



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

AYURVEDIC MANAGEMENT OF RECURRENT TYPHOID FEVER – A SINGLE CASE STUDY

*Dr. Avinash Kumar Mishra¹ M.D (Ayu)

1. Asst. Professor Dept. of Samhita & Siddhanta ; Swami Raghvendracharya Tridandi Ayurved Mahavidyalaya Evam Chikisalaya, Karjara ,Gaya Ji ,Bihar.

ABSTRACT

Typhoid is a disease caused by Salmonella serotype Typhi bacteria. Symptoms vary from mild to severe. This is mainly accompanied by weakness, abdominal pain, constipation, headache and mild vomiting, some people develop skin rash with rose coloured spots. People may carry bacteria without being affected, but they are still able to spread the disease. Typhi grows in intestine, Peyer's patches, mesenteric lymph nodes, spleen, liver, gall bladder, bone marrow and blood. It spreads by eating or drinking food or water contaminated with the feces of an infected person. It can be diagnosed with blood culture, Widal, Typhidot and Tubex test. Treatment is done with ORS, Antibiotics and surgery in rare cases. In Ayurveda jwara is explained in detail, based on history, sign and symptoms and samprapti (pathogenesis) it can be categorized in certain type of jwara and treatment should be done accordingly. We can not co-relate Typhoid with any type of jwara mentioned in Ayurveda directly. This case was diagnosed as Vishma jwara, Jeerna jwara, Punravartaka jwara, ama jwara based on different parameters.

Key words - Recurrent fever, Typhoid, Vishma Jwara, Jeerna jwara, Punravartaka jwara, Ama jwara.

INTRODUCTION

Jwara is first disease explained in Ayurveda. Jwara is also considered as first and one among the complicated diseases¹. It is basically Pitta Pradhan vyadhi but all three doshas are involved in manifestation of vyadhi called jwara. It has different classification. As per Adhistaan it is classified into two types - Shaaririka and Maanshika, as per Vega it is classified into - Antervegi jwara and Bahirvegi jwara, depending on the curability it is divided into - Saadhya and Asaadhya types, as per Dosh Kaala and Bala jwara is divided into 5 types - Santata, Satata, Aneyduska, Tritiyaka and Chaturthaka, as per involvement of dosha 7 types and so on². The main symptom of jwara³ explained in Samhitas are –

1. Santaapa (Raise in temperature)

2.Aruchi (loss of interest in consuming any food)

3.Trishna (excessive thirst)

4.Angamarda (Bodyache)

5.Hridayatha (Kind of restlessness)

In general Jwara is co-related with Fever, where Raise in body temperature is considered as main or cardinal sign.

CASE REPORT-

Present Complaints

A 28 year old female visited opd on 18/07/2021 with complaints of Fever, Nausea, Constipation, mild headache, burning sensation in chest on and off since one week, feeling of feverishness since (at evening hours she used to feel little cold, malaise and burning sensation in eyes with weakness, while checking with thermometer body temperature was found always normal) since 3-4 years. Her widal test and Typhi Dot IgG and IgM was positive

History of present illness –

Pt. is having feverish feeling since 3-4 years other than this pt. was apparently normal one week ago, since 5-6 days pt. has developed fever which is not exceeding 100°F. At present pt. is having complaints of raise in body temperature, nausea, low appetite, constipation, weakness and mild headache.

Since 3-4 years pt is suffering with fever in every 3-4 months, in a year pt is suffering with fever 3-4 times since 3 years, every time widal test was found positive and accordingly antibiotics and other necessary drugs was prescribed by consulting physician. Pt. used to get relieve from fever but she never felt completely lightness and relaxed in body. She used to feel feverish in evening hours and fever in every 3-4 months continuously.

With these complaints and with hope of better solution she approaches to me.

History of past illness-

Since 3 years in every 3-4 years she used to get infected with Typhoid fever. There is no history of other serious illness/ Hospitalization.

Associated Complaints –

Primary Dysmenorrhea

Recently diagnosed with hypothyroidism (under allopathy medication)

GENERAL EXAMINATION

Counsciousness	Oriented/ Counscious	Fully
Orientation	Well	
Pallor	Present	
Icterus	Absent	
Cyanosis	Absent	
Oedema	Absent	
VITALS		
Heart rate	84/min	
Respiratoy rate	16/min	
BP	100/70	
Temp.	100 ⁰ F	
SYSTEMIC EXAMINATION		
CVS	NAD	
RS	NAD	
CNS	NAD	
P/A	Soft , Non Tender	

DASHVIDHA PARIKSHA

DESHA	SAADHARANA	DESHA/SARVA
DUSHYA	SHARIRA	
BALA	RASA	
KAALA	ROGA BALA-MADHYAM, ROGI BALA-MADHYAM	
ANALA (AGNI)	RITU-VARSHA, ROGA AVADHI-JEERNA	
PRAKRUTI	AVARA	
VAYAH	VATA-KAPHA	
SATVA	BAALA	
SAATMYA	MADHYAM	
AAHAARA	SARVA RASA SAATMYA	
	MADHRA RASA PRADHAAN AAHARA	

DOSHA
INVOLVED

PITTA KAPHA

Vyadhi vinischya – The case is diagnosed as a case of vishma jwara (some days she was getting fever once in a 24 hour , sometimes 2 times in 24 hour).

Treatment started with following medicine –

1. Fresh kashya of (guduchi , amalaka and musta churna) 50ml b.d
2. Tab Trishun (combination of maha Sudarshan churna+ maha laxmi vilas rasa) 2tab TID
3. Tab Chirakin (made up of kirattiktaka) 2 tab TID

These medicines were adviced for 10 days .and pt. was asked to visit opd again after 10 days.

After 10 days pt again visited to OPD (Follow up 1)

Pt. did not feel much improvement , her temperature were reduced from 100 to 99 , but loss of appetite , burning chest , bodyache , constipation , weakness was as usual .

Patient also complained that she is unable to drink kashya daily because of taste and nausea also increases after consuming kashya .

This time she was advised to go for Typhi Dot IgG and IgM Lab test and it was found negative

Medication was modified little bit

She was advised

Tab Trishun 2TID

Tab Chirakin 2 TID

Tab Suvarna vasant Malati 1 Bd

Tab Harikati 2 tab HS with lukewarm water

Shadangapaaniya was adviced to drink 50ml 4-5 times a day

Pt. was called again after 15 days

After 15 days pt. was reached to OPD again (2nd Follow up)

At this time pt. was free from fever , there was improvement is symptoms of constipation and nausea but her appetite was not improved much , she was not feeling light , still feeling feverish . this time she advised with liver function test where SGOT and SGPT was found 380 and 375 repectively which was too high from normal value, This time pt. was adviced following medicine for 1 month

1. Tab Chirakin 2 BD
2. Tab Sudarshan Ghan Vati 2BD
3. Tab Suvarna vasant Malati 1OD
4. Syp Amlycure DS 2Spoon BD

5. Tab Haritaki 2 HS

Liver function test was repeated after 1 month , this time SGPT and SGOT was 35 , 38 respectively which is within normal limit . Pt. was free from Symptoms of fever, nausea, headache and constipation. Weakness was reduced but did not disappear completely. This time pt. was advised with Suvarna vasant malati and Sudarshan ghan vati for 2 months (follow up 3) and again SGOT & SGPT was repeated the value for SGOT & SGPT was 33 , 31 u/l respectively which is within normal limit .

Now pt. is free from all his symptoms and reports are also within normal limit , this time pt was advised with following medicine for 1 month again (follow up 4)

Suvarna vasat malati 1 tab OD

Sudarshan ghan vati 2BD

After 1 month Suvarna vasat malati was reduced to ½ tab daily and Sudarshan ghan vati 1BD for 1 month (follow up 5).then Sudarshan ghan vati was reduced to 1 tab OD for next 1 month , then all medicines were stopped completely (follow up 6).

After 2 months(7th Follow up) pt were again called for normal check up in OPD , where all general examination was normal and pt was free from all her symptoms ,(pt visited on month of February 2022), again pt was contacted through call in jan 2023(8th Follow up) for follow up where she was found free from all her symptpms and in last 16 months she did not suffer with fever and she is not on any medications since last 15-16 months.

NOTE- During her treatment mudga yusha/ mamsha ras was advised to take with lunch or breakfast as per her appetite ,likings, and availability.

Day sleep, stale food , maida , milk and milk product was completely avoided during her treatments. After 4th follow up when pt was free from all her symptoms, appetite has improved , constipation was relieved pt. was advised to have milk if she wishes .

DISCUSSION

DISCUSSION ON DISEASE

As per symptoms it was jwara , jwara has many classification , as pt used to get jwara vega once in 24 hour or sometimes 2times in 24 hour , so it is clear that it was a type of vishma jwara , symptoms of both satata jwara⁴ and anedusyka jwara⁵ was present. As history of jwara begins almost 3 years ago , and same samprapti was going on , complete samprapti vighatana was never done (as I understood the case), so as per duration (3 year) it can be considered as jeerna jwara , as pt never got complete relieve from jwara and in few months again used to suffer with jwara so it can be considered as punravartaka jwara⁶ also.

If we see ama nirama avastha – loss of appetite , malaise, constipation , headache , nausea , mild raise in body temperature which were present in this case , indicates that it was a ama jwara⁷

DISCUSSION ON TREATMENT AND SELECTION OF DRUGS

1. As the lakshna of jwara in this particular case is indicative of ama jwara , so langhna⁸ and pachna was indicated, so light diet , mudga yusha /mamsa rasa was adviced and day sleep, maida , milk product was told not to consume.
2. In vishma jwara Kashaya of musta, amlaki and guduchi is indicated⁹ so it was adviced though pt. could not continue because of its palatability.
3. In jeerna jwara ,punarvartaka jwara¹⁰ , vishma jwara and amaja jwara -tikta rasa Pradhan dravya like kirattiktaka, guduchi , ama pachaka and pittashamak dravya like musta is indicated.
4. In jeerna jwara¹¹ brimhna and balya chikitsa is indicated so mudga yusha or mamsa rasa is adviced.
5. We need to take care of palatability ,availability and affordability of food and medicine so mudga yusha or mamsha rasa was adviced as per availability and intrest we should not advice monotonous and very strict diet.
6. Trishun and later maha Sudarshan ghan vati was added is prescription as Sudarshan ghan vati¹² contains kirattiktaka along with other jwara nashaka dravya and it is indicated in all types of jwara¹² .Sudarshan ghan vati does ama pachana and pitta samana .
7. Suvarna vasant malati¹³ is indicated in jeerna jwara, vishma jwara, kshya and agnimandya.
8. Syp amlycure DS (propriety medicine from aimil pharma) contains tikka dravya in specific proportion which is proven as hepatoprotective so added to bring back the raised level of SGOT &SGPT in its normal level.
9. In amaja jwara laghna is indicated where in jeerna jwara langhna is contraindicated¹⁴ and brihmna is indicated so mudga yusha/ mamsa rasa is adviced it is laghu in nature and yet does brihmna . probably same does Suvarna vasant malati ,maricha churna is one of the ingredient which does agnideepana , bhasma has property to enter in Sukshma srotas very easily.
10. In one of the sutra acharya charka says bala itself is sufficient to does the dosha prashamna¹⁵ so balya ausdha like Suvarna vasant malati,mudga yusha was adviced as pathya.
11. Haritaki does Deepana pachana and dosa anulomana¹⁶
12. Overall if we see this particular case langhna , tarpaka, agnideepana , amapachaka, anulomaka dravya was indicated keeping this in mind selection of drug was done.
13. When we see a pt., many times we see the pt. with mixed sign and symptoms here in this case symptoms of satata jwara and anedusyka jwara both were present . as per duration it was jeerna jwara as per ama lakshna it was amaja jwara in ama jwara langhna is indicated where as in jeerna jwara langhna is contraindicated. Few drugs are not palatable to pts, where as few drugs are not available, Sometime to complete the indicated dose we need to write two medicine of almost same ingredients with different names , Here in such conditions Yukti and previous experience works.
14. In this case total 8 times Follow up was done , repeated follow ups gives the clear picture, long follow up itself can be considered as evidence.

PROBABLE MODE OF ACTION OF DRAVYA –

Dravya like guduchi , kirattiktaka does ama pachna , agni Deepana and pitta samana , guduchi and kirattiktaka has jwaraghna property as well.

Musta does ama pachna and pitta samana.

Amalaki and haritaki is balya and does dosha anulomana.

Vasant malati contains balya dravya like Swarna , mukta , yashada bhasma . it provide bala to rogi.

Mamsa rasa and mudga yusha is balya , anulomaka and srotoshodhaka.

CONCLUSION- Jwara considered as first and most dangerous disease which can be cured easily on time , if left untreated it can be life threatening or it can become a cause of any grave disease, in this case earlier only infection was tried to control , Rogi bala and pathya was ignored or pt. did not follow. This time along with vyadhi pratanika chikitsa rogi bala and pathya was followed and pt was also educated about the pathya apathya and importance of rogi bala . pt got complete relief.

REFERENCES

- 1.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/4, edition Reprint 2017, Varanasi; chaukhambha publications; p398.
2. Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/32-35, edition Reprint 2017, Varanasi; chaukhambha publications; p400.
- 3.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/26, edition Reprint 2017, Varanasi; chaukhambha publications; p399.
- 4.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/62, edition Reprint 2017, Varanasi; chaukhambha publications; p404.
- 5.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/63-64, edition Reprint 2017, Varanasi; chaukhambha publications; p404.
- 6.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/335-340, edition Reprint 2017, Varanasi; chaukhambha publications; p428.

7.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/133-136, edition Reprint 2017, Varanasi; chaukhambha publications; p408.

8.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/283, edition Reprint 2017, Varanasi; chaukhambha publications; p423.

9.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/202, edition Reprint 2017, Varanasi; chaukhambha publications; p417.

10.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/340-345, edition Reprint 2017, Varanasi; chaukhambha publications; p428.

11.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/291, edition Reprint 2017, Varanasi; chaukhambha publications; p424.

12.Kaviraj Govind Das sen , Bhaisjya Ratnavali edited and translated by siddhinandan mishra , jwararogadhikara 5/436-445, edition print 2013: chaukhambha surbharti prakashan; p128.

13.Kaviraj Govind Das sen , Bhaisjya Ratnavali edited and translated by siddhinandan mishra , jwararogadhikara 5/1183-1184, edition print 2013: chaukhambha surbharti prakashan; p192.

14.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/272, edition Reprint 2017, Varanasi; chaukhambha publications; p423.

15.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 3/166-67, edition Reprint 2017, Varanasi; chaukhambha publications; p413.

16.Agnivesha, Charaka Samhita, revised by charaka and dridbala with ayurved dipika commentary of chakrapannidatta, edited by Yadavji Trikamji Acharya, chikitsasthana 1/29, edition Reprint 2017, Varanasi; chaukhambha publications; p377-378.