Case Study

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A CASE STUDY ON THE EFFECTIVE TREATMENT OF LYMPHATIC FILARIASIS WITH PANCHAKARMA THERAPY

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ABSTRACT

Background: This study evaluates the efficacy and outcomes of effective Panchakarma treatment in Lymphatic Filariasis. While antiparasitic drugs help prevent disease transmission and treat early-stage infections, they have limited ability to reverse chronic disease-related damage. Method: The successful management of a 67-year-old female patient with lymphatic filariasis was considered significant enough to be documented. Lymphatic filariasis affects an estimated 14 million people worldwide, and evidence on Ayurvedic management remains limited. The patient presented with bilateral lower limb swelling causing difficulty in walking, low back pain radiating to the left leg, and left knee pain for two years. The patient's condition was assessed through Anthropometric Assessment, Visual Analogue Scale for Pain Score-7, Oswestry Disability Index Score – 52%, Knee Injury and Osteoarthritis Outcome Score (KOOS) -22%. According to Ayurveda, the clinical manifestation was diagnosed under Shleepada and managed according to Ayurvedic principles, taking into account the stage of the disease. Panchakarma therapies including Avagahana, Utsadana, Sarvanga Abhyanga, Sarvanga Bashpa Swedana followed by Mridu Virechana were administered along with Shamana Aushadhis, Pre and Post Indian Manual Lymph Drainage (IMLD), Yoga Exercises and Pranayam for 21 days with Comprehensive Bandaging of both lower limbs with cotton cloth for 8-10 hrs and follow-up of 3 months. Results: Evident improvement in bilateral lower limb anthropometric measurements was noted. Visual Analogue Scale Score decreased to 2, Oswestry Disability Index Score decreased to 32%, KOOS Score improved to -47%. Conclusion: This case study underscores Ayurveda's potential as a promising alternative approach for managing Lymphatic Filariasis.

Keywords: Shleepada, Lymphatic Filariasis, Utsadana, Ayurveda, Panchakarma

INTRODUCTION

Clinical lymphatic filariasis (LF) is a debilitating and disfiguring medical condition that has severe psychosocial impacts on both patients and their families. Filariasis is a parasitic disease transmitted through mosquitoes. Prolonged infection can result in swelling of the extremities, hydroceles, and testicular masses. Lymphatic filariasis (LF) is classified as a neglected tropical disease. The Global Programme to Eliminate Lymphatic Filariasis is implementing mass drug administration (MDA) campaigns in endemic regions to eradicate the disease.[1] The painful and disfiguring symptoms of lymphoedema, elephantiasis, and scrotal swelling appear later in life and can result in permanent disability. Those affected by LF face not only physical disabilities but also mental, social, and financial challenges, which further contribute to stigma and poverty.[2] Approximately 63% of the global population of 1.34 billion is at risk of lymphatic filariasis (LF), with about half of the 120 million infected individuals residing in the South-East Asia Region.[3] India, Nigeria, Bangladesh, and Indonesia together account for 70% of LF cases worldwide, although the disease is considered endemic in 80 countries. In Ayurveda, Shleepada is linked to filariasis in modern science. Ayurvedic literature attributes Shleepada to an imbalance of the Tridoshas (the three bodily humors), with Kapha playing a crucial role in both the progression and treatment of the condition. Charaka identifies it as a subtype of Shotha (edema), while Sushruta offers a detailed explanation of its causes, symptoms, types, and prognosis.[4] Shleepada is categorized into three types: Vataja, Pittaja, and Kaphaja, with Kapha Dosha being a necessary factor for the disease to manifest. When the condition persists for over a year, increases in size resembling an anthill, and is accompanied by fluid secretion, itching (Kandu), and discharge (Srava), it is considered Asadhya, or incurable. Classical Ayurvedic texts outline various internal and external treatment approaches. Acharya Charaka recommends Siravedhana (vein puncturing) on the affected side, while Acharya Sushruta advises Raktamokshana (bloodletting). Bhavaprakasha prescribes treatments such as Langana (fasting), Swedana (fomentation), Virechana (purgation), Raktamokshana (bloodletting), and Lepa to reduce Kapha, along with Ushna Upacharas (Heat therapy). Adverse reactions following targeted medical therapy are likely linked to systemic inflammation caused by filarial activity. Reported complications include fever, chills, and some hemodynamic alterations, such as fluctuations in systolic blood pressure, though without significant hypotension.

Patient Information

A 67-year-old female homemaker diagnosed with Lymphatic Filariasis presented to the outpatient Department of Panchakarma and was admitted with complaints of swelling in bilateral lower limbs and difficulty in walking. She also complained of lower backache radiating to the left leg and pain in the left knee joint. Personal history revealed that the patient's general health was good. Past medical history included Hypertension, Diabetes Mellitus, COVID and a surgical history of Cataract. Family history was not significant. Following the diagnosis of lymphatic filariasis, the patient was advised to undergo steroid therapy. However, the patient opted not to pursue further allopathic treatment.

Clinical Findings

The initial history indicated that the patient had been asymptomatic until two years ago. Gradually, she began experiencing difficulty walking, accompanied by swelling in both lower limbs, lower back pain radiating to the left leg, and pain in the left knee joint. She had been under conventional medical treatment for two years, taking Tablet Amlodipine 2.5 mg + Atenolol 50 mg once daily, Teneligliptin 20 mg + Metformin hydrochloride 500 mg, and Tablet Aspirin 75 mg + Atorvastatin 10 mg. Upon general examination, she was hemodynamically stable, with a pulse rate of 70 beats per minute (regular with normal volume) and a blood pressure of 130/90 mmHg while sitting. Her BMI was 36.1 kg/m². There was no relevant family history. She had a Vata-Kaphaja constitution with Madhyama Sara (moderate tissue quality), Pravara Samhanana (strong body build), balanced body proportions (Pramana), and Madhyama Satmya (moderate adaptability). Her mental strength (Madhyama sattva) was average, with low physical endurance (Avara Vyayamsakti) and moderate levels of food intake and digestive power (Madhyama Aharasakti and Jaransakti). Pathological involvement in the Mamsavaha and Medovaha srotas (muscular and fatty tissues) was more pronounced. The bulk of her lower limbs was abnormal, although muscle tone and strength were normal. Stretch reflexes and sensory function were also normal.

Timeline

The drug treatment timeline is detailed in Tables 2 and 3.

Table 1: Diagnostic Timeline

Timeline	Clinical Event/Finding
June 2022	Patient noticed swelling in B/L lower limbs and difficulty in walking.
2022	Diagnosed with Lymphatic filariasis. Patient was advised to take steroids and since patient already took steroids during the treatment for COVID, didn't follow any allopathic treatment afterwards.
18/04/2024	Admitted in IPD
18/04/24 – 17/05/24	Avagahana, Utsadana was done for 10 days. Snehapana with Triphla ghrita followed by Mridu Virechana with G.H. Eranda oil was done. Pre and Post IMLD Yoga exercises, Pranayama and compressive bandaging with cotton cloth for 8-10 hrs. Along with these Panchakarma procedures some ayurvedic oral drugs were prescribed such as Mahamanjisthadikwatha, Kanchanaar guggulu, Nityanand rasa And Avipattikar churna. Visual Analogue Scale for Pain Score-reduced from 7 to 2, Oswestry Disability Index Score from 52% to 32%, Knee injury and Osteoarthritis Outcome Score (KOOS) improved from 22% to 47% Ayurvedic oral medications was further continued
17/05/24 – 14/08/24	Ayurvedic oral medications was further continued. Advised to do Avagaha Swedana and compressive bandaging for 6-8 hrs daily at home. Follow up was done showed notable changes in lower limbs anthropometric measurement after 3 months. The patient was able to walk with more ease and had lightness in bilateral lower limbs.

Table 2: Intervention - Shamana Aushadhi

Date	Internal Medicines	Dosage	Anupana
18/4/24-1/8/24	1. Mahamanjisthadikwatha	40 ml Before food BD	
	2. Kanchanaar guggulu	1 After food TDS	
	3. Nityanand Rasa	1 After food TDS	
	4. Avipattikar churna	1 Tsp early morning empty stomach	Lukewarm water

Table 3: Intervention - Panchakarma Procedures

Procedure	Medicine	Duration	Days
Avagahana	Triphala, Mahamanjishta and Yashtimadhu kwatha	18/04/24 – 27/04/24	10 days
Utsadana	Triphala Churna + Pinda Taila	28/04/24 – 7/05/24	10 days
Snehapana	Triphala Ghrita with Saindhava	8/05/24-12/05/24	5 days
Sarvanga Abhyanga	Pinda Taila	13/05/24-15/05/24	3 days
Sarvanga Bashpa Swedana	Dashamoola Kwatha	13/05/24-15/05/24	3 days
Mridu Virechana	Gandharvahastadi Eranda Taila	16/05/24	1 day

Diagnostic Assessment

Filariasis infection is caused by the nematode worms *Wuchereria bancrofti, Brugia malayi* and *Brugia timori* transmitted by mosquitoes. Humans are the definitive host for these infections, while mosquitoes act as intermediate hosts. Clinical manifestations can vary by phase and may be acute or chronic. The present patient was from an endemic area with a higher prevalence of filariasis and was treated symptomatically. Shleepada is a Tridoshaja Vyadhi predominant in Kapha Dosha. In Sanskrit, "Shlee" means elephant and "Pada" refers to foot, meaning a disease condition where the foot appears like that of "foot of an elephant, and termed as "Sheelapada". [5] When Nidana Sevana (exposure to causative factors) occurs, leading to Dosha Dushya Sammurchana (interaction between imbalanced doshas and body tissues), symptoms begin to manifest. Impaired lymphatic drainage or lymph return can contribute to obesity, creating a vicious cycle. Excessive consumption of Shleshmala Ahara Vihara (Kapha-aggravating foods and lifestyle) increases Kapha Dosha, causing an imbalance in Medo Dhatu (fat tissue). This disrupts the Medovaha Srotas (fat-carrying channels), ultimately resulting in Sthaulya (obesity). An elevated BMI has been identified as a risk factor for the development of chronic low back pain, also impairs postural adaptation, and can contribute to an increase in knee joint pain. The patient's condition was assessed through Anthropometric Assessment, Visual Analogue Scale for Pain Score-7, Oswestry Disability Index Score – 52%, Knee Injury and Osteoarthritis Outcome Score (KOOS) -22%. According to Ayurveda, the clinical manifestation was diagnosed under Sleepada and managed according to Ayurvedic principles, taking into account the stage of the disease.

Therapeutic Intervention

Panchakarma therapies, including Avagahana, Utsadana, Kashaya Dhara, Sarvanga Abhyanga, and Sarvanga Bashpa

Swedana, followed by Mridu Virechana, were administered along with Shamana Aushadhis after obtaining written informed consent from the patient. Pre- and Post Indian Manual Lymph Drainage (IMLD), Yoga exercises, and Pranayama for 21 days with Comprehensive Bandaging of both lower limbs with cotton cloth for 8- 10 hrs and follow-up of 3 months (Table 2).

- Shamana Aushadhis were given for 15 days and pre-treatment during Ama Pachana.
- Pre and Post IMLD Yoga Exercises and Pranayama – Before and After Therapy daily.
- Compressive Bandaging with cotton cloth for 8–10 hours post yoga session daily.
- Total Duration of Study – 30 days.

Outcome

The patient's condition was assessed through Anthropometric Assessment. Notable changes in lower-limb anthropometric measurements were observed before treatment, after treatment, and at the 3-month follow-up. The patient was able to walk with more ease and felt lighter in both lower limbs.

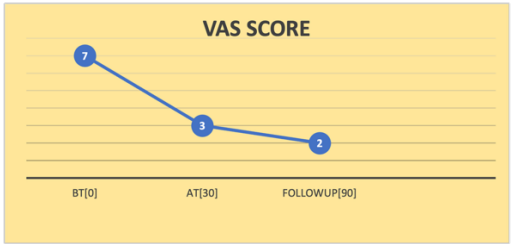

Figure 1: Assessment of VAS score

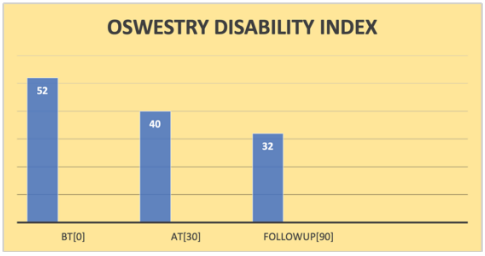

Figure 2: Assessment of Oswestry score

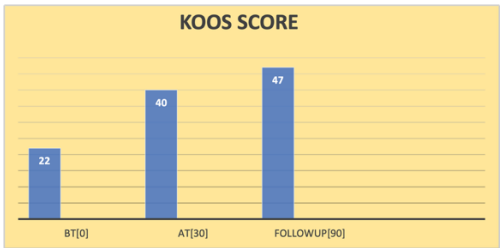

Figure 3: Assessment of KOOS score

Figure 4: Compressive Bandaging

Table 4: Anthropometric Assessment

Bilateral Lower Limbs						
Markings	**BT 19/4/24**		**AT1 10/5/24**		**AT2 1/8/24**	
	RT.	LT.	RT.	LT.	RT.	LT.
Knee Joint	51cm	51cm	49cm	49cm	46.5cm	47.5cm
10 cm above knee	59	59	57	59	54	57.5
15 cm above knee	61	63.5	59.5	62	56	59.5
20 cm above knee	64.5	66	62	64.5	58	63.5
25 cm above knee	69	70.5	64.5	68	62.5	67
10 cm above knee	48	47	47.5	46.5	46	46
15 cm above knee	45	41	45	41	44	40.5
20 cm above knee	44.5	37.5	44	37	42.5	36
25 cm above knee	40.5	32.5	39	30	36.5	28.5
Ankle Joint	26.5	25.5	26	24.5	25.5	25

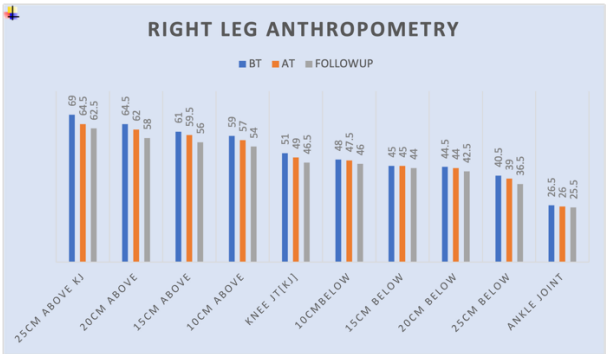

Figure 5: Assessment - Right Leg Anthropometry

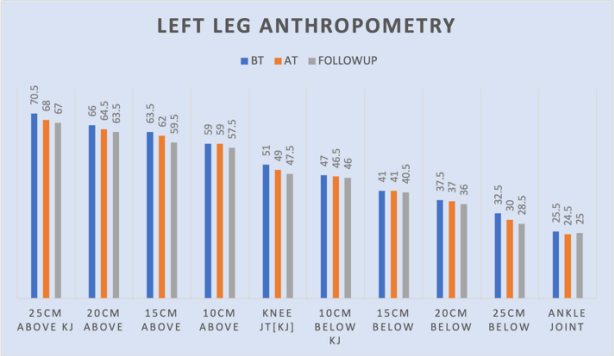

Figure 6: Assessment - Left Leg Anthropometry

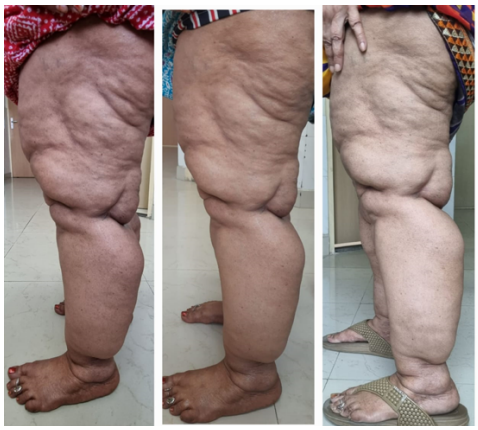

Figure 7: Before Treatment - After Treatment - Follow Up

DISCUSSION

Consumption of improper diet and lifestyle (Mithya Ahara Vihara) results in Tridosha imbalance. Kapha Dosha, dominated by the elements of water (Jala Mahabhuta) and earth (Prithvi Mahabhuta), vitiates Pitta due to their similar oily quality (Sneha Samana Guna). This aggravates Pitta's fluid nature (Drava Guna), leading to digestive weakness (Agni Mandhyata). With aggravated Vata involved, the heavy and stable qualities (Guru and Sthira Guna) of Kapha obstruct the bodily channels (Srotorodha), reducing metabolism, increasing body weight, and thickening the skin. As the heavy and sticky qualities (Guru and Picchila Guna) increase, vein laxity (Sira Shaithilya) occurs, slowing the circulation of Rasa (plasma), Rakta (blood), and lymph (Lasika). The Rasavaha Srotas, Raktavaha Srotas, Mamsavaha Srotas and Medovaha Srotas are involved and have their significance. Due to Sanga, the Prakruta Gati of Dosha is deranged, followed by Vimarga Gamana. Adhobhaga Gamana of Prakupita Dosha occurs. It will affect the Twak (Rohini Layer), which is regarded as the seat of Shleepada. They take their Ashraya in Pada and gradually result in the manifestation of Shopha. Avagaha sweda was done by dipping both lower limbs into warm kwatha of Triphala, Manjishta, Yashtimadhu, which can reduce blockages in the lymphatic system, particularly in swollen areas such as limbs, where lymph fluid accumulates due to poor drainage. These drugs are Sothahara and have actions like Vrinashodhana, Vrinaropana, Pittahara, Rasayana, and Krimighna actions. Initial Ama Pachana was done in the form of Rookshana with Kashaya Avagaha with Triphala, Manjishta, and Yashtimadhu Kwatha, which contain tannins and flavonoids responsible for anti-inflammatory, wound-healing, antiseptic, and immunomodulatory properties. Swedana Action is Sthambhagna, Gauravaghana, Sheetaghana, Srotoshudhi thus aiding in dissolution of Kapha. Utsadana was done with Tripahala churna and Pinda Tailam, in which mechanical force applied during rubbing in the opposite direction increased circulation in the superficial vein and lymphatic drainage, thus possessing Kapha-Meda Vilayana property.[6] The topical anti-inflammatory activity of Pinda tailam is elicited by purpurin .[7] Snehana with Meda and Kledahara Triphala Ghrita with Saindhava helped in attaining Dosha Vishyandana. Dashamoola used in Sarvanga Bashpa Swedana has anti-inflammatory, analgesic, and anti-oxidative properties, which will help mitigate the patient's localised symptoms. Mridu Virechana was given as it clears obstruction in the Srotas (body channels) and subsequently relieves Vata vitiation.

Shamana Aushadhis

Kanchanara Guggulu has Kapha Medohara, Lekhana, Granthihara, and Mootrakruchhrahara properties; it alleviates both Vata and Kapha, regulates Agni, and helps in Srotoshodhaka. Mahamanjishtadi kwatha has properties like Varnya, Kapha Pitta shamak, Shothahar, Kushtaghna, Vranropak, Raktashodhak, Vedanashamak, Kandughna, Dahaprashaman. Nityanand rasa is indicated in Shleepada.[8] It is Tridosha hara, lekhana, Vrana shodhaka, Nitya anulomana. Avipattikar churna also balances Vata, pacifies Pitta and Kapha dosha, and relieves pain, excess pitta, and blood disorders. Compression therapy creates a pressure differential (increased interstitial fluid pressure) that reduces capillary filtration, increases microcirculation and blood flow, and facilitates interstitial fluid movement and lymph drainage, thereby reducing limb volume. Yoga Exercises also helped with lymphatic drainage and improved patients' mobility.

CONCLUSION

Improper diet and lifestyle (Mithya Ahara Vihara) disrupt the balance of Tridosha, leading to a cascade of pathological changes such as Agnimandya (digestive weakness), Srotorodha (obstruction of bodily channels), and lymphatic congestion, ultimately manifesting as Shopha (swelling) predominantly in the lower limbs. The patient belonged to a filariasis-endemic region with a high disease prevalence. Lymphatic filariasis can manifest in both acute and chronic forms; in this case, the patient received symptomatic treatment. A comprehensive Ayurvedic management plan was employed, focusing on Deepana Pachana (digestive stimulation), Srotoshodhana (cleansing of channels). Therapies such as Avagaha Swedana, Utsadana, Snehana, Sarvanga Bashpa Swedana, and Mridu Virechana were utilized alongside herbal formulations like Kanchanara Guggulu, Mahamanjishtadi Kwatha, Nityanand Rasa, and Avipattikara Churna.[9,10] These interventions helped in Kapha-Meda Vilayana (reduction of Kapha and fat), detoxification, and rejuvenation. Additionally, compression therapy and yoga exercises were incorporated to enhance lymphatic drainage, improve microcirculation, and support overall mobility. This holistic approach effectively addressed both the systemic and localized pathophysiology, promoting healing and functional recovery.

Declaration of patient consent

The authors affirm that they obtained informed consent from the patient for publication of this case report, including the use of images and clinical information. The patient understands that her name and initials will not be disclosed and that every effort will be made to maintain confidentiality, although complete anonymity cannot be assured**.**

Patient's Perspective

About two years ago, I started having swelling in my legs, back pain, and trouble walking. Even with regular medicines, things didn't improve much. When I turned to Ayurveda, the treatments and simple lifestyle changes made a big difference. The swelling went down, my pain eased, and I could move around much better. I feel lighter, healthier, and much more confident now.

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