

Unit 3. Teevra Jwara Vega (Hyperpyrexia)

Unit 3: Tīvrā Jvara-Vega (Hyperpyrexia)

श्लोक (ज्वर की अग्रता): रोगाणां प्रवरो ज्वर:।

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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).

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.
 - o 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.

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.

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- 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.

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

5) Ayurvedic view of pathology in hyperpyrexia

- Doşa dynamics: Pitta (uṣṇa, tīkṣṇa) lifts core heat; Vāta drives shivering, delirium swings; Kapha holds āma/saṅga (congestion) that may trap heat internally.
- Agni: Initially tīkṣna (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 । (20202020202: 202020 20202 202020 20 202020 20 202020 202020 2020

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6) Management: modern and Ayurvedic, 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.
- 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.
- 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 Auşadhi (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 Pişţi / Mukta Pişţi (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 Cūrna 1-3 g BD-TDS with warm water.
- Tribhuvana Kirti Rasa 125 mg BD, short course, if no contraindications and under supervision.
- Tulasi-Śunthī-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).

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-Yastimadhu 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

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over life-saving cooling/fluids.

6.4 Dhūpana (fumigation) — supportive, not curative

- Purpose: Environmental asepsis and comfort (kapha-sanga, 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: Tīvrā 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 **Yasṭimadhu**; 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 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.
- 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 Kasāva 40-60 ml BD-TDS: Śadanga Gudūcī Kaṣāya; Śadanga Pāniya; Pitta-dominant hyperpyrexia 100-150 ml every 2-3 h as sips; Pişţi Pravāla/Mukta Pișți 125 mg BD Sudarśana 1-3 g BD-TDS; Tribhuvana Kapha-vāta with chills (not Sudarśana Cūrņa; Tribhuvana Kīrti Kīrti 125 mg BD with honey/warm Rasa (short course) hyperpyrexic) 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.)

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)

- Tīvrā Jvara-Vega = hyperpyrexia with prāṇa-ojas risk.
- Swatantra (doșa-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.

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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