



Case Study

PALLIATIVE CARE IN AYURVEDA FOR CANCER PATIENT

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Article info

Article History:

Received: 16-01-2026

Accepted: 12-02-2026

Published: 15-03-2026

KEYWORDS:

Cancer, Ayurveda, CML, Palliative Care, Rakta Dushti, Pleehudar.


ABSTRACT

Methodology: This case report includes two male CML patients from Bihar managed with individualized Ayurvedic protocols over 12 months and 2 years respectively, with regular clinical and haematological follow up. Interventions comprised herbomineral formulations such as *Shila sindoor*, *Muktashukti*, *Motipishtti* and *Tamra bhasma* in rational combinations with herbs including *Kanchnaar*, *Haridra*, *Shatavari*, *Guduchi (Giloye)*, *Gokshura* and *Punarnava*, alongside tailored dietary regulation, *Yoga* and *Pranayama*. Treatment was modified according to patients' symptoms, tolerance and laboratory responses, reflecting a dynamic, patient-centred palliative approach. **Results:** In Case 1, a 38-year-old male with suggestive CML, splenomegaly, hepatomegaly, raised TLC (11,700), haemoglobin 12.6g/dl and deranged lipid profile showed stabilization of haematological parameters and symptomatic improvement over 12 months. In Case 2, a 55-year-old male with CML, marked leucocytosis (TLC 1,80,000) and haemoglobin 10.0g/dl exhibited significant clinical response and better tolerance of chronic illness under a 2-year Ayurvedic regimen. Both patients reported improved energy, reduced constitutional complaints and better overall well-being, indicating an important palliative role of Ayurveda in chronic cancer care. **Conclusion:** These cases suggest that Ayurveda can contribute meaningfully to palliative care of chronic cancer patients by offering *Rasayana*-oriented, herb-o-mineral and lifestyle-based interventions that enhance quality of life and support haematological stability. As an adjunct to conventional oncology, Ayurvedic palliative care may provide holistic symptom relief, psychological support and long-term, cost-effective integration for patients living with CML and similar chronic malignancies. Further systematic clinical studies are warranted to substantiate these preliminary observations and to define safe, standardized protocols.

INTRODUCTION

Cancer arises when genetic changes in a group of normal body cells trigger uncontrolled, abnormal growth, forming a lump known as a tumour-this applies to all cancers except leukaemia (a blood cancer).^[1] Leukaemia, encompassing various blood cancers, arises from uncontrolled proliferation of abnormal blood-forming cells in the bone marrow-typically precursors to white blood cells, though some

affect red cell or platelet lineages.^[2] It ranks 13th globally in cancer incidence with 487,294 new cases (ASR 5.3 per 100,000) per GLOBOCAN 2022 data. India shows moderate leukaemia incidence (ASR 5.0-6.7 males, 3.9-5.1 females), contributing significantly to Asia's 227,206 cases (46.6% global).^[3] Seeking ancient wisdom for the answer of prevailing disease of the era, provides an indirect variable explanation with symptom and management protocols. Leukaemia symptoms include fatigue, fever, night sweats, frequent infections, shortness of breath, pale skin, unexplained weight loss, bone/joint pain, left rib fullness, swollen lymph nodes, bleeding, nosebleeds.^[4] This life-threatening disease progress with time and develops new complications with or without medication too. Focusing over the epidemic strength of its prevalence branch dealing with increasing quality of life for both

| Access this article online | |
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| Quick Response Code | |
|  | https://doi.org/10.47070/ayushdhara.v13i1.2473 |
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patient and their family is popularized as Palliative care. It is focused on relief of symptom, pain and stress of serious illness as well as providing curative management at any stage of disease. As per *Acharya Sushruta*, *Arbud* is significant disease characterized by cancer-like symptoms^[5], but explanation about it goes beyond understanding of just Cancer. The explanation of *Arbud* broadly deals with *Doshas* association along with *Rakt* as *Dushya* and enumerating nomenclature of *Raktarbud*, showing leukaemia alike features. Up keeping with recent advancement progressive stages of disease can be accessed prior to complicity and holistic approach of Rejuvenation as well as medicine can be utilized for betterment of quality of life in diseased individual. Ayurveda offers holistic and cost-effective alternative for achieving prime focus of Palliative care.

AIM & OBJECTIVE

To evaluate the Ayurveda protocol for leukaemia and its effect on palliative care of diseased individual.

Case description

CASE 1: A male patient of 38 years old came to OPD in hospital on 28/06/2022 with complaints of fatigue, evening sweats and fever since 2 months along with significant weight loss too.

History of Present Illness

Patient had no past history of any metabolic disorder but had addiction of tobacco chewing since 12 years, developed the complaints 3 months ago with evening rise in temperature, fatigue and distension of abdomen after meal. Patient took treatment at local area with a physician and then advised for the higher centre for better diagnosis and management. But significant relief was not achieved so, he approached to us for further management.

Past History: Not any

Family History: None

Occupational History: Had a pesticide (agricultural) shop.

Personal History: Bowel- Regular; Sleep- Disturbed, Diet- Non-Vegetarian

Local Examination: Temperature: 99°F; Distended abdomen

Inspection: Distended abdomen

Palpitation: Hepatomegaly, tenderness in the hypochondriac region.

Percussion: Dull sound on the right and left lateral side of abdomen

Ayurvedic Examination (at time of OPD visit)

Nadi: Vatakaphaj; *Mala:* Asamyaka; *Mutra:* 4-5 times a day; *Jihva:* Sama; *Kshuda:* Mandya; *Nidra:* Khandit (disturbed); *Prakriti:* Vata kapahaj

Investigation: On 16/05/2022 Hb: 12.6gm/dl; TLC: 117000/Cmm; ESR: 60mm/Hr; Platelets count: 2.93

USG: ON 07/03/2022 Impression: Moderate Hepatomegaly with fatty changes; splenomegaly

Peripheral Blood Smear: On 16/05/22 Suggestive of CML- Chronic phase

CASE 2: A male patient of 54 years old came to OPD in hospital on 16/09/2024 with complaint of feeling heaviness over left side of the abdomen just after meal and fatigue since 2 months.

History of Present Illness

Patient had no past history of any metabolic disorder but had addiction of tobacco chewing since 32 years, developed the complaints 2 months ago with fever (99-100°F), fatigue and heaviness over abdomen after meal. Patient took treatment at local area with a physician and then advised for the higher centre for better diagnosis and management. But significant relief was not achieved so, he approached to us for further management.

Past History: Not any

Family History: Not significant

Occupational History: Private business in District Court.

Personal History: Bowel- Regular; Sleep- Adequate, Diet- Veg

Local Examination: On palpitation pain over left hypo-chondriac region. Temperature: 98°F

Inspection: Distended abdomen

Palpitation: Hepatomegaly, tenderness in the hypochondriac region

Percussion: Dull sound on the right and left lateral side of abdomen

Ayurvedic Examination (at time of OPD visit)

Nadi: Vatakaphaj; *Mala:* Asamyaka; *Mutra:* 4-5 times a day; *Jihva:* Sama; *Kshuda:* Mandya; *Nidra:* Khandit (disturbed); *Prakriti:* Vata-pittaj

Investigation: On 27/08/24 TLC: 5600; Hb: 9.3 gm/dl; Thrombocytopenia; TLC: on 24/11/23 180000, Bone Marrow examination – on 31/07/24 CML diagnosed (12% myoblast present)

Material and Method

Centre of study: This study was carried out at Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwara (Uttarakhand).

Simple case study

Hetu: Mithya Ahara-Vihara (*Tridoshaj* and *Raktaj*), As per modern genetic changes in strains of transcription may occur by various exposures like chemical, heat, food etc. not yet confirmed.

Samprapti Ghatak: A generalized *Ghatak* can be considered for the disease manifestation as per condition of patient, which is as follows:

Dosha: *Tridoshaj & Raktaj*

Dushya: *Rasa, Rakt and Swed vaha srotas*

Adhistsan: *Rakt dhatu* and their respective *Srotas mool*.

Treatment

Treatment was planned with combination of oral intake of various herbs decoction intake and

combination of herb-o-mineral preparation along with rejuvenation therapy in mind. A planned dietary intervention with strict protocol of *Pranayam* was advised to the patient for significant result.

Treatment protocol of patient in different case studies are presented with common medication first than (Table 1) a separate medication as per the follow-up and complication is mentioned respectively for each case (Table 2).

Table 1: Common medicine prescribed in both cases

| Decoction Name | Content | Dosage | Affect |
|---|--|--|--|
| <i>Chirayata Kwath</i> | <i>Chirayata (Swertia chirayita)</i> | 25 ml empty stomach in morning and evening | Useful in all types of fever, used as hepato-protective agent [6] |
| <i>Giloye Kwath</i> | <i>Giloye (Tinospora cordifolia)</i> | 25 ml empty stomach in morning and evening | Alleviates three doshas, chronic fever, anaemia, [7] |
| Before Meal Medicine | | | |
| Cystogrit | <i>Kanchnar, Haldi, Shilasindoor, Mukta shukti, mukta pisti, moti pisti, Tamra bhasm</i> | 1-1 tab twice a day | Useful in benign and malignant tumors, cyst and abnormal growth[8] |
| After Meal Medicine | | | |
| <i>Kanchanr ghan vati</i> | <i>Kanchnar (Bauhinia variegata)</i> | 2-2 tab twice a day | Lymphadenitis both internally and externally, reduce <i>Kapha</i> and <i>Vataj</i> disease [9] |
| Curcumin gold | <i>Haldi (Curcuma longa); Guggul (Boswellia serrate); Ashwagandha (Withania somnifera)</i> | 2-2 tab twice a day | Anti-inflammatory, immunomodulator, antiseptic [10] |
| Juices (empty stomach in morning and evening) | | | |
| <i>Godhan Ark</i> | Cow urine | 10ml | Spleen, jaundice, anaemia, oedema, pacifies <i>Kapha</i> and <i>Vata</i> [11] |
| Amla juice | <i>Phyllanthus emblica</i> | 5ml | Control haemorrhagic tendency and related disease, revitalizer, <i>Tridosh nashak</i> [12] |
| <i>Aloevera</i> juice | <i>Aloe barbadensis</i> | 10 ml | Anemia and constipation, laxative in jaundice, spleen and liver problem, disease due to <i>pitta</i> and <i>Rakt</i> , fever due to <i>Kaph</i> [13] |
| <i>Giloye</i> juice | <i>Tinospora cordifolia</i> | 5ml | Alleviates three <i>Doshas</i> , chronic fever, anaemia[7] |
| <i>Neem patra</i> | <i>Azadirachta indica</i> | 10 | Minimize tiresomeness, fever, regurgitation, <i>Pitta</i> and <i>Kaphaj</i> disease[14] |
| <i>Sadabahar patra</i> | <i>Catharanthus roseus</i> | 05 | Anti-cancerous property[15] |
| <i>Tulsi patra</i> | <i>Ocimum tenuiflorum</i> | 05 | Appetizer, disease of <i>Rakt</i> , useful in vitiated <i>Vata</i> and <i>Kaph</i> [16] |

Table 2: Respective medications as per patient complain and follow up

| Case 1 | Case 2 |
|---|--|
| 1st Visit | |
| <p>1. <i>Kayakalp Kwath</i>: Daru haldi, Karanj, Haldi, Manjistha, Kalijeeri, Chandan swet, Khair, Chirayata, Dronpushpi, Harad, Choti Kateli, Indrayan mool, Devdaru</p> <p>2. <i>Sarvkalp Kwath</i>: Punarnava, Bhumi amla, Makoy, Argvadha</p> <p>Preparation: Decoction</p> <p>Dosage: 25ml each in lukewarm state thrice a day empty stomach</p> | <p>1. <i>Immunogrit Kwath</i>: Giloye, Ashwagandha, Shatawari, Meda, Kakoli, Jivak, Rishak, Vidari kand</p> <p>Preparation: Decoction</p> <p>Dosage: Dosage: 25ml each in lukewarm state twice a day empty stomach.</p> |
| <p>2. <i>Immunogrit Tab</i>: extract Ashwagandha, Shatavar, Vidarikand, Meda, Kakoli, Kshir Kakoli, Safed Musli, Bala, Riddhi, Shundh Konch</p> <p>Dosage: 1-1 tablet twice in a day before meal</p> | <p>2. <i>Platogrit</i>: extract of Giloye, Aloe vera, Papaya leaves/fruit (unripe), Anardana, Palak</p> <p>Dosage 2-2 Tablet twice in a day before meal</p> <p>3. <i>Haemogrit vital</i>: extract of Amla, Bhringraj, Giloye, Palak, carrot, Sesbania, rosehip, Abhrak Bhasm, Mandoor Bhasm, Yashad bhasm</p> <p>Dosage: 2-2 tablet twice in a day before meal</p> |
| <p>3. <i>Arogyavardhani Vati</i>: Shudha Parad, Gandhak, Lauh, Tamra, Abhrak, herbs like Neem, Amla, Haritki, Baheda, Shilajeet, Guggul, Kutki and Chitrak.</p> <p>Dosage: 1-1 tablet after meals twice a day</p> | <p>4. <i>Aurogri</i>: Dry extract of <i>Kakrasingi (Pistacia integerrima)</i></p> <p>Dosage: 1-1 tab after meal twice in a day</p> |
| <p>4. <i>Chandanasav</i>: Chandan, Nilophar, Gambhari, Mulethi, Manjistha, Padmaka, Chirata, Nagarmotha and with jaggery.</p> <p>Dosage: 2tsf with equal amount of water after meal twice a day</p> <p>4. <i>Punarnavarishta</i>: Bala, Atibala, Guduchi, Patha, Vasa, Kantakarika, Draksha, Chitrak, spices such as cinnamon, cardamom, black pepper</p> <p>Dosage: 1 tsf with equal amount of water twice a day (with gap of 30 min after Asav)</p> | |
| <p>Other interventions:</p> <p>To wear mask while going outside and sitting in shop</p> <p>To limit consumption of oily, fatty, spicy food items</p> <p>Avoid mid time snacking and tobacco consumption</p> <p>Perform <i>Vajrasan</i> after meal for at least 5 min</p> <p>Perform <i>Pranayam</i> regularly at least for 1 hr in morning and evening</p> | <p>Other interventions:</p> <p>To limit consumption of oily, fatty, spicy food items.</p> <p>Stop consumption of heavy meal at dinner</p> <p>Perform <i>Pranayam</i> regularly</p> <p>Add <i>Chukandar</i> and <i>Papaya</i> in prescribed juice</p> |
| 2nd Visit | |
| <p>1. <i>Kayakalp Kwath</i> was stopped</p> <p>Dosage was reduced to twice a day</p> | <p>1. <i>Chirayata Kwath</i> was started</p> <p>Dosage was same as earlier</p> |
| <p>2. <i>Livogrit</i>: Punarnava, Bhumi Amla, Makoy, Rose Hip, Spinach, Corn</p> <p>Dosage: 1-1 tab thrice a day before meal</p> <p>3. <i>Immunogrit Gold</i>: Powder of Divya immunogrit Tab, Rajat Bhasm, Mukta Pishti, Swarn Bhasm, Vasant Kusumakar, extract of Ashwagandha</p> | <p>Rest of the medicine and juices are continued as earlier.</p> |

| | |
|---|--|
| Dosage: 1-1 tablet twice a day before meal | |
| 4. <i>Vridhhi Vadhika Vati: Suddha Para, Suddha Gandhaka, Lauh Bhasma, Vang Bhasma, Tamra Bhasma, Kansya Bhasm, Hartal Bhasma, Nila Thotha Bhasma, Shankh Bhasma, Kaudi Bhasma, Sounth, Kali Mrich, Pippal, Harad, Baheda, Amla, Chavya, Kachur, Vai Vidang, Vidhara Beej, Pipla Mool, Patha, Hauber, Vach, Elaichi, Devdaru, Samudra Namak, Sendha Namak, Sambhar Namak, Vid Namak, Kala Namak, Chhoti Harad</i> Dosage: 1-1 tab thrice in a day after meal | |
| 5. Combination of <i>Kumar Kalyan Ras 1g</i> <i>Kaharva Pishti 10 G</i> <i>Praval Panchamrit Ras 10gm</i> <i>Moti (Mukta) Pishti 4g</i> <i>Rajat Bhasma 4g</i> <i>Giloy Sat 10 Gm</i> <i>Rasmanikya 1gm</i> Mix all the powder and make 60 dosage of it and consume 1-1 dose twice in a day with Honey before meal | |
| Note: <i>Chandan asav</i> was stopped | |
| 3 rd Visit | |
| 1. <i>Gokhru Kwath: (Tribulus terrestris)</i> Preparation: Decoction Dosage: 25ml each in lukewarm state twice a day empty stomach | 1. <i>Kwath</i> : was continued |
| 2. <i>Cystogrit Diamond</i> : Dosage: 1 Tab Thrice a day before meal 3. <i>Immunogrit gold</i> : Dosage: 1 Tab twice in a day before meal | 2. <i>Platogrit, haemogrit, cystogrit</i> was stopped |
| 4. <i>Aurogrit: Dry extract of Kakrasingi (Pistacia integerrima)</i> Dosage: 1-1 tab after meal twice in a day | 3. <i>Punarnava mandoor</i> : Dosage: 2 tab after meal once in a day in afternoon |
| 6. <i>Chandan Asav: Chandan, Nilophar, Gambhari, Mulethi, Manjistha, Padmaka, Chirata, Nagarmotha</i> and with jiggery Dosage: 2tsf with equal amount of water after meal twice a day | 4. Daily Active B12 supplement: Dosage: 2-2 tab after meal twice a day |
| 7. <i>Shatawari Churna</i> 1 tsf with milk at morning | |
| | On 4 th follow up |
| | <i>Mulethi kwath</i> was prescribed along with other <i>Kwath</i> |
| | On 5 th follow-up |
| | <i>Sarvkalp Kwath</i> was prescribed and <i>Chirayata Kwath</i> was stopped |
| | <i>Praval pisthi</i> : 10gm <i>Godanti bhasm</i> : 10gm |

| | |
|--|--|
| | <p><i>Giloye satv</i>: 10gm <i>Trikatu churna</i>: 10gm <i>Sanjeevani Vati</i>: 10gm <i>Saptamrit Lauha</i>: 10gm <i>Kasis bhasm</i>: 10gm <i>Kumar Kalyan Ras</i>: 2gm <i>Abhrak Bhasm (Shashtraputi)</i>: 2gm <i>Rajat Bhasm</i>: 2gm <i>Moti Pisti</i>: 2gm <i>Makaradwaj</i>: 2gm Mix all powdered medicine and make 60 dosage Consume 1-1 dosage with <i>Mahatiktak Ghrit</i> twice in a day</p> |
|--|--|

OBSERVATION

In case 1

1st Follow Up

Subjective parameters significantly reduced; objective parameters show following result: gradual reduction of TLC count from 76000 to 24900 (Fig 1 and 2).

Spleen is border line enlarged and moderate hepatic changes are seen in USG.

2nd Follow Up

Subjective parameters complain gets completely relieved; objective parameters show following result: Increased in TLC count from 24900 to 26450.

Peripheral blood smear shows no changes

3rd Follow Up:

No fresh complain was told by patient (Fig 3)

Objective parameters: Normal range

In Case 2:

1st follow up

Subjective parameter significantly reduced;

Objective parameter shows: Hb: 9.7; WBC count: 4900/ cumm; Platelets: 1.23 lakh/cu mm (19/11/24). Further follow up and respective responses are enlisted in Table 3.

Table 3: Blood parameters changes as per respective follow up

| Parameters | 15-10-2024 1 st Visit | 23-12-2024 1 st Follow Up | 11-03-2025 2 nd Follow Up | 01-05-2025 3 rd Follow Up | 28-06-2025 4 th Follow Up | 09-08-2025 5 th Follow Up |
|------------|-------------------------------------|---|---|---|---|---|
| Hb | 10.4 | 10.6 | 10.7 | 10.4 | 10.2 | 9.7 |
| PCV | 0 | | 37.6 | 37.2 | 36.1 | 33.4 |
| TLC | 4.31 | 5.99 | 4.76 | 8.52 | 29.9 | 20.99 |
| Platelets | 120 | 120 | 156 | 158 | 197 | 196 |

RESULT & DISCUSSION

Case 1: Shows significant improvement with progressive follow up and subjective parameters got relieved completely with change in spleen and liver enlargement. Statically improvement in parameters are seen before and after presented in Fig 4.

Case 2: Consecutively moderate changes and improvement is seen in patient but with progressive follow ups many parameters got deranged during course of management which was ruled out with systemic alteration in prescription and responses are seen in Fig 5 and 6.

Among the common medication prescribed to both the patient *Chirayata*, it is popularly known as *Ardh tikt* and is antipyretic in nature due to its chemical compositions and bitterness properly. It pacifies fever caused due to aggravation of all three

doshas, a significant symptom in CML cases by the actions of alkaloids and flavonoids present in it.^[17]

Giloye, one of the synonyms of this versatile is drug *Amrita*, as the name denotes its significance and action to justify it. It is pungent, bitter and astringent in taste, this quality of drug makes it potent for alleviating all three *Doshas* and *Ama*. Along with these qualities immunomodulatory properties of it are valued through many researches and proved to be effective.^[18]

Cystogrit Diamond, a proprietary medicine containing extract and blends of herbomineral combination in specific dosage such as *Kanchnar*, *Haldi* and *Shila Sindoor*, treats cyst, fibrosis and tumours as per classical descriptions. Specifically, *Harida* up holds the anti-inflammatory action and *Mukta shukti pishti* is

used in various conditions from indigestion to cancer. *Tamra bhasm* may cure anemia, *Kaph-pitta roga*. Studies have shown its impact on quality of life, pain, and adherence in patient with broader cancer conditions.^[8]

Kanchnar Ghan Vati, containing dry extract of *Bauhinia Variegatga*, is cold in potency and astringent in taste make it effective over cervical lymphadenitis and ulcerations. In haemorrhagic conditions its flower is given with honey and also served as vegetable. In the respective cases within the body blood cells are decreasing at enormous rate, this action of drug seems to be useful for pacifying the complication. It works potentially over hyper proliferative conditions like Lukemia.^[19]

Curcumin gold, immunomodulatory, anti-inflammatory, antiseptic, blood purifier action is evaluated within study.^[10] As per Acharya Bhav Prakash, *Haridra* pacifies *Kaph* and *Pitta doshas* and cure blood related disorders. *Salai guggul* having bitter and pungent taste, balances all three *Doshas* by clarifying channels in body helping in cure of tumours and thyroid disorder. *Ashwagandha*, hot in potency and astringent in taste promotes strength to body also rejuvenate it.

Cow urine as per *Mutra Varga* of Acharya Bhav Prakash, it is pungent, bitter and astringent in taste, penetrating, hot in potency make it functional over *Kapha* and *Vata* disease, visceral disease, distension, disease caused due to *Vata* and *Ama*, oedema, jaundice and anemia. This makes it potent in management of such complications.^[11]

Amla: It counters TKI/hepatotoxic drug-induced spleen oxidative injury and marrow suppression; improves hemoglobin (via *Rakta dhatu* nourishment), lipid profiles (LDL reduction 15-20%), and endothelial function, mitigating splenomegaly and blast crisis inflammation.^[20]

Aloe Vera: In leukemia contexts, *Aloe vera* restores benzene-induced hematological parameters, reduces bone marrow dysplasia/micronuclei, and enhances plasma antioxidant capacity (arylesterase/sulfhydryl), supporting marrow recovery in CML cytopenia.^[21]

Tulsi: It exhibits potent anticancer activity, particularly against leukemic cell lines like K562, via eugenol-induced apoptosis through activation and mitochondrial pathways. Immunomodulation by *Tulsi* boosts NK cell and T-cell activity while alleviating oxidative damage and toxicity from chemotherapy in cancer patients.^[22]

Sadabahar: *Catharanthus roseus* (Madagascar periwinkle) vinca alkaloids-vinblastine and vincristine-demonstrate established clinical efficacy in CML blast crisis, binding β -tubulin to inhibit

microtubule polymerization, causing M-phase arrest and caspase-mediated apoptosis in BCR-ABL+ blasts with 70-90% response rates in combination regimens.^[15]

Neem leaves: Many Preclinical studies validate *Neem* as a supportive adjunct that replenishes liver antioxidants, restrains blast crisis advancement, and counters TKI resistance through PI3K/Akt pathway inhibition, pending confirmatory human CML trials.^[23]

Consecutively in Case 1, patient was good in physique and complains of constipation with hepatomegaly along with deranged Lipid profile therefore *Kayakalp Kwath* was advised. It contains herbs like *Daru haldi*, *Karanj*, *Haldi*, *Manjistha*, *Kalijeeri*, *Chandan swet*, *Khair*, *Chirayata*, *Dronpushpi*, *Harad*, *Choti Kateli*, *Indrayan mool*, and *Devdaru* offer combined hypolipidemic, antioxidant, and anti-inflammatory actions to support lipid metabolism in CML patients by countering disease-induced fatty acid uptake and therapy resistance.^[24]

Sarvkalp Kwath, contains *Punarnava* (*Boerhavia diffusa*), *Bhumi amla* (*Phyllanthus niruri*), *Makoy* (*Solanum nigrum*), and *Argvadh* (*Cassia fistula*) exhibit hepatoprotective effects through antioxidant, anti-inflammatory, and detoxification mechanisms, reducing liver enzyme elevation in toxin-induced damage. In combination, these herbs shield hepatocytes from oxidative stress and support regeneration, as seen in formulations like *Punarnava-Makoy-Bhumi Amla ras* for jaundice and hepatic disorders.^[25]

As per patient he had loss of appetite and indigestion due to which he feels fatigue. To pacify fatigue *Immunogrit* tablet, containing combination of *Ashwagandha*, *Shatavar*, *Vidarikand*, *Meda*, *Kakoli*, *Kshir Kakoli*, *Safed Musli*, *Bala*, *Riddhi*, and *Shundh Konch*-classified as *Rasayana* and *Balya* drugs in Ayurveda-synergistically combats weakness by enhancing muscle strength, vitality, and *Ojas* through adaptogenic and anabolic effects on neuromuscular tissue. These herbs modulate immunity via upregulation of T-cell proliferation, NK cell activity, cytokine balance (e.g., IL-2, IFN- γ), and antioxidant protection against oxidative stress, as evidenced in *Rasayana* formulation.^[26]

Arogyavardhini Vati, its herbo-mineral synergy enhances leptin sensitivity, reduces triglycerides (up to 18%), and balances *Tridosha*; *Guggul* lowers LDL, *Kutki* /*Chitrak* detoxify liver enzymes (ALT/AST), while *Triphala* (*Amla-Haritaki-Baheda*) provides antioxidants against oxidative stress in CML.^[27]

Patient had complained of burning micturition after working prolong or sitting at one place. Cooling herbs like *Chandan* and *Nilophar* reduce urethral

inflammation and heat; *Manjistha/Chirata* provide bacteriostatic effects against UTI pathogens; *Nagarmotha/ Gambhari* enhance diuresis to flush irritants, while jaggery aids palatability and digestion. Therefore *Chandan asav* is prescribed to the patient.

Punarnavarishtha supports hepatic patients by detoxifying the liver, reducing jaundice/edema/fatty liver via *Punarnava/Guduchi's* diuretic, anti-inflammatory, and hepatoprotective actions.

During second visit parameters were deranged as patient complains of fatigue and distension after meal got raised so alteration made as per the situation are as follows with relevant action over response.

Livogrit contains *Punarnava's* (rotenoids) and *Bhumi Amla's* (phyllanthin) which provide antioxidants that reduce hepatocyte necrosis (20-30% cell death reversal), and restore ALT/AST/albumin levels within 14 days. Whereas it counter TKI-induced liver dysfunction (elevated bilirubin/INR/creatinine) via anti-fibrotic and regenerative effects and spinach iron for oxidative stress mitigation in leukemia.^[28]

Vridhhi Vadhika Vati: Herbo-mineral *Bhasmas* deliver micro-nano minerals that enhance erythropoiesis, induce apoptosis in aberrant cells, and detoxify blood impurities, curbing uncontrolled proliferation. Whereas other herbs show anti-inflammatory actions and salts inhibit leukotrienes, balance electrolytes, and boost Agni to reduce blast crisis inflammation and support Rakta dhatu purity in CML-like states.

The herbo-mineral combination-*Kumar Kalyan Ras, Kaharva Pishti, Praval Panchamrit Ras, Moti Pishti, Rajat Bhasma, Giloy Sat, and Rasmanikya*-delivers comprehensive *Rasayana* efficacy for anemia and CML through synergistic mineral bioavailability, immunomodulation, and *Dhatu poshana*. It enhances erythropoiesis (10-15% Hb rise), upregulates T-cell immunity against blasts, alkalizes blood to curb hemolysis, detoxifies *Rakta/Ama*, protects gastric mucosa from TKI toxicity, and rejuvenates neural vitality post-chemotherapy.

Gokhru Kwath was consecutively added during 3rd visit for increasing vitality and suppression of urine related disorder. It is sweet in taste and cold in potency, therefore act as appetizer, aphrodisiac, lithotropic making it potent in management of urinary disorder.^[29]

Aurogrit Tablet contains *Kakrasinghi*, which supports respiratory function compromised by splenomegaly pressure or associated pleural effusions; improves oxygenation and exercise tolerance through histamine H1 antagonism and PDE inhibition synergy.

Shatavari (Asparagus racemosus) combats CML-related weakness through its adaptogenic, immunomodulatory, and antioxidant actions,

enhancing vitality via *Shatavarin* steroidal saponins that boost ATP production and muscle endurance.

Case 2

Common medication along with medication for respective management of complains are prescribed. Physique and other characteristics of patient are evaluated and following medication were advised like *Chirayata kwath* for pacifying fever, along with *Immunogrit Kwath*. It is *Rasayana kwath* promoting CML patient immunity and vitality through adaptogenic synergy that upregulates NK/T-cell activity (*Giloy*), reduces chemotherapy fatigue (*Ashwagandha/Shatavari*), and nourishes *Mamsa dhatu/Oja* via steroidal saponins.

Platogrit demonstrates clinical efficacy in thrombocytopenia via papaya leaf's carpaine and flavonoids that stimulate megakaryocyte proliferation and thrombopoietin-like activity, increasing platelet counts by 30-50% within 5-15 days in chemotherapy-induced and dengue-related cases.^[34]

Haemogrit effectively manages CML-induced anemia and thrombocytopenia through bioavailable iron (*Mandoor Bhasma*) that replenishes haemoglobin stores while *Yashad* supports megakaryopoiesis. *Amla* contains ascorbic acid significantly which enhances non-heme iron bioavailability by 20-30%, optimizing hematopoietic utilization. *Giloy* along with *Bhringraj* facilitate bone marrow stem cell regeneration through immunomodulatory cytokine modulation.

With consecutive follow up decrease in Hb seem to be significant therefore *Punarnav mandoor* is prescribed in 3rd visit. It acts as diuretic/anti-inflammatory, whose rotenoids reduce splenomegaly-induced hypersplenism causing thrombocytopenia/anemia; *Mandura bhasma* delivers bioavailable iron (ferrous calx) for rapid erythropoiesis, restoring Hb by 1-2 g/dL while countering TKI marrow suppression.^[32] While in 4th visit *Kwath* was added along with other kwath after complain of patient of generalized weakness and low Hb level. *Mulethi* was added in *Kwath* as it is *Madhura Rasa, Sheeta virya, and Madhura Vipaka*. It exhibits significant anti-inflammatory properties therefore alleviate gastrointestinal disorders such as indigestion, hyperacidity, and ulcers. Owing to these properties, it also demonstrates hepatoprotective effects. Sodium glycyrrhizate present in *Mulethi* contributes to its anti-ulcer activity and promotes skin regeneration. It aggravates *Vata*, reduces *Kapha*, and helps in normalizing *Pitta* and *Rakta*.^[33]

A combination medication was also prescribed as in case 2 with moderation of dosage to get the response over deranged blood parameters and swelling in legs due to prolong anaemia like condition.

The significant changes seen in both the cases are evaluated over diversification of broader aspect of just subjective and objective parameters. More refined aspects of life and progressive disease symptoms are also evaluated and fined to be effective along with modern medicine management. As in case 1 patient initially consumed medications like Hydroxy urea, commonly administered in Leukaemia like cases. Due to this a remarkable relief was observe in both the parameters but in Case 2 patient age related factors and disease bounded complication raised with progressive time. A fourfold holistic approach provides a broader aspect with huge possibilities within Ayurveda. These folds are presented within Fig. 7.

CONCLUSION

These case study of Chronic Myeloid Leukemia (CML), focusing on palliative care through herbomineral formulations, decoctions, juices, dietary changes, and pranayama, in case 1 significant response was obtained whereas in Case 2 subjective parameters were under control but objective parameters highlighting the blood parameters varied with medication and responses were altered as per the seasonal variation and medicine uptake. A specific powdered combination prescribed on both the case have shown responses variably in both cases. Treatments emphasized common drugs like *Chirayata Kwath* (antipyretic, hepatoprotective), *Giloy* (immunomodulatory, *Tridosha* balancer), *Kanchnar Ghan Vati* (anti-proliferative), and *Curcumin Gold* (anti-inflammatory), alongside case-specific additions such as *Immunogrit Kwath*, *Platogrit* for thrombocytopenia, and herbo-minerals like *Punarnava Mandoor* for anemia. Lifestyle measures, including tobacco cessation, light diet, and pranayama, supported holistic rejuvenation, aligning Ayurvedic concepts of *Hetu (Mithya Ahara-Vihara)* and *Samprapti* with modern CML etiology like genetic mutations. Results indicate palliative efficacy in symptom control

and quality-of-life enhancement without curative claims.

Future scope includes randomized controlled trials (RCTs) with larger cohorts to validate hematological improvements and compare with tyrosine kinase inhibitors (TKIs), exploring molecular mechanisms like apoptosis induction by *Sadabahar* or *Neem* via PI3K-Akt pathways. Integrating Ayurveda as adjuvant therapy for TKI side effects (e.g., hepatotoxicity, fatigue) warrants longitudinal studies on biomarkers like BCR-ABL levels and dosha correlations. Multicentric research could standardize protocols for global CML burden, emphasizing pharmacovigilance for herbo-minerals and personalized *Prakriti*-based dosing.

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Cite this article as:

Pawan Kumar Tripathi, Rajeev Kumar Singh, Abhishek Kumar Yadav, Riya Kandpal. Palliative Care in Ayurveda for Cancer Patient. AYUSHDHARA, 2026;13(1):511-19.

<https://doi.org/10.47070/ayushdhara.v13i1.2473>

Source of support: Nil, Conflict of interest: None Declared

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