

**EFFECTIVE AYURVEDIC MANAGEMENT OF SHLEEPADA (LYMPHATIC
FILARIASIS) – A SINGLE CASE STUDY****Dr. Ashwini Hallad¹, Dr. Shivalingappa J. Arakeri², Dr. Rajeshwari^{3*}**¹Assistant Professor Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).²Professor & HOD, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).³PG Scholar, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).***Corresponding Author: Dr. Rajeshwari**PG Scholar, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India). DOI: <https://doi.org/10.5281/zenodo.17812978>**How to cite this Article:** Dr. Ashwini Hallad¹, Dr. Shivalingappa J. Arakeri², Dr. Rajeshwari^{3*} (2025). Effective Ayurvedic Management Of Shleepada (Lymphatic Filariasis) – A Single Case Study. European Journal of Pharmaceutical and Medical Research, 12(12), 378–380.

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ABSTRACT

Lymphatic filariasis is a parasitic disease caused by filarial worms, primarily *Wuchereria bancrofti*, and is transmitted through mosquito vectors. It is a leading cause of permanent disability worldwide, resulting in chronic lymphedema, hydrocele, and elephantiasis. The disease affects the lymphatic system, leading to swelling, pain, and progressive disfigurement, particularly of the lower limbs. In Ayurveda, this condition is correlated with Shleepada. As per ayurvedic literature shleepada is caused by the vitiation of three doshas. A 60-year-old woman presented with Grade III lymphedema of the right lower limb, The condition followed recurrent acute dermatolymphangio-adenitis (ADLA) episodes despite prior allopathic, Ayurvedic, and homeopathic management. The patient underwent 10 sittings of Jaloukavacharana (leech therapy), daily Abhyanga (therapeutic massage) with Nalpamaradi Taila, topical Guduchi lepa, and oral administration of Nityananda Rasa and Arogyavardhini Vati for 10 weeks. A reduction of 14-18cm in limb circumference at the shin region was recorded, with improved skin texture, decreased heaviness, and no recurrence of ADLA during the treatment period. This case highlights the potential of a structured Ayurvedic protocol for advanced secondary lymphedema, demonstrating measurable clinical improvement and quality-of-life benefits.

KEYWORDS: Lymphatic filariasis, *Wuchereria bancrofti*, Shleepada, Lymphedema, ADLA, Jaloukavacharana, Abhyanga, Guduchi lepa, Nityananda Rasa, Arogyavardhini Vati.**INTRODUCTION**

Lymphatic filariasis is a vector-borne parasitic disease caused mainly by *Wuchereria bancrofti*, transmitted through mosquito vectors. Globally, over 120 million people are infected, with more than 40 million disabled due to chronic manifestations such as lymphedema, hydrocele, and elephantiasis (WHO, 2023). Conventional management includes mass drug administration to interrupt transmission, limb hygiene, antibiotics for secondary infections, and surgery in advanced cases. However, these approaches provide limited symptomatic relief in established lymphedema.

In Ayurveda, lymphatic filariasis is correlated with Shleepada, Shilavat padam Shleepadam, The pathological condition where Someone's foot resembles like foot of the Elephant or like Stone, Shleepada is categorised under krimi vijnyanam, This condition is Tridoshaja with predominance of Kapha dosha, involving Rakta, Meda, Lasika, and Tvak. The clinical features include swelling of the lower limb, heaviness, discoloration, thickened skin, and pain. Classical texts recommend therapies like Raktamokshana (Jaloukavacharana), Lepa, Abhyanga, and Shamana Aushadhi for its management.

This case report highlights the clinical outcomes of an integrated Ayurvedic protocol in a patient with advanced secondary lymphedema (Grade III), unresponsive to previous treatments.

MATERIALS AND METHODS

Study Design

Single-case interventional study with pre- and post-treatment assessment.

Objectives of the Study

1. To evaluate the efficacy of Jaloukavacharana and adjuvant Ayurvedic therapies in reducing limb swelling in Shleepada.
2. To assess improvements in subjective Parameters (heaviness, pain, mobility, ADLA recurrence).
3. To document changes in objective parameters (limb circumference at defined anatomical levels).

Patient Information

Age/Sex: 67-year-old female

Diagnosis: Diagnosed case of lymphatic filariasis with Grade III lymphedema of right lower limb following recurrent ADLA episodes since 10 years.

History of Present Illness

The patient has been suffering from right lower limb lymphedema for 10 years. The edema initially appeared over the shin region and gradually progressed to involve the thigh. She experienced recurrent acute dermatolymphangio-adenitis (ADLA), approximately three times per year, which worsened the swelling and discomfort.

Drug History

The patient had previously undergone allopathic, Ayurvedic, and homeopathic treatments, which provided only partial and temporary relief.

Family History

Not contributory.

Examination

General: Well built, afebrile, vitals stable.

Limb Circumference

Right Limb Circumference	28/1/25 BT	20/2/25	1/3/25	21/3/25	11/4/25	After fallow up of 3months	Reduction in limb Circumference Difference (BT-AT)
Mid thigh	65cm	63cm	60cm	55cm	53cm	52cm	13cm
Above knee	59cm	54cm	52cm	48cm	46cm	46cm	13cm
Below knee	58cm	53cm	50cm	45cm	40cm	40cm	18cm
Mid calf	57cm	52cm	48cm	42cm	42cm	43cm	14cm
Ankle	34cm	30cm	29cm	28cm	27cm	26cm	8cm
Mid foot	25cm	23cm	22cm	22cm	21cm	21cm	4cm

Local: Grade III lymphedema of the right lower limb with slight discoloration of skin.

Systemic Examination: No abnormality detected (NAD).

Impact on Quality of Life (QoL)

Psychological health – severely affected

Mobility – moderately affected

Social participation – mildly affected

Treatment Period:

28th January 2025 to 11th April 2025 (10 sittings of Jaloukavacharana + daily therapies)

Follow-up: 3 months post-treatment

Treatment Protocol

1. Jaloukavacharana (Leech Therapy).

10 sittings of Jaloukavacharana (interval of 1 week from 28/01/25 – 11/04/25).

2. Abhyanga (Therapeutic Massage)

Daily application of Nalpamaradi Taila over affected limb.

3. Topical Application

Guduchi Lepa applied externally.

4. Oral Medications

Nityananda Rasa – BD dose A/F

Arogyavardhini Vati – BD dose A/F

Duration: 10 weeks

OBSERVATIONS AND RESULTS

Subjective Parameters

Heaviness of limb – markedly reduced

Pain and discomfort – absent at end of therapy

Mobility – improved walking and standing tolerance

Recurrent ADLA – no recurrence during treatment and 3-month follow-up

Skin texture – reduced thickening and discoloration

Objective Parameters (Limb Circumference in cm).



DISCUSSION

The present case involved Grade III lymphedema of the right lower limb is a diagnosed case of lymphatic filariasis. From an Ayurvedic perspective, the condition was correlated with Kaphaja Shleepada. The clinical features—heaviness of the limb, progressive swelling, skin thickening, discoloration, and recurrent inflammatory episodes—closely align with Kapha-dominant vitiation of Rakta, Meda, Lasika, and Tvak with Srotorodha. The chronicity and repeated inflammatory episodes indicated long-standing Kapha-Vata derangement with localized Pitta aggravation (Sthaneeya vikṛti).

This case demonstrates the successful integration of classical Ayurvedic interventions for Shleepada with measurable clinical outcomes.

Jaloukavacharana: Hirudin and bioactive peptides from leech saliva have anticoagulant, anti-inflammatory, and lymph-draining effects, corroborating classical rationale with modern science.

Nalpamaradi Taila Abhyanga: Improves local circulation, reduces congestion, and provides skin nourishment.

Guduchi Lepa: proven to have immunomodulatory and anti-inflammatory effects (modern pharmacology studies support its role in lymphatic and immune regulation).

Nityananda Rasa & Arogyavardhini Vati: their detoxifying, anti-inflammatory, and hepatoprotective properties may improve systemic metabolism and lymphatic function.

The observed 18 cm reduction below knee and sustained absence of ADLA episodes indicate significant improvement in lymphatic drainage and local immunity.

Scientific Significance

This case adds evidence of the claims in the management of Shleepada.

Objective documentation (limb circumference) enhances reproducibility.

Suggest a non-invasive, cost effective treatment modality for chronic lymphedema where modern medicine has limited solutions.

CONCLUSION

Ayurvedic management comprising Jaloukavacharana, external therapies, and internal formulations demonstrated significant reduction in limb swelling, symptomatic relief, and prevention of ADLA recurrence in a Grade III lymphedema case. This highlights Ayurveda's potential as a complementary and effective approach in managing Shleepada (lymphatic filariasis). Larger clinical studies are warranted for validation.

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