



“A CRITICAL REVIEW ON AKSHEPAK JWARA W. S. R. TO CEREBROSPINAL FEVER”.

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Abstract-

Brain fever / cerebral fever are a medical term that was used as a synonym for Akshepaka Jwara in Ayurveda. Supposedly the brain becomes inflamed and causes a various symptoms, most notably mental confusion, severe fever which can lead to death. The Nomenclature is romanticized in Victorian literature, where it typically describes a potentially life-threatening condition brought about by a severe emotional, psychological upset and much less often fatal than in medicine. In Ayurveda we correlate this condition with Akshepaka

which is the type of Jwara. In Ayurveda Jwara has its significant value, it is the king of all disease.

Keywords : Ayurveda, Akshepaka, Cerebral Fever, Micro-organism.

INTRODUCTION

This disease has symptoms like severe fever, convulsions in the body parts, blind eyes, meningitis, stiffness and pain in the muscles of the body and swelling in the covering of the brain and spinal cord. The patient raves, feels faint, trembles, and feels restless and dizzy. Its synonyms are cramps, cervical fever, breakneck fever, cerebral-spinal fever and meningitis.

ETIOLOGY

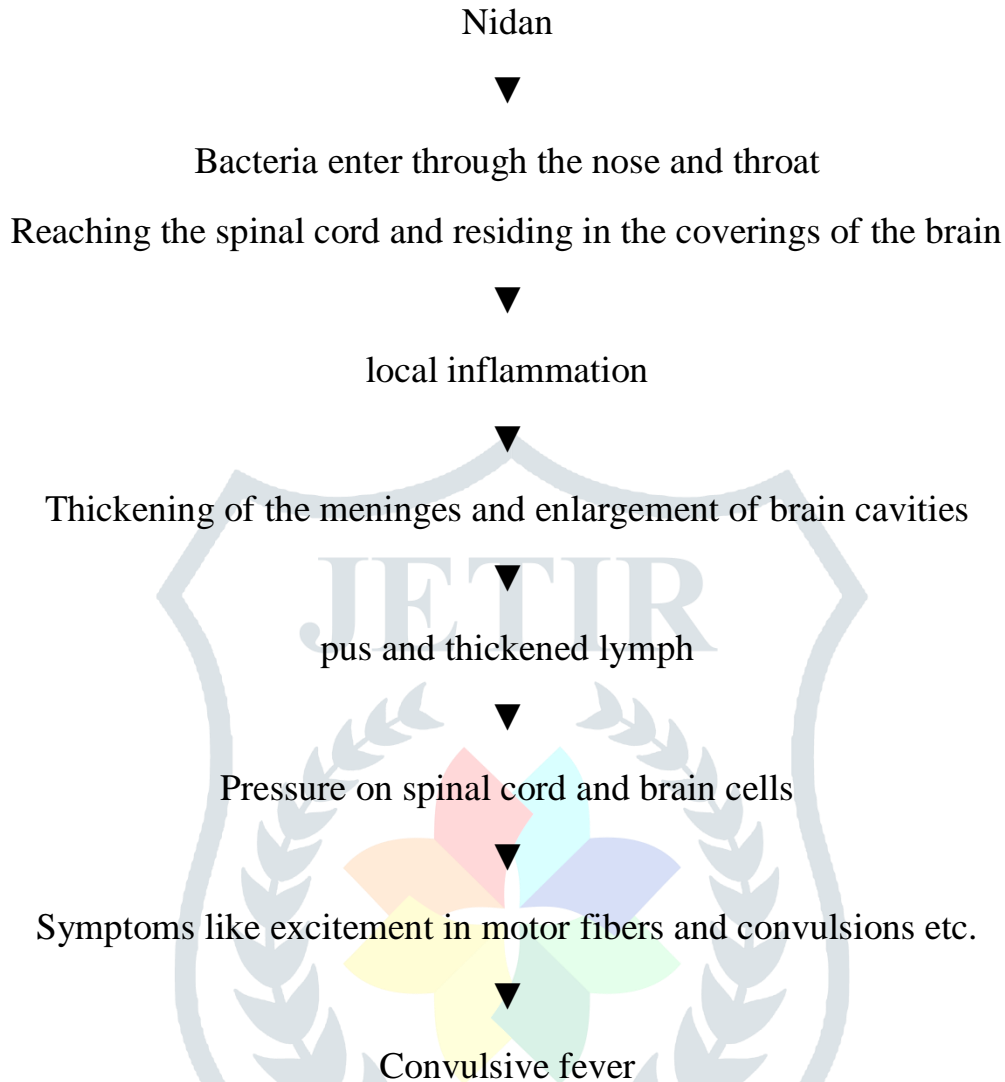
उष्णाम्ललवणक्षारकटुकाजीर्णभोजनेभ्योऽतिसेवितेभ्यस्तथा
तीक्ष्णातपाग्निसन्तापश्रमक्रोधविषमाहारेभ्यश्च पित्तं प्रकोपमापद्यते॥

This disease occurs when many people live together in a narrow place where dust and smoke is prevalent, especially poor people. Weak children and young men mostly suffer from this disease.¹ The main cause of this fever is a bacterium called meningococcus, which is the size of a bean seed. In India, this disease usually occurs in spring and summer. Nasal diseases, throat diseases and cold are the contributing causes of this disease. People living in densely populated areas are particularly affected by this disease. This disease occurs more in men than women. This disease attacks due to overwork, fear, anger and poverty.

Pathogenesis²

The causative bacteria of this disease enter through the nose and throat and reach the spinal cord and brain covers and resides there. They cause burning and swelling there, due to which the meninges thicken and brain cavities become bigger and they get filled with pus and thick lymph. Thereafter, due to pressure on the cells of the spinal cord and brain, the sensory fibers get excited and convulsions etc. symptoms appear.

Sequence of Pathogenesis-



SAMPRAPTI GHATAK

Dosha - Vatapittolvan sannipata

Dushya - Ras - Rakt - Lasika

Strotas - Raktvaha - Sandyavah

Adhistan - Mastishk- Sushumna

Strotodushti - Sangatmak

Swabhav - Ashukari

Sadhyaasadhyatv - Yapya

SYMPTOMS⁴

Four types of conditions are seen in this disease, such as-

1. Acute paroxysmal fever

In the acute type, initially the fever increases and decreases unevenly, then it becomes stable for some time and starts rising and reaches from 102° to 104°F. Headache, vomiting, joint pain, delirium, neck column and neck pain. The head turns to one side, anxiety increases and the patient becomes photophobic. Pink pimples like pearls appear on the body. Convulsions occur intermittently along with hesitation in the limbs and eye twitching.

2. Paroxysmal fever

In the most acute type, the patient becomes very weak and rashes appear more frequently. Acute headache: with colic, vomiting, shivering, severe colic, the pulse becomes weak and the patient dies within one to three days. Some patients struggle with acute symptoms and die after five to seven days.

3. Mild convulsive fever

In mild type arthritis along with other symptoms are not very severe. These symptoms persist for a few days and lucky Rogi becomes cured.

4. Chronic convulsive fever

In the chronic type, periodic exacerbations of fever and eruption of rashes are seen. It occurs more in children.

Complications⁵

The disease usually causes pulmonary and cardiovascular complications especially the respiratory fever and inflammation of the lining of the heart. Pneumonia, deafness, blindness, headache, local paralysis and nephritis are the complications. About eighty percent of patients are dies, but the use of life-saving drugs discovered by modern medical science has strengthened the hope of a few percent recoveries.

Principles of Disease management-

The patient should be made to sleep on soft bed. It is appropriate to do Langhana in the first week. Ushnodak, shadanganiya, coconut water and yavapeya should be given. After the symptoms of vomiting, headache etc. subside, cooked Kshirpak should be given by adding rice bran, green gram juice, parwal juice or Panchkol. In case of severe pain in the neck or back, a rubber bag should be filled with hot water and baked with it. The body should be wiped with warm water three times a day. The mouth should be cleaned by gargling three to four times a day. For this it is best to use Dashansanskaar powder. The patient must be given three-four liters of water throughout the day. Thus there was no problem of death prevention. Give up to fifty grams of dry grapes for bowel purification. If the patient is in a unconscious state, keep turning him by giving him light hand support. To remove the abnormality, it is necessary to mix saline water and glucose and give it intravenously.

Modern Correlation-

Meningitis is inflammation of the meninges (the protective membranes covering the brain and spinal cord). The inflammation may be caused by infection with viruses, bacteria, or other microorganisms, and less commonly by certain drugs. It may also result from various non-infectious causes.

BACTERIAL

- Neisseria meningitidis (meningococcus)
- Streptococcus pneumoniae
- Escherichia coli
- Listeria monocytogenes
- Haemophilus influenzae type B
- Mycobacterium tuberculosis (cause Tuberculous meningitis)

VIRAL

- Enteroviruses
- Herpes simplex virus type 2 (and less common - only type 1)

- Varicella zoster virus (known for causing chickenpox and shingles)
- Mumps virus
- HIV

ASEPTIC

1. Infection with spirochetes
2. In cerebral malaria

FUNGAL

- Cryptococcus neoformans,

PARASITIC

- Angiostrongylus cantonensis.
- Gnathostoma spinigerum

NON-INFECTIOUS-

- Spread of cancer to the meninges
- Drugs
- Sarcoidosis
- Systemic lupus erythematosus
- Certain forms of vasculitis such as Behçet disease
- Epidermoid cysts and dermoid cysts.

CLINICAL FEATURES

1. Severe headache (most common symptoms 90%)
2. Nuchal rigidity (inability to flex the neck forward) (occurs in 70% cases)
3. Nuchal rigidity,
4. Sudden high fever, and
5. Altered mental status;
6. Photophobia (intolerance to bright light) and

7. Photophobia (intolerance to loud noises).

SIGNS

- Positive Kernig's sign or Brudzinski's sign.

DISCUSSION

The cough, sneeze and spitting of a sick person can cause bacterial infection even in healthy humans. These bacteria enter the human respiratory tract or oral cavity through air. Rotten substances, garbage, water logging etc. also spread infection.

REFERENCE :

1. Dwivedi R.B., Dubey S.D., Gujarathi R., Singh A., Khandel S.K., Rai S. Charak Samhita ,Nidan Sthan, Chapter 1.
2. Source: Google Books: Essentials of Ayurveda.
3. Siddha Nighatu Purva Khanda.
4. Kaya Chikitsa Volume - I Book Source: Digital Library of India Item 2015, Contributor, author : Shukla Vidhyadhar page no 324.
5. Kaya Chikitsa Volume - I Book Source: Digital Library of India Item 2015, contributor, author : Shukla Vidhyadhar page no 325.