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CASE STUDY

A CLINICAL CASE-STUDY ON AYURVEDIC MANAGEMENT OF *JEERNA JWARA* W.S.R. RECURRENT UTI

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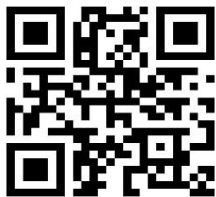
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ABSTRACT

Jwara is the unique description of the disease that essentially affect the human being at various stages of the life with many causes and it needs specific measures accordingly. If the *Vyadhikshamatva* or *Dhatusaushthava* is appropriate then *Jwara* can be treated easily. Otherwise, it may act as vitiated *doshas* in dormant phase and there may be chances of recurrence of fever along with multisystem clinical presentation that is known as “*Dhatugatatva* Pattern” in Ayurveda. In Present Case Study, A 44-year-old female patient came to OPD no. 4 Kayachikitsa Department Government Akhandanand Ayurveda College and Hospital, Ahmedabad with the clinical presentation of *Jwara*, *Shirashoola*, *Udarashoola*, *Yonitah sweta shrava*, *Udgara pravrutti* and *Mutradaha* in the last 6 months. She was having H/O recurrent malaria and UTI (E.Coli infection). She was treated on the line of treatment of *Jeerna Jwara*, as instructed in *Charak Samhita* and got significant relief.

KEYWORDS: Recurrent Malaria, Recurrent UTI (E.Coli infection), *Jeerna Jwara*



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INTRODUCTION

Recurrent malaria refers to the reappearance of malaria symptoms after a period of being symptom-free following an initial infection. This recurrence can manifest in different ways, each with unique underlying causes and implications for treatment and control efforts.

Types of recurrent malaria

Relapse: Occurs primarily with *Plasmodium vivax* and *Plasmodium ovale* infections. Relapse happens due to the activation of dormant liver-stage parasites called hypnozoites. Even after successful treatment of the blood-stage infection, these hypnozoites can reactivate and release merozoites into the bloodstream, triggering a new episode of malaria

Recrudescence: Characterized by the reappearance of malaria parasites from the same parasite population that caused the initial infection. This occurs when a previous treatment failed to completely clear all parasites from the bloodstream, allowing the remaining parasites to multiply and cause a new symptomatic episode

Reinfection: Involves the acquisition of a new malaria infection through the bite of

another infected mosquito. This means a completely new parasite strain enters the body, leading to a new malaria episode, even if the previous infection was successfully cleared.

Recurrent urinary tract infections (UTIs) are 2 or more episodes of acute bacterial cystitis, associated symptoms within the last 6 months, or at least 3 episodes within the previous year. Recurrent UTIs are more common in women.

Several conditions may predispose both men and women to have an increased risk of developing acute and recurrent UTIs, including: Anatomical defects that lead to stasis, obstruction, or urinary reflux, Atrophic vaginitis, Bladder diverticula, especially those that do not drain well, Cystoceles and pelvic organ prolapse in women, Functional defects (e.g. overactive bladder and urinary incontinence), Inadequate or incomplete treatment of the initial acute cystitis, Increasing bacterial resistance to antibiotics, Older men with outlet obstruction or neurogenic bladder, causing urinary stasis and incomplete bladder emptying, Sexually active women without any identifiable structural abnormality or another predisposing condition, Vesico-ureteric reflux (identified

in up to 40% of children with a first UTI). Notably, immunodeficiency alone typically does not lead to isolated recurrent UTIs.

In Ayurveda, "*Jeerna Jwara*" refers to chronic or persistent fever, which is a fever that has lasted for more than a week or recurs frequently. It is considered a more complex condition than acute fever (*Nava Jwara*) due to the involvement of deeper tissues and imbalances in the body's systems. It is often associated with the vitiation of all three doshas (*Vata, Pitta, and Kapha*), though the specific dosha dominance can vary. Ayurveda emphasizes the role of *Agni* in maintaining health. In *Jeerna Jwara*, *Agni* may be weakened or imbalanced, leading to impaired digestion and assimilation of nutrients. The body's channels (*Srotas*) may also be affected, impacting the circulation of bodily fluids and nutrients.

MATERIAL AND METHODS

Patient's information

A 44-year-old female patient presented to OPD no. 4 (PG Kayachikitsa Department) at Govt. Akhandanand Ayurveda College and Hospital, Ahmedabad, with the following symptoms...

Jwara (on and off fever) since 6 months

Shirashoola (Headache) since 6 months

Udarashoola (Pain in Abdomen) since 6 months

Yonitah sweta shrava (Luekorrhoea) since 6 months

Udgara pravrutti (Belching) since 3 months

Mutradaha (Burning Micturition) since 3 months

Past History: Recurrent Malaria and UTI (*E. coli* infection)

Family History: NAD

Drug History: Antimalarial Drugs

General physical examination:

Built- Medium

Pulse- 72/min

Respiratory rate- 18/min

BP- 110/64 mmHg

Conjunctiva – Normal

Tongue- Normal

Skin – No oedema or icterus

Dashvidha Pariksha

Prakruti- Vata-Pitta

Vikruti-Mahat Hetu Linga Bala –
Recurrent UTI and Malaria

Sara- Rasa-Rakta Madhyama Sara

Samhanan- Madhyam

Praman- Madhyama

Satmya- Shad rasa Satmya

Ahara Shakti- Madhyama

Vaya- Yuva Avastha

Vyayam Shakti- Alpa

Therapeutic intervention (IPD)

Medicine	Duration	Anupana
1) Avipattikar Churna 6gm + Mukta Sukti 500 mg + Dhatri Lauha 250 mg + Swarnmakshik 250 mg	BD before food	1 tsp Goghrita
2) Shankha Vati 2tab Samshamani Vati 4tab	2 BD After food	Water
3) Gokshuradi Guggulu 2 Chandrakala Rasa 2 tab Vasa tab 2 tab	TDS After food	Water
4) Punarnavadi Kwatha 40ml	Empty Stomach BD	

Date	Procedure	
06/08/24- 22/08/24	1)Sthanika Abhyanga and Nadi Swedana (Urah evam Prustha Pradeshe)	Nirgundi Taila
	2)Karma Basti (450 ml)	Niruha –Anuvasan-
23/08/24- 14/09/24	1)Sthanika Abhyanga and Nadi Swedana (Urah evam Prustha Pradeshe)	
	2)Kshira Basti (200 ml)	

OPD Follow Up

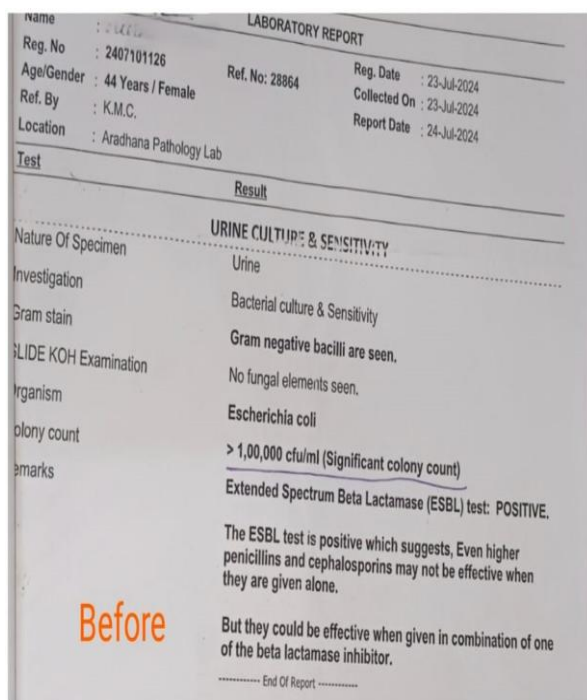
	Symptoms	Medicine
06/08/24- 20/08/24	<i>Jwara</i> on and off <i>Shirashoola</i> ++ <i>Udarashoola</i> +++ <i>Yonitah sweta shrava</i> <i>Udgara pravrutti</i> ++ <i>Mutradaha</i> +++	1)Punarnavadi Kwatha 10 gm Bd Empty stomach 2)Mahakalyanak Ghruta 20 ml Suryodaya Kala 3) Avipatkar Churna 5gm +Mukta Sukti 500 mg + Swarna Makshik125 mg + Dhatriलोha 250 mg BD Empty stomach with go ghrita 5) Gokshuradi Guggulu 2 tab Chandrakala Rasa 2 tab Vasa tab 2 tab BD After food 4))Shankha Vati 2tab Samshamani Vati 4tab BD After food 6) Sudarshan Churna 5gm + Vasa Churna 3gm1 tsp After Food

21/08/24- 03/09/24	<i>Jwara nasti</i> <i>Shirashoola</i> + <i>Udarashoola</i> ++ <i>Yonitah sweta shrava</i> <i>Udgara pravrutti</i> + <i>Mutradaha</i> ++	1,2,3,4
04/09/24- 14/09/24	<i>Shirashoola nasti</i> <i>Udarashoola</i> + <i>Yonitah sweta shrava</i> <i>Udgara pravrutti</i> + <i>Mutradaha</i> +	1,2,3,4

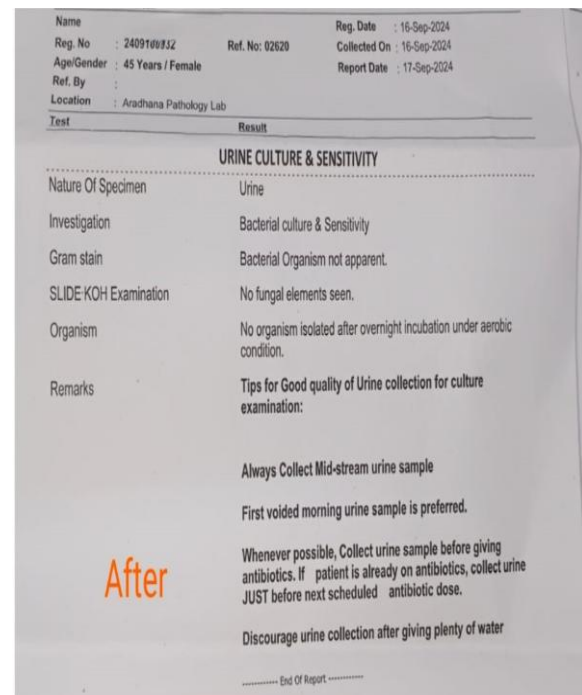
Results

REPORTS:

Before treatment report:



After treatment report



DISCUSSION

Patient had Malarial fever 6 months back and she was given Antimalarial drugs, but

after completing the treatment occurrence of signs and symptoms started as *Jwara*,

Shirashoola (Headache), *Udarashoola* (Pain in Abdomen), *Yonitah sweta shrava* (Luekorreha), *Udgara pravrutti* (Belching), *Mutradaha* (Burning Micturition) which was the sign of impaired *Vyadhikshamatva*. On Investigation Urine Culture shown E-COLI Bacteria positive and the USG W/A showed the changes of cystitis.

As per Principle,

इह खलु निदानदोषदृष्यविशेषेभ्यो विकारविघात
भावाभावप्रतिविशेषा भवन्ति।

All 3 Nidana, Dosh, Dushya combined together in the presence of compromised immunity and sign and symptoms occurred accordingly.

In this case scenario there was *Leena doshas* after improper treatment and consumption of contradictory diet (*Apathya Ahara*) due to which there was *Shleshma kshaya* which ultimately lead to *Oja kshaya* causing *Prakopa* of *Vata-Pitta dosha*. This further caused the *leenatva* of *doshas* and causing *Punaravartaka Jwara* leading to *Dhatugatva* involving *Rasa-Rakta-Mamsa*. Thus as per the condition of “*Jeerna Jwara*” with multisystemic presentation, we aimed the management by applying Classical line of treatment of *Jeerna Jwara* as per *Charak Samhita* viz, *Deepan*,

Pachana, *Anuloman*, *Dhatuposhan*. To install the strength along with various medication that helps to break the Pathogenesis.

Following *Samprapti Ghatakas* has been framed/ identified.

Samprapti Ghatak

Dosha- *Pitta Pradhan Tridosha*

Dushya- *Rasa, Rakta, Mamsa, Meda*

Strotas- *Rasavaha, Raktavaha, Medovaha, Mutravaha, Purishvaha*

Stroto Dusti Prakar- *Sanga, Vimargagaman*

Adhistan- *Sarva sharir evam Mutravaha srotas*

Udbhavsthan- *Aamashaya*

Vyaktisthan- *Urah Pradesha/ Phupphusa*

Roga Marga- *Madhyama (Kostha)*

Agni- *Mandagni, Vishamagni*

Sama/Niram- *Sama*

Vyadhi Prakar- *Chirakari*

Sadhyaasadyata- *Kruccha Sadhya*

The patient was so exhausted and depressed, with her complains that in her first visit she agreed for IPD admission and management started as per her condition. Initially *Dipan*, *Pachan*, *Vatanuloman*, Started with combination of *Avipatikar Churna* etc. with *Sahapana*, *Go ghritha* in

Apana Kala. Shankha Vati was given after meal *Uttara Bhakta* for *Dipana, Pachana. Samshamani Vati* was given as *Vyadhi Pratyanka* with the purpose to get relief in fever. *Punarnavadi Kwatha* and *Gokshuradi Guggulu 2tab Chandrakala Rasa 2 tab* and *Vasa tab 2 tab* after meal *Uttara Bhakta* was given for burning micturition *Mutravaha srotodushti*. Additionally, *Sarvanga Abhyanga Swedana* followed by *Karma Basti* was administered for *Shodhan*. After completion of *Karma Basti-- Kshir Basti* has been given in order to restore the strength and do the *Dhatuposhan* and provide the immunity to the body. This treatment protocol was given for 30 days and patient was discharged on her request

after achieving 90% relief in symptom. In follow up treatment *patient was adviced Mahakalyanak Ghrita 20 ml in Rasayana Kala (Sunrise time) for 5 days*. And combination of *Sudarshan churna* and *Vasa churna* was added

CONCLUSION

It can be concluded that in absence of the appropriate immunity simple UTI cannot be treated with Antibiotic and Antipyretic etc. drugs. These remaining *Leena doshaas* silently deteriorate the Body Tissues also. So Ayurvedic management with classical *Jwara Chikitsa* have significant results in such patients by breaking the vicious cycle of *Samprapti* (Pathogenesis).

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