IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Ayurvedic Management Of Punarvartaka Jwara (Recurrent Fever) With Pandutam In A Child – A Case Report

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Abstract - *Punarvartaka Jwara* is a recurrent fever that arises from a digestive disruption and an insufficient resolution of imbalance of dosha. Such recurring fevers are associated with *Mandagni, Ama, Krimi,* and *Dhatu Kshaya* in Ayurveda. In this case study, a 4.5-year-old boy with recurring fever and anaemia was successfully treated with *Tapyadi loha, Rajanyadi Churna, and Kirattiktadi Kwatha,* and some other Ayurvedic formulations. Within two months, there was a noticeable increase in immunity, digestion, and Hb levels (from 9.0 g/dL to 11.5 g/dL), and there was no recurrence of fever after that. The instance demonstrates how well the Ayurvedic treatment works to treat *Punarvartaka Jwara* in paediatric patient.

Index Terms - Punarvartaka Jwara, Recurrent Fever, *Rajanyadi Churna, Kirattiktadi Kwatha,* Ayurveda, Paediatric, *Panduta,* anaemia, *krumikuthar rasa*

INTRODUCTION

Punarvartaka Jwara, also known as relapsing fever, is defined in the Charak Samhita as a fever that relapse after a brief period of relief. This occurs mainly because, if a person who has recovered from *Jwara* turns to forbidden substances before becoming fit, *Jwara* will relapse. Other important factors include poor digestion, residual doshas, weakened immunity, and *Mandagni, Ama, Krimi, and Dhatu Kshaya*. Children are particularly at risk because of their under developed immune systems and sensitive *Agni*. Correcting Agni, getting rid of *Ama*, controlling *Krimi*, and strengthening *Dhatus* with *Rasayana* therapy are the primary objective of Ayurvedic treatment.[1] Recurrent fever is characterized by multiple episodes of fever separated by periods of wellness, with a minimum of three episodes in a six-month period and at least seven days between febrile episodes[2]

Punaravartak Jwara

The Doshas may occasionally experience *Paripaka*, or metabolic change, and the fever will eventually go away. However, their negative consequences persist in the form of symptoms in patients such as *Glani* (lassitude), *Dinata* (uneasiness), *Shvayathu* (edema), *Panduta* (pallor or anaemia), itching, urticaria, acne, and suppression of the digestive power.

Similarly, once an illness has been healed, some people experience recurrences of previously cured conditions because the Doshas have not been fully eliminated, despite minimal treatment.[3]

CASE REPORT

A male patient of 4.5years old, non-diabetic, non-hypertensive, came with complaints of recurrent fever episodes for 6 months, poor appetite, poor digestion, pallor and weakness. On examination- the general condition of the patient is stable, pulse rate- 68/ min, BP-110/70mmHg, pallor- ++, icterus- absent, weight-13kg, height-95 cm, RS-AE= BE, CVS- S1, S2 normal, no abnormal sound, CNS well conscious, oriented place, person, time. On his CBC- Hb level (9.0g/dl) was found low.

After two-month of Ayurvedic medicines he had found significant relief in symptoms, fever was resolved, digestion improved, pallor reduced and increase in Hb level (11.g/dl). A case report was done by giving Ayurvedic medicines, the line of treatment of *Punaravartak jwara* was followed and marked improvement was noticed.

Diagnosis: *Punarvartaka Jwara* with *Panduta Lakshana* (Anemia)

THERAPEUTIC INTERVENTION

Phase 1 (First 14 Days): *Jwara* and *Krimi* Management

- *Rajanyadi Churna*[4] – 320 mg BD with ghee and honey
- *Kirattiktadi Kwath*[5] – 15 ml BD
- *Krimikuthar Rasa*[6] – 62.5 mg BD with *Trikatu Churna*
- *Amrutarishta* – 5 ml BD

Phase 2 (Next 14 Days): *Raktaprasadana* and *Dhatu Balya*

- *Rajanyadi Churna* – continued (320mg BD with ghee and honey)
- *Raktapachak Churna* 300mg + *Vidanga* 200mg + *Tapyadi Loha*[7] 125mg – BD
- *Kirattiktadi Kwath* – continued (15ml BD)
- *Trigunasava* (Kumariasava + Lohasava + Drakshasava)* – 5 ml BD

Maintenance Phase (1 Month):

- *Trigunasava** – continued (5 ml BD)

*Proprietary medicine by Dindayal Pharmacy

Diet- Carrot, beetroot, green leafy vegetables, tomato, egg, meat, Gud (jaggery), Draksha, Munakka, raisins, Kharjur, prepare food in Lauh patra etc[8]

OVERALL ASSESSMENT[8]

Clinical Assessment The following clinical findings were assessed before and after the treatment of one month: *Vaivarnata* (pallor), *Daurbalyata* (weakness), *Shrama* (fatigue), *Aruchi* (anorexia), *Kopana* or *Adhirata* (irritability), *Jwara*(fever)

Laboratory Assessment Complete blood count was assessed pre and post treatment.

- **Grading of Clinical Features**

G0 (grade point 0)- No clinical feature/symptom
G1 (grade point 1)- Mild clinical feature/symptom
G2 (grade point 2)- Moderate clinical feature/symptom
G3 (grade point 3)- Severe clinical feature/symptom

- **Grading of Blood Haemoglobin Level**

G0- Haemoglobin level > 11g/dL
G1- Haemoglobin level 9.5g/dL to <11g/dL
G2- Haemoglobin level 7.5g/dL to <9.5g/dL
G3- Haemoglobin level 6g/dL to <7.5g/Dl

- **Overall Assessment of Result**

The results were assessed on the basis of observations of clinical features and laboratory findings before and after treatment.

Very good- Improvement 75% and above
Good- Improvement 50% and above but <75 %
Fair- Improvement 25% and above but <50%
Poor- No improvement or marginal improvement <25%

Assessment Before treatment After treatment

Assessment	Initial	Final
Clinical Assessment	G2	G0
Laboratory assessment	G2	G0
Overall assessment		Very good

Before Treatment:	**After Treatment:**
• Haemoglobin: 9.0 g/dL	Haemoglobin: 11.5 g/dL
• RBC Count: 3.87 mil/cmm	RBC Count: 4.49 mil/cmm
• HCT: 29.9%	HCT: 34.8%
• MCH: 23.2 pg	MCH: 25.6 pg
• MCHC: 30.1 g/dL	MCHC: 33.0 g/dL
• WBC Count: 3,700 /cmm	WBC Count: 7,410 /cmm
• RBC Morphology: Mild hypochromia + anisocytosis	RBC Morphology: Anisocytosis + (improved)

OUTCOME AND OVERALL ASSESSMENT

- Fever episodes completely resolved
- Hb increased by 2.5 g/dL
- Appetite and energy improved
- No relapse during 1-month follow-up
- Clinical assessment: **Very Good** (≥75% improvement)

DISCUSSION

The patient presented classical features of *Punarvartaka Jwara* along with *Panduta*. The combination of *Deepana-Pachana, Krimighna, Jwaraghna,* and *Rasayana* formulations corrected *Agni*, eliminated underlying *Krimi,* and improved *Rakta Dhatu*. The continued use of *Trigunasava* maintained the improved status of *Agni* and prevented relapse. This case reinforces the classical Ayurvedic principle that when root causes such as *Agnimandya* and *Dhatu Kshaya* are addressed, long-term results can be achieved.

Rajanyadi Churna[4]- It is used in paediatric population to treat diarrhoea, fever, jaundice, and anaemia by improving digestion strength immunity and skin quality it calms *vata pitta*. Main ingredient is *Rajni (Curcuma longa)*

Kirattiktadi kwath[5]- It includes drugs which are of *tikta katu rasa* and *sheeta virya* which helps in *Amapachan* (helps in digestion) and act as *Jwarghna* (anti pyretic). It's main ingredient is *Kirattikta (Swertia Chirayita)*

Krumikuthar Rasa[6]- Paediatric population has higher tendency to form worms than elder population and most chronic conditions are affected by worms. *Krumikuthar rasa* act as *krumighna* (anti-helminthic) with main ingredients as *Karpura (Cinnamomum camphora)* and *Palash* seeds (*Butea monosperma*). It balances *Vata and Kapha*

Amrutarishta[9]- *Amritarishta* is a Polyherbal Ayurvedic liquid formulation specifically used for eradication of all types of *Jwara* (Fever). It contains 5-8% of self-generated natural alcohol with the help of which fast absorption of *Amritarishta* takes place in body. Its main content is *Amrita (Guduchi) (Tinospora Corlifolia*), which is natural immunity booster and having Antipyretic action mainly.

CONCLUSION

Punarvartaka Jwara in paediatric practice can be successfully managed using classical Ayurvedic formulations and principles. The case demonstrates that individualized treatment addressing *Agni, Ama, and Dhatu* can prevent recurrence and restore health without side effects.

DECLARATION OF PATIENT CONSENT

The author certifies that informed consent was obtained from the patient's guardian. Clinical details and laboratory reports have been shared with confidentiality maintained.

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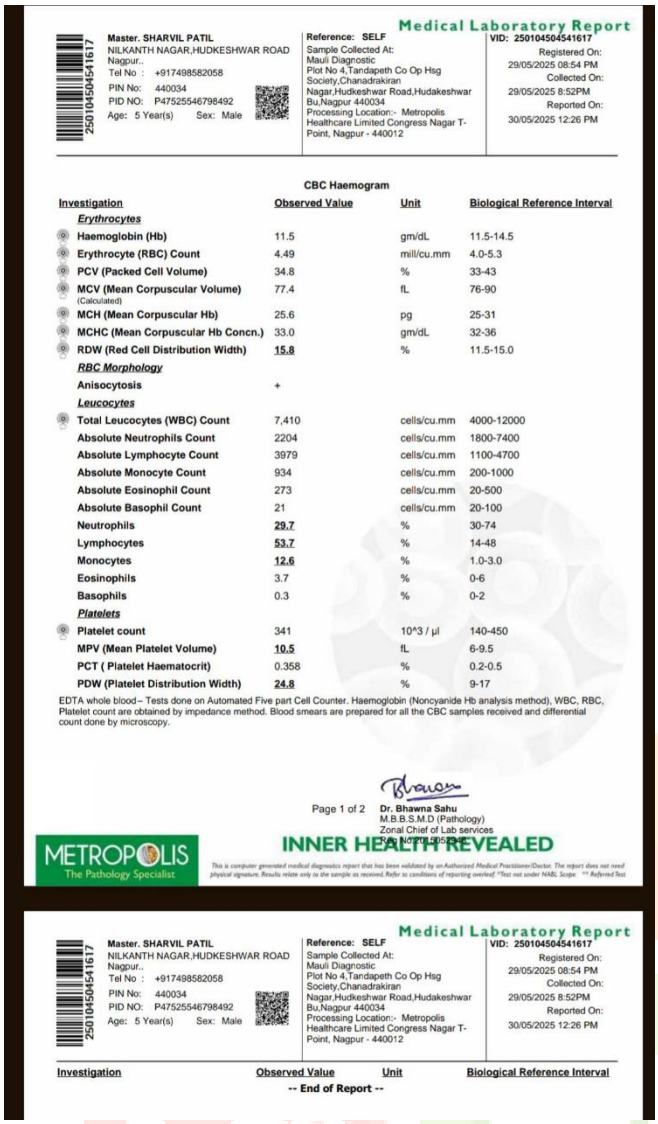

Medical Laboratory Report

Master. SHARVIL PATIL
NILKANTH NAGAR,HUDKESHWAR ROAD Nagpur..
Tel No : +917498582058
PIN No: 440034
PID NO: P47525546798492
Age: 5 Year(s) Sex: Male

Reference: SELF
Sample Collected At:
Mauli Diagnostic
Plot No 4,Tandapeth Co Op Hsg Society,Chanadrakiran Nagar,Hudkeshwar Road,Hudakeshwar Bu,Nagpur 440034
Processing Location:- Metropolis Healthcare Limited Congress Nagar T-Point, Nagpur - 440012

VID: 250104504541617
Registered On: 29/05/2025 08:54 PM
Collected On: 29/05/2025 8:52PM
Reported On: 30/05/2025 12:26 PM

CBC Haemogram

Investigation	Observed Value	Unit	Biological Reference Interval
Erythrocytes			
Haemoglobin (Hb)	11.5	gm/dL	11.5-14.5
Erythrocyte (RBC) Count	4.49	mill/cu.mm	4.0-5.3
PCV (Packed Cell Volume)	34.8	%	33-43
MCV (Mean Corpuscular Volume) (Calculated)	77.4	fL	76-90
MCH (Mean Corpuscular Hb)	25.6	pg	25-31
MCHC (Mean Corpuscular Hb Concn.)	33.0	gm/dL	32-36
RDW (Red Cell Distribution Width)	15.8	%	11.5-15.0
RBC Morphology			
Anisocytosis	+		
Leucocytes			
Total Leucocytes (WBC) Count	7,410	cells/cu.mm	4000-12000
Absolute Neutrophils Count	2204	cells/cu.mm	1800-7400
Absolute Lymphocyte Count	3979	cells/cu.mm	1100-4700
Absolute Monocyte Count	934	cells/cu.mm	200-1000
Absolute Eosinophil Count	273	cells/cu.mm	20-500
Absolute Basophil Count	21	cells/cu.mm	20-100
Neutrophils	29.7	%	30-74
Lymphocytes	53.7	%	14-48
Monocytes	12.6	%	1.0-3.0
Eosinophils	3.7	%	0-6
Basophils	0.3	%	0-2
Platelets			
Platelet count	341	10^3 / µl	140-450
MPV (Mean Platelet Volume)	10.5	fL	6-9.5
PCT (Platelet Haematocrit)	0.358	%	0.2-0.5
PDW (Platelet Distribution Width)	24.8	%	9-17

EDTA whole blood– Tests done on Automated Five part Cell Counter. Haemoglobin (Noncyanide Hb analysis method), WBC, RBC, Platelet count are obtained by impedance method. Blood smears are prepared for all the CBC samples received and differential count done by microscopy.

Page 1 of 2

Dr. Bhawna Sahu
M.B.B.S.M.D (Pathology)
Zonal Chief of Lab services
Reg. No. [illegible]

METROPOLIS
The Pathology Specialist

INNER HEALTH REVEALED

This is computer generated medical diagnostics report that has been validated by an Authorized Medical Practitioner/Doctor. The report does not need physical signature. Results relate only to the sample as received. Refer to conditions of reporting overleaf. *Test not under NABL Scope. ** Referred Test

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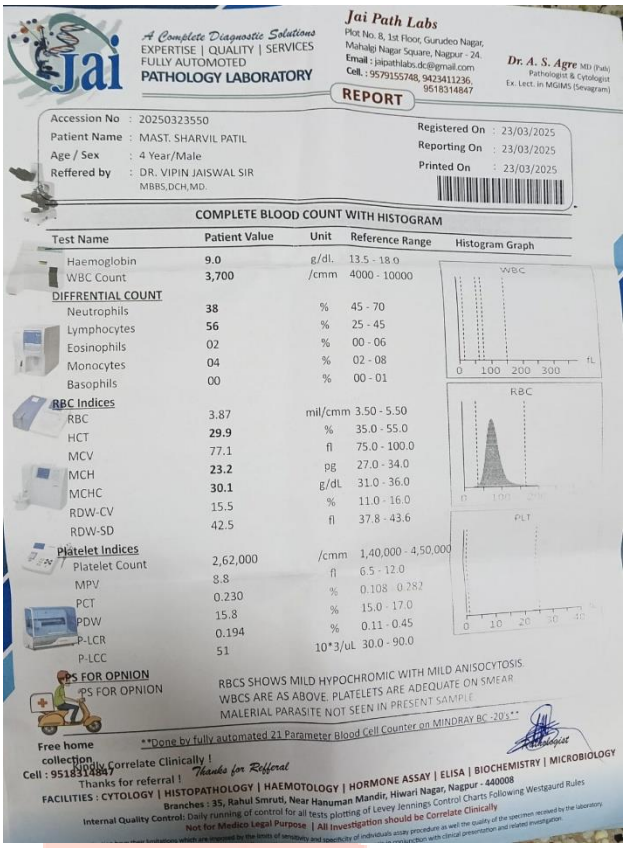
Investigation Observed Value Unit Biological Reference Interval

-- End of Report --



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Dr. A. S. Agre MD (Path)
Pathologist & Cytologist
Ex. Lect. in MGIMS (Sevagram)

REPORT

Accession No : 20250323550
Patient Name : MAST. SHARVIL PATIL
Age / Sex : 4 Year/Male
Reffered by : DR. VIPIN JAISWAL SIR MBBS,DCH,MD.

Registered On : 23/03/2025
Reporting On : 23/03/2025
Printed On : 23/03/2025

COMPLETE BLOOD COUNT WITH HISTOGRAM

Test Name	Patient Value	Unit	Reference Range
Haemoglobin	9.0	g/dL	13.5 - 18.0
WBC Count	3,700	/cmm	4000 - 10000
DIFFRENTIAL COUNT			
Neutrophils	38	%	45 - 70
Lymphocytes	56	%	25 - 45
Eosinophils	02	%	00 - 06
Monocytes	04	%	02 - 08
Basophils	00	%	00 - 01
RBC Indices			
RBC	3.87	mil/cmm	3.50 - 5.50
HCT	29.9	%	35.0 - 55.0
MCV	77.1	fl	75.0 - 100.0
MCH	23.2	pg	27.0 - 34.0
MCHC	30.1	g/dL	31.0 - 36.0
RDW-CV	15.5	%	11.0 - 16.0
RDW-SD	42.5	fl	37.8 - 43.6
Platelet Indices			
Platelet Count	2,62,000	/cmm	1,40,000 - 4,50,000
MPV	8.8	fl	6.5 - 12.0
PCT	0.230	%	0.108 - 0.282
PDW	15.8	%	15.0 - 17.0
P-LCR	0.194	%	0.11 - 0.45
P-LCC	51	10*3/uL	30.0 - 90.0

PS FOR OPNION
PS FOR OPNION

RBCS SHOWS MILD HYPOCHROMIC WITH MILD ANISOCYTOSIS.
WBCS ARE AS ABOVE. PLATELETS ARE ADEQUATE ON SMEAR
MALERIAL PARASITE NOT SEEN IN PRESENT SAMPLE

WBC
0 100 200 300 fL

RBC
0 100 200

PLT
0 10 20 30 40

Free home collection
Cell : 9518314847

Done by fully automated 21 Parameter Blood Cell Counter on MINDRAY BC -20s

Kindly Correlate Clinically !
Thanks for Refferal
Thanks for referral !

Pathologist

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