



# A LITERARY REVIEW OF VISHAMA JWARA AND ITS PRINCIPLES OF TREATMENT IN AYURVEDA

**Dr. Poojashree H. Y., Dr. Jayanthi C.**

<sup>1</sup>Final Year Post Graduate, Department : Kayachikitsa

<sup>2</sup>Guide

Ashwini Ayurveda Medical College and PG Centre, Davangere, Karnataka 577566

## ABSTRACT

Jwara is considered one of the most significant disease conditions in Ayurveda due to its impact on both physical and mental health. Among the different varieties of Jwara, Vishama Jwara is characterized by irregular, intermittent, or periodic fever episodes. Classical Ayurvedic scholars have described the etiology, pathogenesis, and therapeutic approach of this condition in detail. The disease mainly arises due to impaired digestive fire leading to the formation of Ama and subsequent vitiation of Doshas. In many cases, Vishama Jwara presents clinical features similar to periodic febrile illnesses such as Malaria. The present review aims to compile and analyze classical descriptions of Vishama Jwara and highlight the therapeutic principles recommended in Ayurvedic literature. Understanding these principles provides insight into holistic approaches for the management of recurrent fevers.

**KEYWORDS:** Vishama Jwara, Ayurveda, Kayachikitsa, Jwara Chikitsa, Intermittent Fever, Ama.

## INTRODUCTION

Jwara occupies a prominent place in Ayurvedic medicine and is often described as the foremost among diseases because it influences the body, senses, and mind. Ancient Ayurvedic scholars such as Charaka, Sushruta, and Vagbhata have elaborated extensively on the classification and treatment of Jwara in classical texts like Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya.

Among the various forms of fever described in Ayurveda, Vishama Jwara is distinguished by its irregular pattern and recurrence. Unlike continuous fever, Vishama Jwara manifests intermittently, appearing at varying intervals due to the periodic aggravation of Doshas.

The pathogenesis of this condition is primarily related to impairment of digestive fire (Agni), resulting in the formation of Ama and obstruction of bodily channels. These pathological changes eventually lead to recurrent fever episodes. In certain aspects, the clinical presentation of Vishama Jwara resembles periodic fevers such as malaria. Therefore, understanding its classical description and treatment principles is essential for effective management within the Ayurvedic system of medicine.

### Aim

To critically review the classical Ayurvedic literature regarding Vishama Jwara and its principles of management.

### Objectives

1. To study the classical description of Vishama Jwara in Ayurvedic texts.
2. To analyze the etiopathogenesis of Vishama Jwara.
3. To explore the principles of treatment mentioned in Kayachikitsa.
4. To understand the relevance of Ayurvedic management in recurrent febrile conditions.

## Materials And Methods Materials

This review is based on references collected from classical Ayurvedic texts including:

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya

Modern textbooks, published articles, and research journals related to Kayachikitsa were also consulted.

## Methodology

A descriptive literary review method was adopted. Relevant references related to Nidana, Lakshana, Samprapti, and Chikitsa of Vishama Jwara were compiled and analyzed systematically.

## RESULTS

Nidana (Etiological Factors)

The causative factors responsible for Vishama Jwara include:

- Intake of heavy and incompatible food
- Irregular dietary habits
- Excessive consumption of oily and indigestible foods
- Exposure to marshy and humid environments
- Improper or incomplete treatment of earlier fever
- Weak digestive fire (Mandagni) Samprapti (Pathogenesis)

The disease process begins with impairment of digestive fire, leading to incomplete digestion and formation of Ama. This toxic substance combines with vitiated Doshas and circulates through the body channels.

Due to obstruction of Rasavaha and Raktavaha Srotas, the Doshas localize in the tissues and remain dormant for a certain period. Later, when triggered by environmental or internal factors, they manifest intermittently, producing recurrent fever episodes characteristic of Vishama Jwara.



**Samprapti Ghataka Factor - Description**

Dosha - Predominantly Vata with involvement of Pitta and Kapha  
 Dushya - Rasa and Rakta  
 Agni - Mandagni Ama - Present  
 Srotas - Rasavaha and Raktavaha Srotodushti - Sanga (obstruction)  
 Udbhava Sthana - Amashaya Vyakti Sthana - Whole body  
 Rogamarga - Abhyantara

**Classification of Vishama Jwara**

Table 1: Classification of Vishama Jwara According to Periodicity

Type	Description
Santata Jwara	Continuous fever without complete remission
Satata Jwara	Fever appears twice within 24 hours
Anyedyushka Jwara	Fever appears every alternate day
Tritiyaka Jwara	Fever occurs every third day
Chaturthaka Jwara	Fever appears every fourth day

Table 2: Dosha Predominance in Vishama Jwara

Type	Dominant Dosha	Clinical Features
Santata	Pitta	Continuous fever, thirst, burning sensation
Satata	Pitta-Kapha	Fever with heaviness and mild chills
Anyedyushka	Vata-Kapha	Intermittent fever with chills
Tritiyaka	Vata predominant	Fever with periodic chills and body ache
Chaturthaka	Kapha-Vata	Longer interval fever with lethargy

**DISCUSSION**

The concept of Vishama Jwara occupies an important place in Ayurvedic literature under the broader category of Jwara. Fever is considered one of the most significant disease conditions because it affects the entire physiological system, including the body, senses, and mind. Classical Ayurvedic scholars such as

Charaka, Sushruta, and Vagbhata have described Jwara extensively in their treatises, emphasizing its importance in clinical practice.

In Ayurveda, Vishama Jwara is characterized by irregular or intermittent fever patterns that appear at specific intervals. The term “Vishama” itself denotes irregularity or unevenness. Unlike other types of fever that present with a continuous rise in body temperature, Vishama Jwara manifests periodically, often with alternating phases of fever and remission. This unique pattern is attributed primarily to the predominance of Vata Dosha, which governs movement and periodicity in the body.

The pathogenesis of Vishama Jwara begins with exposure to various etiological factors, including improper dietary habits, excessive intake of heavy or incompatible foods, irregular lifestyle practices, and incomplete treatment of previous fever. These factors disturb the normal functioning of digestive fire (Agni). When Agni becomes weak or impaired, digestion and metabolism of food are not completed properly. As a result, a toxic metabolic by-product known as Ama is formed.

Ama plays a central role in the development of many diseases in Ayurveda, including Vishama Jwara. It is described as a sticky, heavy substance that obstructs the channels of circulation. When Ama combines with aggravated Doshas, it forms a pathological complex known as Ama-Dosha. This complex spreads throughout the body via different Srotas or channels.



In Vishama Jwara, the Rasavaha and Raktavaha Srotas are particularly affected. Obstruction of these channels interferes with the normal transport of nutrients and metabolic products. Consequently, the tissues fail to receive adequate nourishment, resulting in systemic imbalance.

Another important aspect of Vishama Jwara is the localization of Doshas in Rasa and Rakta Dhatus. After circulating through the body, the vitiated Doshas settle in these tissues and remain dormant for a certain period. This dormant stage explains why symptoms do not appear continuously. Instead, the disease manifests intermittently when certain triggering factors become active.

Seasonal changes, dietary indiscretions, environmental influences, and reduced body resistance may act as triggering factors. These stimuli cause the previously dormant Doshas to become aggravated again, leading to periodic fever episodes. Because Vata Dosha governs cyclical movement and periodicity, its predominance is responsible for the irregular pattern of fever seen in Vishama Jwara.

Clinically, patients suffering from Vishama Jwara may present with chills, rigors, body ache, headache, loss of appetite, fatigue, and excessive sweating. The severity and duration of symptoms may vary depending on the Dosha predominance and the patient's overall health status.

The therapeutic approach to Vishama Jwara is based on several key principles. The first step in management is Langhana, which involves light dietary practices or fasting to reduce Ama accumulation. This step helps in relieving the burden on digestive fire and restoring metabolic balance.

Following Langhana, Deepana and Pachana therapies are administered. These therapies aim to stimulate digestive fire and metabolize the accumulated Ama. Herbal drugs with digestive and carminative properties play an important role in this stage of treatment.

Once Ama is reduced and digestion improves, Shamana therapy is used to pacify the aggravated Doshas. Various herbal formulations and decoctions are prescribed depending on the clinical presentation and Dosha predominance.

In cases where Dosha accumulation is significant, purification therapies known as Shodhana may be recommended. Procedures such as therapeutic emesis (Vamana) and purgation (Virechana) help eliminate the vitiated Doshas from the body and prevent recurrence of fever episodes.

Another important component of treatment is Rasayana therapy. Rasayana drugs are known for their rejuvenating and immunomodulatory properties. They help strengthen the body's resistance, improve tissue nourishment, and reduce the likelihood of recurrent illness.

Dietary regulation and lifestyle modification also play a crucial role in the management of Vishama Jwara. Patients are advised to consume light and easily digestible food, warm liquids, and

herbal decoctions. At the same time, heavy, oily, and incompatible foods should be avoided because they aggravate Ama formation.

In addition to diet, adequate rest and avoidance of environmental triggers are recommended during the recovery phase. Proper management of fever in the early stages is also important to prevent progression into chronic or intermittent forms.

The Ayurvedic approach to Vishama Jwara thus provides a comprehensive framework for understanding and managing recurrent febrile disorders. By addressing the root cause of the disease and restoring physiological balance, Ayurveda aims to achieve long-term recovery rather than temporary symptomatic relief.

### Modern Pathophysiology of Vishama Jwara

Although Vishama Jwara is described in classical Ayurvedic literature using the framework of Dosha, Agni, and Ama, its clinical presentation can be interpreted in the light of modern biomedical mechanisms involved in recurrent or intermittent febrile illnesses. Many of the symptoms and periodic patterns of Vishama Jwara show similarities with infectious conditions such as Malaria and other cyclic fevers.

Fever in modern physiology is primarily a result of alterations in the thermoregulatory center located in the hypothalamus. During infection or inflammatory processes, exogenous or endogenous pyrogens stimulate immune cells to release cytokines such as interleukin-1 (IL-1), tumor necrosis factor (TNF), and interleukin-6 (IL-6). These mediators act on the hypothalamus to increase the body's thermal set point, resulting in elevation of body temperature.

In periodic fevers like malaria, the cyclical pattern of fever is closely associated with the life cycle of the parasite. The infection is caused by protozoa belonging to the genus *Plasmodium*, which invade red blood cells and multiply within them. At the end of their developmental cycle, the infected red blood cells rupture, releasing merozoites and metabolic waste products into the bloodstream. This sudden release triggers a strong immune response and leads to the characteristic febrile episode accompanied by chills and rigors.

The repeated cycle of parasite replication and erythrocyte rupture results in recurrent fever episodes at regular intervals. For example, *Plasmodium vivax* and *Plasmodium ovale* typically produce fever every 48 hours, whereas *Plasmodium malariae* causes fever every 72 hours. This periodicity resembles the intermittent fever pattern described in Vishama Jwara.

Another important mechanism involved in intermittent fever is systemic inflammation. The destruction of infected erythrocytes and release of parasite antigens stimulate macrophages and other immune cells to produce inflammatory mediators. These substances influence the hypothalamic temperature-regulating center, producing symptoms such as chills, fever, sweating, headache, and fatigue.



In addition to immune activation, metabolic disturbances also occur during recurrent fever. The body's energy demands increase due to heightened immune activity and elevated body temperature. This results in increased catabolism, loss of appetite, dehydration, and general weakness. Such features correspond conceptually to the Ayurvedic description of Agnimandya and Ama formation, where impaired digestion and metabolic imbalance lead to systemic dysfunction.

Another notable aspect of intermittent fever is vascular and hematological involvement. In malaria and similar infections, destruction of red blood cells leads to anemia and reduced oxygen transport capacity. In severe cases, this may also cause enlargement of the liver and spleen due to increased phagocytic activity. These changes can explain symptoms such as fatigue, pallor, and body ache often observed in patients with periodic fever.

The cyclic pattern of chills followed by high fever and profuse sweating can also be explained physiologically. During the initial phase, the hypothalamic set point rises rapidly, causing vasoconstriction and shivering to generate heat, which produces chills and rigors. As body temperature increases to the new set point, the fever phase occurs. When the set point returns to normal, vasodilation and sweating occur to dissipate heat, leading to the sweating stage and temporary relief from symptoms.

From a comparative perspective, the Ayurvedic concept of Dosha imbalance and Ama accumulation may be interpreted as functional disturbances in metabolism, immunity, and systemic regulation. Vata predominance in Vishama Jwara may correspond to irregular physiological rhythms and cyclic manifestations of disease. Similarly, Ama may represent toxic metabolic by-products and inflammatory mediators that impair normal physiological functions.

Therefore, while the explanatory models differ between Ayurveda and modern medicine, both systems recognize the importance of systemic imbalance, immune response, and metabolic disturbances in the development of recurrent fever. Integrating these perspectives can help improve understanding of the disease and provide a broader framework for its management.

### Principles of Treatment (Chikitsa Siddhanta)

Management of Vishama Jwara in Ayurveda focuses on correcting the underlying pathology rather than merely reducing body temperature. The primary therapeutic objectives include restoration of digestive fire (Agni), elimination of Ama, pacification of vitiated Doshas, and prevention of recurrence. The treatment plan is generally carried out in sequential stages according to the patient's condition and stage of disease.

#### 1. Nidana Parivarjana (Avoidance of Causative Factors)

The first and most important step in management is removal of etiological factors that contribute to the development of fever.

Dietary Restrictions Patients should avoid:

- Heavy and oily food
- Excessively sour or spicy food
- Incompatible food combinations

- Cold food and beverages

Lifestyle Restrictions Patients are advised to avoid:

- Daytime sleep
- Exposure to cold and humid environments
- Excessive physical exertion
- Irregular eating habits

Following these measures prevents further aggravation of Doshas and supports recovery.

#### 2. Langhana Therapy

Langhana or lightening therapy is considered the primary line of treatment in early stages of Jwara. It helps reduce Ama and restore digestive capacity.

Methods of Langhana include:

- Light fasting
- Consumption of thin rice gruel (Manda)
- Intake of easily digestible liquids
- Warm herbal decoctions

Langhana reduces metabolic load and facilitates proper digestion.

#### 3. Deepana and Pachana Therapy

After Langhana, therapies that stimulate digestive fire and digest Ama are administered. Common Deepana-Pachana Drugs

Drug Action

Pippali-Improves digestion & metabolism  
Shunthi-Reduces Ama & enhances Agni  
Maricha-Stimulates digestive fire  
Musta-Useful in fever, digestive disorders  
Chitraka-Potent digestive stimulant

These drugs improve metabolic activity and remove Ama accumulation. Common Formulations

- Trikatu Churna
- Panchakola Churna
- Shadangapaniya

These formulations promote digestion and help reduce fever symptoms.

#### 4. Shamana Chikitsa (Palliative Treatment)

After digestion improves and Ama reduces, herbal formulations are administered to pacify aggravated Doshas and relieve symptoms.

Important Herbal Formulations

Medicine Indication

Sudarshana Churna - Effective antipyretic formulation

Tribhuvana Kirti Rasa - Useful in intermittent fever

Mahasudarshana Churna - Used in chronic fevers

Amritarishta - Improves immunity and digestion

Guduchi preparations - Balances all Doshas and reduces fever

Among these, preparations containing Guduchi are widely used because of their immunomodulatory and antipyretic properties.

#### 5. Shodhana Chikitsa (Purification Therapy)

When Dosha accumulation is significant, purification therapy may be recommended. Vamana (Therapeutic Emesis)

Indicated when Kapha predominance is present.

Benefits Include

- Removal of accumulated Kapha



- Reduction of Ama
- Relief from heaviness and nausea

Virechana (Therapeutic Purgation) Indicated in Pitta-dominant fever.

#### Benefits include

- Elimination of vitiated Pitta
- Detoxification of body channels
- Reduction of inflammatory symptoms

#### Basti Therapy

When Vata predominance is present, Basti therapy is beneficial.

#### Types used

- Niruha Basti (decoction enema)
- Anuvasana Basti (oil enema)

Basti therapy helps regulate Vata and reduce recurrence of fever.

#### 6. Rasayana Therapy

Rasayana therapy is administered during the recovery stage to improve immunity and prevent recurrence.

Common Rasayana Drugs Drug Benefit

Guduchi - Immunomodulatory and antipyretic  
Amalaki - Antioxidant and rejuvenating  
Pippali Rasayana - Improves metabolism  
Ashwagandha - Strengthens immunity  
Haritaki - Supports digestive function

These medicines promote tissue nourishment and improve resistance to disease.

#### 7. Pathya Ahara (Dietary Regimen)

Diet plays an essential role in recovery from fever. Recommended Foods

- Rice gruel (Manda)
- Yavagu (thin porridge)
- Green gram soup
- Warm herbal decoctions
- Light vegetable soups

These foods are easily digestible and support recovery.

#### 8. Apathya (Contraindicated Foods)

The following should be avoided during treatment:

- Fried and oily foods
- Heavy dairy products
- Cold drinks
- Fermented foods
- Excessively spicy food

These foods aggravate Doshas and delay recovery.

#### 9. Preventive Measures

Preventive measures help reduce recurrence of Vishama Jwara. Important measures include:

- Maintaining proper digestive health
- Consuming balanced diet
- Avoiding contaminated water and unhealthy environments
- Regular use of Rasayana drugs

These measures help strengthen immunity and maintain physiological balance.

#### CONCLUSION

Vishama Jwara represents a unique clinical entity described in Ayurvedic literature characterized by irregular and recurrent fever episodes. The disease mainly arises due to impaired digestive fire, formation of Ama, and vitiation of Doshas. Ayurvedic management focuses on restoring Agni, eliminating Ama, and balancing Doshas through dietary regulation, herbal medicines, and purification therapies. The holistic principles described in classical texts provide valuable insights for managing recurrent febrile conditions.

#### REFERENCES

1. Charaka. *Charaka Samhita*. Varanasi: Chaukhambha Orientalia; 2014.
2. Sushruta. *Sushruta Samhita*. Varanasi: Chaukhambha Sanskrit Series; 2013.
3. Vagbhata. *Ashtanga Hridaya*. Varanasi: Chaukhambha Orientalia; 2012.
4. Sharma PV. *Charaka Samhita English Translation*. Varanasi: Chaukhambha Orientalia; 2015.
5. Sharma PV. *Sushruta Samhita*. Varanasi: Chaukhambha Vishvabharati; 2014.
6. Tripathi B. *Ashtanga Hridaya Commentary*. Varanasi: Chaukhambha Sanskrit Pratishthan; 2013.
7. Dash B, Sharma BK. *Charaka Samhita*. Varanasi: Chowkhamba Sanskrit Series; 2010.
8. Murthy KRS. *Ashtanga Hridaya Translation*. Varanasi: Krishnadas Academy; 2011.
9. Acharya YT. *Charaka Samhita with Ayurveda Dipika*. Varanasi: Chaukhambha; 2012.
10. Sharma RK, Dash B. *Agnivesha's Charaka Samhita*. Varanasi: Chowkhamba Sanskrit Series; 2009.
11. Lad V. *Textbook of Ayurveda*. Albuquerque: Ayurvedic Press; 2002.
12. Frawley D. *Ayurveda and the Mind*. Delhi: Motilal Banarsidass; 2000.
13. Singh RH. *Exploring Ayurveda*. Varanasi: Chaukhambha Orientalia; 2010.
14. Mishra LC. *Scientific Basis for Ayurvedic Therapies*. Boca Raton: CRC Press; 2004.
15. Shastri SN. *Sushruta Samhita Commentary*. Varanasi: Chaukhambha Bharati Academy; 2011.
16. Sharma H. *Ayurveda: Science of Life*. New Delhi: Lotus Press; 2008.
17. Gupta AK. *Ayurvedic concepts of fever*. *AYU Journal*. 2012;33(3):340-345.
18. Patwardhan B. *Ayurveda and modern medicine integration*. *J Ayurveda Integr Med*. 2014;5(1):3-6.
19. Sharma A. *Jwara in classical Ayurveda*. *Int J Ayurveda Res*. 2010;1(2):123-126.
20. Kulkarni RR. *Kayachikitsa principles*. Pune: Tilak Ayurveda Mahavidyalaya; 2015.
21. Tiwari PV. *Ayurvedic pathogenesis concepts*. Varanasi: Chaukhambha; 2011.
22. Bhisagratna KK. *Sushruta Samhita Translation*. Delhi: Motilal Banarsidass; 2006.
23. Sharma H, Chandola HM. *Research in Ayurveda*. *AYU Journal*. 2011;32(2):123-130.
24. Singh RH. *Ayurvedic fundamentals of disease*. Varanasi: Chaukhambha; 2009.
25. World Health Organization. *Traditional Medicine Strategy*. Geneva: WHO; 2014.