



Unit 3. Teevra Jwara Vega (Hyperpyrexia)

Unit 3: Tivrā Jwara-Vega (Hyperpyrexia)

श्लोक (ज्वर की अग्रता):

रोगाणां प्रवरो ज्वरः ।

— [REDACTED], [REDACTED] ([REDACTED])

1) Orientation: what “tivrā jwara-vega” means at the bedside

Tivrā Jwara-Vega denotes a **high-intensity fever surge**, typically with core temperature $\geq 41-41.5$ °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 *jwara* storm (often *doṣa-sannipāta* or *pitta-pradhāna*) that can threaten **marma** (especially **śira-hṛdaya**).

2) Classification you must use immediately

2.1 Swatantra Jwara vs Paratantra Jwara

- **Swatantra Jwara** (स्वतन्त्र ज्वर): Primary, **doṣa-pradhāna** fever where *jwara* 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 Jwara** (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 *jwara* 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.

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 $\geq 41-41.5$ °C.

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).

6.2 Abhyantara Auśadhi (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 Tivrā Jvara (burning, thirst, high core heat):

- **Śadanga Pāniya** (Mustā, Parpaṭa, Uśīra, Candana, Udīcyā, Pāṭhā) as **sītālā pāna**: 100–150 ml **every 2–3 h**, sips.
- **Gudūcī Kaśāya** (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 hyperpyrexia):

- **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-Śuṅṭhī-Pippalī** warm infusion in small sips if no dehydration.

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

- **Laghu Pachanam: Mustā** or **Pippalī** + **Śuṅṭhī** tiny sips; **avoid** heavy ghr̥ta/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).

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 **ghr̥ta** 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.

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.

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:** Tivrā jvara-vega (hyperpyrexia), dehydration, pitta-dominance (burning, red eyes, thirst). In such states choose śītala upakrama (cooling) instead.

6.6 Lepa (topical pastes) — sheetala support

- **Forehead/temporal cooling lepa (where appropriate):**
Cūrṇa: Candana (Santalum), Uśīra (Vetiver), Mustā (Cyperus), a pinch of Yaśṭimadhu; 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.

7) Putting it together: a stepwise plan

1. **Recognise Tivrā 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.

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 hyperpyrexia)	Sudarśana Cūrṇa; Tribhuvana Kīrti Rasa (short course)	Sudarśana 1–3 g BD-TDS; Tribhuvana Kīrti 125 mg BD with honey/warm water

Scenario	Internal medicine (examples)	Typical adult dose & notes
Āma-dominant, nausea	Mustā + Śuṅṭhī 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.)

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.

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**.

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.

12) Summary (pin these to memory)

- **Tivrā 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**.



- **Pitta-dominant** states favour **śīṭala 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.

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 hyperpyrexia 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.