Role of Virechana and Guggulutiktaka Ghrita Shamanga Snehapaana in the Management of Oesophageal Carcinoma - A Single Case Study

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ABSTRACT

Oesophageal cancer is the sixth most common cause of cancer death worldwide, and is therefore a major global health challenge. The two major subtypes of oesophageal cancer are oesophageal squamous cell carcinoma (OSCC) and adenocarcinoma (OAC) which are epidemiologically and biologically distinct. Most patients with oesophageal cancer require extensive treatment including chemotherapy, chemoradiotherapy and/or surgical resection.

In general, average survival rates of oesophageal cancer is less than one year. Chemotherapy is considered an effective way to help cancer survivors but chemotherapy drugs are highly toxic and produce myelosuppression, hampers gastrointestinal tract and affects quality life of patients. Squamous-cell carcinoma is linked to lifestyle factors such as smoking and alcohol. Adenocarcinoma has been linked to effects of long-term acid reflux. Tobacco is a risk factor for both types. Both types are more common in people over 60 years of age. The prognosis for any treated Oesophageal cancer patient with progressing, recurring, or relapsing disease is good regardless of cell type or stage. Almost all patients with stage IV oesophageal cell cancer are incurable. So hence here is the case study which has put all the myths that the oesophageal cancers are incurable and got cured by Ayurvedic intervention. A 64 years male patient was admitted in our hospital, who was already diagnosed with squamous cell carcinoma of lower 1/3rd of oesophagus. With the presenting symptoms patient was diagnosed with gulma & virechana was planned with snehapana of guggulu tiktaka ghrita. After treatment encouraging results were found in treating the cancer along with improvement in QOL.

KEYWORDS: oesophageal cancer, chemotherapy, gulma, quality of life

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INTRODUCTION

The incidence of cancer has gradually been increasing over the last decades. Esophageal cancer is the 8th most common cancer worldwide. Its incidence is around 5 per 1,00,000 population. In India it occurs in 6 per 1,00,000 population¹. It is more common amongst men than women. Esophageal cancer has a high incidence in the Northeastern region of India. In modern medicine, chemotherapy is one of the treatment modalities of cancer treatment. A considerable number of patients has to go through distressing treatments like chemotherapy and radiotherapy. Though cancer chemotherapy is highly effective in many cancers, but side-effects of chemotherapy are severe in many patients like myelosupression, anorexia, weight loss, mucositis, fatigue, nausea, vomiting and diarrhoea². Thus patients can't take chemotherapy cycles on scheduled date. These arrays of side effects have an overwhelming effect on the quality of life of cancer survivors. Hereby present a case of oesophageal cancer patient treated with Rasayana treatment and Pittashamaka regimen.

CASE REPORT

A 64-year-old Hindu male patient diagnosed with squamous cell carcinoma of lower 1/3rd of oesophagus had approached TGAMC Ballari on 11/01/2021 with presenting complaints of epigastric pain & burning sensation while swallowing food, regurgitation of food, dryness of mouth since 1 year. Patient had consulted many oncologists and chemotherapy was adviced for the patient. knowing the sideeffects of chemotherapy patient rejected chemotherapy & opted for Ayurvedic intervention and approached to TGAMC ballari. Previous reports upper GIT endoscopy s/o Lax GE junction with gastritis (8/08/2019), Upper GIT endoscopy done on 21/11/2020 was suggestive of oesophageal candiasis. Then histopathology biopsy done on 22/12/2020 was suggestive of differentiated oesophageal squamous cell carcinoma. Pt had history of HTN since 5 yrs & is on antihypertensive drugs. Patient had no family history of cancer.

Table 10- of Showing General Examination of patient			
General condition		Good	
Height		5.8ft	
Weight		55kg	
Bmi		Dry & brittle	
Naadi		76bpm, vp	
Mutra		5-6 times/day, 1-2 times/ night	
Mala		Once in 2 days	
Jihwa	Jumille	Coated	
Shabda	Scientific M	Prakruta	
Sparsha	A sha	Ruksha	
Drik		Myopia	
Akriti	BO JISKD	Krusha	
Вр	🖉 🦉 🖡 International Journal	130/80mmhg	
Temp	of Trend in Scientific	Afebrile	
RR	Desearch and	18cpm	
Pallor/Icterus/Cvar	osis/Clubbing/Edema/Lymphadenopathy	No 9	

Table No- 01 Showing General Examination of patient

Table No- 02 Showing Systemic Examination of the patient

CNS	Well oriented to time place and person, conscious
CVS	S1 S2 Normal
RS	B/L symmetrical, Normal Vesicular Breathing heard, No added sounds heard.
P/A	Mild tenderness noted in epigastric region, no organomegaly/ lump/ ascitis

MATERIALS AND METHODS Table No- 03 showing materials and methods used in the study

Deepana pachana- (12/01/2021-18/01/2021)	Laghusutashekara rasa ⁵ - 1 tab tid b/f Chitrakadi vati - 1 tab tid b/f
SNEHAPAANA – (19/01/2021- 23/01/2021) WITH GUGGULU TIKTAKA GHRITA ³	$\begin{array}{l} 30\text{ml-} 1^{\text{st}} \text{ day} \\ 60\text{ml-} 2^{\text{nd}} \text{ day} \\ 80\text{ml-} 3^{\text{rd}} \text{ day} \\ 100\text{ml-} 4^{\text{th}} \text{ day} \\ 120 \text{ ml-} 5^{\text{th}} \text{ day} \end{array}$
ABHYANGA AND NAADI SWEDA (24/01/2021-26/01/2021) Abhyanga with Murchita tila taila	For 3 days
VIRECHANA (27/01/2021)	Nimba Amruta Castor oil – 50 ML Total vegas -4

After shodana therapy patient was discharged with fallowing medicines & diet-

- 1. Shamananga snehapaana with Guggulu tiktaka Ghrita- 30 ml BD with koshna jala b/f
- 2. Sanjeevani vati 1 tab BD b/f with koshna jala

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- 3. Pathya- Purana ghritapana, Purana raktavarna shali, Yava, Mudga, Patola, shigru, Shali, Shakha of vetragra.
- 4. Apathya- Pishtanna mashadi dravya siddapadartha, guru, madhura padartha, Abhishyandhi or kledakaraka padartha.

RESULT: virechana along with oral medicine and diet control shows significant improvement in phycological, social, emotion & symptom scale in QOL of patient along changes in the PET scan report

	BT		AT	
		~		
	Symptoms	Score	Symptoms	score
Physical function	Moderate difficulty in	15	Mild difficulty in strenuous	10
	stranous activity		activity	
Role function	Frequently limited in doing personal works	6	Occasionally limited	4
Emotional function	Frequently gets emotional	8	Emotionally stable	4
Dourbalya	Severe fatigue even at rest	12	Fatigue with moderate work	6
Ruja at epigastric region	Moderately tolerable pain	6	Pain is absent	2
Aayasa	Absence of dyspnea	2	Absence of dyspnea	2
Hrullasa / chardi	Hrullasa occasionally	4	Absence of hrullasa or chardi	2
Vibhanda	Frquipatenntly contipated	2	Normal bowel habits	1
Aruchi	Frequently loss of appetite	3	No loss of appetite	1
Total score	S in Scien	58		32

Assessment in Present Case

Table No- 04 Subjective Parameters (Sign and Symptoms)

Table No-05 Showing Objective Parameters

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22/12/20- biopsy report	23/03/2021 - PET scan s/o no pet ct scan evidence of abnormal
S/O differentiated	hypermetabolism anywhere in the body is the present study
squamous cell	Faint focal fdg uptake is noted in lower 1/3 rd of oesophagus.
carcinoma	Likely minimal residual disease post cancer
QOL SCORE BT- 58	QOL SCORE- 32 pment

ALIANT CONTRACTOR OF CONTRACTO	OPET/CT CENTRE
CLIEFT AND ADDRESS : CLARTS AND ADDRESS :	Faint focal FDG uptake (SUV max 2.8) is noted. In lower one third of the ocsuphages. Likely reactive/minimal residual disease Non-FDG and subcentinet(is lower paratrached, subcertine) (station 7), and blue
PRAVINET REFERENCES AND	jutation 10) houph nodes are noted.
	Abdomen & pelvis:
<text></text>	 User approximation of the set of th

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DISCUSSION- Chemotherapy is considered an effective way to help cancer survivors but chemotherapy drugs are highly toxic and damage adjacent healthy cells. Chemotherapy medicines produce side-effects like diarrhoea, loss of appetite, weakness, vomiting, constipation, fever, stomatitis, burning sensation, weight loss, alopecia, myelosupression and affects the quality life of patients. That causes discontinuation of chemotherapy either by patient or doctor itself. Ayurvedic treatment principles using guggulutiktaka ghrita acted as avaranaghna, amapachana, rasayana, dhatuposhana, panduhara. All the symptoms are due to aggravated Pittadosha those are Daha (burning sensation), Davathu (acid regugitaton), Mukhapaka (stomatitis), Payupaka (urethritis), Gudapaka (proctitis) etc. are the sign and symptoms of aggravated Pitta. Chemotherapy drugs also vitiates Jatharagni causes Annavaha Srotodushti Lakshana viz Aruci, Anannabhilashanam, Chhardi⁴ etc. The principle behind selection guggulu tiktaka ghrita is to restore and support functioning of gastro-intestinal system and to promote strength of patient. Guggulu tiktaka ghrita also have adaptogenic, anti-oxidant property, best digestive, absorbant, Raktapittashamaka and carminative. Guggulu tiktaka ghrita is an immunity enhancer and beneficial for general weakness and also improves blood count & removing toxicities in blood, beneficial to maintain haemoglobin, WBC count & platelets. Hence Guggulu tiktaka ghrita had helped in management of oesophageal cancer and with enhancement in QOL.

CONCLUSION- Aggravated vata Dosha is the fundamental basis for management of cancer. The case study concluded that, Rasayana drugs and Pittashamaka regimen is an effective adjuvant therapy in treating the cancer drug in oesophageal cancer. This Ayurvedic medication certainly improves the strength of patient, quality of life of the cancer patient, and may enhance the life expectancy and treats the cancer. This is a single case study; thus further randomised controlled clinical trials are warranted to develop new strategies in oesophageal cancer management.

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