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A Literary Review Of Dandaka Jwara W.S.R To Dengue Fever

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Abstract

The bite of an infected *Aedes* mosquito (*Aedes aegypti* or, *Aedes albopictus*) can transmit the virus that causes dengue fever to humans. The four serotypes of the dengue virus, which is a member of the *Flaviviridae* family, are transmitted by the bite of an infected *Aedes* mosquito. Dengue is widespread in over 100 nations worldwide. There is currently no specific treatment for this illness in modern medicine. According to *Ayurveda*, *Dandaka Jwara*, is associated with dengue fever. For this reason, it is often referred to as "break bone fever." Since contemporary science has no cure for dengue fever, *Ayurveda* can be a very helpful tool in controlling the illness. However, a complete understanding of dengue fever from both a modern and an ayurvedic perspective is required.

Keywords: Dengue fever, Dengue Haemorrhagic fever, *Dandaka jwar*.

Introduction :

Dengue fever is a disease caused by viruses that are transmitted to people by mosquitoes. The disease has also been termed "break bone fever" or "dandy fever". Dengue is caused by Principal vector *Aedes aegypti* mosquito and causative agent Arbo virus (*Flavi virus*). Incubation period is 2 to 7 days and Usual course of the disease is 7 to 9 days. Dengue is a viral disease that is similar in symptoms and etiology to the disease, *Chikungunya*. In allopathic, there is no treatment of this disease, treatment is based on the symptoms.

Dandaka jwar spreads through a specific mosquito. It is present inside the body for one week and affecting the bones. It is also known as *Saptaha Jwar*, *Dandaka Jwar* or *Asthi Bhanjana Jwar* and in modern view it is known as Dengue fever^[1].

Dengue fever is known as *Dandaka Jwara* :-

Description of dengue as *Dandaka Jwara* is found in the *parishistha* chapter of *Madhava Nidana*. *Jwara* is a condition in which the body condition goes beyond the normal temperature and is characterized by disturbance in normal functioning of the system. *Dandaka jwara* is acute and infectious disease in which fever suddenly rise and the patient feels very weak. It has been described that a particular species of mosquito is the basic cause of spread of fever called *Dandaka Jwara*. This fever mostly subsides within a week. However, it is more dangerous for the children and old people^[2].

Purva-rupa of *Dandaka Jwara* ^[3]:-

Following are the prodromal symptoms of *Dandaka jwara* :-

1. *Anga marda* – *Bodyache* (Severe breaking pain in bones and joints) .
2. *Klama* – Tiredness without exertion.
3. *Aruchi* – Lose of appetite.
4. *Utklesa* – Nausea.
5. *Avasada* – Depression.

Lakshana of *Dandaka Jwara* ^[4] :-

Following are the symptoms of *Dandaka jwara* :-

1. Severe pain in joints of bones like beaten with sticks.
2. Symptoms quickly disappear after manifestation of disease all over the body.
3. Skin infection spreading all over the dermis.
4. Joint pain with swelling.
5. Cough.
6. Pain in throat.
7. *Rhinorrhoea*.
8. Relapsing fever.
9. Joint pain persist after fever subside.
10. This disease is generally found in city areas.
11. It occurs due to aggravation of *Kapha* and *Vata Dosa* and it is more severe in child and geriatric patients.

Lakshana of *Vishama Tridosaja Vata-olbana Sannipatika Jwara* ^[5] :-

Following are the symptoms of *Sannipataja jwara* which arise due to excessive increase of *Vata* and less increase of *Pitta* and *Kapha*:-

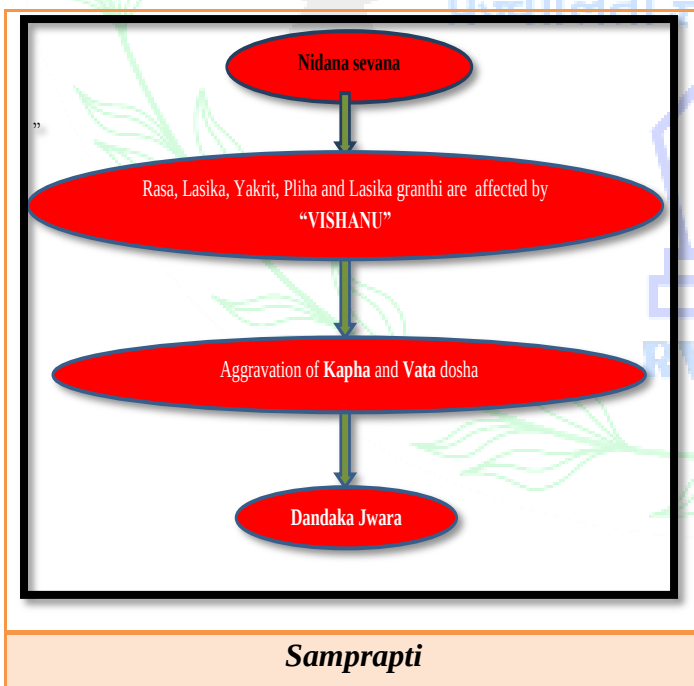
1. *Sandhi soola* (Joint pain).
2. *Siraha soola* (Headache)
3. *Pralapa* (Delirium)
4. *Gourava* (Heaviness of body)
5. *Bhrama* (Vertigo)
6. *Trishna* (Polydipsia)
7. *Kantha-aasya suskatva* (Dryness of mouth and throat).

Kala-Maryada of Tridosaja Jwara ^[6] :-**A. Sannipataja jwara moksha - badha maryada:-**

Jwara with severity relapse on 7th, 10th and 12th day, suffered patient may be cured or died. On 7th day, if mala paka occurs patient may survive and dhatu paka leads to death in Vata olbana jwara; On 10th day, if mala paka occurs patient may be survive and dhatu paka lead to death in Pitta olbana jwara and On 12th day if mala paka occurs patient may be survived and dhatu paka leads to death in Kapha olbana jwara.

B. Bhaluki tantraokta-okta moksha – badha maryada:-

According to Bhaluki tantra, On 7th or, 14th day, Patient may survive or died in Vata - olbana jwara; On 9th or, 18th day, the patient may be survived or died in Pitta – olbana jwara and on 11th or 22nd day, Patient may be survived or died in Kapha – olbana jwara.

Samprapti ^[7] :-**Samprapti Ghataka ^[8] :-**

Dosa	Tridosha pradhana
Dushya	Rasa, Lasika, Lasika-granthi
Srotas	Rasa vaha , Anna vaha
Adhithana	Yakrita and Pliha
Sadhya-asadhyata	Kriccha-sadhyata
Savaba	Asukari

Sadhya-asadhyata ^[9]:-

- Yappya or, Kriccha-sadhya vyadhi.
- It is not curable in Paediatrics and Geriatrics patients.
- Asadhyata, if upadrava occurs.

Prabhava of Dandaka Jwara ^[10]:-

- Lasika-granthi vridhhi (Enlargement of lymph gland)
- Sveta rakta karna hrasha (Leucopenia)
- Rakta-stambhaka koshika hrasha (Thrombocytopenia)

Chikitsa-siddhanta ^[11] :-

- On the basis of **Dosa-ulbanata** treatment should be done.
- **Samsodhana chikitsa:-** Mridu virechana dravya aoushadhi are used as Mala samsodhan-artha.
- Laghu and supachya aahara is indicated.
- After onset of fever, usnodaka pan indicated for 2-3 days.
- Complete bed rest.
- Use mosquito net for protection against “Vishanu” of Aedes aegypti mosquito.

- **Samsamaniya chikitsa:-** The following formulations may be directed as written below:

For fever :-

- In initial phase, *Kwatha* prepared of *Dhamasa, Parapata, Kiratikta, Mustaka* may be given.
- In case of *Jwara* with *rakta* manifestation (i.e.; *Haemorrhagic* condition): Add *Vasaka, Rakta Chandan* and along with Sugar candy (*Mishri*).
- *Shamsamani Vati (Guduchi Ghana Vati)*.
- *Sudarshana Ghana Vati*.
- *Godanti Bhasma*.
- *Amritottara kwatha*
- *Tulsi swarasa*.

For Dehydration:-

- *Shadanga paneeya*.
- *Dhanyakadi Hima (Dhaniya, Amla, Vasaka, Draksha, Parpata)*.
- Water of Cardamom and Clove.
- Green coconut water.
- Any of these liquid preparations may be given in suitable quantity in 3 to 4 hours.

Aahara (Diet):-

- Take light, nutritive, warm and easily digestible foods.
- Always have home made fresh food, plenty of luke warm liquids, Light and warm diet, liberally use ginger and turmeric in foods.
- Always avoid food prepared under unhygienic conditions, contaminated and stale food, cold drinks, beverage etc.
- Avoid chilled foods and drinks, strenuous exertion and stressful conditions.

- Have cold milk with sugar candy.

Vihara (Life-style):-

- Avoid visiting the disease prevalent areas.
- Take proper rest, sleep and maintain personal and *enviornental* hygiene.
- Proper sanitation measures to be followed.
- *Amrita (Guduchi), Tulsi (Holi Basil), Sunthi* (Dried ginger), *Eranda karkati* (Papaya) are the commonly available medicinal plants and used to prevent its complications by potentiating immune system. So, that disease gets controlled within a period of 4 to 8 days.
- Consume *Sunthi* (Dry ginger) powder 2 gm.twice daily with infusion prepared by adding *Guduchi (Giloye)* powder 5 gm.in 100 ml. of boiled water. Dose for children between 6 to 12 years of age will be half and for children below 6 years will be One-fourth. One teaspoon of honey can be added to the infusion.
- One litre of water boiled with 10-15 leaves of *Tulsi (Holi basil)* and 10-15 gm. of *Dhaniya (Coriander)* Powder for ten minutes and cooled to room temperature may be consumed at intervals of 3-4 hours in a day.

Types of Dengue ^[12] :-

A. Classic Dengue Fever:-

- Pyrexia
- Generalised lymphadenopathy*
- Intense headache
- Severe backache (Break bone fever)
- Ocular pain
- Cough

- vii. *Epistaxis*
- viii. Scattered *petechiae*
- ix. Relative *bradycardia*
- x. Delirium
- xi. Agitation
- xii. Transient loss of accommodation
- xiii. *Splenomegaly*

- Appears on the sixth day.
- *Morbiliform* or Measly Rash is present over the dorsum of hands and feet, ultimately the rash becomes *generalised* (mostly over the trunk) except the face.
- The rash may persist from 2 hours to several days and terminates by desquamation.

Laboratory features^[14] :-

- CBC: Due to increased plasma capillary leakage in Dengue *Haemorrhagic Fever*, *haemoconcentration* is associated with increased *haemoglobin* and *haematocrit*; *leucopenia*, thrombocytopenia and atypical lymphocytes in peripheral blood are common. Raised *haematocrit*, thrombocytopenia, and atypical lymphocytes constitute the classical dengue triad on CBC and require confirmatory tests.
- Elevated *transaminases* in serum.
- Serological tests for antibodies to dengue virus: IgM antibodies appear about 3-5 days after onset of symptoms, and IgG antibodies appear about 14 days into the primary infection. IgG Tests are positive in secondary infections. *IgM* response is weak and short-lived in secondary infections.
- Dengue NS1 antigen detection by ELISA or *Immuno chromatographic* strip test is rapid but more expensive.
- Identification of Viral RNA by reverse *transcriptase* polymerase chain reaction (RT-PCR) during the acute phase of infection: Early diagnosis is possible this test is very

B. Dengue Haemorrhagic Fever or, Dengue Shock Syndrome:-

- i. In Mild forms, there is thrombocytopenia and haemoconcentration.
- ii. In the most severe form after 3-4 days of fever, hypotension and circulatory failure develop with features of **Capillary leak syndrome**.
- iii. Minor (*Petechiae*, *ecchymoses*, *Epistaxis*) or Major (*Gastrointestinal* bleeding) *haemorrhagic* signs may occur.
- iv. A platelet count $< 100000/\text{mm}^3$ and objective evidence of plasma leakage (By fluctuation of Packed Cell Volume $> 20\%$ or evidence of pleural effusion, hypoproteinaemia. This develops into Dengue Shock Syndrome is characterised by a rapid and weak pulse with narrow pulse pressure < 20 mm of Hg or, profound hypotension.
- v. Immediate volume replacement therapy is mandatory.

The Characteristic rash in dengue^[13] :-

A. Primary or Initial Rash:-

- Appears on the third day
- Rash is *erythematous* (Diffuse & Flushing) and present over face, neck and shoulder.

B. Secondary or True Rash:-

- expensive and requires special molecular laboratory.

Danger signs:-

Visit your nearest qualified doctor or; health service centre immediately if you develop any symptoms of dengue like:-

1. Fever
2. Rash
3. *Bodyache*
4. Headache
5. Joints pain
6. Pain in eyes
7. Unexplained bleeding

Diagnosis^[15] :-

1. Direct methods (Before Day 5 of illness) :-

- Isolation of virus in cell culture.
- Detection of viral RNA by nucleic acid amplification test.
- Detection of viral antigen by ELISA or rapid immunochromatographic test.

2. Indirect methods (After Day 5 of illness) :-

Serological tests for IgM or IgG antibodies:-

- Diagnosis is probable, if IgM is positive in a single serum sample or; IgG is positive in a high titre (>1280 By Hemagglutination inhibition test).
- Diagnosis is confirmed if there is IgM or IgG seroconversion in paired sera (acute and convalescent samples) or if there is a fourfold rise in IgG titre in paired sera.

Clinical Diagnosis^[16] :-

By Hess's Capillary Fragility Test:-

It is a test for diagnosis of increased Capillary

Fragility or, Idiopathic Thrombocytopenia *Purpura* (ITP). This test is also known as the tourniquet test.

Method:-

- i. A blood-pressure cuff is wrapped around the upper arm, and the pressure is raised. The pressure is maintained in between Systolic and Diastolic BP for 5 minutes.
- ii. 1" below the elbow joint, a circle of 1" diameter is drawn on the anterior aspect of upper forearm. Note the haemorrhagic spots already present within the circle.
- iii. Normally, after application of pressure by BP cuff, up to 10 new *haemorrhagic* spots may appear. But in pathological states, apart from haemorrhagic spots in the skin. Patient give

History of, spontaneous bleeding from nose (*Epistaxis*) and gums, *haematuria*, *melaena* or *menorrhagia*: more than 20 new spots (Diagnostic) may appear within the circle.

This test may be negative in mild to moderate *thrombocytopenia*, but is positive in severe *thrombocytopenia* (ITP).

Management & Prevention^[17] :-

- i. Dengue fever require only symptomatic therapy.
- ii. Patient tend to deteriorate after becoming a febrile
- iii. Severe Pain can be relieved by *paracetamol*, and mild sedatives should be given.
- iv. Look out for restlessness, abdominal pain, and any fall in *haematocrit* value, which should be monitored.

- v. Close observation of the patient for any haemorrhagic conditions; Blood Transfusion and Management of Shock are indicated in capillary leak syndrome.
- vi. Aspirin should be avoided.
- vii. Volume replacement by Oral fluids and electrolytes should be maintained.
- viii. Complete bed rest during the acute stage.
- ix. In case of any *haemorrhagic* condition, the patient's *hospitalisation* is mandatory.
- x. Breeding places of *Aedes* Mosquito should be abolished and the adults destroyed by insecticides.
- xi. There is as yet no vaccine and in any case a tetravalent vaccine would be needed to cover all four-types.

Conclusion:

The description of dengue, referred to as *Dandaka Jwara*, is found in the *Parishistha* chapter of *Madhava Nidana*. *Dandaka jwara* spreads through a special mosquito; it remains in the body for one week and affects the bones. *Giloy* or *Amrita* is an anti-inflammatory and Anti-pyretic herb.

Giloy plays an amazing role in strengthening our natural immune system by increasing the W.B.C. count and Platelet count in our body. In recent times, Papaya leaves are very effective and useful in the management of dengue fever especially in increasing Platelet count in dengue patients with low Platelet count and those who develop hemorrhagic dengue fever. Prevention is better than cure, so advise patients to use mosquito nets and repellents; avoid clean water logging; keep patients inside mosquito nets; wear full-sleeve shirts, pants,

shoes, and socks to keep the body covered; and keep nets on doors and windows.

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Conflict of Interest : None

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