



Case Study

EFFECT OF VARDHAMANA PIPPALI RASAYANA ON LUNG CANCER

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ABSTRACT

Lung cancer is the leading cause of cancer-related deaths worldwide, predominantly linked to smoking and often diagnosed at advanced stages with limiting treatment options. This review explores the critical role of early detection and primary prevention strategies, including tobacco control and environmental risk reduction, in enhancing survival rates. The study presents a case of a 49-year-old female diagnosed with bronchogenic carcinoma, highlighting her clinical journey from presentation to treatment. The patient underwent *Vardhamana Pippali Rasayana*, alongside supportive medications, leading to significant symptomatic relief and improved quality of life. Diagnostic imaging before and after treatment indicated positive changes, including reduced symptoms and enhanced respiratory function. This case underscores the potential of Ayurvedic interventions in managing advanced lung cancer symptoms, advocating for further clinical research to validate these findings and promote awareness of integrative cancer therapies.


INTRODUCTION

Lung cancer remains the foremost cause of cancer-related fatalities globally, contributing to the highest mortality rates among both genders. The primary contributor to lung cancer is smoking, which accounts for roughly 85% of all cases. Unfortunately, lung cancer is frequently diagnosed at advanced stages, limiting available treatment options. Implementing screening for high-risk individuals can facilitate early detection, significantly enhancing survival rates. Primary prevention strategies, including tobacco control and minimizing exposure to environmental risk factors, can effectively lower the incidence of lung cancer and save lives.

Cancer is a broad term encompassing a variety of diseases that can impact any part of the body, often referred to as malignant tumors or neoplasms. A key characteristic of cancer is the rapid proliferation of abnormal cells that extend beyond their normal limits,

potentially invading surrounding tissues and spreading to other organs, a process known as metastasis. Extensive metastasis is the leading cause of cancer-related deaths^[1].

Bronchogenic carcinomas typically start as a small cluster of atypical epithelial cells within the bronchial mucosa. As the condition advances, the atypical cells become overtly malignant, leading to an increase in tumor size. The neoplasm may invade the bronchial lumen, spread along the mucosa, or penetrate the bronchial wall and surrounding lung tissue. Ultimately, the cancer can metastasize to regional lymph nodes and distant organs, including the liver, brain, and bones. Most bronchogenic carcinomas develop a mass in or near the hilus, while certain types, particularly adenocarcinomas, may form masses in the lung's peripheral regions. Cancer is a significant global health issue, responsible for nearly 10 million deaths in 2020, equating to almost one in six fatalities. The most prevalent cancers include those of the breast, lung, colon, rectum, and prostate. Approximately one-third of cancer-related fatalities can be attributed to factors such as tobacco use, elevated body mass index, alcohol consumption, insufficient intake of fruits and vegetables, and a sedentary lifestyle. Furthermore, air pollution significantly contributes to the risk of lung cancer^[2]. Early detection and effective treatment can

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lead to the successful cure of many types of cancer. *Rasayana* are natural products in Ayurveda known for their adaptogenic properties. Currently, the comprehensive research on *Rasayana* within the field of oncology is not thoroughly consolidated. This review aims to explore the breadth and characteristics of the existing research, pinpoint areas where knowledge is lacking, and provide a summary of the literature concerning Ayurvedic *Rasayana* and their relevance to oncology.

Case Presentation

Patient information

Name - XYZ
Age - 49 yrs
Sex - Female
Socio-economic status - Middle class
Education- PUC
Marital status - Married
Occupation - Housewife
Patient Id - 227923

In July 2024, a 49 year-old female patient approached to OPD of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Kuthpady, Udipi with complaints of cough with sputum, moderate to severe pain in right side of the chest, difficulty in breathing while doing mild exertion work since 7 days associated with generalized weakness and reduced weight, she consulted in nearby hospital and underwent HRCT chest which reveals of Right Bronchiogram neoplasm and directly approached to our hospital dated - 20-07-2024 and after consultation she is advised to take IP admission for further management. During the interrogation we have found patient is having complaints of loss of appetite, and reduced sleep due to discomfort and pain in the right side of the chest also c/o mild fever off and on. She is having history of tobacco chewing since 20 yrs but stopped since 3 months and frequent Episodes of wet cough and allergy. No history of blood stained with sputum. Condition had been evaluated and diagnosed with CA lungs.

Clinical Findings

The patient had no prior diagnosis of hypertension, diabetes mellitus, or thyroid dysfunction, and did not have a history of alcohol or tobacco use. Additionally, she was not on any regular allopathic medications. There was limited information available regarding previous medical records that could have influenced the development of lung cancer, and no family history of lung cancer was identified. Upon presentation at the outpatient department, a comprehensive clinical history indicated that the patient consumed a mixed-type *Ahara* (food) thrice a

day. His *Koshta* (nature of the bowel) was *Madyam* (regular), *Mala* (stool) was *Nirama* (devoid of *Ama*), and his *Agni* (digestive/metabolic components) was *Sama* (normal state). The urination was *Prakrita* (normal), the sleep was *Alpa* (disturbed), the tongue was *Nirama*, and the work schedule was strenuous and sedentary.

On systemic examination, pallor, icterus, cyanosis, clubbing, edema and lymphadenopathy was absent. No abnormalities were found in the central nervous system - HMF was intact and cranial nerves in normal limit. Cardiovascular system S1 S2 heard no added sounds was there, per abdominal was soft and no tender and no sign of organomegaly. However, the respiratory system had some findings in terms of auscultation - mild monophonic low pitched rhonchi in the RIGHT lower lobe.

Radiological Investigations

HRCT (PLAIN) dated 19-7-24 revealed Dense areas of air space consolidatory mass lesions with air bronchograms in the right middle lobe. Areas of fibrosis noted in bilateral apices and left lingula. No broncheactatic changes. No evident interstitial thickening. No mediastinal Lymph nodes. Cardia and great vessels are normal. Trachea and Major bronchi appear normal. Bones and Vertebrae appear normal. Impression: Dense areas of air space consolidatory mass lesions with air bronchograms in the right middle lobe. To R/O Bronchogenic Neoplasm.

MATERIAL AND METHODS

Treatment Protocol

Patient approached to the hospital with above said complaints and the line of treatment adopted was combination of *Rasayana* and *Shamana aushadis* which reflect a marvellous results in improving the patient's condition.

Treatment Duration: 21-07-2024 to 30-07-2024

Rasayana Therapy

Vardhaman Pipalli Rasayana Course^[3]

Dosage: Each cellulose capsules consists of 500mg Aqueous Extract of *Pippali*

Time of Adminstration: Given at 6:00 AM early morning empty stomach in increasing dose till 20th capsule later in the decreasing dose

Anupana: Lukewarm Milk

21/7/24	Day 1	4 Capsules
22/7/24	Day 2	6 Capsules
23/7/24	Day 3	8 Capsules
24/7/24	Day 4	10 Capsules
25/7/24	Day 5	12 Capsules
26/7/24	Day 6	14 Capsules

27/7/24	Day 7	16 Capsules
28/7/24	Day 8	18 Capsules
29/7/24	Day 9	20 Capsules
30/7/24	Day 10	18 Capsules

Shamana Aushadis

Cytocruel AT 1-0-1 after food

- ✓ Kitts Pulmotone 10ml TID after food
- ✓ Tab. Mritunjya Rasa 2-2-2 after food

Diet advised during the treatment

Pathya – Ganji, Khichdi, Neer Dosa

Apathya – Curd, buttermilk, ice cream, banana, heavy food items

Diagnostic Assessment

After the initial diagnostic assessment i.e., HRCT plain done on 19-7-24 to monitor the patient condition after the 10 days treatment course. Repeat HRCT Plain has been done on 29-7-24 that consolidation with air bronchiograms in right middle lobe.

Assessment

Symptomatically the patient was better in the middle of the therapy at day 10 of intervention in terms of appetite and on auscultation there was no Ronchi which was identified initially. Throughout the course of the treatment the patient did not have episodes of fever. During the course she had two episodes of vomiting with no abdominal pain.

After the initial diagnostic assessment i.e., HRCT Plain done on 19-7-24 to monitor the patient's condition after the 10 days treatment course. Repeat HRCT Plain has been done on 29-7-24. It revealed consolidation with air bronchogram are seen in the right middle lobe and inferior lingular segment of the left upper lobe with adjacent fibrotic bands. no evidence of cavitation or calcification or fluid level within. Air space opacity with fibrotic bands are seen in the superior basal segment of the right lower lobe. Centrilobular nodules are seen in the posterior basal segment of the bilateral lower lobes. few enlarged bilateral axillary lymph nodes are noted, largest measuring 14.5 * 8mm in left and 16*07mm in right. Impression: consolidation with air bronchogram are seen in the right middle lobe

The patient was also assessed with St. George's Respiratory Questionnaire whose initial scores of Symptoms was 79.78 which was reduced to 18.19, The activity score was 100 was significantly reduced to 29.84 and the Impact Score was 78.89 was reduced to 21.59 which shows the significant reduction in the symptom as well as increasing in quality of life.

Follow Up & Outcomes

The assessment was done after 10 days of treatment and the results was very much encouraging in terms of symptomatic relief, quality of life and life expectancy. After 10 days of treatment the patient showed remarkable reduction in the symptoms about 80% reduction in the cough, 70% reduction in right sided chest pain, also improved with appetite. Sleep also improved well. After that patient came to OPD for follow up on 17-08-2024 and there was no sign and symptoms of previous complaints.

DISCUSSION

Vardhamana pippali rasayana is recommended for conditions related to *Pranavaha srotodushti vikara*, as *Rasayana* is defined as that which enriches *Rasa* and other *Dhatu*, contributing to longevity, strength, vitality, and the maintenance of youthfulness. While *Shwasa* is classified as a disorder of the *Pranavaha srotas*, it is also noted to arise from the *Amashayodhbhava*. The *Mahasrotas* serves as the primary site for the *Pranavaha srotas*. Therefore, utilizing substances that influence the *Annavaaha srotas* is deemed advantageous. *Vardhamana pippali rasayana* enhances the digestive system and can alleviate *Srotorodha* caused by imbalanced *Kapha* and *Ama*, ultimately facilitating the resolution of *Shwasa*. The role of *Rasayana* is to eliminate ailments, rejuvenate body cells, and enhance the various bodily systems, thereby strengthening each organ, improving physical resilience, and boosting immunity against diseases. Consequently, *Rasayana* therapy fosters immunity, promotes longevity, enhances the strength of sensory organs, improves digestive function, clarifies complexion, and regulates the movement of *Vayu*.

Cytocruel AT is an excellent combination of Anti-neoplastic, tissue-promoting and anti-inflammatory properties its acts as anti-cancerous, antioxidant, analgesic, immune-stimulant, hepato-protective and rejuvenator

Kitts Pulmatone contains of natural calcium, *Vasaka*, *Sarasaparilla*, *Draksha*, *Sunthi*, *Dashamoola*, *Ashwagandha*, *Pippali*, *Yashtimadhu* all these ingredients has a property of expectoration and given in conditions like cough, cold, asthma, bronchitis, smoker's cough.

Mrityunjaya Rasa is a herbomineral Ayurvedic anti-pyretic formulation containing *Shuddha Hingula* (purified cinnabar), *Shuddha Gandhaka* (purified sulphur), *Shuddha Tankana* (purified borax), *Shuddha Vatsanabh* (purified aconite) *Pippali* (*Piper lonum*) and *Maricha* (*Piper nigrum*) Because of *Vatakapha shamaka* properties it will work on *Jwara* specially *Vishama jwara*, respiratory illnesses.

CONCLUSION

Despite the advancement of various radiation therapies, a definitive cure for cancer remains elusive. These treatments often lead to side effects and can compromise the immune system. In this context, *Rasayana* therapy is significant as it alleviates symptoms and enhances the quality of life for patients in advanced stages of cancer. In cases of early diagnosis, *Rasayana* has the potential to facilitate a permanent cure. However, further clinical research, increased awareness, and treatment efforts are essential to ensure that *Rasayana* modalities are recognized not only for their preventive benefits but also for their curative potential.

Declaration of patient consent

The authors confirm that they have secured a patient consent form, in which the patient has agreed to

the publication of the case details, including images and other clinical information in the journal. The patient is aware that their name and initials will remain unpublished, and reasonable efforts will be made to protect their identity; however, complete anonymity cannot be assured.

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