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### A Case Study on Carcinoma of Lung (Stage 4) with special reference to *Kshataja Kasa*

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#### ABSTRACT

Cancer is a dreadful condition and is one among the leading cause of death worldwide. The conventional methods of treatment include surgery, chemotherapy and radiotherapy according to the condition which is more expensive and with complications. Even though modern medicine made remarkable treatment protocol in the early stages of the cancer, but failed to improve the quality of life and increasing the life span of the 4<sup>th</sup> stage cancer patients. A diagnosed case of 4<sup>th</sup> stage of Lung cancer approached to our hospital and was treated with appropriate treatment modalities based on the principles of Ayurveda such as periodical purification therapy, symptomatic and anti-cancerous treatment along with rejuvenation therapy showed promising result in extending the life span to the expected median survival rate with improvement in the quality of life.

#### KEYWORDS

*Cancer, KshatajaKasa, Shamanaushadhis, Lung cancer, Shiva gutika, Kanchanaraguggulu*



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## INTRODUCTION

In India lung cancer constitutes 6.9 % of all the cancer cases and 9.3% of all causes related deaths in both genders, it is the commonest cancer and cause of cancer related mortality in men<sup>1</sup>. Lung cancer mainly occurs in older people. The average age of people when diagnosed is about 70. Lung cancer is by far the leading cause of cancer death among both men and women making almost 25%-of all cancer deaths<sup>2</sup>. The most important factor for rise in the incidence of Bronchogenic carcinoma is smoking<sup>3</sup>. According to Ayurveda one among the five types *Kasa* (cough) i.e., *Kshatajakasa* (cough due to injury to the Lungs) can be correlated with Bronchogenic carcinoma, where the etiopathogenesis and clinical signs and symptoms are similar<sup>4</sup>. In the present case study, the diagnosed case of Bronchogenic carcinoma with secondaries having survival chance of not more than 2 months (as per the experts opinion) treated in our hospital with Ayurvedic medication by following the principles of *KshatajaKasa*. The results are encouraging with respect to improvement in the quality of life and prolonging the life span.

## CASE REPORT

A 75year old male patient was admitted in our hospital (JSS Ayurvedic Hospital Mysuru(NABH Hospital) OP No.130474& IP.No.31787) on 16.09.19, with c/o severe cough with expectoration, exertional dyspnoea, pain in right side of chest and upper back since 3months associated with weight loss about 3-4kgs within 2-3months.

History of present illness-Patient was said to be apparently normal before one year, gradually developed cough which was dry in nature initially. Later on patient had severe cough with expectoration, had one episode of blood stain in the sputum 3 days back and difficulty in breathing along with wheezing since 3months. Patient complaints of pain in the chest region bilaterally more in the Right side since past3months. Cough gets aggravated along with difficulty in breathing during night and morning hours. Patient was investigated and was diagnosed as a case of Bronchogenic Carcinoma with secondary deposits 3months ago. As it was an advanced case of carcinoma of stage4 [MSCT THORAX - Neoplastic region right upper lobe with secondary deposits (T2b N2 M1)], patient was not given any specific treatment and as per



the expert opinion the chance of survival would be not more than 2 months.

Past history: K/C/O Hypertension and Diabetes mellitus since 7yrs under medication.

*Family history:* No similar complaints noted in their family.

*Treatment history:* Patient was advised to take palliative chemotherapy but refused. Initially patient was given with *MriduVirechana*(Mild purgation)with *Gandarvahastadierandataila*(30ml) + *gomutra*(Cows urine-10ml) at 7.30am before food followed by hot water for 3 days from 17.9.2019 to 19.9.2019.

Also oral medications were advised as follows.

1. *Dashamulakatutrakashayam* 15ml with 15ml water was given three times daily after food.
  2. *Shivagutika* one tablet two times daily after food
  3. *Swasakuthara Rasa*– one tablet three times daily after food with water
- Also *SarvangaAbhyanga*(Whole body oil massage) with *Nirgunditaila* followed by *NadiSweda* (Hot fomentation) was given for 3 days and on 4<sup>th</sup> and 5<sup>th</sup> day *SarvangaKashayaSeka*(pouring of medicated warm water) with *DashamulaKashaya* was given.

The discomfort in the chest and cough with sputum got reduced by 40% by 3<sup>rd</sup>

day, appetite and sleep improved further and patient got discharged on 23.09.19.

Patient came for follow up on 02.10.19 and 16.10.19 – General condition of the patient improved, the cough reduced by 70% and advised to continue the same medication.

Patient was readmitted on 31.10.19 for follow up treatment with increased cough since 3-4 days, not associated with breathlessness. Patient was administered *Snehapana* (oral administration of medicate ghee) on 31<sup>st</sup>, 1<sup>st</sup> and 2<sup>nd</sup> with *GugguluTiktakaGhrita* (15ml) + *Kantakarighrita*(15ml) for the first day, 30 ml each for the second day and 50 ml each for the third day. *SarvangaAbhyanga* with *Nirgunditaila* and *NadiSweda* were given for two days. *Virechana* was given with *Trivritlehya* 30gms on 04.11.19. After the treatment C/o cough was reduced considerably. On discharge the following oral medications has been prescribed for 15 days:

1. Tab. *Siva Gutika* 1 tab twice daily after food with water
2. *Dashamulakatutrakashaya* 15 ml + 2 pinch *pippalichurna* + 15 ml water twice daily
3. *Shwasakuthara Rasa* 1 tab twice daily after food with water



As the condition of the patient was much improved along with improvement shown in the CT Thorax, patient got much confident in medication and continued.

Patient was stable till 23.1.19 later there was severe pain in the right side of the neck and noticed enlargement of cervical lymph nodes (hard, immobile), further hoarseness of voice and increased cough. Was admitted to the hospital and given *MriduVirechana* for 3 days with *Ganarvahastadierandataila* 20ml and *Gomutra* 10ml.

Tab. *Kanchanaraguggulu* was added one tab. three times daily after food.

The general condition was improved by 60%, cough and pain in the ear was reduced by 40%.

On 26.02.19, once again *Mridu Virechana* for 3 days with *Ganarvahastadierandataila* 20ml and *Gomutra* 10ml was given.

Tab. *Shuvagutika* and Tab. *Kanchanaraguggulu* were continued.

*Shwasakuthara Rasa* and *Dashamulakatutrayam Kashayam* were given whenever necessary.

Patient on regular follow up and the condition was stable, except with pain in neck and chest along with cough with expectoration (thick, yellowish) which is manageable.

Patient came for follow up on 27.4.2020 to the OPD with generalised weakness since 1day, unable to go for long walk, and cough is persisting without haemoptysis.

## OBSERVATION AND RESULT

Patient came with c/o severe cough with expectoration, exertional dyspnoea, pain in right side of chest and upper back since 3months associated with weight loss about 3-4kgs within 2-3months. Personal history revealed that patient had disturbed sleep because of cough (Table.no.1).

**Table 1** Personal History

Ahara	Mixed
Nidra	Disturbed since 3months due to cough and difficulty in breathing
Vyasana	Tobacco (2packets - 15-20 cigarettes) per day along with alcohol intake since 35yrs
Mala & Mutra	Prakruta

On observation *Ahara shakti* (digestive capacity) & *Vyayama shakti* (capacity of physical exercise) was *Avara* (less) (Table no.2).

**Table 2** Dashavidha Pareeksha

Prakruti-	Pittavata
Sara	Madyama
Smhanana	Madhyama
Pramana	Madhyama
Satwa	Madhyama
Ahara Shakti	Avara
Vyayama Shakti	Avara
Vaya	Vruddha

Systemic examination revealed that bilateral wheezing and Ronchi were





present, vocal fremitus increased in Right upper lobe (Table.no3). Performance status on the Kornofsky scale was 40%

initially and was improved to 90% by third month and maintained till 6<sup>th</sup> month which is reduced to 50% by 7<sup>th</sup> month.

**Table 3** Systemic Examination

<b>Central Nervous System</b>	<b>Conscious and well Oriented</b>
<b>Cardio Vascular System</b>	S1 S2 heard, no murmurs
<b>Respiratory System</b>	B/L Wheezing and Ronchi ++ Vocal Fremitus increased in Right upper lobe
<b>Per Abdominal</b>	Soft, non tender, No Organomegaly

The cough, breathlessness and chest pain which was severe initially has been reduced by 70 -90% till 6 months and increased since 15 days. Patient had one episode of haemoptysis before admission and during the treatment and till now also he did not have haemoptysis. Patient had history of weight loss around 3-4kgs within 2-3months; 56 kg on the day of first admission(Table.no.4) was maintained for 6 months and now reduced to 52 kg in last one month.

54mm 1<sup>st</sup> hour to 38mm1<sup>st</sup>hour after the treatment (Table.no.6&8).

The MRI report after 2 months of the treatment showed significant reduction in the size of the tumor compared to the previous scan (Table No.5 & Table No.7).

**Table 4** Physical Examination

Built	Moderate
B.P.	130/90 mm of Hg
Pulse	96/min
Temperature	98.8 <sup>0</sup> F
Respiratory rate	22/min
Height	168 cm
Weight	56 Kg
Conjunctiva	Normal

**Table 5** Investigation Report

<b>MSCT THORAX - 13/09/2019- Impression</b>	Irregular speculated mass lesion in the right upper lobe. Multiple rounded scattered coin lesions in both lung fields. Hypodense lesions in the liver. Mediastinal Lymphadenopathy. COPD Neoplastic region right upper lobe with secondary deposits (T2b N2 M1)
<b>Reports on 17/09/19</b>	
Hb%	13.7gm/dl
TC	10100Cells/Cumm
ESR	34mm 1 <sup>st</sup> hr
DC	N-74, L-21, E-01, M-04
RBS	75mg/dl
HIV and HbsAg	Negative
Urine Routine	Within normal limits.

The appetite and sleep was improved considerably. Patient complains of difficulty for solid food intake and hoarseness of voice since 16-04-2020. At present the condition of the patient is stable. The ESR showed reduction from

**Table 6** Reports on 31/10/2019



**Table 7** Patient came with report of CT Thorax on 14.11.19

<b>MSCT THORAX 14/11/2019</b>	Irregular heterogeneously enhancing mass lesion in the right upper lobe.
<b>Impression</b>	Multiple coin lesions in both lung fields. Multiple focal lesions in the liver. Mediastinal lymphadenopathy . COPD (Bronchogenic with secondary deposits)
	<b>Note : Compare to previous study dated 13/09/2019, present study shows marginal reduction in size of lesion</b>

**Table 8** Report on 26.02.19

<b>RBS</b>	151mg/dl
Hb%	13.4mg/dl
WBC Count (TC)	12600 Cells/Cumm
DC	N-81, L-15, E-02, M-02
ESR	38mm1st hour
Urine Routine	
Urine Albumin	Trace
Urine Sugar	Nil
Pus Cells	2-3
Crystals	Calcium Oxalate Crystals Seen

## DISCUSSION

Bronchogenic carcinoma can be equated with *KshatajaKasa* based on the aetiology and symptomatology. In the present case, there is no treatment at this stage (stage4) in the contemporary science except palliative care, which again reduces the quality of life and said chances of survival is not more than 2 months (as per the expert opinion). So the patient approached to our hospital with a hope and started the treatment on the

Hb%	13.0gm/dl
TC	8100Cells/Cumm
ESR	54mm 1 <sup>st</sup> hr
DC	N-71, L-24, E-02, M-03
RBS	119mg/dl
Urine Routine	within normal limits

principles of *Kshataja Kasa*.<sup>5</sup>The treatment principle includes..

1. The line of treatment of *kshatajaKasa* is said to be similar to that of *PittajaKasa* – advised *virechanawithtikta* (bitter) drugs in case of thick sputum. In this case *mriduvirechana* has done 4 times within 7 months of duration, wherein *snehapana* with *guggulutiktakaghrita* and *kantakarighrita* followed with *virechana* with *trivritleha* once and *mriduvirechana* with *Gandarva has thadierandataila* with *Gomutra* was given 3 times to relieve the obstruction in the *pranavahasrotas* (airway) due to adhered *Kapha* (sputum).

2. In *kshatajakasa* the *pranavahasrotodushti* (vitiation of airway) occurred due to *dhoomopaghaata* (chronic inhalation of smoke, fumes etc..) leads to the intense vitiation of *vata* which in turn leads to the vitiation of *pitta* and *rakta* hence causing injury to the chest in due course of time. In order to control *vata*, the treatment principles mentioned under *vataj akasachikitsa* like *abhyanga* (oil



massage), *parisheka* (pouring of medicated warm water) and *snigdhasweda* (unctuous fomentation) has been adapted in this case to relieve pain in the chest.

3. The *shamanoushadhis* especially *Kanchanara guggulu*<sup>6</sup> and *Shivagutika*<sup>7</sup> was given as *vyadhiprathyaneekaa oushadha* as both are *Arbudahara* and *Gulmahara*. Study conducted by Ramya. *A et al* showed that *Kanchanaraguggulu* has significant antitumor and antioxidant activity on rats<sup>8</sup>.

*Shiva gutika* is a unique formulation mentioned in *RasayanaAdhayayaofAshtangaSamgrahaUttaraSthanawhich* is capable of enhancing the *vyadhikshamatwa* (immunity). It is effective in multisystem involvement diseases like *Udara* (Ascites), *Gulma* (Abdominal tumor), *Pameha* (Diabetes), *Arbuda* (Cancer) etc. It is effective in *pranavahasrotodhshtivikaras* (disorders of respiratory system). In this study by considering the age of the patient and disease manifestation and system involved *Shivagutika* has been administered as *Vyadhihara* (disease combating) and *Rasayana* (rejuvenative). *Dashamulakatutrayam kashayam*<sup>9</sup> acts *asswasahara ,kasahara* (helps in kaphavilayana-liquification of

sputum), there by reduces the headache, pain in cervical, chest and back region. *Swasakuthara Rasa*<sup>10</sup> acts on *pranavahasrotas* (respiratory system) helps in reducing cough and breathlessness.

## CONCLUSION

In the contemporary medicine there is no significant remedy for improving quality of life and increasing life span of patients with 4<sup>th</sup> stage of Lung cancer. In the present study the result showed that there is promising and effective management in such group of patients. In the 4<sup>th</sup> stage of cancer, the treatment varies from individual to individual with respect to the age, site of the cancer and strength of the patient. So the treatment principles include periodical purification of the body through *virechana*, symptomatic treatment, and anti-cancerous treatment along with *Rasayana* therapy (Rejuvenation therapy to improve the immunity). In the present case study the above multiple treatment modalities has been used judiciously which improved quality of life and life expectancy.





## REFERENCES

1. <https://www.ncbi.nlm.nih.gov>
2. <https://www.cancer.org>
3. Harshamohan, text book of Pathology, jaypee brothers, New Delhi, 5<sup>th</sup> edition, 2005, chapter 15, page no. 506
4. Aruna, Essentialas of Kayachikitsa II, published by Sri BasavannappaHalshetty, Bidar, Karnataka, 1<sup>st</sup> edition, 2008, Kasa, page no.196
5. R K Sharma, Bhagavan Dash, CharakaSamhita, vol.4, Choukhambha Sanskrit Series Office, Varanasi, edition 2018, chapter 18, KasachikitsaAdhyaya, verse no. 138-139, page no. 189
6. Sharangadhrara, SharangadhraSamhita, Madhyamakhanda, Vatakakalpanaadyaya, 7/75-100, translated by HimasagarChandramurthy, 2<sup>nd</sup> edition, Choukhambha Sanskrit Series, Varanasi, 2007, 190
7. K.R.Srikanthamuthy, Ashtangasangraha of Vagbhata, Uttarasthana, chapter 49, page no.506, verse no.309-325, Chaukhambhaorientalis, 5<sup>th</sup> edition, 2005
8. Remy.A et at all, evaluation of the antitumor activity of Ayurvedic formulation Kanchanaraguggulu on n-mythyle-n-nitrosoarea(NMU) induced mammary tumor in Sprague-dawley rats ,IMAJ, volume 5, issue 1, January 2007
9. SahasraYogam,Sujanapriya commentary, edited by K V Krishnan vaidyan&S.Gopalapillai, Vidyarambham Publication, Mullackal, Alappuzha, Kerala, 27<sup>th</sup> edition, August 2007, page.no .63
10. Sen. Govindadasa, Bhaishajyaratnavali. Edited by Brahmashankaramishra, sriAmbikadattashastri, 18<sup>th</sup> edition, 16<sup>th</sup> chapter, Hikka –Swasachikitsa, verse no.46-50, page no. 466.