upakrama** (Śadanga pāniya, Gudūcī); **avoid svedana**.
- **Basti** is **post-stabilisation** only; **Dhūpana** is for environment; **Lepa** can be **sheetala**, thin and non-occlusive.
- Red flags (delirium, seizure, hypotension, focal deficits, petechiae) = **stabilise then refer** without delay.

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## 13) Self-check (answer mentally)

1. Two bedside features that tell you “this is Paratantra Jvara.”
2. Why is **svedana** avoided in hyperpyrexia though it helps kapha-rigor states?
3. Name two sheetala internal measures for pitta-dominant fever spikes.
4. What must you document before sending a hyperpyrexic patient to a higher centre?
5. In what sequence do you restore **prāṇa–ojas–agni** during a high fever crisis?

**ध्यान रखें:** You are not choosing between “modern” and “Āyurvedic”. You are choosing **life-preserving priorities** first, then integrating rational *upakrama* safely.





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