ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

REVITALIZING LYMPHATIC FLOW THROUGH AYURVEDA IN 'ELEPHANTIASIS NOSTRAS VERRUCOSA': A CASE OF - *'KAPHAPŪRVAKA VĀTAPRADHĀNAJA ŚLIPADA'* & ITS INTEGRATIVE WOUND CARE

Dr. Nihal Gopan [1], Dr. Manjunath S Naregal [2], Dr. Bharathi D Anvekar [3], Dr Shankar S[4]

[1]3rd Year PG Scholar, Department of Shalya Tantra,
Sri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India.
[2]Assistant Prof. Department of Shalya Tantra,
Sri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India.
[3]Prof. and PG Dean of the Institute, Department of Shalya Tantra,
Sri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India.
[4]Prof. and HOD, Department of Shalya Tantra,
Sri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India

ABSTRACT

The present case report highlights the integrative management of Kaphapurvaka Vata Pradhanaja Shlipada (correlated with Elephantiasis Nostras Verrucosa), a chronic non-filarial lymphatic disorder characterised by fibrosis, induration, and recurrent ulceration. A 45-year-old male patient presented with chronic swelling and ulceration of the left lower limb, diagnosed as Shlipada. Initial modern wound management, including Betadine–Hydrogen Peroxide infiltration, VAC dressing, and Metrogyl packing, effectively reduced local infection and discharge but showed limited improvement in chronic oedema. Subsequently, an Ayurvedic protocol focusing on Shodhana and Shamana Chikitsa was instituted. The treatment included Abhyanga with Sarshapa Taila, Dhara with Dashamoola Kashaya, and Udwartana with Kolakulathadi Churna to promote lymphatic drainage, reduce Srotorodha, and alleviate Kleda Sanchaya. This was followed by Niruha Basti with Manjishtadi Kshara Basti and Anuvasana Basti with Manjishta Taila and Triphala Taila from 10/01/2024 to 17/01/2024 for systemic detoxification, nourishment, and wound healing. Oral medications included Sapthavinshati Guggulu, Gandhaka Rasayana, Ekangaveera Rasa, and Varunadi Kashaya. Marked clinical improvement was observed, with significant reduction in oedema, induration, and pain, and the Defence and Veterans Pain Rating Scale (DVPRS) score improved from Grade 9 before treatment to Grade 4 after treatment. The integrative approach combining modern wound care with classical Ayurvedic therapies provided effective symptom control and functional recovery. This case demonstrates the potential of evidence-based Ayurvedic interventions as complementary to modern management in chronic lymphatic disorders such as Shlipada, achieving sustained relief and tissue restoration.

KEYWORDS: *Shlipada, Elephantiasis Nostras Verrucosa, Integrative management, Basti Chikitsa, Lymphatic obstruction.*

INTRODUCTION

Shlipada, one among the *Tridoshaja Vyadhis* described in the Ayurvedic classics, is a chronic and distressing condition characterised by *Sotha* (localised swelling), *Gaurava* (heaviness), *Kandu* (itching), and progressive thickening of the affected limb. It is primarily a *Kaphapurvaka Vata Pradhanaja* disorder, often resulting from *Srotorodha* (obstruction of channels) and *Dushti of Rasavaha and Medovaha Srotas*. In its advanced stage—*Bheda Avastha*—the condition manifests with complications such as *Vrana* (ulcer formation) and *Puya Srava* (purulent discharge), indicating chronic inflammatory and infective sequelae. [1]

In contemporary medical science, these manifestations can be correlated with Elephantiasis Nostras Verrucosa (ENV), a rare chronic form of non-filarial lymphedema characterised by hyperkeratosis, fibrosis, and verrucous changes of the skin due to longstanding lymphatic obstruction and secondary infections. The disease not only causes physical disfigurement but also leads to significant psychological and social distress. [2-3]

A UK community study found that chronic lymphoedema had a crude prevalence of 1.33 per 1000 persons; prevalence rose to 5.4 per 1000 in persons older than 65 years. [3] An institutional review of 21 ENV cases found that all patients were obese (mean BMI 55.8), and ENV was bilateral in 86 % of cases; while this is not a general population prevalence, it suggests strong associations with obesity and chronic venous/lymphatic disease. [4]The textbook/dermatology-site summary states that ENV is "rare" and can occur in males and females of all races, but quantifies no global incidence. [5]

Ayurveda offers a comprehensive approach to such chronic lymphatic and inflammatory disorders, emphasising *Dosha-Srotas Samshamana*, *Shodhana* (purificatory), and *Shamana* (palliative) therapies aimed at restoring *Srotoshuddhi* and tissue equilibrium. The following case report presents a clinically

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

challenging case of ***Kaphapurvaka Vata Pradhanaja Shlipada*** at *Bheda Avastha*, successfully managed through an integrative Ayurvedic treatment protocol, demonstrating the efficacy of classical therapeutic interventions in a condition comparable to **Elephantiasis Nostras Verrucosa.**

Patient Information

A 45-year-old male patient, farmer by occupation, resident of Holenarsipura, Hassan district, Karnataka, belonging to a Hindu family and married, reported to the Outpatient Department of **Shalya Tantra, SDM Institute of Ayurveda and Hospital, Anchepalya, Bengaluru** on 16/11/2023.

The patient presented with complaints of progressive pain and swelling of the left lower limb, extending from the thigh to the foot, persisting for the past two months. The swelling was gradual in onset and had progressively increased in size, associated with discomfort and heaviness of the limb, especially on prolonged standing and walking.

He also reported a non-healing wound over the dorsum of the left foot, located approximately 10 cm distal to the ankle joint, of two months' duration, which was associated with purulent, yellowish-white discharge for the past one and a half months. The patient sought medical advice due to persistent pain, foul-smelling discharge, and difficulty in walking.

History of Present Illness

The patient was apparently healthy three years ago when he gradually developed swelling over the left foot, which progressively extended up to the thigh, causing discomfort and difficulty in walking and wearing footwear. He initially sought treatment at a local clinic and later at KIMS, Bengaluru, where partial relief was observed. Subsequently, he visited the Department of Kayachikitsa at SDM Institute of Ayurveda and Hospital, Bengaluru, where he underwent Ayurvedic management including *Snehana*, *Swedana*, and *Shamana Aushadhi* chikitsa.

During the course of illness, owing to chronic lymphatic stasis and *Kapha-Vata dushti*, an eruption developed over the dorsum of the left foot, approximately 10 cm distal to the ankle joint, which gradually ulcerated and turned into a wound. Within a week, purulent discharge with foul odour appeared along with three sinus tracts—one extending proximally (8 cm) and two transversely (5 cm and 2 cm). The wound measured about 3 cm in diameter. The patient was then referred to the Department of Shalya Tantra, SDMIAH, Bengaluru, for further wound management.

Past and Personal History

The patient is a known case of hypertension for the past eight years, currently not on regular medication. He gives a history of a fall about fifteen years ago, resulting in thoraco-lumbar injury, which was managed conservatively. There is no history suggestive of diabetes mellitus, thyroid disorders, malignancy, or lymphadenopathy.

Dietary habits are mixed with *Shadrasa Satmya* (habitual intake of all six tastes). The patient reports habitual use of cigarettes (approximately two per day) and alcohol consumption (180 ml twice weekly). His *Jatharagni* is of *Madhyama* type with moderate *Jaranashakti* and *Abhyavaharana Shakti*. Sleep is disturbed, and lifestyle involves strenuous agricultural work. The patient's *Bala* (strength) is assessed as *Pravara*, indicating good overall endurance.

Clinical Examination

On *Aṣṭavidha Parīkṣā*, *Nāḍī* was *Kapha–Vāta Pradhāna*, indicating sluggish circulation and mild stiffness. *Mala*, *Mutra*, *Śabda*, and *Dṛk* were *Prakṛta*. *Sparśa* showed localised *Vaikṛta Lakṣaṇas*—warmth and swelling over the *Vāma Pāda*. *Jihvā* was *Alipta*, suggesting good digestive function, and *Ākṛti* was *Madhyama* with mild local deformity due to *Śotha*.

On *Sarvadehika Parīkṣā*, the patient was well-built and well-nourished with no pallor, icterus, or cyanosis. Temperature was afebrile, pulse rate 84/min, respiratory rate 18/min, and blood pressure 140/100 mmHg. Left inguinal lymph nodes were palpable and enlarged. Pitting oedema was noted over the left lower limb, below the knee, particularly over the shin region, consistent with chronic lymphatic obstruction.

On systemic examination, the **CNS** revealed the patient was conscious and oriented to time, place, and person. **CVS:** S_1, S_2 sounds heard normally. **RS:** Bilateral normal bronchovesicular sounds present. **GIT:** Inverted umbilicus, no scars or striae noted. **GUS:** No abnormalities detected.

LOCAL EXAMINATION OF THE LEFT LOWER LIMB

General Observation

On inspection, there was diffuse swelling involving the left lower limb extending from the foot to the mid-thigh, with blackish discolouration and dryness of the overlying skin. The swelling exhibited gradual progression and skin thickening, characteristic of *Kaphavataja Shotha*.

Palpatory Findings

On palpation, the swelling exhibited *Shilavata Shotha*—a hard and indurated consistency. Tenderness was present, particularly around the wound margins, and the surface felt rough and uneven. A local rise in temperature was noted over the affected limb, indicating active inflammation. Induration was evident from below the knee extending to the foot, being more prominent around the wound area. The findings were localised to the left lower limb.

Ulcer Examination

On local examination, a solitary ulcer was observed over the dorsum of the left foot, approximately 10 cm distal to the ankle joint. The ulcer was spherical in shape, measuring about 3.5 cm in radius, with irregular margins and punched-out edges. The floor appeared muscular, and a yellowish-white discharge was present. The surrounding area showed blackish discolouration with induration.

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Table No.1: Bilateral Limb Measurements

Site	Left Lower Limb (cm)	Right Lower Limb (cm)
Foot	41	30
Mid-Calf	50	38
Mid-Thigh	59	54

Laboratory Investigations

Initial laboratory evaluation on **16-11-2023** revealed Haemoglobin (Hb) of *11.9 gms%*, Erythrocyte Sedimentation Rate (ESR) of *85 mm/hr*, and Random Blood Sugar (RBS) of *166 mg/dl*. Urine analysis showed the presence of albumin (+++) and bacteria (+), indicating a mild urinary abnormality associated with systemic inflammatory status.

On subsequent evaluation after one month on **21-12-2023**, the investigations revealed Hb – 9.4 gms%, ESR – 120 mm/hr, C-Reactive Protein (CRP) – 40 mg/L, and RBS – 137 mg/dl. These findings indicated persistent inflammation with anaemia and a mild hyperglycaemic tendency, suggestive of an underlying chronic inflammatory process contributing to delayed wound healing.

Differential Diagnosis

In the present case, the clinical features such as *Shotha* (swelling), *Sphurana* (throbbing), *Vedana* (pain), *Rukshata* (dryness), and *Krishna Varnata* (dark discolouration) were assessed to rule out other possible *Vyadhis*. Based on the symptomatology, conditions like *Pittaja Shlipada, Kaphaja Shlipada, Vataja Shlipada,* and *Vruna Shotha (Pachyamana Avastha)* were differentially considered. Among these, the predominance of *Ruksha*, *Krishna varna*, *Sphurana*, and *Theevra Vedana* favoured the diagnosis of ***Vataja Shlipada*** over the others.

From the modern perspective, the differential diagnosis included Venous Stasis Dermatitis, Ichthyosis, Pre-tibial Myxoedema, and Elephantiasis Nostras Verrucosa. Venous Stasis Dermatitis was ruled out due to the absence of varicose veins and itching, while Ichthyosis was excluded as the lesion was localised with swelling rather than diffuse scaling. Pre-tibial Myxoedema was also ruled out owing to the absence of thyroid-related signs. Based on the chronic progressive swelling, thickening and hardening of the skin, dark discolouration, and absence of infection or ulceration, the presentation was found to be consistent with **Elephantiasis Nostras Verrucosa.**

Diagnostic Assessment

Based on the Ayurvedic understanding, the condition was diagnosed as ***Kaphapurvaka Vata Pradhanaja Shlipada*** in the ***Bheda Avastha***, characterised by ***Vruna*** (ulcer formation) and ***Puya Srava*** (purulent discharge) as *upadravas* (complications). The clinical presentation of chronic swelling, hard induration, discolouration, and the development of ulceration indicated a vitiation of *Vata* and *Kapha doshas*, leading to *srotorodha* (obstruction of channels) and subsequent *dhatukshaya* (tissue depletion). From the modern medical perspective, the features correlated with **Elephantiasis Nostras Verrucosa**, a chronic inflammatory and fibrotic condition of the skin and subcutaneous tissues, are typically secondary to lymphatic obstruction. The presence of gross thickening, hardening of skin, blackish discolouration, and non-pitting oedema with ulceration further substantiated the diagnosis.

Nidāna Pañchaka

The patient was residing in an area characterised by *Puranodhaka Bhūyiṣṭha Deśha*, that is, near stagnant or contaminated water sources, which served as a prominent *nidāna* predisposing to the condition. Regular intake of *śīta jala pāna* (consumption of unprocessed or unheated water) further aggravated the *kapha doṣa*, while habitual consumption of *matsya* (fish) obtained from stagnant water bodies in the *prachya pradeśha* contributed to *kapha-vāta prakopa*. The *pūrvarūpa* (premonitory symptoms) observed included *agnimāndya* (loss of digestive power) and *aruchi* (loss of appetite). The manifested *rūpa* (clinical features) were *śopha* (swelling), *vedanā* (pain), *kṛṣṇatā varṇatā* and *rūkṣatā pāda* (dark discolouration and dryness of the foot), along with *sphuraṇa of tvak* (tingling or pulsation of the skin), indicating *kaphapūrvaka vāta-pradhānaja ślipada* in the *bheda avasthā*.

***Samprapti* (Pathogenesis)**

Due to the influence of vitiated *Desha*, *Kaala*, *Jala*, and the indulgence in improper *Ahara* and *Vihara*, there occurs aggravation of all three *Doshas* (*Tridosha Prakopa*). The vitiated *Doshas*, along with the formation of *Ama*, lead to *Srotodushti* in *Rasavaha*, *Raktavaha*, *Mamsavaha*, and *Medovaha Srotas*. These aggravated *Doshas* undergo *Adhogamana* (downward movement) and localise (*Sthanasamshraya*) in the lower limbs — particularly in *Uru*, *Janu*, and *Jangha* regions. Due to *Sirashaithilya* (loss of tone in veins) and *Sroto-avarodha* (obstruction of channels), the vitiated *Doshas* become lodged in *Pada*, leading to *Shopha* (swelling) associated with *Shoola* (pain). This ultimately manifests as *Shleepada* (Elephantiasis).

Samprapti Ghataka

In this case, *Kaphapurvaka Vata Pradhana Tridosha* involvement was noted. The *Dushyas* affected were *Mamsa, Rakta, Meda,* and *Twak.* The disease originated from the *Amashaya* (*Udbhava Sthana*) and spread throughout the body (*Sarvashareera* as *Sanchara Sthana*), later manifesting in the *Adhobhaga* (Pada) as the *Vyakta Sthana.* The *Roga Marga* was *Bahyarogamarga* with *Shakaghata* type involvement. The *Srotas* affected were *Rasavaha, Raktavaha, Mamsavaha,* and *Medovaha,* with *Vimaarga-gamana, Sanga, Atipravrutti* type *Sroto Dushti.* The condition was assessed as *Yapya* in prognosis.

Shad Kriyakala* in *Shlipada

In the *Sanchaya Avastha*, due to continuous *Nidana sevana*, the normal equilibrium of *Doshas* becomes disturbed, leading to *Agnimandya*. This results in early symptoms such as *Aruchi* and *Gourava*. As the process advances to *Prakopa Avastha*, persistent *Apathya sevana* along with *Agnimandya,* causes

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Vata-pradhana Tridosha Prakopa. Simultaneously, *Medo-Dhatvagni Mandhyata* sets in, leading to *Sanga* in *Rasavaha*, *Raktavaha*, *Mamsavaha*, and *Medovaha Srotas*, producing symptoms like *Koshta Toda*.

With further progression, in the *Prasara Avastha*, the accumulated and aggravated *Dosha-Dushya* complex moves out of its original site due to '*Vimaarga-gamana'* and spreads toward the *Adhoga Pradesha*, resulting in *Angasadana*. Subsequently, in the *Sthanasamshraya Avastha*, because of *Kha Vaigunya* in the *Srotas* of the *Paada Pradesha*, the vitiated *Doshas* get localised there, causing '*Sanga'*, producing *Sthaimithya* and *Gouravata* of the legs.

In the *Vyakta Avastha*, the *Tridoshas* are evidently vitiated at *Uru*, *Janu*, *Janga*, and *Pada Pradesha*, leading to '*Atipravrutti'* that gives rise to classical features like *Shilavat Shotha*, *Sphurana*, and *Krishna Varnata* of the legs. If left untreated, the disease progresses to *Bheda Avastha*, leading to chronic complications due to *Prabhuta Dosha-Dushya Sammurchana*, manifested by *Jwara*, *Vidradhi*, and *Puti-Puya Srava*.

General Line of Treatment of *Ślipada*

The management of *Ślipada* is based on the principles of *Kapha-Vatahara* and *Rakta-Shodhana Chikitsa* as mentioned in classical texts. The line of treatment includes *Langhana* (fasting) to reduce aggravated *Kapha* and *Meda*, followed by *Lepa* application using Kapha-hara formulations to alleviate local swelling and stiffness. *Swedana* (sudation) is advised to liquefy and mobilise the accumulated doshas, while *Rechana* (purgation) aids in systemic elimination of aggravated doshas. *Rakta Mokshana* (bloodletting) is indicated to purify vitiated Rakta and relieve localised congestion. The use of *Ushnopachara* (hot fomentation and therapies with ushna dravyas) helps counteract the vitiated *Vata dosha.*

For *Vataja Ślipada*, *Sira Vyadhana* (venesection) is recommended approximately four *angula* (about 8 cm) above the *Gulpha* (ankle joint) to relieve local stagnation. Internally, administration of *Eranda Taila* mixed with *Gomutra* for one month is advised to facilitate dosha elimination. Diet should include light food prepared with milk boiled with *Nagara* (Zingiber officinale) to enhance digestion and pacify Kapha-Vata doshas. *Trivrit Ghritha* can be used as a mild purgative to maintain dosha balance, and in chronic or resistant cases, *Dahana Karma* (cauterisation) may be indicated for controlling localised pathology.

Therapeutic Intervention

Initial wound care was carried out for **45 days** with pus drainage, Betadine–Hydrogen Peroxide infiltration, VAC set instillation, Betadine–Metrogyl packing, and daily dressing to control infection and promote granulation. Following satisfactory local improvement, Ayurvedic management locally was initiated, focusing on *Shodhana* and *Ropana Chikitsa*.

From **01/01/2024 to 20/01/2024**, ***Abhyanga*** with *Sarshapa Taila* was performed on the left lower limb, followed by ***Dhara*** with *Dashamoola Kashaya* and ***Udwartana*** with *Kolakulathadi Churna* to reduce inflammation and swelling. ***Basti* therapy** was administered from **10/01/2024** as per schedule — ***Niruha Basti*** with *Manjishtadi Kshara Basti* and ***Anuvasana Basti*** with *Manjishta Taila* and *Triphala Taila* alternated for eight days.

Concurrently, internal medications were prescribed: *Sapthavinshati Guggulu*, *Gandhaka Rasayana*, and *Ekangaveera Rasa* (1-1-1, after food), along with *Varunadi Kashaya* (20 ml twice daily before food with a pinch of *Yavakshara*).

Table No.2: Wound Care Procedures

Date/Duration	Procedure	Medicine Used	Purpose
Initial 45 days	Wound management	Betadine–H_2O_2 infiltration, VAC set, Metrogyl packing	Infection control & wound healing
01/01/2024 – 20/01/2024	**Abhyanga**	*Sarshapa Taila*	Improves circulation, relieves stiffness
01/01/2024 – 20/01/2024	**Dhara**	*Dashamoola Kashaya*	Reduces inflammation & pain
01/01/2024 – 20/01/2024	**Udwartana**	*Kolakulathadi Churna*	Decreases local swelling, aids lymph drainage

Table No. 3: Internal Medications

Medication	Dosage	Timing	Duration	Adjuvant/Remarks
Sapthavinshati Guggulu	1-1-1	After food	16/11/2023 – 20/01/2024	Anti-inflammatory, wound healing
Gandhaka Rasayana	1-1-1	After food	16/11/2023 – 20/01/2024	Improves immunity & tissue repair
Ekangaveera Rasa	1-1-1	After food	16/11/2023 – 20/01/2024	Neuromuscular strengthening
Varunadi Kashaya + *Yavakshara*	20 ml – 0 – 20 ml	Before food	16/11/2023 – 20/01/2024	Enhances metabolism, reduces oedema

Table No.4: Basti Treatment Chart

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8
(10/01/2024)	(11/01/2024)	(12/01/2024)	(13/01/2024)	(14/01/2024)	(15/01/2024)	(16/01/2024)	(17/01/2024)
-	Niruha Basti	Niruha Basti	Niruha Basti	Niruha Basti	Niruha Basti	Niruha Basti	Anuvasana Basti
Anuvasana Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti

Niruha Basti with *Manjishtadi Kshara Basti* (for *Shodhana* and detoxification)
Anuvasana Basti with *Manjishta Taila* and *Triphala Taila* (for *Sneha* and tissue nourishment)

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

Assessment of Pain Using DVPRS Scale

Pain intensity was assessed using the **Defence and Veterans Pain Rating Scale (DVPRS)**. Before treatment, the patient reported a **Grade 9 pain level**, which corresponds to *severe pain*—characterised by significant interference with daily activities and difficulty in performing routine tasks. Following the course of Ayurvedic interventions, including *Abhyanga, Dhara, Udwartana*, and *Basti Chikitsa,* the pain level reduced to **Grade 4**, indicating *moderate pain* with only occasional distraction but improved ability to perform regular activities.

This marked reduction in pain intensity demonstrates the effectiveness of the comprehensive Ayurvedic management in alleviating discomfort and enhancing the patient's quality of life.

Outcome of the Treatment

Following initial modern wound management and subsequent Ayurvedic interventions, the patient showed a significant reduction in pain and swelling, complete cessation of discharge, and notable wound healing with healthy granulation and improved limb function.

DISCUSSION

The present case of *Kaphapurvaka Vata Pradhanaja Shlipada* (correlated with Elephantiasis Nostras Verrucosa) illustrates a chronic and advanced manifestation of lymphatic obstruction resulting in fibrosis, thickening, and recurrent ulceration. The pathology represents a *Bheda Avastha* of *Shlipada*, characterized by long-standing *Srotorodha*, *Kleda Sanchaya*, and *Vata Kapha Dushti*. Initial modern management, including Betadine–Hydrogen Peroxide infiltration, VAC dressing, and Metrogyl packing, successfully controlled local infection and reduced discharge; however, it provided limited improvement in chronic oedema and indurated tissue. Hence, Ayurvedic management was instituted to address the underlying *Dosha-Dushya Sammurchana* and promote lymphatic drainage and tissue healing.

The treatment protocol included *Abhyanga*, *Dhara*, *Udwartana*, and *Basti Chikitsa* in a planned sequence. *Abhyanga* with *Sarshapa Taila* was administered to enhance peripheral circulation, reduce *Srotorodha*, and promote *Kapha Vilayana*, thereby improving lymphatic flow and softening the indurated skin. *Dhara* with *Dashamoola Kashaya* exerted *Vata-Kaphahara* and *Shothahara* actions, soothing inflammation and reducing local heaviness. *Udwartana* with *Kolakulathadi Churna* facilitated *Kleda Shoshana*, lymphatic stimulation, and *Medodushti Shamana*, leading to a noticeable reduction in oedema and hardness. Following these preparatory procedures, *Niruha Basti* with *Manjishtadi Kshara Basti* (from 10/01/2024 to 17/01/2024) was administered for *Shodhana* and systemic detoxification, while *Anuvasana Basti* with *Manjishta Taila* and *Triphala Taila* was employed for *Sneha*, tissue rejuvenation, and wound healing.

The combined regimen produced marked improvement in pain, swelling, and local trophic changes. The *Defence and Veterans Pain Rating Scale* (DVPRS) score reduced significantly from Grade 9 before treatment to Grade 4 after treatment, indicating effective symptomatic relief. While modern interventions contributed primarily to infection control, Ayurvedic therapies addressed chronic lymphatic stasis, doshic imbalance, and tissue nutrition—leading to comprehensive and sustained healing.

Overall, this integrated approach demonstrated that the classical *Shodhana–Shamana Chikitsa* of Ayurveda, when applied judiciously alongside modern wound care, can offer substantial clinical benefits in chronic lymphatic disorders such as *Shlipada*. It highlights the therapeutic potential of combining detoxification, circulatory enhancement, and rejuvenative therapies in achieving both structural and functional recovery in complex, long-standing cases.

Conclusion

The present case demonstrates the effectiveness of an integrative approach in managing *Kaphapurvaka Vata Pradhanaja Shlipada* (Elephantiasis Nostras Verrucosa). While modern wound care measures such as antiseptic infiltration and VAC dressing effectively controlled infection, Ayurvedic therapies—*Abhyanga*, *Dhara*, *Udwartana*, and *Basti Chikitsa*—addressed the underlying *Dosha-Dushya Sammurchana*, improved lymphatic circulation, and promoted tissue healing. A notable reduction in oedema and pain was observed, with the DVPRS score improving from Grade 9 to Grade 4. The case highlights the complementary role of Ayurvedic approaches in achieving sustained recovery in chronic lymphatic disorders.

Patient's Perspective

The patient expressed immense satisfaction with the overall treatment outcome and conveyed deep gratitude towards the Ayurvedic system of medicine for offering a safe, effective, and holistic approach to healing. He reported marked relief from pain, discharge, and swelling, along with a renewed sense of comfort, mobility, and confidence in daily activities. The patient also appreciated the continuous care, guidance, and compassionate support provided by the treating physician and resident team throughout the course of management.

Declaration of Patient Consent

The authors certify that they have obtained informed consent from the patient for the publication of this case report along with relevant clinical details and images. The patient was informed that his name and initials will not be disclosed, and all reasonable efforts will be made to maintain confidentiality; however, complete anonymity cannot be guaranteed.

Acknowledgement

I express my deep sense of gratitude to **Dr. Bharathi D. Anvekar**, my guide, for her constant support, valuable inputs, and insightful guidance that greatly contributed to nurturing my clinical understanding and research skills throughout this study. I sincerely thank **Dr. Manjunath S. Naregal**, my co-guide, for his continuous encouragement, faith in my abilities, and for providing me the opportunity and clinical exposure to manage and present this case, which was admitted under his in-patient unit, with full trust and guidance. I also extend my heartfelt thanks to the **Head of the Department of Shalya Tantra** and the **Principal, SDM Institute of Ayurveda and Hospital, Bengaluru**, for their constant encouragement, support, and for

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 10| October 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

providing the necessary facilities to carry out this clinical work successfully.

REFERENCES

1. *"Madhava Nidana – Chapter 39 'Shlipada Nidāna'". EasyAyurveda online article. 2023 Apr8.Madhava Nidana Chapter 39 Shlipada Nidanam.*
2. *Sisto K, Khachemoune A. Elephantiasis nostras verrucosa: a review.* Am J Clin Dermatol. *2008;9(3):141-6.*
3. *Muhsin YA, et al. Elephantiasis nostras verrucosa: a rare complication of lower limb lymphoedema.* BMJ Case Rep. *2017;2017: bcr-2017-221275.*
4. *Dean SM, Zirwas MJ, Vander Horst A. Elephantiasis nostras verrucosa: an institutional analysis of 21 cases. J Am Acad Dermatol. 2011;64(6):1104-10.*
5. *DermNet NZ. Elephantiasis nostras verrucosa [Internet]. Auckland (NZ): DermNet New Zealand Trust; c1997–2025 [cited 2025 Oct 30]. https://dermnetnz.org/topics/elephantiasis-nostras-verrucosa.*

ANNEXURES

25/11/2023



12/12/2023



25/12/2023



10/01/2024

