



Case Study

POTENTIAL OF AYURVEDIC MEDICINE IN MANAGEMENT OF ADENOCARCINOMA OF LUNGS

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ABSTRACT

Lung cancer is the most common and main reason of cancer related death in worldwide, in which adenocarcinoma making upto 85% of all lung cancers. Their symptoms commonly include chronic cough, chest pain, dyspnoea, haemoptysis, wheezing, hoarseness, recurrent lower respiratory tract infections such as bronchitis or pneumonia, unexplained weight loss, anorexia, and fatigue. Cancer is regarded as *Anukta* (not explicitly described in the classical Ayurvedic texts); hence, an understanding of its modern pathophysiology is essential. Following thorough clinical assessment and evaluation of investigative findings, appropriate Ayurvedic principles can then be employed for its management. *Vata* may be associated with growing phase of cell. Cancer is understood to arise from a metabolic disturbance marked by aggravation of *Vata* only, which results in uncontrolled cellular proliferation. A 70-year-old male patient presented to the *Kayachikitsa* OPD of CBPACS on 3 June 2025 with chief complaints of *Parshva daha* and *Shoola* (burning sensation and pain in the left upper back region), *Daurbalya* (generalized weakness), difficulty in swallowing solid food, *Shwasa Krurchita* (dyspnoea), and *Kasa* (productive cough). The patient was treated with *Amalaki Rasayan*, *Giloy Churna*, *Praval Pishti*, *Tamra Bhasma*, *Vaikrant Bhasma*, *Kanchnar Guggulu*, *Arogya vardhini vati*, *Kantakari avaleha* and Wheat grass juice. After treatment the patient has found significant improvement in clinical symptoms as well as PET-CT shows reduction in consolidative lesion in left lung and mediastinal L.N. with no new lesions.


INTRODUCTION

Squamous cell carcinoma of the lung is a histological subtype of non-small cell lung cancer (NSCLC). Among NSCLC subtypes, adenocarcinoma is the most frequently diagnosed, followed by squamous cell carcinoma, with an increasing prevalence observed particularly in women. This trend has been suggested to relate to changes in smoking habits, although definitive evidence remains limited. Squamous cell carcinomas predominantly arise in the central regions of the lung, commonly involving the major bronchi. Tobacco smoking is the principal etiological factor responsible for malignant cellular transformation.

Approximately 80% of lung cancer cases in men and up to 90% in women are attributed to smoking, with squamous cell carcinoma demonstrating a stronger association with tobacco exposure than other NSCLC subtypes. Additional risk factors include advanced age, genetic predisposition, exposure to environmental tobacco smoke, and occupational exposure to asbestos, metal dust, or mineral particles.^[1]

The clinical presentation of NSCLC commonly includes chronic cough, chest pain, dyspnoea, haemoptysis, wheezing, hoarseness, recurrent lower respiratory tract infections such as bronchitis or pneumonia, unexplained weight loss, anorexia, and fatigue.

Cancer is considered *Anukta* (not explicitly described in the classical texts); therefore, its modern pathophysiology must first be understood. Based on clinical evaluation and investigative findings, appropriate Ayurvedic principles should then be applied for the management of such cases.

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Vata may be correlated with growing phase of cell. Cancer is considered to arise from a metabolic imbalance characterized by aggravation of *Vata*, with their interaction leading to uncontrolled proliferation. The localized abnormal growth in a specific organ (*Ekadesha-vṛddhi*) is compensated by depletion in other parts of the body (*Anyasthaniya-kshaya*), as evidenced by systemic manifestations such as weight loss (cachexia).^[2]

AIM

To evaluate the role of Ayurvedic management in the treatment of adenocarcinoma of the lung.

Case Report

A 70 years old male patient, visited to *Kayachikitsa* OPD of CBPACS on 03 June'2025 for chief complaint of *Parshva daha*, *Shoola* (burning sensation and pain in left side of upper back region), *Daurbalya* (generalized weakness), difficulty in swallowing solid food particles, *Shwasa kruchrita* (difficulty in breathing) and *Kasa* (cough with sputum) since May'

2024. He had history of blood stained sputum. He was non-diabetic, non-hypertensive with addiction history of smoking stopped 10 years back.

He is known case of adenocarcinoma lung (post 6 cycles of chemotherapy in 2019, post multiple cycles of immunotherapy in December 2020 and post radiotherapy to lung in October 2023) and also known treated case of carcinoma base of tongue (February 2024), post chemo-radiotherapy (May 2024).

Past history reveals severe COPD, old treated Kochs 30 years back, inguinal hernia (got operated in 16/06/2021) and liver cirrhosis and old treated case of carcinoma base of tongue (in February 2024).

Examination: On examination, patient was afebrile, with blood pressure 135/88, pulse rate 84/min and respiratory rate 22/min.

Investigation

PET-CT report of case (before and after starting Ayurved treatment) is as follows:

Date	Clinical notes
23/04/25 (Before starting Ayurvedic treatment)	PET CT shows multiple FDG avid and non FDG avid prevascular, right paratracheal, superior mediastinal, AP window, subcarinal and bilateral hilar lymph nodes are noted, largest in subcarinal region, measures approximately 1.3cm in SAD.
19 Nov 2025 (After Ayurvedic treatment)	PET CT reveals multiple FDG avid and non FDG avid perivascular, right paratracheal, superior mediastinal, AP window, subcarinal and bilateral hilar lymph nodes are noted, largest in subcarinal region, measures approximately 1.1 cm in SAD (previously 1.3cm). No abnormal focal FDG uptake/ obvious lesion is noted in the tongue.

Laboratory Investigation before and after treatment:

Lipid Profile	24 May' 2025 (Before treatment)	03 Oct' 2025 (After treatment)
Total cholesterol	153 mg/dl	148 mg/dl
Triglyceride	227 mg/dl	180 mg/dl
HDL	34 mg/dl	34 mg/dl
LDL	88 mg/dl	77 mg/dl
Liver Function Test		
T.Bilirubin	0.5 mg/dl	0.4 mg/dl
Indirect Bilirubin	0.2 mg/dl	0.4 mg/dl
Direct Bilirubin	0.3 mg/dl	0
Total Protien	8.3 gm/dl	7.84
SGPT	46 U/L	49 U/L
SGOT	36 U/L	33 U/L
Globulin	3.5 gm/dl	3.12 gm/dl

Management

Ayurvedic intervention was started from 03 June' 2025. The treatment strategy focused on preserving overall health and preventing or delaying reoccurrence.

	Dose	Anupan
03 June'2025 to 23 June'2025		
<i>Amalaki Rasayan</i> - 30 gm <i>Giloy Churna</i> - 30 gm <i>Praval Pishti</i> - 10 gm	Mix it and take half teaspoonful twice daily	With honey

Tamra Bhasma- 2.5gm Vaikrant Bhasma- 5 gm		
Kanchnar Guggulu	Two tablets twice daily	With lukewarm water after meal
Arogya Vardhini Vati	Two tablets twice daily	With lukewarm water after meal
Wheat grass juice	4 teaspoonsful once daily (in morning empty stomach)	
24 June' 2025- 23 Sept' 2025		
Kantakari Avaleha	1 teaspoonful three times a day	With lukewarm water
Yastimadhu Choorna - 30gm Amalaki Rasayan- 30 gm Giloy Churna- 30 gm Praval Pishti- 10 gm Tamra Bhasma- 2.5 gm Vaikrant Bhasma- 5 gm	Mix it and take half teaspoonful twice daily	With honey
Kanchnar Guggulu	Two tablets twice daily	With lukewarm water after meal
Arogya Vardhini Vati	Two tablets twice daily	With lukewarm water after meal
Wheat Grass Juice	4 teaspoonful once daily (in morning empty stomach)	

RESULT

There was significant improvement in clinical symptoms of patient after receiving the treatment as well as PET-CT shows reduction in size of consolidative lesion in left lung and mediastinal lymph node with no new lesions. Also, patient has the history of carcinoma base of tongue due to which he had complaint of difficulty in swallowing solid food particles. After treatment the patient has found significant improvement in chief complaint and in PET CT no abnormal focal FDG uptake/obvious lesion is noted in the tongue.

DISCUSSION

Lung cancer, especially Non-Small Cell Lung Carcinoma (NSCLC) such as squamous cell carcinoma is the most prevalent cancer and main contributing cause of death in the world. It is often linked to smoking, with conventional treatments not fully conquering morbidity and mortality, creating a strong need for integrative approach. In Ayurveda, though direct references of cancer and its treatments are not found, but *Vata* may be correlated with the cellular growth phase, as described in *Shloka* "पित्तं पंगुः कफः पंगुः पंगवो मलधातवः। वायुना हि यत्र नियन्ते तत्र गच्छन्ति मेघवत्॥" ("*Pittam pangu Kaphah pangu pangavo Mala Dhatavah Vayuna yatra niyante tatra gacchanti meghavat*") *Sharangadhara Samhita (Purva Khanda, 5.25)* i.e. just as clouds are carried in different directions by the wind, *Pitta*, *Kapha*, bodily wastes, and tissues move and function in the body under the guidance and influence of *Vayu (Vata dosha)*. This *Shloka* highlights the fundamental Ayurvedic principle that *Vayu* is the prime force responsible for movement and regulation

of all physiological activities. Cancer is understood to develop from a metabolic disturbance characterized predominantly by aggravation of *Vata*, leading to uncontrolled and abnormal cellular proliferation.

Amalaki Rasayana- *Amalaki Rasayana* is made of fruits of *Amla (Phyllanthus emblica)*, which is *Pancha Rasa, Guru, Ruksha, Sheeta Guna, Sheeta Virya* and *Madhura Vipaka*. It pacifies all three *Doshas- Vata, Pitta, and Kapha*. Due to its *Amla Rasa*, it alleviates *Vata, Madhura Vipaka* alleviates *Pitta* and *Kashaya Ras, Rukshna Guna* alleviates *Kapha*. It has anti-carcinogenic action as Phenolic, ellagic acid (a tannin), corilagin, pyrogallol, gallic acid compounds identified in *Phyllanthus emblica* extracts by HPLC have demonstrated significant anti-cancer potential^[3]. *Amalaki* is regarded as the foremost rejuvenative herb in Ayurveda and is widely used as a *Rasayana*. The fruit extracts have been documented to exhibit a wide range of pharmacological properties, including antioxidant, immunomodulatory, anthelmintic, antimicrobial, chondroprotective, anti-inflammatory, antitumor, and memory-enhancing activities. They have also been reported to be beneficial in reducing cholesterol levels, neutralizing snake venom, and managing ophthalmic disorders^[4].

Giloy Churna- The bioactive constituents of *Tinospora cordifolia* enhance the host immune response by elevating immunoglobulin levels, increasing leukocyte counts, and stimulating stem cell proliferation. It has been shown to reduce solid tumour volume by 58.8%, an effect comparable to that of the established chemotherapeutic agent cyclophosphamide. Owing to these immunostimulatory effects, *T.cordifolia* may help

prevent tumor-induced immunosuppression and thus represents a potential therapeutic option for the management of various cancers^[5].

Praval Pishti- It is coral powder processed through trituration with lemon juice and rose water. Owing to its inherent cooling potency (*Sheeta Veerya*), it reduces inflammation and excessive heat in the body, thereby helping to normalize elevated body temperature. As a result, it is beneficial in alleviating chemotherapy-induced adverse effects such as burning sensations. It is used in combination with other drugs to reduce the *Teekshna Guna* of *Tamra Bhasma*. It also possesses immunomodulatory properties that may help enhance the body's ability to combat tumour cells.

Tamra Bhasma- It is *Tikta*, *Kashaya* and *Madhura Rasa*, *Katu Vipaka* and *Ushna Virya*, when judiciously used for internal administration, it nullifies the effects of poison over the body. It possesses *Pitta-Saraka* and *Lekhaniya* properties, therefore shows anticancerous activity. Its judicious use prolongs the healthy lifespan. Its use purifies the body (*Deha Shodhaka*) and imparts rejuvenation effects, as the *Bhasma* possesses *Rasayana* properties^[6].

Vaikrant Bhasma- when administered internally it cures *Ashta-Maharoga*. It improves appetite and is a good rejuvenator. It mitigates all the three vitiated *Doshas* and exhibits synergistic properties (*Yogavahi*). The *Bhasma* of *Vaikrant* is as beneficial as that of *Vajra Bhasma*, which significantly shows anti-cancerous effect^[7].

Principles of *Bhasma* formation is based on nanoparticles (NPs), these are the particles with dimensions ranging from 1 to 100nm. Owing to their nanoscale size and large surface area, they exhibit unique physical and chemical properties. During the preparation of *Bhasma*, repeated incineration of metals transforms them into NPs, leading to a significant reduction in particle size. This process not only minimizes particle size but also enhances drug efficacy while allowing for lower therapeutic doses. Moreover, the toxic attributes of metals are generally neutralized and converted into physiologically active NPs through this transformation. The increased surface area and nanoscale dimensions further promote improved absorption within the body. These nanoparticles can be absorbed via the intestinal villi and also possess the potential for sublingual absorption^[8].

Kanchanar Guggulu- Contents include *Kanchanar*, *Triphala*, *Trikatu*, *Varuna*, *Ela*, *Twak*, *Tejpatra* and *Guggulu*. *Kanchanar* and *Guggulu* are the principal ingredients of the formulation. Both drugs exhibit *Deepana*, *Pachana*, *Vata-Kapha Shamana*, *Shothahara*, *Lekhana*, and *Bhedana* properties, which help in alleviating the cardinal features of minor tumors.

Guggulu contains oleoresins that exert a potent anti-inflammatory (*Shothahara*) effect. Hence, *Kanchanar Guggulu* demonstrated cytotoxic activity by suppressing cell division through an antimitotic mechanism and decreasing cellular proliferation^[9].

Arogya Vardhini Vati- It stimulates appetite (*Deepan*) and improves digestion (*Pachan*). By promoting the elimination of accumulated gross and subtle metabolic waste products formed during digestion at both macro- and micro-levels, it facilitates systemic detoxification (*Malashuddhikari*). Long-term administration aids in preventing recurrence by detoxifying the body, particularly the liver, through its *Malashuddhikara* action. *Arogyavardhini Vati* has also been reported to exhibit hepatoprotective activity. Furthermore, *Kutki* (*Picrorhiza kurroa*), the chief ingredient of *Arogyavardhini Vati*, demonstrates antioxidant and antineoplastic effects in various cancer cell lines^[10].

Wheat Grass Juice- The shoot of *Triticum aestivum* Linn. is known as wheatgrass and belongs to the family Gramineae. It contains substantial amounts of iron, phosphorus, magnesium, manganese, copper, and zinc. The therapeutic properties of wheat grass juice are attributed to its rich nutritional composition, which includes chlorophyll, vitamins such as A and C, minerals like calcium and magnesium, and 17 amino acids, eight of which are essential. It shows anticancer, anti-ulcer, antioxidant, anti-arthritic and blood building activity in thalassemia major. Research suggests that the beneficial effects of wheatgrass are largely due to its antioxidant properties, which help prevent oxidative damage to deoxyribonucleic acid (DNA) and lipid peroxidation. Other proposed mechanisms include enhanced gap-junction communication, regulation of cell transformation and differentiation, suppression of cell proliferation and oncogene expression, improvement of immune function, and inhibition of endogenous carcinogen formation^[11].

Kantakari Avaleha- *Kantakari Avaleha* is described in the *Sharangadhara Samhita*, with *Kantakari* (*Solanum xanthocarpum*) as the principal ingredient. Several ingredients of this formulation are pharmacologically responsible for their efficacy in respiratory disorders such as coughs, asthma, and bronchitis, as well as acting as an expectorant, anti-inflammatory, and digestive aid. Moreover, *Avaleha* (electuary) is a commonly preferred dosage form in Ayurveda for the management of respiratory ailments^[12].

Yastimadhu Choorna- Pharmacological activities of *Yastimadhu* (*Glycyrrhiza glabra*) includes antioxidant, anti-inflammatory, antitussic, expectorant, anti-ulcerative, antimicrobial, antiviral, hepatoprotective,

anticarcinogenic, antimutagenic, neuroprotective etc. These activities are shown by the compounds present in *G.glabra* such as Glabridin, licochalcone E, Licochalcone A, Glycyrrhizin, etc^[13].

CONCLUSION

This case demonstrates the potential of Ayurvedic management in adenocarcinoma of the lung, a subtype of lung cancer. The patient received exclusive Ayurvedic treatment and has not taken any other treatment during the course. Marked improvement was observed in alleviating cancer-related symptoms, enhance appetite, physical strength, and respiratory comfort, and reduce the adverse effects associated with conventional treatments such as chemotherapy and radiotherapy. Importantly, no recurrence of previously treated carcinoma of the tongue was noted. The immunomodulatory, antioxidant, anti-inflammatory, and cytoprotective actions of these Ayurvedic drugs collectively contribute to improved overall well-being and functional status of patients.

Therefore, Ayurvedic management of cancer offers great potential in reducing tumour size as well as enhancing the overall quality of life.

REFERENCES

- Sabbula BR, Gasalberti DP, Mukkamalla SKR, Anjum F. Squamous Cell Lung Cancer. In StatPearls. StatPearls Publishing; 2024
- Balachandran P, Govindarajan R. Cancer- n ayurvedic perspective. Pharmacol Res. 2005; 51(1): 19–30.
- Dr. Pravin M Bhat, Dr. Hari Umale and Dr. Madhukar Lahankar. Amalaki: A review on functional and pharmacological properties. J Pharmacogn Phytochem 2019;8(3):4378-4382.
- Vishwanatha U, Guruprasad KP, Gopinath PM, Acharya RV, Prasanna BV, Nayak J, et al. Effect of Amalaki rasayana on DNA damage and repair in randomized aged human individuals. J Ethnopharmacol. 2016 Sept 15; 191: 387–97.
- Patel, Sadhna; Singh, Swati; Gupta, Anand Kumar; Dalimbe, Ashok Yuvraj; Muthoju, S. Mohan Krishna; Pawar, Asawali Rohidas; Jha, Sudhanshu Kumar; Gupta, Abhishek Jitendrakumar. Ayurveda and common Indian spices: A natural alternative for cancer therapy. Ayush Journal of Integrative Oncology 2(2): p 91-102, Apr–Jun 2025. | DOI: 10.4103/ajio.ajio_20_25
- Angadi Ravindra, Rasa Tarangini, 17/45-47, Chaukhambha Surbharati Prakashan, Varanasi. First edition 2015. Page No. 280.
- Angadi Ravindra, Rasa Tarangini, 23/167-169, Chaukhambha Surbharati Prakashan, Varanasi. First edition 2015. Page No. 424.
- Chatterjee, Somsuvra¹; Ghosh, Chandrachur¹; Roy, Partha. Application of Ayurvedic Bhasma for the Treatment of Cancer. Indian Journal of Ayurveda and Integrative Medicine KLEU 5(1): p 3-12, Jan–Jun 2024. | DOI: 10.4103/ijaim.ijaim_61_23
- Tomar P, Dey YN, Sharma D, Wanjari MM, Gaidhani S, Jadhav A. Cytotoxic and antiproliferative activity of Kanchnar Guggulu, an Ayurvedic formulation. J Integr Med. 2018 Nov 1; 16(6): 411–7.
- Deshmukh V, Sardeshmukh S, Kulkarni A, Gupta V, Gujar S, Sardeshmukh B, et al. Adjunct Ayurvedic treatment providing more than 10 years of disease-free survival in a rare case of male breast cancer patient with high-grade invasive ductal cell carcinoma - A Case Report. J Ayurveda Integr Med. 2025 Jan 1; 16(1): 100982.
- Singh N, Verma P, Pandey BR. Therapeutic Potential of Organic Triticum Aestivum Linn. (Wheat Grass) In Prevention and Treatment of Chronic Diseases: An Overview. Int J Pharm Sci Drug Res. 2012 Jan 1;10–4.
- Senarthne, U. R. S. R. K.; Goyal, Mandip; Patgiri, Bishwajyoti. Efficacy of Kantakari Avaleha and its modified dosage form of Kantakari Avaleha granules in the management of bronchial asthma– An open-label randomized controlled clinical trial. AYU (An International Quarterly Journal of Research in Ayurveda) 43(3): p 82-90, Jul–Sep 2022. | DOI: 10.4103/ayu.AYU_311_20
- Pastorino G, Cornara L, Soares S, Rodrigues F, Oliveira MBPP. Liquorice (*Glycyrrhiza glabra*): A phytochemical and pharmacological review. Phytotherapy Research. 2018; 32: 2323–2339. 10.1002/ptr.6178

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