

**A CASE OF VISHAMAJWARA TREATED WITH AYURVEDIC  
MEDICINES GUDUCHI AND VISHAMA JWARAHARA YOGA****Prashant B. Bedarkar<sup>1\*</sup>**

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Article Received on  
31 October 2017,  
Revised on 21 Nov. 2017,  
Accepted on 11 Dec. 2017  
DOI: 10.20959/wjpr201717-10457

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**ABSTRACT**

*Visham Jwara* in Ayurveda is an intermittent and complicated type of fever whose signs and symptoms are similar as that of malarial fever. Formulations of *Guduchi*; *Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms. [*swarasa*, *kwatha*, *ghana* etc] and *Sudarshana churna* are widely practiced in the management of fevers of multiple origin in Ayurvedic therapeutics. *Vishama Jwarahara yoga* is tablet dosage form, traditionally used and prepared from *Sudarshana churna*. A middle aged Diabetic female presented with intermittent, chloroquin resistant high grade fever having history of intermittent high grade fever 17 days ago, relieved with chloroquin and having similar history with her daughter, was diagnosed as case of *Vishama Jwara* which was

most likely a malarial fever was, successfully treated with Ayurvedic formulations of *Guduchi* (All derived from 150gms of fresh drug per day) and *Vishama Jwarahara* tablet 6gms per day within 7 days without further recurrence.

**KEYWORDS:** *Vishama Jwara*, Malaria, *Guduchi*, *Tinospora cordifolia*, *Sudarshana churna*, Intermittent fever.

**Key messages:** Acute intermittent fever (*Vishama Jwara*) can be successfully treated with Ayurvedic formulations of *Guduchi* (*Swarasa* and modified *Ghana* derived from fresh stems of 150gms of *Guduchi* per day) and *Vishama jwarahara Yoga* (6gms per day) derived from *Sudarshana churna*.

## INTRODUCTION

*Visham Jwara* in Ayurveda is an intermittent and complicated type of fever due to vitiation of *asthi* and *majja* besides common involvement of *rasadhatu*<sup>[1]</sup>, whose clinical presentation is similar as that of malarial fever. Malaria is a leading cause of death and disease in many developing countries, where young children and pregnant women are the groups most affected.<sup>[2]</sup> Formulations of *Guduchi*; *Tinospora cordifolia* (Wild.) Miers ex Hook. F. & Thoms. [*swarasa*<sup>[3]</sup>, *kwatha*, *ghana (samshamani vati)*<sup>[4]</sup>, *Asava arishta* etc] and *Sudarshana churna*<sup>[5]</sup> are widely practiced in the management of fevers of multiple origin in Ayurvedic therapeutics.

## CASE HISTORY

A 35 years old Diabetic (Type 2) female and known case of hypothyroidism and systemic arterial hypertension (since 1 year) presented with complaints of intermittent high grade fever with chills, malaise, loss of appetite, headache generalized weakness, nausea since 2 days. She received allopathic medicines Chloroquine phosphate 300mg base, 2 tablets stat and 1 tablet after 6 hours followed by 1 tablet after 24hrs post meals and tablet Primaquine 45mg stat followed by 15mg after 24 hrs on presentation. She had history of intermittent high grade fever with chills 17days ago, which was treated with same schedule of Chloroquine Phosphate as above along with one dose of 300mg after 48hrs of first dose and responded to treatment. She didn't had history of malaria or prolonged or intermittent fever or orthopathy in recent few years and no significant medical or surgical history, history of hospitalization for major illness (other than mentioned above), no personal or family history of other autoimmune disorders, rheumatic disorders. Her blood sugars were not properly controlled. Her 18years old daughter also had similar complaints, who was prescribed similar course of Chloroquine in half the dose and responded well to the treatment. She didn't had any obvious foci of active infection i.e. no respiratory, urinary complaints, diarrhea, abscess or pyoderma. Systemic examination didn't revealed any major, significant abnormality associated with malarial fever. Her spleen was palpable (grade 1) and was mildly tender, malarial parasites not were not seen in peripheral blood. On the basis of clinical presentation and history, she was diagnosed as case of *Vishama jwara*. She was given last dose of Chloroquine Phosphate 300mg and primaquine was continued and was put on Ayurvedic treatment. Ongoing treatment for Diabetes (*Madhumeha*) was continued (e.g. allopathic medicines Tablet Metformin 250mg 2 times per day and Ayurvedic medicines *Amalaki churna* 2gms 4times per day, *Guduchi churna* 2gm 3 times per day and *Pippali churna* 500mg 4 times per day)

and *Nishaamalaki churna* (*Haridra churna* and *Amalaki churna* equal in quantity given 1 *Bhavana* with *Amalaki Swarasa*) 2gm 3 times per day was restarted which she was receiving for Diabetes since 1 year, but was discontinued herself since 15 days. Tablet Thyroxine 100mcg once a day and Tablet Atenolol 25mg once a day were also continued. Upon admission, she was additionally administered fresh Juice derived from 150gms of *Guduchi* (derived by addition of equal quantity of water) and *Ghana* derived from Decoction of same remnant *Guduchi* after extraction of *Swarasa* per day, which were equally divided in to 3 doses and given empty stomach along with *Vishama Jwarahara Vati* (300mg each), 4 tablets 5 times per day. On admission, she had evening rise fever with chills daily for 5 days and the peak temperature reduced from 104 to 100 on 6<sup>th</sup> day. There were no hematuria, bleeding tendency, altered sensorium and neurological, respiratory or urinary complaints. She started improving symptomatically from 3<sup>rd</sup> day and was afebrile, asymptomatic (except generalized weakness which recovered gradually) since 7<sup>th</sup> day onwards till discharge (10<sup>th</sup> day) and follow up (6 months). She was given course of primaquin for total 14 days and on discharge *Mamejava Ghanavati* and *Saptarangyadi Ghanavati* (3.6gm and 1.8gm, per day) were additionally prescribed for Diabetes along with ongoing medicines for Diabetes, Hypothyroidism and Hypertension.

## DISCUSSION AND RESULTS

Inspite of hyperglycemia, there was no obvious focus of bacterial infection (Table 1). Although there was no proven laboratorial conformation of Malarial parasite,<sup>[6]</sup> still on the basis of history, presentation and physical clinical and laboratorial examinations, the case is most likely a Malarial fever or least possibly a viral fever as per contemporary science (Table 1). Development of resistance against the frontline anti-malarial drugs has created an alarming situation, which requires intensive drug discovery to develop new, more effective, affordable and accessible anti-malarial agents.<sup>[7]</sup> India reports the highest number of malaria cases in Southeast Asia.<sup>[8]</sup> The development of chloroquine as an antimalarial drug and the subsequent evolution of drug-resistant *Plasmodium* strains had major impacts on global public health in the 20<sup>th</sup> century.<sup>[9]</sup>

*Vishama Jwarahara yoga* is tablet dosage form, traditionally used and prepared from *Sudarshana churna* by process of single *Bhavana* with *Kwatha* of same drug. *Sudarshana churna* is combination formulation of powders of 54 medicines in equal parts and added with 54 parts of *Kiratatikta* (*Swertia Chirata Buch. Ham*), maximum of which are predominantly

bitter tasting [Sensory bitterness as well as physiological property and effects of bitter taste (*tikta rasa*) after consumption].<sup>[10]</sup> Treatment with drugs possessing *tikta Rasa* is one among line of treatment of Fever in initial stage. Agnimandya is mainstay of pathology of *Jwara* and drugs with *Deepana*, *Pachana* property correct Agnimandya. Owing to *Deepana*, *Pachana*, *Jwaraghna* properties and *Tikta rasa*, of *Guduchi* and *Kiratatikta*, they are widely used in the management of all types of fever in Ayurvedic therapeutics and both the drugs are indicated as single drug and drug of choice for management of fever. *Guduchi* is called as “Indian quinine”.<sup>[11]</sup> Both the drugs, their formulations or extracts, isolated active ingredients possess antimalarial properties<sup>[12]</sup> in preclinical (in vitro<sup>[13],[14],[15],[16],[17],[18],[19],[20]</sup> and in Vivo studies<sup>[21]</sup>) and clinical studies, antipyretic<sup>[22],[23],[24],[25],[26]</sup>, analgesic<sup>[27]</sup>, anti-inflammatory,<sup>[28],[29]</sup> immunomodulatory properties. *Guduchi* is proven effective in the management of post malaria chronic hypersplenism<sup>[30]</sup>. *Guduchi* is considered as *Rasayana* (rejuvenator) and used for maintenance of health, prevention of diseases, hence might have prevented relapse in above cited case.

**CONFLICT OF INTEREST**-None declared.

**Table-01: Details of investigations.**

Type of investigation	Day of investigation	Test parameters and results
Hematology	3 <sup>rd</sup>	WBC-3600/cumm. Differential WBC count-Neutrophils-57%, Lymphocytes-38%, Eosinophils-2%, Monocytes-3%, Basophils-absent, Others- Hb-12.3gm%, PCV-34%, ESR -34mm/hr(Westergreen), Total RBC count-4.16mil/cumm, Platelet count-130X10 <sup>3</sup> /μl. Blood indices-MCV-90.8, MCH-29.7, MCHC-32.7
Biochemistry	1 <sup>st</sup>	Random blood sugar-250 mg/dl
	4 <sup>th</sup>	Fasting blood sugar- 255mg/dl, Post prandial blood sugar-393 mg/dl
	7 <sup>th</sup>	Fasting blood sugar- 282mg/dl,
	8 <sup>th</sup>	Random blood sugar-325 mg/dl, Post prandial blood sugar-348 mg/dl
	11 <sup>th</sup>	Random blood sugar-325 mg/dl
	18 <sup>th</sup>	<b>KFT</b> - Serum Creatinine-2.4mg/dl, Blood Urea-110mg/dl, <b>LFT</b> -Sr Bilirubin (Total, Direct, Indirect), SGOT, SGPT, ALPO <sub>4</sub> , Proteins (Total, Albumin, Globulin), Lipid profile, (Cholesterol, Triglyceride, HDL, LDL, VLDL) Results of rest of the investigations were within normal limits.
		HBA <sub>1</sub> C-1 year ago-10gm%, Recent- 9.5gm%
Urine routine	3 <sup>rd</sup>	Appearance-Clear, Albumin-absent, Puscells-2-3, RBC-Occasional., Epithelial cells-2-3, Sugar-++++, Acetone-Nil.
Peripheral smear for Malarial parasite	3 <sup>rd</sup>	Malarial parasite not seen.

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