

FILARIASIS (SHLIPADA)

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ABSTRACT

Filariasis is known to medical science over many centuries. It is a disease of tropical countries due to the presence of micro-filaria. The effected areas are large and elephantoid in appearance, so it is called 'Elephantiasis'. A non- parasitic form of Elephantiasis occurs when the lymphatics are blocked. In Ayurveda this disease is termed as Shlipada.

Filariasis, a disease known to the medical science over many centuries, still defies a cure and hence it calls for extensive discussions. It is the disease due to the presence of filaria in blood and lymphatic system. Filaria is a parascitic thread like organism. Filarial elephantiasis is described as a disease of tropical countries due to the presence of micro - filaria - as the worm is called because of its microscopic size. It is introduced by the Culex mosquito. Three months after the infection of filaria the changes which occur in the tissues give rise to blockage of

the lymphatics. Because of that the lymph nodes enlarge particularly of the legs and the external genitalia. The affected areas are large and elephantoid in appearance. So it is called elephantiasis. The skin turns thick and covered with scabs. The condition is not painful, but it is extremely disfiguring and it limits movement and the ability to work which causes frustration and unhappiness. A non-parasitic form of elephantiasis occurs when the lymphatics are blocked, in intractable cases of varicose veins and certain types of carcinoma and as a sequel

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to any chronic septic local conditions.

In filariasis, according to the modern medicine, the only effective drug is diethyl carbamazine cit-rate. Tight bandaging of the legs may be helpful. Surgical treatment does not ensure cure. In Ayurvedic literature it is termed as Shlipada. In the thirtieth chapter in the Uttarasthana of Ashtangahridaya of Vagbhata, it is presented along with the description and treatments of other diseases as Granthi, Arbuda, Apachi and Nadivrana clubbed together, as all of these are related to Sopha (inflammation) and being complicated, treatment also is very difficult.

Regarding the aetiology of Shlipada Vagbhata says, The bodily humors (doshas) all together with the predominance of Kapha through flesh and blood move to the lower part of the body as the inguinal region and thigh in course of time having made the feet as the base create thick swelling (Sopham) which is termed as Shlipada.¹ Shlipada when occurs by Vatadosa, it is with small eruptions, dark in colour, paining without cause, rough and dry in

appearance². By Pittadosa it is coloured yellow with burning sensation and fever³. By Kaphadosa the shlipada is heavy, big, unctuous and without pain and surrounded by nodes of flesh⁴. Shlipada with a duration of more than a year and of very big size', and with excessive discharges are to be abandoned i.e. "not dependable for successful treatment"⁵.

Some say that shlipada appears on palm, nose, lips and ears as on the legs. Because of the nature of the disease its incidence is more in 'Anupa' places. (Anupa is one variety of localities described in Ayurveda which are classified according to the nature of places)⁶. Treatment of Shlipada is described in the 30th chapter as follows:

In all Shlipedas, venesection is prescribed. In Vatika type vein two finger-girth above the ankle is to be cut. But before doing Siravedha (venesection) one must be subjected to proper lubrication, sudation and the part is also treated with Upanaha as purvakarma (preparatory steps). Then the patient is to take castor oil with cow's urine. When the medicine is properly digested,

the patient is to be fed with the cooked rice of one year old grain with milk boiled with dry ginger or turpith. Even then if it is not in control, cauterisation is suggested. In the case of a Pittika Shlipada the vein under the ankle is to be cut and then medicines and food, good for curing Pitta in general, are to be followed. In a Kapha predominating Shlipada, the vein on the big toe is to be cut. The patient is to take food with Indian barley as main. Decoctions with honey, Haritaki (Chebulic myrobalan) in increasing doses, are to be taken in. Mustard, brinjal or coriander are to be used for applying as Lepas. The above are the general directions to treat Shlipada.

Now coming to practical experience, physicians of Kerala cannot lag behind, since most parts of Kerala are Anupa and filariasis is endemic in these places. Areas like Cherthala, Cochin, Ponnani and other coastal regions with backwater hinter-lands, are the localities where filariasis had been endemic in all its forms. So physicians of Kerala were forced to cope up with curing the troubles and some techniques

have shown good results even in old cases, although filariasis is considered beyond our control even after one year. Below, we indicate one such technique practised by an old physician and which in our own experience also has proved its claim.

In the treatment of filariasis, the first and most important step is caution to prevent the attack. In this, protection from mosquitos, removal of stagnant water pools and restraint from using impure water are important. People who live in these places or others who are forced to live there because of occupational exigencies have to be very careful in taking food articles by using protective safeguards. Fever and chill are the preliminary symptoms of most attacks and so dietetic articles and decoctions acting against such conditions are always advisable. Black pepper is a very good dietetic article, to be used by the inhabitants of such areas. It is said that the particular medicine for an endemic disease also will be available as natural supply at the same locality. Black pepper is an example here. Kerala is the land of heavy rain due

to monsoons and it is also the homeland of black pepper.

Daily use of black pepper in our food or drinks helps in prevention of filariasis. With the appearance of the symptoms one must be careful to control and cure them as early as possible. Kerala physicians have many simple remedies at this stage. We have experience of a cure in such an aggravated case by the use of Thumba (*Leucas aspera*) and pepper taken together. It is a very drying medicine and so the patient advise to take milk immediately and copiously. Our physicians prescribe internal medicine and external Lepas on the affected parts.

In Keralite practice, we usually follow the instructions of 'Chikitsamanjari', 'Yogamritam' and other keralite works. The medicines suggested by these texts are usually available in the market. Of course, in the early stages they are fully reliable. The first instruction is to administer purgatives repeatedly.

Sesamum oil boiled and prepared with the mixture of the juices of 'Nonganampullu' (*Hedyotis herbacea*)

and the tender leaves of 'Manhapa-vitta' (*Morinda pubescens*) and Sakhotaka (*Strebulus asper*) is to be applied on the head.

The sesamum oil cooked with the betel leaves if taken with the well-churned butter milk and cow's urine and Haritaki (*Chebulic myrobalan*) pacifies the Shlipada.

In the juice of Nonganampullu sesamum oil or castor oil is prepared with the root of Parakam (*Strebulus asper*) being pounded and mixed. By using this, the shlipada not later than of eighteen months' duration is cured.

Oil taken from the juice of Nonganampullu is good for internal use.

For external Lepa, well-powdered Nonganampullu and turmeric and a handful of raw rice cooked in the water leaving of rice washes with moderate heat is used to apply the affected part covered with the leaf of *Clerodendrum viscosum*. It pacifies the Shlipadas.

Apply the oil prepared with the juice of the leaves of *Strebulus asper*

and *Hedyotis herbacea* adding the pounded paste of the tubers of Yam. Apply this oil all over the body. It prevents fever.

720 grams of Haritaki (*Chebulic myrobalan*) is boiled in 18 litres of cow's urine and reduced to one sixth and one litre of oil is prepared in it with the juice of the leaves of Sakhotaka and the pounded paste of triphala and punarnava. Take this oil for 21 days. In this way castor oil with 1/3 ghee can be taken in.

The fore-going matter points out the limited possibilities of treating filariasis under present conditions and common practice as realised now. Cases of elephantiasis which have transgressed the accepted period of 18 months are taken as incurable. But it is doubtful whether the old Keralite physicians had completely agreed with this verdict. Our drive to find out more effective therapeutic measures shall be guided by the observation and findings recorded by our predecessors who engaged their minds in pursuit of well-being of the ailing humanity. We have evidence from these records to prove that old practitioners often challenged

this verdict and took pains to heal old cases also, provided the patients willing to undergo the strenuous treatment strictly. Following the report of an old physician, Vaidyan K. Kesava Pillai from Aroor, who worked as a self appointed mission treated 104 cases of elephantiasis with a special technique successfully, which was published in 'Dhanwanthary', the Malayalam medical journal in the year 1909. Going through that article we can understand that having thought the limitations of the therapeutic abilities of the then existing medical systems, Vaidyan K. Kesava Pillai evolved a line of treatment from his own observation. Inspired by the information detailed in the article, we too tried the same regimen in a few established cases of filariasis. The results are found encouraging. The regimen that we tried here is as follows.

A. Administration of purgative

Avipathi Churnam (10-15 grams, according to the requirements) mixed with warm water is given early in the morning on empty stomach for these consecutive alternate days. (That is to say on Sunday - Tuesday

& Thursday).

B. Post purgative Drug schedule

On the last day of administration of Avipathi Churnam, Marichadi Kashayam 15 ml. (diluted with 60 ml. of warm water) is given after dinner. Additives to be mixed with Marichadi Kashayam are (1) GoroChanadi Pill one (Powdered)

(2) Powder of the root bark of Narumpanal (*Uvaria narum*) 500 mg. Next day onwards Marichadi Kashayam, Narumpanal root bark powder and GoroChanadi Pill are given in the above dosage on empty stomach in the morning and after dinner in the night. Marichadi Kashayam contains Maricham (black pepper) and Shunthi (dried Ginger) in 3:1 proportion.

C. Medicines administered externally

1) Twice in a week application of Kupilwadi thailam on the head and body before bath. (It contains *Uvaria narum*, *Yam tuber*, *Piper nigrum*, *Hordeum vulgare*, *strebulus asper*, *Tinospora cordifolia*, *Aristolochia indica*,

Aquilaria agallocha, *Eclipta prostrata*, *Gossypium herbaceum* and *Myristica malabarica*.)

- 2) Bandage with appropriate cotton clothes smeared with the powder of black pepper, being mixed with the juice of Narumpa-nal on the affected leg/legs daily at night. (This is to be removed next day morning).
- 3) Liberal application of Nonganadi thailam on the affected parts before tying the above bandage.
- 4) Wearing a chain made of ripe dry pepper (just like rosary of beads) or Wearing suitably made cloth bag filled with dry pepper powder.
- 5) Wearing a belt made of cloth, filled with pepper powder around the waist.

Duration of treatment

Patients are instructed to continue the medication without break until satisfactory improvement is obtained. There is no fixed time-frame for treatment.

Results observed

Fairly good response is seen in the cases treated on the above line. Recurrent attacks of fever and lymphadenitis were reduced remarkably and the ulceration of the affected area was healed. Thickness of the subcutaneous tissue was lessened. The treatment helped to restore normal appearance of the

affected leg to a certain extent with a fair degree of improvement.

Guide for further study

Shlipada (Filariasis) and its treatment, written by Vaidyan K. Kesavan Pillai - reproduced in "Aryavaidyan", a quarterly journal of the Arya Vaidya Sala, Kottakkal (Vol.8 No.2 issue - Nov./94) (English translation).

-: SANSKRIT TEXT :-

1. प्रस्थिताः वंशणोर्वदिमधः कायं कफोल्बणाः ।
दोषा मांसास्रगाः पादौ कालेनाश्रित्य कुर्वते ।
शनैः शनैः घनं शोफं श्लीपदं तत्प्रचक्षते ।
2. परिपोटयुतं क्रुष्णमनिमित्तरुजं खरम् ॥
रूक्षं च वातात.....
3. पित्तात् तु पीतं दाहज्वरान्वितम् ।
4. कफात् स्निग्धमरुकु, चितं मांसाड्.कुरैबुहत् ॥
5. तत्त्ये जेद्वत्सरातीतं सुमहत्, सुपरिसुति ।
पाणिन सौष्ठकर्णेषु वदन्त्येके तु पादवत् ॥
6. श्लीपदं जायते तश्च देशोडनृपे भुशं नृणाम ।

सारांश

श्लीपद

— पि.के. वारियर

श्लीपद के विषय में आयुर्विज्ञान के क्षेत्र में अनेकों शताब्दियों से जानकारी प्राप्त है। यह रोग विशेषतः उष्णकटिबन्ध सम्बन्धी देशों में मैक्रो—फैलेरिया नामक सूक्ष्म जीवाणु की उपस्थिति के कारण उत्पन्न होता है। इस रोग से प्रभावित अंग स्थूल एवं हाथी के पांव जैसे होजाते हैं अंतः इसे हाथीपांव या फीलपांव भी कहते हैं। लसीका—वाहिनियों में उत्पन्न मार्गारोध के कारण परजीवी सूक्ष्म जीवाणुओं के बिना भी यह रोग होजाता है।