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Comparative Review of The Symptoms of Scrub Typhus Fever with Sama Sannipataj Jawara

Aarti Bhardwaj*

*Assistant Professor, Dept. of Ayurvedic Pharmaceutical Sciences, Lovely School of Pharmaceutical Sciences, Lovely Professional University, Phagwara, Punjab, India

ABSTRACT

Santaap or Jwara is stated as 'God' in all diseases according to Ayurveda as mentioned is Charak Samhita as "Jwara sarvrogadhipatiah" [1] as mentioned by Charak; it is the first disease to develop in human beings. Jwara has great power to afflict the body as well as mind due to change in the homeostasis balances in the body. It can be an independent diseases or can be symptom of some other diseases. In Ayurveda many types of Jwara are described but idea of writing this paper is doing comparison of sign and symptoms of Sannipataj Jwara and Scrub Typhus Fever along with their prognosis. Scrub Typhus Fever is a bacterial infection spread through mites, chigger causing the symptoms of fever, rashes, malaise along with the complications of multi organ failure if not treated properly.

INTRODUCTION

Vata Pitta Kapha are three main physical doshas which are responsible for maintaining homeostasis balance of body. If they got vitiated due to any reason, there occur disease. Sannipat is a state in which all the three doshas get vitiated into different- 2 involvements. When these tridoshas got aggravated at the same time period, it lead to produce a complex phenomenon in the body where the prognosis of disease become worst and incurable. [2], [3]

Jwara is called as Lord of all the pathological conditions because of its capacity to disturb physical body, mind and soul. [1] It can be a symptom or complete independent disease. Main symptom of Jwara are Santaap (Increased body temperature), Aruchi (Anorexia), Trishna (Excessive thirst), and Angmard (Body aches). [4]

If we talk about the Aetiology of Jwara, It is divided into two groups: Nija (having origin from inside of body) and Agantuj (having external origin like accident).Nija jwara occur due to disturbed doshas and agantuj jwara occur due to external factors like injury etc. Sannipataj is sub type of nija jwara which is further divided into 13 types according to involvement of tridoshas. In Sama Sannipataj Jwara all three doshas get disturbed into equal proportion.

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Symptoms include Jwara, Asthisandhi ruja, aruchi, shiroruja, karanruja, tandra, moha along with main symptom shyaava rakat kotha and in the prognosis stage strotasam paaka leading to sangynaash.

On the other hand if we see the pathology of Scrub typhus fever, it is also called as bush typhus. It is caused by bacteria *Orientia tsutsugannshi.* Which spread to people by the bite of infected Chiggers. Chiggers are the larval mites which are found more commonly in India, Nepal, Australia and Pacific Islands. [5]

In India Chiggers are found in hilly areas like Himachal Pradesh and Arunachal Pradesh etc. but now due to increased urbanization it is also spreading to nearby plain areas like Punjab, Delhi etc. in India. As people had made the houses in that areas near the forests and is moving slowly near the tick which is vector of scrub typhus fever.

In 1980 it was very common in patients but at that time diagnosis and treatments were not available. Now diagnosis is improved with the choice of many antibiotics.

This infection got transmission to human beings by the bite of infected *Leptotombidium* mite larvae (chiggers). These mites are commonly found in near the banks of rivers, gardens, forests, bush areas, wood piles, and Mountains. It does not spread from by direct contact of infected person.

It has incubation period of 5-14 days.

Most common symptoms are Headache, fever, chills, body and muscle ache, and a characteristic red lesion with black surrounding having red rashes near it due to itching. Complications are Pneumonia, ARDS, Hepatitis, Acute Renal Injury, Meningoencephalitis and MOD (multi organ dysfunction) leads to shock and then death. [6]

Table 1. Comparative table of symptoms of Sama Sannipataj Jwara and Scrub Typhus Fever

Sr. no	Sama Sannipataj Jwara Symptoms [7]	Scrub Typhus Fever
1.	Jwara	Fever(Pyrexia)
2.	Asthi sandhi ruja	Myalgia, Arthralgia
3.	Aruchi	(Loss of appetite) Anorexia
4.	Shyaava rakat kotha	Red lesion with black surrounding
5.	Granthi sotha	Lymphadenitis
6.	Karan ruja	Otitis media
7.	Tandra	Fatigue
8.	Moha	Confusion which lead to coma
9.	Bhrama	Hypotension(due to reduction of blood flow)
10.	Shiroruja	Headache

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Table 2: Comparative table of Complications of Sama Sannipataj Jwara and Scrub Typhus Fever

Sr. no	Sama Sannipataj Jwara Complications[8]	Scrub Typhus Fever Complications
1.	Kamala	Hepatitis[9]
2.	Karnamula Sotha	Meningoencephalitis [10]
3.	Pratatam Kanth Koojanam	ARDS(acute respiratory distress syndrome) [11]
4.	Krushtawam naati gaatraanaam	Generalized Oedema
5.	Chiraat and alpa sweda, mutra and purisha	MOD(multi organ failure)
6.	Maranam	Death (due to MODS, ARDS, Septic Shock)

Similarity of prognosis between Sama Sannipataj Jwara and Scrub Typhus Fever

Careful and in depth study of Sama Sannipataj Jwara lakshana denotes that initial fever leads to inflammation of vessels with recurrent vascular injuries that involves the organs like skin, liver, brain, kidneys and heart. Which ultimately recognised initially by body ache, muscle pain, mental confusion and lymph node inflammation but later on lead to MODS, ARDS etc. and finally poor prognosis leads to death due to decreased immunity in a week, elder or immunity compromised student. So Sannipatik state of jwara is a complex phenomenon of pathogenesis in the body requires intensive care as well as therapeutic measures.

These symptoms can be compared with the prognosis of Scrub Typhus Fever as follows:

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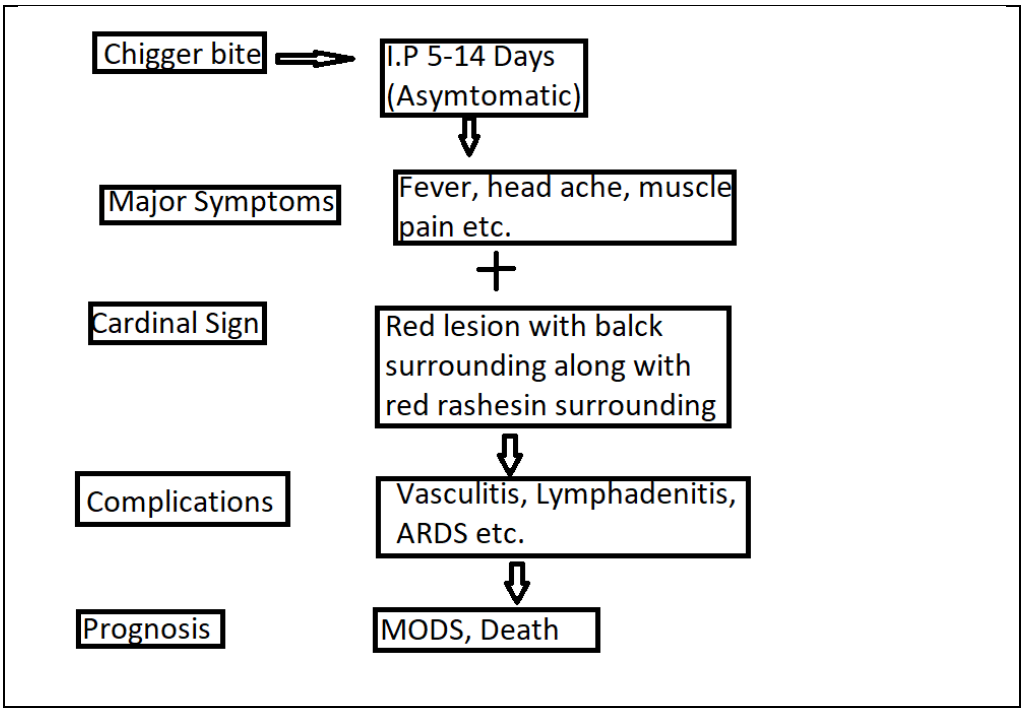

Figure 1: Prognosis of Scrub Typhus Fever

Conclusion

Till date no clear data is available about the condition. Still so many confusions are there for sannipataj jwara. The similarity between Sama Sannipataj Jwara and Scrub Typhus Fever in context to symptoms and prognosis are elaborated in this paper. SSJ is one of 13 sannipataj jwara showing similarity with many disease like dengue, sepsis, Scrub typhus fever etc in which fever is cardinal symptoms and non-treatment or non-diagnosis can lead to MODS, ARDS and death also. This condition required to be explored more in term of pathogenesis as well as more intensive therapeutic treatment to improve the life style of diseased person, Non-occurrence of infection, better and quick diagnostic methods.

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