

**Efficacy of *Jalaukavacharana* on *shleepada* (elephantiasis).**
**Nayanesh D. Kambale\*<sup>1</sup>, Suraj Shirsath<sup>2</sup>, Vikram Ganpatil<sup>3</sup>, Prathamesh Shetye<sup>4</sup>**

1. Assistant Professor, Panchakarma Dept.
2. Associate Professor, Kayachikitsa Dept
3. Assistant Professor, Balrog Dept.
4. Assistant Professor, Shalya Dept.

M.E.S. Ayurved Mahavidyalay and Research Centre Ghanekhunt Lote,

Taluka Khed, Dist. Ratnagiri, Maharashtra., India

 \*Corresponding author: [nayaneshk175@gmail.com](mailto:nayaneshk175@gmail.com)
**ABSTRACT :**

Sushruta has described *Panchakarma* i . e. 5 types of karma which purifies body In which *Raktamokshna* is specifically described by Sushruta. As described by him *Vaman, Virechana, Basti, Nasya* and *raktamokshana* with help of *Jalauka* to detoxify body.

Ancient Ayurveda has explained a disease named *Shleepada* which can be correlated with with Elephantiasis or Filariasis. In Sanskrit “*shlee*” means Elephant and “*pada*” means foot. A disease in which one’s foot becomes foot of elephant is called as *shleepada*.

Patient should be selected showing salient features of *Shleepada* and diagnosed with sign and symptoms as mentioned in *Ayurvedic* context. So

under all aseptic precautions and with the written consent of patient and his relative we should apply *jalauka* on affected foot along with antibiotics therapy. Some patients are old age and physically not fit for any surgical intervention. That is why we decide to do *Jalaukavacharana* along with the conservative antibiotic therapy.

**KEYWORDS:**

*Shleepada, Raktamokshana, Jalauka, Filariasis, Panchakarma.*

**INTRODUCTION :**

‘*Shilavat padam Shleepadam*’<sup>1</sup> is the pathological condition where someone’s foot become like foot of Elephant or like stone. *Shleepada* is categorised under *krimi vijnyanam*. This condition mostly affects the *Twak*. *Rohini* is the sixth layer of the *twak* and it is considered to be seat of *Granthi*,

*Apachi, Arbuda, Shleepada and Galaganda.*<sup>2</sup>.

#### Causes :<sup>4</sup>

- *Kapha* prominent food and habits (*kaphaja ahara vihara*)
- Heavy food intake (*guru ahara*)
- Stagnant water (*puranodaka*)
- Cold water intake (*sheetala jalapan*)
- Residing in area where stagnant water is nearby (*puranodaka bhuyishta desha*).

Due to above mentioned causes *kapha* prominent three *doshas* get aggravated. The *doshas* are lodged in inguinal region first and gradually move downward towards feet. Due to lodging of *doshas* in legs stony swelling resembles like foot of elephant.

*Shleepada* borns in cold climate and contaminated water which causes vitiation of *Vata, Pitta* and *Kapha* leading to *adhogamana* of *Prakupita doshas* which then get localised in groin, thigh, foreleg, calves and gradually reaches to the foot giving rise to *Shopha* associated with *Arati, Jwara* and turns into hard consistency<sup>3</sup>. *Kapha* dosha is the main culprit for producing *Shleepada*. There are three types of *Shleepada* i.e. *Vataja, Pittaja* and *Kaphaja*.

#### *Nidana in shleepada :*

- 1) *Sannikrushta Nidana* : *Kaphaja ahara* and *vihara* and *Dushta Jala sevana*.
- 2) *Viprkrushta Nidana* : *Sheeta kala* and *Anupa desha*.

- 3) *Vyabhichari Hetu* : *Sheeta kala* and *Anupa desha*.
- 4) *Pradhanika Hetu* : *Kaphakara ahara* and *Dushta Jala sevana*.
- 5) *Utpadaka Hetu* : Cold climate and *Kaphakara ahara* and ***vihara***.
- 6) *Vyanjanaka Hetu* : Accumulated *Kapha*.
- 7) *Dushta Hetu* : *Vata* : *Jala* from *Sahya Range*  
*Pitta* : *Jala* from *Anupa Desha*  
*Kapha* : *Kaphakara ahara vihara*
- 8) *Vyadhi Hetu* : *Kaphakara ahara* and *Dushta Jala sevana*.
- 9) *Ubhaya Hetu* : Water from *anupa desha, kaphakara ahara* and *dushta jala sevana*
- 10) *Bahya Hetu* : *Kapha dosha prakopaka* – *Dadhi, Matsya* etc
- 11) *Anubandha* : *Vata* and *Pitta*.
- 12) *Anubandhya* : *Kapha dosha*.

#### Lakshanas of 3 types of *Shleepadas* :<sup>5</sup>

- 1) *Vataja Shleepada*: in this *Shleepada* the *shotha* is black in colour, dry with multiple cracks and much pain without any reason.
- 2) *Pittaja Shleepada*: in this *Shleepada shotha* is yellow in colour, soft and having burning sensation.
- 3) *Kaphaja Shleepada*: in this *Shleepada shotha* is oily, white in colour, heavy and stable.

#### *Samprapti* : <sup>6,7,8,9</sup>

- *Dushit Desha, Kala, Jala, Ahara Vihara*
- *Tridoshaprakopa*
- *Ama manifestation*

- *Rasavaha + Raktavaha + Mansavaha + Medovaha Srotodushti*
- *Adhogamana of prakupita doshas*
- *Aveshana Uru, Janu, Jangha*
- *Sirashaithilya Ashraya in Pada*
- *Shopha with pain*
- *Shleepada*

### **Samprapti Ghataka :**

- *Dosha : Kaphapradhana Tridosha*
- *Dushya : Rasa, Rakta, Mansa, Meda and Lasika*
- *Srotas : Rasavaha, Raktavaha, Mansavaha, Medovaha*
- *Adhishthana : Twaka, Vankshana, Uru, Janu, Pada, Jangha*
- *Srotodushti Sanga, Vimargagamana.*
- *Swabhava : Chirkari*
- *Agni : Jatharagnimandya, Dhatwagnimandya*
- *Udbhavavastha : Amashaya*
- *Sancharsthana : Sarva Sharir.*
- *Vyakta Sthana : Adhobhagashopha, Karna, Netra and Shishna*
- *Rogamarga : Bahya*

### **PROCEDURE :**

#### **Investigations**

- CBC, ESR
- BT, CT
- FBS, PPBS.

#### **Materials required:**

- Leeches

- Coldwater
- Bowls 3-4 in number
- Gloves
- Gauze pieces
- Cotton pads
- *Haridra* powder
- Bandages.

### **Purvakarma for leech:**

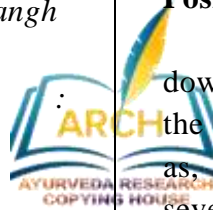
To activate the leeches, they should put in a bowl containing a solution of *Haridra* And water for a period of 15-20 minutes; later on leeches are cleaned by keeping them in another bowl of pure water for 10 to 15 minutes.

### **Position:**

The patients are advised to lie down in supine position depending on the Convenience of the patient, as well as, severity of symptoms. Patients with severe Symptomatology should keep in lateral position.

### **Procedure:**

The posterior sucker of the leech is held in one hand and anterior sucker is Placed at the site of application, where the leech is expected to be fixed. Thereafter, The posterior sucker should release from the hand and attaches to the surrounding region. Thereafter, the leeches are covered with a gauze piece to keep it moist, over the gauzepiece; few drops of water are poured on and often..As soon as the leeches show the signs of elevated head and pumping action of the anterior sucker region, the time is noted, when the leeches get detach at their own, the time was once again noted.



**Precautions during application:**

With the onset of symptomatology like burning, itching, pain etc. The leeches should be removed by sprinkling *Haridra* powder.

**Frequency of application:**

In *Shleepad* more than 10 *jaluka* every weekly for 12-18 months.

***Pashchat karma:***

Some after the leeches get detach, the site of application should be cleaned with *Triphala Kwatha* (freshly prepared). Thereafter sprinkling of *Haridra* powder is done, followed by bandage. Patients are kept under observation in the hospitals for a minimum period of 6 to 7 hours in cases of OPD patients. Reduction in local swelling bleeding (persistent) and other signs are recorded. Further, blood pressure, pulse, temperature, respiration and general condition of the patients should be observed.

**CONTENTS OF LEECH SALIVA**

- Hirudin: The well known enzyme, a powerful anticoagulant.
- Bdelin: A protease inhibitor thus acts as anti-inflammatory.
- Eglin: It inhibits inflammation but at same time it is also act as antioxidant.
- Apyrase: A powerful platelet anti-aggregate factor thus making bloodflow more fluid.
- Destabilase: Enzyme having powerful platelet anti aggregating

activity which act by dissolving the blood clots

- Hyaluronidase: Act as factor for diffusion and as antibiotic.
- Lipase and esterases: Used for hyperlipidemia.
- Antielastase: These substances act by limiting action of elastases which degrade cutaneous elastin particularly at the level of skin 7.

**PROBABLE MODE OF ACTION:**

- 1) Due to removal of blood toxins present in the blood may be wear off and new RBC and WBC may form so immunity will increase.
- 2) Due to blood letting stagnant blood will release and blood flow to the site will increase so proper nutrition to that tissue may lead to relief in symptoms.

**DISCUSSION:**

In *Raktamokshana*, *Jalauka* are used for local pathology. *Jalaukas* are easily available comparatively to *Shruniga*, *Alabu* and also gives more benefits in various diseases. In my clinical practice I have used *Jalaukas* for many diseases and achieved very good results. So I thought *jalaukavacharan* may be have beneficial effect on *Shleepada*. The probable mode of action of *jalauka* is purification of the body by removing deeply seated toxins and pacifying vitiated *dosha*. A healthy cell gets sick when it gets less oxygen and nutrition and is unable to remove toxins accumulated during metabolism. Biologically active substances in leech

saliva help the cell to absorb necessary nutrition and eliminate toxins. Once leeches attaches themselves to the skin of the patient and start sucking blood, the saliva of leech enters the puncture site and along with the contents, enzymes and compounds enters into patient's blood, working together, they act to cure the diseases present in an individual. Anticoagulant agent present in leech saliva makes blood thinner allowing it to flow freely through the vessels. These agents also dissolves clots found in vessels. The vasodilating agents help widen the vessel wall by dilating them, and thus causes the blood to flow unimpeded. Patients suffering from pain and inflammation feel relief from anti-inflammatory and anaesthetic agent of leech of saliva.

#### CONCLUSION:

*Raktamokshana* is considered as *ardha chikitsa*. By *Raktamokshana srotoshodhana* is achieved which further helps in *Shleepada*. More number of *Jalauka* more frequently and for more duration of treatment is required and it will show astonishing results. In *shleepada* more than 10 *jalauka* every weekly for 12-18 months should be applied. Pharmacokinetics of *Jalauka* can be put course and removes deoxygenated, stagnated, impure blood so that pure blood supply may cure the disease.

#### REFERENCES:

- 1) Vagbhata, Ashtangasangraha with Shashilekha Sanskrit Commentary by Indu and Hemadri by Dr. Shivprasad Sharma on Ashtangasangraha of

Vahata or Vriddha Vagbhata. Uttartantra. Chapter34 verse 18-20. First Ed. Varanasi: Chaukhamba Sanskrit series office.2006.p806

- 2) Sushruta. Sushrut samhita with Ayurveda Tattwa Sandipika Hindi commentary by Kaviraj Ambikadutta Shastri on Sushrut samhita of maharshi Sushruta. Sharirsthana; chapter4 verse 4, reprint Ed. Varanashi: Chaukhamba Publications : 2005 p.28-29
- 3) Sushruta. Sushrut samhita with Ayurveda Tattwa Sandipika Hindi commentary by Kaviraj Ambikadutta Shastri on Sushrut samhita of maharshi Sushruta. Nidanasthana; chapter12 verse 13,15,18, reprint Ed. Varanashi : Chaukhamba Publications : 2005 p.280-81.
- 4) Vagbhata. Ashtanghridaya with Nirmala Hindi Commentary by Brahmanand Tripathy. Uttartantra: Chapter 29 verse22, First Ed. Varanasi : Chaukhamba Sanskrit series office: 1999.p.1102
- 5) Vagbhata, Ashtangasangraha with Shashilekha Sanskrit Commentary by Indu and Hemadri by Dr. Shivprasad Sharma on Ashtangasangraha of Vahata or Vriddha Vagbhata. Uttartantra. Chapter34 verse 18-20. First Ed. Varanasi: Chaukhamba Sanskrit series office.2006.p806
- 6) Rathod et al. Literary Review on Etiopathogenesis of Shleepada with reference to Elephantiasis. wjpr.,2018:7(1):144



- 6-1450 doi: 10.20959/wjpr20184-11297.
- 7) Madhava, Madhavanidanam with Madhukosh Sanskrit Commentary by Shrivijayarakshita and Shrikanthadatta on Madhavanidanam of Shri Madhavakara. Chapter 39 verse 2-3. 22<sup>nd</sup> Ed. Varanasi. Chaukhamba Publication; 1993 p. 77-78
- 8) Yogaratnakara with Vaidyaprabha hindi commentary by Intradev Tripathi and Dr. Daya Shankar Tripathi, Shleepada nidana chikitsa Prakaran verse 2. First Ed. Varanasi. Chaukhamba Publication; 1998 p. 598.
- 9) Yogaratnakara with Vaidyaprabha hindi commentary by Intradev Tripathi and Dr. Daya Shankar Tripathi, Shleepada nidana chikitsa Prakaran verse 8. First Ed. Varanasi. Chaukhamba Publication; 1998 p. 595.

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