

## A CASE STUDY ON AVASTHIKA CHIKITSA IN JWARA

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Article Received on 26/03/2020

Article Revised on 16/04/2020

Article Accepted on 06/05/2020

**ABSTRACT**

For the therapy to be effective it is important to examine the 10 factors mentioned in classics which are *dosha*, *aushadha*, *dasha*, *kala*, *satmya*, *agni*, *satva*, *oka*, *vaya*, *bala*. *Kala* is one of these factors which means the *vyadhi avastha*. *Jwara* is one of the diseases which has been given prime importance in the Ayurveda classical texts. The basic *chikitsa siddhantas* explained in *Jwara chikitsa* are applicable to each and every disease where the *avastha* is analysed priorly and properly. So along with proper diagnosis of disease it is important to analyse the precise *avastha* for the correct treatment. This case study is an attempt where *sadya vamana* and *kashaya pana* was carried as *avasthika chikitsa* in patient of *Jwara* after analysis of *avastha*.

**KEYWORDS:** *Sadya vamana*, *Avasthika chikitsa*, *Jwara*.**INTRODUCTION**

Ayurveda is a science of life where the objective of this compendium is achievement of *dhatu samya* (equilibrium of sustaining and nourishing factors i.e body constituents).<sup>[1]</sup> This is achieved by the way of *chikitsa* (therapeutics).<sup>[2]</sup> There is a certain protocol mentioned in classics as the physician should first diagnose the disease and then select the proper medicine and thereafter administer the therapy, applying the knowledge of the science of medicine.<sup>[3]</sup>

For the proper diagnosis of disease it is important to consider the variations in *avastha* of *doshas* like *kshaya* (decreased), *vrudhhi* (increased), *samatva* (in balanced state), *urdhwadehagaman* (heading towards upper part of body) or *adhodehagaman* (heading towards lower part of body), *shakha*, *koshtha* or *madhyam margashrayi* (residing in *shakha*, *koshtha* or *madhyam marga*), *swadesh* or *paradeshagaman* (in their own place or at others), *swatantra* or *partantra* (vitiated by self hetus, manifesting their own symptoms and relieved by medicines of opposite properties or vice versa), *anshansha vikalpa* (the predominant *gunas* leading to *dosha* vitiation), *dhatu vishesh ashrayitwa* (residing in particular *dhatu*).<sup>[4]</sup>

The medicine to be effective, it is important to consider the *kala* which is of 2 types – *kshanadi* (fraction of second, minutes, hours, etc) and *vyadhi avastha* (stage of disease).<sup>[5]</sup> The physician should keenly observe the variation in *vyadhi avastha* (stage of disease) in patients

and should prescribe such a treatment that would be useful in attaining the fourfold effect of therapeutics.<sup>[6]</sup>

*Jwara* is the disease which is mentioned firstly in Ayurveda classics depicting its importance.<sup>[7]</sup> In the *chikitsa* part of *Jwara*, the *siddhantas* are mentioned according to *avastha* priorly followed by the description of its medicines.<sup>[8]</sup> This protocol of description itself gives idea that diagnosing the *avastha* and treating it accordingly is of priority rather than the medicines which is secondary part of the treatment. The present case study is an attempt towards the diagnosis of *avastha* in *Jwara* and *chikitsa* which is done accordingly.

**CASE STUDY****Present Complaints**

A female patient of age 20 years having complaints of *Jwaraprachiti* (febrile illness), *shiro and anga gaurav* (heaviness in head and body), *mukhapraseka* (excess salivation of mouth), *hrullasa* (nausea), *anannabhilasha* (anorexia), *nasarava* (running nose) and *alasya* (laziness) since 2 days.

**History of Present Illness**

Patient was alright before 2 days. After that she had complaints of febrile illness, heaviness in head, excess salivation, nausea, anorexia, rhinorrhoea, laziness. So she came to our hospital and got admitted in *Kayachikitsa* in patient female ward.

**History of Past Illness**

Patient had history of enteric fever before 3 years. Pt was student by occupation. Her menstrual cycle was regular with complaints of dysmenorrhoea. No history of any other major illness or surgery or addiction was there.

**Physical Examination**

BP – 110/80 mmHg PR- 124/min

Temperature – 102.2 ° F Weight – 42 kg

**Systemic Examination**

1. Respiratory system – Air entry was bilaterally equal and clear.
2. Cardiovascular system – Tachycardia was observed.
3. Central nervous system – Patient was conscious and oriented.
4. Per abdomen – Soft, no any tenderness and no evidence of hepato or splenomegaly was observed.

**Treatment Given**

1. *Sadya vamana* – *Vamaka yoga* 5 gm having *Madanphala pippali*, *Vacha*, *Saindhava* and *Madhu* was given firstly. After waiting for 10 minutes, symptoms of *utklesha* like *hrullasa*, *mukhapraseka* were increased then she was given *Yashtimadhu fanta* (around 2 litre) followed by *Saindhava jala* (around 1 litre). During this patient had 5 *bruhat*, 4 *madhyam* and 4 *alpa vegas*. After the symptoms like *anga* and *udar*, *shiro laghava*, *kshudhprachiti* were observed, patient was given *Dhoompana* of *Vacha*, *Haridra*, *Guggula varti*. all the necessary vitals were observed during the procedure.
2. Diet – patient was advised to take only *peya on kshudhprachiti*.
3. *Jalapana* – Patient was advised to take *Koshna jala* whenever she feels thirsty.
4. *Kashaypana* – patient was afebrile and symptomless for next 5 hours after *sadya vamana*. After that she had fever spike of 100 °F when *Samshamani vati* 2 tablets (500mg) along with *Panchabhadra kwatha* 30ml every 1 hourly for next 5 hours and twice a day for next 3 days.
5. *Pathya* – patient was advised to avoid bathing, exercise, sleeping during daytime, indulgence in heavy food and chilled water, direct exposure to wind and sunlight for next 3 days.

**Nidan Panchak****Hetu**

- *Ahara* – *Ushapana* (100 ml daily), *Vidahi ahara*, *Dadhi sevana* (2-3 times per wk),
- *Mamsahara* (2-3 times per wk), *Bhojanottara jalapana* (around 200 ml daily).
- *Vihara* – *Diwaswapa* (daily around 1 hour), *Avyayam* (not exercising daily) *Baithe kama* (sitting work most of the times)
- *Manas* – *Atikrodha*
- Other – Previous history of *Jwara* (enteric fever)

**Purvarooopa** – *Alasya*, *netrasrava*

**Rupa** – *Jwaraprachiti*, *shirogurav*, *hrullasa*, *mukhapraseka*, *nasasrava*, *anannabhilasha*, *alasya*, *anga gourav*.

**Upashaya** – By *sadya vamana*

**Samprapti - Hetuse**

- *Kapha pitta prakopa Amashaya anupravesha*
- *Agni affliction*
- *Rasa dushiti*
- *Ama nirmiti*
- *Rasa and swedavaha srotasa avarodha*
- *Jwara*

**Samprapti Ghatak**

*Dosha* – *Kapha Pradhan pitta anubandhi*

*Vikalpa samprapti* – *Drava*, *Guru*, *Snigdha* and *Vidahi*

*Dushya* – *Rasa*

*Srotasa* – *Rasa* and *Sweda vaha Srotodushti* – *Sanga*

**DISCUSSION**

Firstly, after listening to the complaints of patient it was analysed that all the symptoms were having predominance of *Kapha*. As both the *prakruti* and *vikara* are solely dependant on the *hetus* i.e causative factors.<sup>[9]</sup> The evaluation of *hetus* was done which were of *Kapha* predominance with *Pitta anubandha*. The *anshansha vikalpa* of the *doshas* – *Kapha* and *Pitta* (i.e which *gunas* of the *hetus* are leading to the vitiation of *doshas*)<sup>[10]</sup> were *guru*, *snigdha*, *drava* and *vidahi* mainly.

The present complaints of the patient like *hrullasa*, *mukhapraseka*, *nasasrava*, *anannabhilasha* were all depicting the *utklesha avastha* of *doshas* i.e the *doshas* are eager to come out through *bahirmukha srotasas* channels having opening at outer sides).<sup>[11]</sup> The patient was having the complaints since last 2 days only. By considering all the above factors, the diagnosis was made as *Nava jwara* having *Kapha pradhana utklesha avastha* due to indulgence of *hetus* which lead to vitiation of *Kapha-Pitta* by *drava*, *guru*, *snigdha* and *vidahi guna*.

The indications for *Sadya vamana* mentioned in classics i.e *Kapha pradhanya* (predominance of *Kapha*), *utklesha dosha avastha* (a stage where *doshas* are eager to come out), *doshas* residing in *amashaya*,<sup>[12]</sup> *balinam* (patient is having adequate physical and mental strength)<sup>[13]</sup> *upasthita doshas* (*doshas* are in the *koshtha*, not in the *leena* stage and are in *Pradhan* or *pravahan avastha*)<sup>[14]</sup> along with symptoms like *hrullasa*, *praseka*, *annadwesa* were all present so *Sadya vamana* was decided as the prime therapy.<sup>[15]</sup>

As the *doshas* were already in *utklesha avastha* so *Snehana* and *Swedana* which is carried out routinely as a *purva karma* of *vamana* for *dosha utkleshana* was not carried out.<sup>[11]</sup> *Sadya vamana* was given with *Vamaka yoga* having *Madanphala pippali*, *Madhu*, *Vacha* and *Saindhava* which are *vamanopayogi* (assisting in the

process of *Vamana*) was given in smaller amount i.e. 5 gm. It was followed by *akantha pana* of *Yashimadhu fanta* and *Saindhav jala* which are *mrudu vamak dravyas* mentioned in classics for *sadya vamana* in *Jwara*.<sup>[16]</sup> Patient had 5 *bruhat*, 4 *madhyam* and 4 *alpa vegas*. It was followed by *Dhoompana* with *Vacha*, *Haridra* and *Guggul* for the elimination of *shesha doshas* after *Sadya vamana*.<sup>[17]</sup> The previous complaints were all subsided and *anga*, *shiro*, *udara laghav* along with *kshudhaprachiti* was observed depicting the *laingiki shuddhi lakshanas* by *Sadya vamana*.<sup>[18]</sup>

The patient was asymptomatic for next 5 hours and thereafter she had a fever spike of 100 °F, headache and weakness which depicted that there were still some vitiated *doshas* remaining despite of the *Sadya vaman* which might be stucked to the *koshtha* causing the *upalepa* of *koshtha* which lead to the manifestation of symptoms again.<sup>[19]</sup> For this *shesha doshas pachana* and *shamana*, patient was adviced to take only *Peya* on

*kshudhaprachiti* which is *deepana*, *pachana*, *laghu*, *swedajanana*, *vata* and *pureesha anulomana*, *dourbalya* and *jwarahara*.<sup>[20]</sup> *Panchabhadra kashay* 30 ml having *Guduchi*, *Musta*, *Shunthi*, *Nimba* and *Kirattikta* as basic ingredients which are *tikta rasa pradhana*, *laghu*, *deepana*, *pachana* and *Jwaraghna* along with *Samshamani vati* (500mg) having the same properties was given every 1 hourly upto next 5 hours and twice a day upto next 3 days where no recurrence of symptoms were observed.

Patient was adviced to take luke warm water only having *deepana*, *pachana*, *srotasa shodhana*, *jwara* and *trushnahara*, *balya*, *ruchi* and *swedakara* properties whenever she felt thirsty.<sup>[21,22]</sup> Patient was adviced to avoid bathing, exercise, sleeping at day time, *vidahi*, *viruddha*, *guru*, *asatmya ahara*, strenuous work, excess travel, *ratri jagarana*, direct exposure to wind and sunlight upto next 3 days.<sup>[23,24]</sup> So, by this way the *avastha* was diagnosed and treated accordingly.

## RESULTS

Parameter	Before treatment	After <i>Sadya vamana</i>	After 5 hours Of <i>Sadya vamana</i>	After 3 days Of <i>Sadya vamana</i>
BP	110/80 mmHg	100/70 mmHg	106/70 mmHg	110/80 mmHg
PR	124/min	102/min	112/min	86/min
Temperature	102.2°F	98°F	100°F	97.6°F
Symptoms	<i>Jwaraprachiti</i> , <i>mukhapraseka</i> , <i>hrullasa</i> , <i>nasasrava</i> , <i>shirogaurav</i> , <i>anga gaourav</i> , <i>alasya</i> , <i>anannabilasha</i>	<i>Kshudhaprachiti</i> , <i>alpa dourbalya</i>	<i>Jwaraprachiti</i> , <i>shirashula</i>	No any complaints were observed.

## CONCLUSION

It is important to assess the *dosha* predominance by looking at the *lakshanas* and ascertaining the *hetus*. The *anshansha vikalpa* should be determined with the help of *hetus*. Along with the *hetu*, *lakshanas*, *anshansha vikalpa* and *dosha dushya sammurchana* it is also important to identify the *avastha* properly for deciding the proper treatment. *Kapha pradhanya*, *utklesha avastha*, *doshas* residing in *amashaya*, *balwan rugna*, *upasthit doshas* and symptoms like *hrullasa*, *praseka*, *annadwesa*, *gaurav* are the indications of *Sadya vamana*. If the *doshas* are in *utklishita avastha* already then there is no need to perform *Snehana* and *Swedana* as a *purvakarma*. After *asamyak* or even after *samyak vamana* if there is recurrence symptoms then it should be assumed that there are still some vitiated *doshas* which might are stucked to the *koshtha* forming the *upalepa*. These remaining *doshas* are treated with *laghu ahara* and *Kashaya pana* for *shesha dosha pachana* and *shamana*.

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