



CASE STUDY

Role of *Sadyovamana* as an Emergency Treatment in *Jwara*: A Case Study

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ABSTRACT

Introduction: *Jwara* is one of the diseases which has been given prime importance in Ayurveda classic texts. In *Jwara* there are various stages of *doshavastha* according to different types, so symptomatic treatment does not work. The main event of *samprapti* is vitiation of *agni* which produce *ama* (indigested toxins). *Ama* is thrown out from *swasthana* (site) and carried by *rasa dhatu* in the body and produce *jwara*. In *jwara*, *dosha* is situated in *amashaya* and is in *utklisht* (aggravated) stage. Here *sadyovamana* is described in *Charak Jwara chikitsa* to expel the morbid *pitta* and break down the etiopathology. **Aim:** To evaluate the role of *sadyovamana* as an emergency treatment in *jwara*. **Materials and Method:** A 31 years old female patient came with complaints of *jwara* (fever), *arati*, *kshudhamandya* (loss of appetite), pedal oedema, swelling on both knee, wrist and elbow joint, *aruchi* (*anorexia*) and morning stiffness since past two months. She was the known case of Diabetes mellitus with no other associated history. The patient had *utklisht doshavastha*, so she was treated with the *sadyovamana* as an emergency treatment to achieve *vega samyak vaman shuddhi*. **Observation:** Reduction in the temperature from 103 °F to 98 °F and reduction in swelling is observed. **Discussion:** *Sadyovamana* expels the morbid *pitta dosha* which is the root cause of *jwara* and reduced temperature and swelling immediately. **Conclusion:** *Sadyovamana* can be used as an emergency treatment in *jwara* when *doshas* are in *utklisht* (aggravated) stage.

Key Words: Emergency treatment, *Jwara*, Panchakarma, *Sadyovamana*

INTRODUCTION

The *chikitsa* is the procedure by which *Dosha*, *Dhatu*, *Mala* are kept in balanced state¹. Application of *chikitsa* depends on *Avastha* (state) of upasthita *Dosha*, *Dhatu*, *Malas*, *Bala*, *Kala* etc. *Acharya Sushruta* has described the *siddhanta* of *doshavastha* and their *upkrama* which has to be done, i.e. if *doshas* are in *vridhhi* stage it should be eliminate while *doshas* are in *kupita* stage means in aggravated stage it should be pacify².

Jwara is the disease which is mentioned firstly in Ayurveda classics depicting its importance³. *Jwara* is Lord among the diseases because of its power to afflict the body, senses and mind⁴. *Jwara* happens since the birth of an individual and at the time of their death, so it itself describes its importance among the diseases. *Acharya Charaka* mentioned about application of panchakarma at the stage of *upasthita dosahvasta* (*prakupita* and nearest to outlet) keeping into consideration of



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Matra and *Kala*⁵. *Avastha* of *Dosha*, *Bheshaja*, *Kala*, *Desha*, *Bala*, *Sharira*, *Ahara*, *Satva*, *Satmya*, *Prakruti*, *Vaya* are said to be very minute in nature⁶. In the *chikitsa* part of *Jwara*, the *siddhantas* are mentioned according to *avastha* priorly followed by the description of its medicines. 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 to state the importance of panchakarma as prime *chikitsa* which is done accordingly⁷.

Vamana should be indicated in case of *Kapha pradhana utklista*. *Utklishta Doshavastha* means *Hrullasadina bahirgamanonmukha* (which have tendency to let out)⁸, *Doshas* should be in *Amashaya*, screening for *vamya-avamya* one should go for *Vamana Karma*. Here most important thing is to understand that it's *Sadyovamana* which should be done without *Snehana* and *Swedana* or with *Alpa Sneha swedana*⁸.

Sadyovamana is conducted in the following conditions such as *sadyabhuktasyasanjatajwara*, *samajwara*⁹. If there is *utklishtadosha* present in *amashaya* then only *vamana* is conducted otherwise it produces *shwasa*, *anaha*, *moha*¹⁰. *Sadyovamana* is the instant therapeutic emesis (purificatory procedure) conducted without *abhyantaraSnehapana* (internal oleation) and *Sweda* (sudation) in aggravated *kapha*.

There is need to do more study on *Sadyovamana* for the global issue like *jwara*. Now a days many higher antibiotics having resistance with various conditions of *jwara*. Also in modern science various fever are classified as pyrexia with unknown origin. Here we can asses the *kala* and *doshavastha* in *jwara* and can be treat accordingly. So we need to globalise the Ayurvedic treatment for *jwara* and show its effect to the world.

AIMS AND OBJECTIVES

To rule out the effect of *Sadyovamana* in *Jwara* assessing the reduction in symptoms like nausea, vomiting, anorexia, bodyache & temperature.

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A female patient, aged 31 years, having complaints of *Jwaraprachiti*(febrile illness), *anga gaurav*(heaviness in head and body), *mukhapraseka* (excess salivation of mouth), *hrullasa* (nausea), *anannabhilasha* (anorexia), and *alasya* (laziness), *kshudhamandya* (loss of appetite), pedal oedema, swelling on both knee, wrist and elbow joint, and morning stiffness since two months. Patient was healthy before 2 months. After that she had complaints of febrile illness, heaviness in body, excess salivation, nausea, anorexia, swellings on b/l knee joints and ankle joints, laziness. So she came to our hospital and got admitted in Panchakarma female ward. Patient was known case of diabetes mellitus . She was housewife by occupation. Her menstrual cycle was regular with complaints of dysmenorrhoea.



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No history of any other major illness or surgery or addiction was there. Temperature was recorded throughout the duration mentioned in table 1.

BP – 110/70 mmHg, PR- 124/min, Temperature – 103.2 °F, Weight – 36 kg

Physical Examination

Table 1 Temperature on a day before Sadyovamana

Sr. no.	Time	Temp	Pulse	B.P.
1.	2.30 pm	103.2 0F	124/min	110/70 mmHg
2.	4.30 pm	103.1 0F	110/min	100/70 mmHg
3.	6 pm	102.9 0F	113/min	100/60 mmHg
4.	7 pm	102.8 0F	110/ min	110/70 mmHg

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.

MATERIALS AND METHODS:

1. *Sadyovamana*: *Sadyovamana dravya* - *Lavanambu*

Preparation of *Lavanambu* - 15 gm of *Saindhav* was mixed in 1 lit of warm water and stirred till *saindhav* got dissolved in warm water.

Sadyovamanavidhi: *Sadyovamanavidhi* is performed according to standard operative procedure based on ayurvedic text . Prior to *Sadyovamana*, patient was adviced to take *Peya* at night.

Acharya Charaka described the concept *vamana* in *navjwara*. Here *kaphapradhandosha*, *utklishtadosha*, *amashayashrit dosha* are present in *jwara*. And *vamana* has the best results in this situation⁷.

During this duration, patient had 2 *bruhat*, 3 *madhyam* and 4 *alpa vegas*. After the symptoms

like *anga* and *udar*, *shiro laghava*, *kshudhaprachiti* were observed, patient was given *dhoompana* of *Vacha*, *Haridra*, *Guggula varti*. All the necessary vitals were observed during the procedure.

2. Diet – patient was adviced to take only *peya* on *kshudhaprachiti*.

3. *Jalapana* – Patient was adviced to take *koshna jala* (lukewarm water) whenever she feels thirsty.

4. *Shamana chikitsa*– patient was afebrile and symptomless for next 5 hours after *sadyovamana*. After that she had fever spike of 100 °F. To deal with this situation, *Samshamani vati* 2 tablets (500mg) along with *Amrutarishta kwatha* 20ml every 8 hourly for next 24 hours and twice a day for next 3 days was given.

5. *Pathya* – patient was adviced to avoid bathing, exercise, sleeping during daytime, indulgence in heavy food and chilled water, direct exposure to wind and sunlight for next 3 days.

RESULTS AND DISCUSSION

The indications for *Sadyovamana* 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
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*amashaya*⁷, *balinam* (patient is having adequate physical and mental strength) *upasthita doshas* (*doshas* are in the *koshtha*, not in the *leena* stage and are in *Pradhan* or *pravahan avastha*)¹¹ along with symptoms like *hrullas*, *praseka*, *annadwesa* were all present so *Sadyovamana* was decided as the prime therapy.

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. Sometimes, *Sadyovamana* is given with *Vamaka yoga* having *Madanphala*, *pippali*, *Madhu*, *Vacha* and *Saindhav* which are *vamanopayogi* (assisting in the process of *Vamana*) was given in smaller amount i.e. 5gm. It was followed by *akantha pana* of *Yashimadhu fanta* and *Saindhav jala* which are *mrudu vamak dravyas* mentioned in classics for *sadyovamana* in *Jwara*. In present case *saindhav lawana* and water is used as a *vamaka yoga*¹².

Patient had 2 *bruhat*, 3 *madhyam* and 4 *alpa vegas*. It was followed by *dhoompana* with *Vacha*, *Haridra* and *Guggul* for the elimination of *shesha doshas* after *Sadyovamana*¹³. The previous complaints were all subsided and *anga*, *shiro*, *udara laghav* along with *kshudhaprachiti* was observed depicting the *laingiki shuddhi lakshanas* by *Sadyovamana*.

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 *Sadyovamana* which might be stucked to the *koshtha* causing the *upalepa* of *koshtha* which lead to the manifestation of symptoms again¹⁴. For this *shesha doshas pachana* and *shamana*, patient was adviced to take only *Peya* on *kshudhaprachiti* which is *deepana*, *pachana*, *laghu*, *swedajanana*, *vata* and *puresha anulomana*, *dourbalya* and *jwarahara*¹⁵. *Amrutarishta* 20 ml having *Guduchi*, *Dashmula*, *Shunthi*, *Maricha*, *Saptaparna*, *Pittapapda*, *Musta*, *Kutaki* and *Indrayava* as basic ingredients which are *tikta rasa pradhana*, *laghu,deepana,pachana* and *Jwaraghna*¹⁶ along with *Samshamani vati*¹⁷(500mg) having the same properties was given every 8 hourly upto next 24 hours and twice a day upto next 3 days where no recurrence of symptoms were observed (Table 2). Patient was adviced to take luke warm water only which has properties like *deepana*, *pachana*, *srotasa shodhana*, *jwara* and *trushnahara*, *balya*, *ruchi* and *swedakara* whenever she felt thirsty^{18,19}. 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^{20,21} upto next 3 days. So, by this way the *avastha* was diagnosed and treated accordingly.

Table 2 Temperature after *Sadyovamana*

Parameter	Before Treatment	After <i>Sadyovamana</i>	After 5 hr of <i>Sadyovamana</i>	After 3 days of <i>Sadyovamana</i>
B.P	110/70 mmHg	110/70 mmHg	100/60 mmHg	110/60 mmHg
P.R	124/min	110/min	96/min	93/min
Temperature	103.2 °F	101.2 °F	99.6 °F	98.6 °F



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Symptoms	<i>Jwaraprachiti, Mukhapraseka, hrillasa, shiro and anga gauvaravta, alasya, anannabilasha</i>	<i>Kshudhaprachiti Alpa daurbalya</i>	<i>Jwaraprachiti, shirashula, swelling reduced</i>	No any complaints are observed
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CONCLUSION

Jwara is an important one amongst the disease. It is important to assess the *dosha* predominance and *avastha* by looking at the *lakshanas* to treat the *jwara*. *Kapha pradhanya, utklesha avastha, doshas* residing in *amashaya, balwan rugna, upasthit doshas* and symptoms like *hrullasa, praseka, annadweshya, gaurav* are the indications of panchakarma treatment, *sadyovamana*. If the *doshas* are in *utklishta avastha* already then there is no need to perform *snehana* and *swedana* as a *purvakarma*. After a *samyak* or even after *asamyak vamana* if there is recurrence symptoms then it should be assumed that there are still some vitiated *doshas* which might be stuck 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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