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Case Study

MULTIMODAL AYURVEDIC APPROACH IN THE MANAGEMENT OF CHRONIC LYMPHATIC FILARIASIS *(SLEEPADA)*

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ABSTRACT

Sleepada, described in Ayurvedic classics under *Shotha Vyadhi*, is a chronic disorder characterized by progressive limb swelling, heaviness, pain, and functional impairment. It bears close resemblance to lymphatic filariasis in modern medicine. Conventional management largely offers symptomatic relief with limited success in reversing chronic pathology, whereas Ayurveda offers a holistic approach addressing *Dosha*, *Dhatu*, and *Srotas* involvement with individualized treatment modalities which is found to be effective in the disease. This case study reports the management of a 41-year-old male with chronic unilateral lower-limb swelling, pain, heaviness, skin thickening, and restricted mobility, diagnosed as lymphatic filariasis and correlated as *Kapha-Pitta* predominant *Tridoshaja Sleepada* involving *Rasa*, *Rakta*, and *Mamsa Dhatu* with *Srotorodha*. Treatment followed classical Ayurvedic principles comprising *Deepana-Pachana*, *Shodhana* and *Shamana Chikitsa*, external therapies including *Lepa*, *Dhoopana*, *Jalaukavacharana*, and *Pichu*, and lifestyle modifications. Significant improvement was observed in limb circumference, pain, tenderness, heaviness, erythema, burning sensation, oozing, skin texture, and overall quality of life, without adverse effects. This case highlights the potential role of Ayurvedic interventions in the effective management of *Sleepada* and suggests scope for integrative and evidence-based approaches in larger controlled studies to validate these observations.

INTRODUCTION

Sleepada is a *Kapha-pradhan Tridoshaja vyadhi* whose pathogenesis and manifestation coincide with lymphatic filariasis progressing to the advanced stage of elephantiasis in contemporary science.

Acharyas of Ayurveda have described *Sleepada* as a chronic, progressive disorder predominantly affecting the lower extremities, characterized by *Sopha*, *Gaurava*, *Stabdhata*, *Ruja/Arati*, and *Tvak-vaivarnya*. The term *Sleepada* is derived from the resemblance of the affected limb to the foot of an elephant, or it becoming hard like stone, indicating gross *Kapha-pradhana Sopha*.

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Sushruta Samhita provides a detailed description of *Sleepada* as a distinct clinical entity, highlighting its etiological association with residence in *Anupa desha*, excessive intake of *Guru*, *Snigdha*, and *Abhisyandi ahara*, and exposure to *Dushta-jala desha*.[1] It is also specifically mentioned that *Sleepada* arises especially in regions with an abundance of stagnant or cold water bodies where the climate remains cold throughout the year.[2] Acharya Bhela has mentioned it under *Janapadodwamsa Vyadhi*, where habitual intake of *Matsyanna* in *Prachya Pradesha* causes prevalence of *Kapha-Pitta* ailments such as *Galaganda* and *Sleepada*.[3]

Acharya Vagbhata described *Sleepada* as a condition resulting from long-standing *Kapha* aggravation leading to *Srotorodha*, causing progressive enlargement and induration of the affected limb.[4] Other *Acharyas* opined that it may occur even in the hands, ears, eyes, penis, lips, and nose.[5] The classical symptomatology described by the Acharyas closely

resembles the clinical features of lymphatic obstruction.

In modern medical science, *Sleepada* can be correlated with lymphatic filariasis, a chronic parasitic disease characterized by lymphatic dysfunction leading to lymphedema, fibrosis, and deformity of limbs. Despite the availability of antiparasitic therapy, chronic manifestations often persist owing to irreversible lymphatic damage, resulting in significant morbidity and reduced quality of life.

Ayurveda offers a holistic approach to the management of *Sleepada*, focusing on *Nidana parivarjana*, *Dosha-pratyanika chikitsa*, and restoration of *Srotas suddhi*. Classical management includes *Langhana*, *Alepana*, *Swedana*, *Shodhana* procedures such as *Rechana*, and internal medications with *Kapha-hara*,[6] *Vata-anulomana*, and *Sothahara* properties, along with strict adherence to *Pathya-apathya*.

This case study aims to evaluate the efficacy of Ayurvedic therapeutic principles in the management of *Sleepada* (lymphatic filariasis), with emphasis on clinical improvement, rational selection of treatment modalities based on *Dosha* and *Avastha*, and the scope of Ayurveda in managing chronic lymphatic disorders.

MATERIALS AND METHODS

Case presentation

A 41-year-old male presented to the OPD of Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, with the following chief complaints:

Chief Complaints

- Swelling, pain and tenderness over the right leg since 9 months.
- Erythema since 3 days.
- Burning sensation since 3 days.
- Oozing since 2 days.
- Fever since 3 days.

Associated complaints

- Nausea
- Loss of appetite

History of present illness

As per the patient's history, he was apparently normal 9 months prior to presentation. He then gradually developed erythema and swelling over the right lower limb, associated with burning sensation and fever for 3 days, which resolved partially with allopathic medication. Three days prior to presentation, he developed a similar exacerbation of pain, erythema, and swelling over the right lower limb, to the extent that he was unable to walk, associated with nausea and loss of appetite, for which he presented to our hospital for further management.

History of past illness

Known case of hypothyroidism since 3 years. No history of hypertension or diabetes mellitus.

Family history

No relevant family history was noted.

Drug history

- Tab. Levothyroxine 50 mcg
- Tab. Cefuroxime Axetil 600 mg
- Tab. Aceclofenac 100 mg
- Tab. Gabapentin NT 100 mg
- Tab. Pantoprazole 40 mg
- Tab. Diethylcarbamazine citrate 150 mg
- Tab. Paracetamol 500 mg
- Tab. Chymoral Forte

Personal history

Diet: frequent intake of non-vegetarian food (twice a week). Appetite: poor(reduced). Bowel: irregular, with loose stools. Micturition: reduced frequency (2-3 times/day). Sleep: sound. Addictions: none.

Clinical examination

General examination: Well-built; pallor, icterus, cyanosis, and clubbing absent; lymphoedema over the right leg (+++); edema (+++); pulse rate 70/min; respiratory rate 17/min; blood pressure 127/82 mmHg.

Trividha Pariksha

Darshana: swelling (*Shotha*) and discharge (*Srava*) localized to the right lower limb. *Sparsana*: skin over the affected limb was firm (*Kathina*), rough (*Khara Sparsha*), tender to touch (*Sparshaasahatva*) and warm (*Ushna sparsha*), with relatively cool (*Sheeta sparsha*) sensation over the right foot. *Prashna*: pain *(Shoola)* and burning sensation (*Daha*) localized to the right lower limb.

Ashtavidha Pariksha

- *Nadi*: 95/min, *Taala - Visama*, *Gati - Sarpa*, *Bala - Teevra*, *Doshic - Vata-Pitta*
- *Mala*: Twice daily, *Sama*, foul-smelling (*Durgandha*), loose *(Drava).*
- *Mutra*: 3 times/day, straw-yellow
- *Jihwa*: *Sama*, *Lipta* (coated)
- *Sabda*: *Prakrita*
- *Sparsa*: *Ushna*, *Snigdha*
- *Drik*: *Prakrita*
- *Akriti*: *Sthula*, *Nindita*

Dashavidha Pariksha

Prakriti- Kapha; *Vikriti- Kapha-Pitta*; *Sara- Meda sara*; *Samhanana- Madhyama*; *Pramana- Madhyama*; *Satwa - Madhyama*; *Satmya - Madhyama*; *Ahara Shakti - Avara*; *Vyayama Shakti - Avara*; *Vaya - Madhyama*.

Samprapti Ghataka

- *Dosha*: *Kapha-Pitta* pradhan *Tridosha*
- *Dushya*: *Rasa*, *Rakta*, *Mamsa*, *Meda*, *Lasika*
- *Agni*: *Jatharagnimandya*, *Dhatwagnimandya*
- *Ama*: *Jatharagnijanya Ama*, *Dhatvagnijanya Ama*
- *Srotas*: *Rasavaha*, *Raktavaha*, *Mamsavaha*, *Medovaha*
- *Adhisthana*: *Twak*, *Jaanu*, *Jangha*
- Srotodusti: *Sanga*, *Vimargagamana*
- Udbhavasthana: *Amashaya*
- Sancharasthana: *Sarva sareera*
- Vyaktasthana: *Adhobhaga Shopha*
- Rogamarga: *Bahya roga marga*
- *Swabhava*: *Chirakari*
- *Upasaya*: *Ushna ahara vihara*

Ama lakshana

Srotorodha, *Balabhramsa*, *Gaurava*, *Anila mudhata*, *Alasya*, *Apakti*, *Malasanga*, *Aruchi*, and *Klama* were present.

Systemic Examination

Respiratory system: air entry bilaterally equal. Cardiovascular system: S1 S2 heard, no added sounds. Central nervous system: conscious, well oriented, superficial reflexes intact. Gastrointestinal system: bowel movements irregular; tongue coated; abdomen non-tender on palpation.

Local examination - Lymphatic system

At admission- Inspection: swelling over the right leg extending from the foot to the right knee joint, with mild hyperkeratosis over the dorsum of the right foot and ankle; no subcutaneous nodules noted. Palpation: palpable inguinal lymph nodes; tender, enlarged popliteal lymph nodes; lymphoedema with local rise of temperature over the right leg.

Local examination - Musculoskeletal system

At admission- Inspection: postural asymmetry towards the left owing to right lower-limb heaviness; gait could not be assessed as the patient was unable to ambulate. Palpation: oedema has reduced pitting over time. Range of motion: functional immobility due to swelling and pain in the right lower limb.

Serial girth and anthropometric measurements recorded during treatment are presented in Table 1 and Table 2.

Table 1: Girth Measurements (Mid-Calf Length)

Date	Mid-calf length
25.04.25 (BT)	57.7 cm
01.05.25	56.7 cm
05.05.25	56.0 cm
10.05.25	54.0 cm
14.05.25	54.0 cm
18.05.25	53.0 cm
21.05.25	52.8 cm
29.05.25	52.3 cm
12.06.25 (AT)	50.7 cm

BT = Before Treatment; AT = After Treatment.

Table 2: Weight and Body Mass Index (BMI)

Date	Weight	Height	BMI
25.04.25	133 kg	176 cm	42.9 kg/m2
01.05.25	129 kg	176 cm	41.6 kg/m2
08.05.25	125 kg	176 cm	40.4 kg/m2
14.05.25	123 kg	176 cm	39.7 kg/m2
21.05.25	120 kg	176 cm	38.7 kg/m2
29.05.25	118 kg	176 cm	38.1 kg/m2
12.06.25	115 kg	176 cm	37.1 kg/m2

BMI = Body Mass Index

Treatment given

The patient was admitted to the IPD of our hospital for treatment and observation. The therapeutic intervention comprised internal medications (Table 3) and external procedures (Table 4), planned according to *Dosha* and *Avastha*.

Table 3: Internal Medications - Therapeutic Timeline

Date	Internal medications	Complaints/findings	Observations
24.4.25 to 6.5.25	*Sadanga Kashaya* 30ml with half cup L.W.W. BD (BF) + *Amarasundari Vati* 125mg 1 tab BD (BF); *Nityananda Rasa* 250mg 1 tab BD (AF); *Chandrakala Rasa* 125mg 1 tab BD (AF); *Chopachinyadi Churna* 2 g + *Daruharidra Churna* 2 g + *Musta Churna* 2 g BD (AF)	Pain and swelling over rt. LL (VAS 8); tenderness (++, Grade 3); burning sensation; erythema (+++); oozing from rt. leg; fever (101.1F); nausea; appetite poor; bowel constipated; sleep adequate; micturition 2 times/day	Pain and swelling reduced (VAS 5); burning sensation absent; erythema (+)↓; oozing (+)↓; tenderness (+, Grade 1) ↓; itching (+)↓; fever absent; nausea absent; appetite good; bowel clear (3 times/day); micturition 4-5 times/day
27.4.25	Medication withheld for a day; *Avipatti Churna 15* g with L.W.W. given for *Kostha suddhi*	Pain and swelling over rt. LL (VAS 7); burning sensation↓↓; erythema (++); oozing persists (++); tenderness ↓(+); fever absent; nausea ↓↓ absent; bowel clear; micturition 3-4 times/day	Nausea reduced; burning sensation reduced
28.4.25	Medication withheld for a day; *Trivrit Avaleha* 25 g with *Triphala Kashaya* 100ml given for *Kostha suddhi*	-	Nausea absent; burning sensation absent; appetite slightly increased
29.4.25 to 27.5.25	*Trivrit Avaleha* 1 tsf OD at lunch hour added	Erythema especially felt during noon (*Pittaja kala*)	Erythema reduced
7.5.25 to 14.5.25	*Chandrakala Rasa* and *Amarasundari Vati* stopped; Revised medication-*Nityananda Rasa* 250mg 1 tab BD (AF), *Arogyavardhini Vati* 250mg 1 tab BD (AF), *Sadanga Kashaya* 30ml with half cup L.W.W. BD (BF), *Chopachinyadi + Daruharidra + Musta Churna* 2g each BD (AF)	-	Fever and burning sensation relieved
14.5.25	*Yashad Bhasma* 250mg BD (AF) and *Rasa Manikya* 60mg BD (AF) added	Itching; oozing started	Relieved
15.5.25	Revised to *Nityananda Rasa* 250mg 1tab, *Arogyavardhini Vati* 250mg 1 tab, *Yashad Bhasma* 250mg 1tab, *Chopachinyadi Churna* 2gm + *Daruharidra Churna* 2gm + *Musta Churna* 2gm, and *Rasa Manikya* 60mg (BD, AF)	-	Pain and swelling↓ (VAS 3); stretching type of pain over distal right leg after walking↓; eruptions (+)↑; burning sensation absent; erythema (+)↓; oozing (+); tenderness (+)↓; itching (++); appetite good; bowel clear (4 times/day); sleep adequate

22.5.25 to 28.5.25	*Triphala Guggulu* 250mg 2 tabs BD (AF) with L.W.W. added	Stretching type of pain over distal aspect of right leg after walking.	-
29.5.25	*Rasa Manikya* stopped; same medication continued as mentioned above.	Erythema had been reducing but increased on 29.5.25	Erythema slightly reduced
29.5.25 (discharge)	Medication withheld for a day; *Trivrit Avaleha* 25 g with *Triphala Kashaya* 80ml given for *Kostha suddhi*. Discharged on request with: *Nityananda Rasa* 250mg 1 tab TID (AF); *Arogyavardhini Vati* 250mg 1 tab TID (AF); *Chopachinyadi + Daruharidra + Musta Churna* 2gm each BD (AF); *Triphala Guggulu* 250mg 2 tabs BD (AF) with L.W.W.	-	Swelling over rt. LL↓; stretching-type pain over distal aspect of right leg on walking; eruptions (+); erythema (+); tenderness (+) over right thigh medially, above knee and peri-ankle; appetite- good; bowel-clear; sleep-adequate
31.5.25	Medication withheld for a day; *Trivrit Avaleha* 25 g with *Triphala Kashaya* 80 ml given for *Kostha suddhi*	-	-
12.6.25 (follow-up)	Patient followed up after 2 weeks. Revised medication- Revised to *Arogyavardhini Vati* 250mg 1 tab TID (AF), *Nityananda Rasa* 250mg 1 tab TID (AF), *Triphala Guggulu* 250mg 2 tabs BD (AF) with L.W.W.	-	Pain (VAS 0); swelling ↓; stretching-type pain on walking reduced; tenderness (Grade 0); burning sensation absent; oozing absent; eruptions (+)↓; erythema (+)↓; fever absent; nausea absent; appetite good; bowel clear; sleep adequate

BD = twice daily; TID = thrice daily; OD = once daily; BF = before food; AF = after food; L.W.W. = lukewarm water; VAS = Visual Analogue Scale; LL = lower limb.

Table 4: External Procedures - Therapeutic Timeline

Date	External procedures	Complaints/findings	Observations
24.4.25 to 27.4.25	*Triphala Kashaya* + *Sphatika Churna Dhara*, followed by *Avachoornana* with *Triphala Churna*	Pain VAS 8	Pain and tenderness slightly reduced (VAS 7)
28.4.25 to 1.5.25	*Lepa* over right leg with *Vacha*, *Dhanyaka*, *Triphala*, *Haridra*, *Arjuna*, *Lodhra* followed by *Dhoopana Karma* with *Guggulu*, *Sarjarasa*, *Gaura Sarshapa*, *Nimba patra*, *Vacha*	Pain VAS 7; erythema (++); oozing (+++); mid-calf length (25.4.25) = 57.7 cm	Pain reduced to VAS 5; oozing (+) greatly reduced; erythema (+) reduced; mid-calf length (1.5.25) = 56.7 cm
2.5.25	*Jalaukavacharana* - 1st sitting with 2 Jalaukas	Oozing (++); itching (+++)	Oozing (+) reduced; itching greatly reduced
3.5.25 to 5.5.25	*Pichu* with *Pinda Taila*	Pain increased to VAS 6; tenderness also increased	Tenderness reduced; pain reduced to VAS 5
8.5.25 to 11.5.25	Half tsf *Ghrita* advised with diet (*3	Pricking-type pain over	Relieved

	days)	medial aspect of rt. leg	
5.5.25 to 12.6.25	*Triphala Kashaya Pariseka* (for *Shodhana*)	-	Mid-calf length (5.5.25) = 56.0cm
15.5.25 to 12.6.25	*Lepa* over rt. leg with *Vacha*, *Dhanyaka*, *Arjuna*, *Lodhra*	Mid-calf length (14.5.25) = 54.0cm	Mid-calf length (29.5.25) = 52.3cm
18.5.25 to 31.5.25	*Kashishadi Taila* for local application	Nodular eruptions over right leg	Somewhat relieved
29.5.25 (Discharge)	Patient Discharged on request Advised to continue *Triphala Kashaya Dhara* & *Lepa* over right leg with *Vacha, Dhanyaka*, *Arjuna, Lodhra*	-	-
24.5.25 to 31.5.25	*Kashishadi Taila* for local application with hot fomentation over right leg	Stretching type of pain over distal aspect of right leg after walking.	Completely relieved
12.6.25(Follow-up)	Patient followed up after 2 weeks. Advised to continue *Triphala Kashaya Dhara*	Mid-calf length (29.5.25) = 52.3cm	Mid-calf length (12.6.25) = 50.7cm

RESULTS AND DISCUSSION

Follow-up and outcome

The patient was monitored at regular intervals throughout the treatment and follow-up period. A progressive and sustained improvement in clinical symptoms was observed. There was a gradual reduction in swelling of the affected limb, along with marked relief in pain, tenderness, erythema, burning sensation, and oozing. Improvement in functional ability was evident, as the patient became able to stand and walk without support. Serial measurements demonstrated a consistent decrease in limb girth, indicating reduction in oedema (Table 1). Associated systemic symptoms such as fever, loss of appetite, and nausea also subsided significantly (Table 3).

At the end of the treatment and follow-up period, the patient showed significant clinical improvement with substantial reduction in oedema. Visual assessment findings correlated with clinical improvement, as evidenced by comparative images (Fig. 3). The overall outcome was favourable, with restoration of functional capacity and no recurrence of acute episodes during the follow-up period.

Table 5: Assessment of Clinical Parameters Before and After Treatment

Parameter	**Before treatment**	**After treatment**
Fever	Present	Absent
Loss of appetite	Present	Absent
Nausea	Present	Absent
Pain (VAS)	Present (VAS 8)	Absent (VAS 0)
Tenderness (Grade)	Present (Grade 3)	Absent (Grade 0)
Erythema (CEA 5 point scale)	Present (Point 3)	Absent (Point 0)
Burning sensation	Present	Absent
Oozing	Present	Absent
Itching	Present	Absent
Skin texture	Thickened, rough	Improved

Ability to stand or walk w/o support	Unable	Able
Mid-calf girth	57.7 cm	50.7 cm
Weight / BMI	133 kg / 42.9 kg/m^2	115 kg / 37.1 kg/m^2

VAS = Visual Analogue Scale; CEA = Clinician Erythema Assessment; BMI=Body Mass Index, cm=centimeter, kg/m^2=Kilogram per square meter

Figures

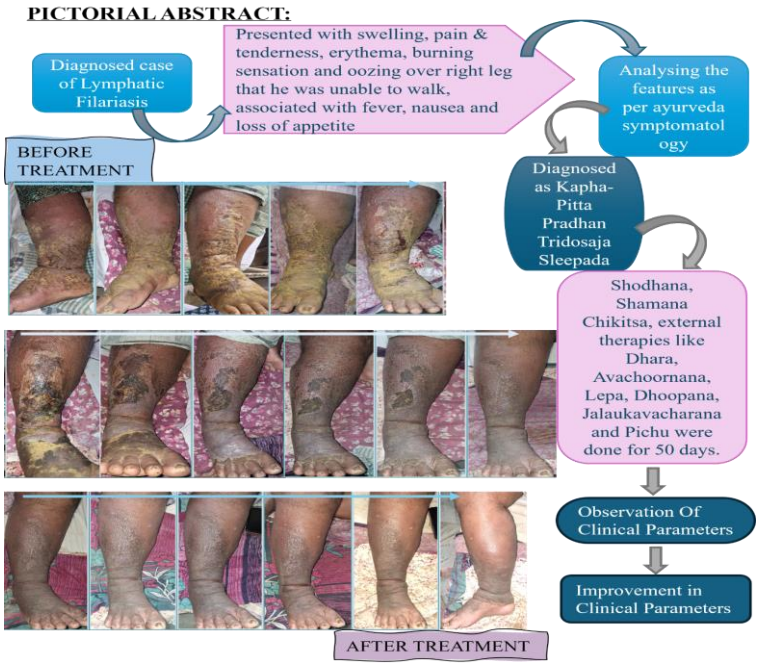


Fig. 1: Pictorial Abstract

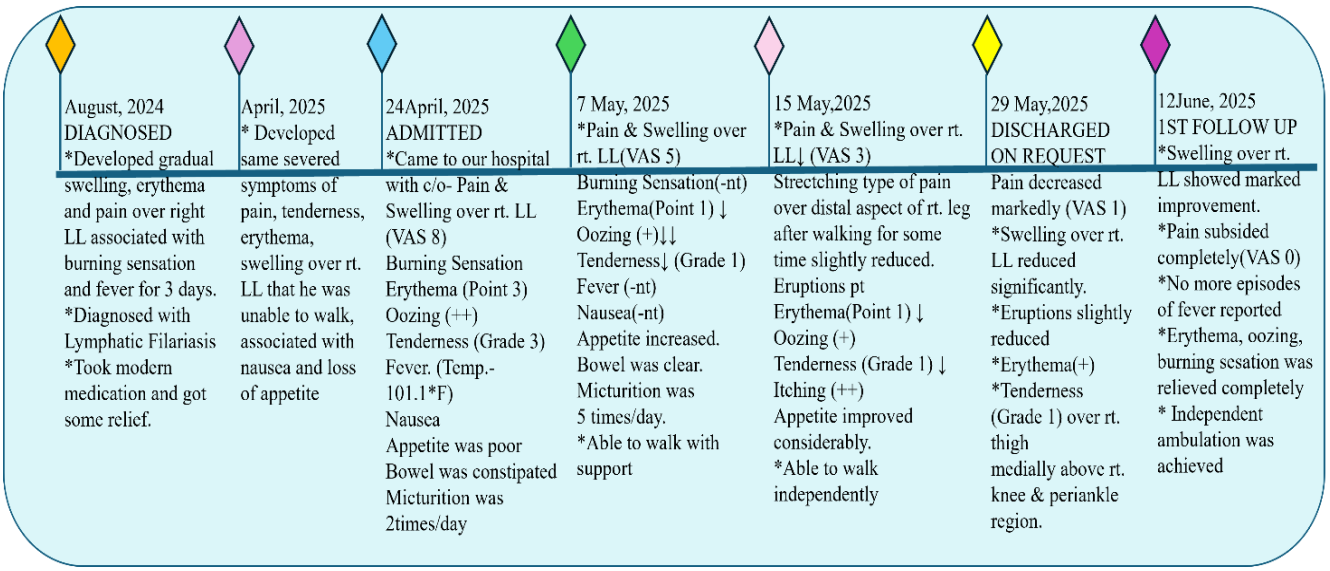


Fig. 2: Summary timeline of the case



Fig. 3: Clinical progression of lymphatic filariasis *(Sleepada):* a. Before treatment on 25.4.25, with marked oedema, erythema, skin thickening and oozing; b.-n. During the course of treatment, showing progressive reduction in oedema, erythema and oozing; o. at discharge, with marked reduction in oedema and oozing and improved skin uniformity; p. at first follow-up on 12.6.25, showing further reduction in oedema and nodular eruptions and improved limb contour.

DISCUSSION

Sleepada, described in classical Ayurvedic texts under the spectrum of *Sotha*, closely resembles the clinical entity of lymphatic filariasis. It is characterized by progressive swelling, predominantly of the lower limbs, resulting from vitiation of *Kapha Dosha*, along with obstruction (*Srotorodha*) in the *Rasavaha*, *Raktavaha*, *Mamsavaha* and *Medovaha Srotas*. Chronicity further leads to tissue fibrosis and deformity, reflecting *Dhatu dushti* and impaired *Agni*.

In the present case, the patient exhibited classical features such as unilateral lower-limb swelling (*Sotha*), erythema (*Raga*), burning sensation (*Daha*), pain (*Ruja*), tenderness, and impaired mobility, reflecting a complex interplay of *Doshas*. The *Sthirata*, *Gurutva*, and *Granthi*-like enlargement leading to lymphatic obstruction and persistent oedema indicate *Kapha* predominance, while the presence of inflammatory features such as *Daha* and *Raga* suggests significant *Pitta* involvement. *Vata* contributes to disease progression and pain (*Ruja*) through its role in *Gati* and *Srotas* dysfunction. The condition can therefore be interpreted as a *Kapha-Pitta pradhan Tridoshaja Sleepada*.

Based on this *Samprapti* analysis, a treatment approach targeting *Kapha-Pitta Samana* together with *Vata Anulomana* was adopted. The therapeutic approach adopted in this case was multimodal, aiming at *Amapachana*, *Agnideepana*, *Srotoshodhana*, and *Sothahara* action. Internal medications helped to correct the underlying metabolic impairment (*Agnimandya*) and reduce systemic inflammation, while external therapies contributed to improving lymphatic drainage and reducing local swelling. The observed clinical improvement - reduction in swelling, pain, and associated symptoms (Tables 1, 2, 5; Fig. 3) - supports the effectiveness of this *Dosha* and *Vyadhi* specific intervention.

Rationale of the treatment protocol

Sadanga Kashaya: Each ingredient of this formulation contributes to breaking the etiopathogenesis of *Jwara*. Most of the drug act through *Deepana-Pachana*, thereby depleting *Ama*. *Parpataka*[7] relieves thirst

(*Trishna nigrahana*); *Chandana*[8] relieves burning sensation (*Daha prashaman*); *Musta*[9] performs *Aamapachana*; *Usheera*[10] performs *Pachana* with *Pittashamana; Uddichya*[11] does *Daha prasamana* that is it relieves burning sensation; and *Shunthi*[12] performs *Aamapachana* and *Agnideepana*. These drugs also exhibit antimicrobial activity relevant to infection-associated pyrexia and have documented antipyretic, immunomodulatory, anti-inflammatory, and detoxifying effects.

***Amarasundari Vati*[13]:** Indicated in *Kapha-pradhan* Sannipataja conditions, *Amaja Jwara, Mandagni, Shoola*, and diseases of the hand and leg. The presence of *Abhraka Bhasma* and *Tamra Bhasma* gives it a rapid (*Asuphalaprada*) action.

***Nityananda Rasa*[14]:** Indicated in *Sleepada*. It is *Tridosha hara*, *Lekhana*, *Vrana shodhaka*, and *Nitya anulomana* in action. *Hingulotha Parada, Gandhaka, Tamra, Vanga, Tutha, Kamsya* and *Krimiharatwa* nature assists *Srotoshudhi* and *Dhatu tarpana*. *Triphala*, *Trivrit*, and *Danti* ensure *Nitya anulomana*; and *Vacha*, *Chitraka*, and *Trikatu* enable *Sroto shodhan* and *Kapha vichedana*, reversing the *Samprapti*.

Chandrakala Rasa: Contains *Tamra Bhasma*,[15] which has *Lekhana* and *Pitta Saraka* properties and is used in acute and chronic *Pitta-Kapha* disorders, including *Kosthagata* and *Sakhagata Roga*. *Mukta Bhasma*[16] improves appetite, reduces burning sensation, counters the effects of toxins, and is useful in *Jirna Jwara*. *Shuddha Hingula*[17] has *Kapha-Pitta Nasaka*, *Rasayana*, *Vrishya*, *Vishahara*, and *Jwarahara* properties.

Chopachinyadi Churna: A polyherbal formulation whose ingredients like *Chopchini, Triphala, Pippali, Akarkarabha, Lavanga, Kokilaksha, Shunthi*, and *Dalchini-* possess anti-inflammatory, analgesic, antioxidant, and antimicrobial properties. Its *Katu-Tikta Rasa* and *Tridosha Shamak* action, directed mainly at the *Adho bhaga* of the body, supports its use in this condition.

Daruharidra Churna: *Daruharidra's Katu-Tikta Rasa* and *Ruksha-Ushna Guna* alleviate *Kapha* and clear *Sneha*, *Meda*, and *Kleda* present in the body. It performs *Soshana* of Shariragata *Kleda*, achieving both Sodhana and *Ropana* of *Vrana*, and is effective in *Visama Jwara* by alleviating *Leena Dosha* lodged in *Meda Dhatu*.[18]

Musta Churna: Has *Katu*, Tikta, and *Kashaya Rasa*; *Laghu* and *Ruksha Guna*; *Sita Virya*; and *Katu Vipaka*. It is *Kapha-Pitta hara*, *Deepana*, *Pachana*, *Grahi*, *Jwarahara*, *Aruchihara*, *Atisaraghna*, *Jantuhrut*, and *Kanduhara*.[19]

Avipatti Churna: *Virechana* is a form of *Shodhana* through which *Doshas* are eliminated via the anal route and is considered the best treatment for *Pitta*-predominant disorders. The formulation used here was *Avipatti Churna* described in the *Virechana Kalpa* of the *Kalpasthana* of *Ashtanga Hridaya*, where it is named *Avipatti* for producing *Virechana* without adverse effects (*Vyaapat*), making it a safe choice for *Virechana* in *Paittika Vikara*. It is indicated in *Mutrakrichra*, *Jwara*, *Chardi*, *Tapa*, *Pandu*, *Agnimandya*, and *Visha* and *Pittaja* disorders.[20]

Trivrit Lehya: Acharya Chakradatta and Yogaratnakara mention *Rechana* as a line of treatment for *Sleepada*. And *Trivrit* is the drug of choice for *Rechana*; Acharya Charaka describes *Trivrit* as *Kapha-Pitta Prasamani*, indicated in *Bahudosha Avastha*. Its administration during *Pitta kala* was appropriately given as the *Pittaja* symptoms prevailing during that period.

With its *Ushna Virya* and *Katu*-Tikta-*Kashaya Rasa*, Trivrit performs *Ama Pachana* and *Agnideepana* at the level of the *Annavaha Srotas*. Its *Tikshna* and *Laghu Guna* allow it to reach minute channels, relieving *Sanga* which is the principal *Srotodusti* in *Anaha* and *Vibandha* and it also produces *Dosha Vilayana*, ultimately achieving *Vata Anulomana*. By *Doshavilayan* when *Doshas* reach the *Kostha* it increases the *Kostha Gati* and being a *Sukha Virechana Dravya,* it expels out *Doshas* from *Adho bhaga* in *Drava* form. Thus, the *Vata Anulomana* will also be attained simultaneously relieving *Anaha* and *Vibandha*.[21]

Arogyavardhini Rasa, with its *Katu-Tikta-Kashaya Rasa*, *Laghu-Ruksha-Tikshna Guna* and *Katu Vipaka*, acts as a *Kapha-Pitta pradhan Tridosha Samana* formulation. Its constituents - *Katuki*, *Nimba*, *Triphala*, *Tamra Bhasma*, *Loha Bhasma*, and *Gandhaka* - provide *Raktasodhaka* and *Daha prasamana* action. The *Tikshna, Ushna, Laghu guna* of *Tamra, Triphala*, *Shilajit*, and *Guggulu* contribute *Srota Sodhana* and *Lekhana*. It is *Pachani*, *Deepani*, and *Malashuddhikarari*, and acts as *Sarvarogaprashamani*.[22]

Rasa Manikya contains *Haratala*,[23] which excellently works on *Kandu*, *Kustha*, *Vrana*, *Visama Jwara*, and other *Kapha-Pittaja* conditions. It also contains *Abhraka*,[24] which is *Deepana*, *Pachana*, *Ruchivardhaka*, *Varnya*, useful in *Jirna Jwara*, and *Vata-Pitta-Kapha Samaka*.

Yashad Bhasma has *Tikta-Kashaya-Katu Rasa* and *Sita Virya*, with *Kapha-Pitta hara Doshaghnata*. It is *Krimighna*, *Kanthikara*, *Rasayana*, and *Grahi* in action, and notably works to check discharge from wounds (*Viseshana Vranasamsravarodhanam*).[25]

Triphala Guggulu, as described in Bhaishajya Ratnavali, is effective in *Vrana* that is *Kledayukta*, in the stage of *Paka*, discharging (*Sravayukta*), foul-smelling, and painful.[26]

Dhara* with *Triphala Kashaya* and *Sphatika Churna

Triphala is *Kashaya-rasatmaka* and *Vranashodhaka-ropaka*, with *Sothahara* and *Vedanahara* properties; it removes debris from the wound and aids healing. Acharya Sushruta advised *Kashaya Dhara* as a *Vrana Sodhana-Ropana* procedure, specifically indicated in wounds that are foul-smelling, discharging, and slimy in nature.[27] *Sphatika*, used for its *Krimighna*, *Jwaraghna*, and *Shulaprashamana* properties, also has *Kanduatihara*, *Grahi*, *Lekhana*, and *Vranaharini* action; being *Rudhirasravarodhini*, it checks bleeding and can help control fluid discharge while acting as an antiseptic and antimicrobial agent.[28]

Avachoornana* with *Triphala Churna

Avachoornana or sprinkling of medicated powders is a *Vrana Sodhana-Ropana* procedure described by Acharya Sushruta for wounds vitiated by *Medo dhatu* that are not deep and are foul-smelling.[29] *Triphala Churna* is *Sothahara*, *Vedanahara*, and *Vrana shodhaka*, with excellent *Vranaropana* properties, supporting its use as *Avachoornana*.[30]

Lepa

Lepa was applied using *Lodhra*, *Arjuna*, *Triphala*, *Vacha*, *Haridra*, and *Dhanyaka*. The ingredients that are used predominantly *Kapha-Pitta hara*, *Sothahara*, *Grahi*, and acting on *Vrana*.

Dhoopana Karma

Dhoopana Karma was performed with *Guggulu*, *Sarjarasa*, *Vacha*, *Gaura Sarshapa*, *Saindhava lavana*, and *Nimba patra*, following the ingredients described by Acharya Sushruta for disinfecting a *Vrana*.[31]

Jalaukavacharana

Role of *Jalauka*: Recent studies report more than 20 bioactive molecules with anti-inflammatory, analgesic, antimicrobial, and anticoagulant properties from medicinal leeches. Leech saliva contains hirudin, a potent thrombolytic and fibrinolytic agent, and probably increases local circulation, thereby reducing inflammation. It also contains antibiotic-like and anaesthetic-like substances, and a histamine-like vasodilator that acts as an anti-inflammatory agent, reducing pain. Hyaluronidase and proteinase in leech saliva may assist enzymatic degradation of slough in non-healing ulcers, reducing mechanical load and pain.

Pichu* with *Pinda Taila

Sarjarasa in *Pinda Taila* is reported to possess wound-healing properties, and honey-bee wax (*Madhuchishta*) similarly supports wound healing and the union of fissure edges, contributing to a more uniform skin surface. *Pinda Taila*'s analgesic property helped reduce pain and facilitated activities of daily living; the *Varnya* property of *Sarjarasa* and *Manjishtha* helped reduce the discoloration over the shin.

***Kashishadi Taila* (local application) and hot fomentation**

Acharya Sushruta described *Avasadana* as a means to depress elevated, soft, nodular growths in wounds, using drugs such as *Kashisa*, *Manashila*, and *Dhatu churnas* like *Haratala*.[32] *Kashishadi Taila*, containing *Kashisha*, *Manahshila*, *Haratala* and related drugs, was appropriately used in this context.

CONCLUSION

This case study highlights the potential effectiveness of Ayurvedic management in *Sleepada* (lymphatic filariasis), a chronic and debilitating condition characterized by progressive swelling, discomfort, and functional impairment. Through a holistic therapeutic approach incorporating *Shodhana*, *Shamana*, appropriate internal medications, and lifestyle modification, significant clinical improvement was observed in oedema, pain, skin texture, and overall quality of life.

From an Ayurvedic perspective, *Sleepada* is primarily associated with vitiation of *Kapha Dosha* along with obstruction of the *Rasavaha*, *Raktavaha*, and *Mamsavaha Srotas*. The treatment protocol aimed at correcting *Dosha* imbalance, breaking *Srotorodha*, improving lymphatic circulation, reducing inflammation, and enhancing tissue metabolism. The positive outcomes observed suggest that Ayurvedic interventions may play a valuable role in managing chronic manifestations of lymphatic filariasis, particularly in reducing recurrence and preventing disease progression.

While these findings are encouraging, they are based on a single case and cannot be generalized. Larger, controlled clinical studies with longer follow-up periods are warranted to validate these results and further explore the integrative potential of Ayurveda in managing *Sleepada*. Nonetheless, this case underscores the value of individualized, holistic care and supports the scope of traditional Ayurvedic principles in addressing chronic lymphatic disorders.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical images.

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