

THE MANAGEMENT OF ARBUDA W.S.R. TO CANCER – AN OBSERVATIONAL STUDY

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ABSTRACT

Cancer is a most dreadful, grave and tissue invasive disease which gradually hampers the quality of life and causes decreased life expectancy. The present approach to treatment of cancer is highly expensive irrespective of the stage of the disease, may not be affordable by all levels of community. Still most of the problems of cancer lack permanent solution in advanced stage. With this background the present study has been taken with objective to evaluate the effect of Ayurveda formulation internally in the management of *arbuda*. The study was conducted on 14 patients of stage four cancers. The study treatment was effective in relieving the symptoms, improving the general condition in majority of the cases (12 out of 14 patients). Also prevented some amount of further growth of tumor (5 patients out of 14). It showed increased survival benefit in 2 patients out of 14.

Key words: *Arbuda, Gulma, Cancer, Gulmakalanala Rasa, Madhusnuhi Rasayana, Varunadi Kashaya, Kanchanara Guggulu, Yakritodara, Kshataja Kasa.*

INTRODUCTION

Cancer is a dreadful disease which afflicts all communities worldwide. Approximately 10 million people are diagnosed with cancer and more than 6 million die of the disease every year. Today it is the second leading cause of death. In India it is estimated that there are approximately 2-2.5 million cases of cancers at any given point of time with around 70,000 new cases being detected each year, and nearly half of these cases die each year¹. Cancer is defined as a mass of tissue formed as a result of abnormal, excessive, uncoordinated, autonomous and purposeless proliferation of cells.² Ayurveda classics were not unaware of the malignant disease. They referred to it as superficial swellings on the body (*arbuda*).

By definition *arbuda* is a swelling occurring anywhere in the body due to vitiation of *tridoshas*(*Biological humours*), afflicting the *mamsadhatu*(*Muscle tissue*), which is circular, fixed and firm, slightly painful, big or wide spread, deep seated, slowly growing and non-supportive.³ When *arbuda* situated in deeper structures were described as *gulma*, which is defined as a timorous growth that has developed from *mahasrotas*(*GI Tract*) which has palpable mass, elevated from inside the body, hard to touch and round in shape and is non-supportive. Also based on the clinical presentations in relation to different organs and systems involved, its cause, prognosis and treatment, various diseases described in Ayurvedic classics may be considered as malignant eg.,

if it affects the *pranavaha srotas (Respiratory tract)* - *kshataja kasa*, when it affects the *yakrit(Liver)* and *pleeha(Spleen)* – *yakritodara(Hepatomegaly)* and *pleehodara(Spleenomegaly)*, when affects the *annavaha srotas GI Tract)* – *gulma*.etc.

Cancer is the most dreadful, grave and tissue invasive disease which gradually hampers the quality of life and causes decreased life expectancy. In spite of giant strides made by the modern medicine, most of the problems of cancer still lack permanent solutions in advanced stages of cancer. Till date in modern science the major conventional therapies for cancer has been applied namely, surgery, radiotherapy and chemotherapy. The present treatment of cancer is highly expensive irrespective of the stage of disease, may not be affordable by all levels of community. Also modern treatments for cancer are complex, unpleasant for patients and relatives, as it requires long period of treatment with the risk of relapse. Today when modern medicine battles relentlessly to end the trauma of cancer patients, there comes the need of Ayurveda in solving the problem. With this background the present study has been taken to evaluate the effect of Ayurvedic multiformulae internally in the management of Arbuda w.s.r. to cancer.

OBJECTIVES:

To evaluate the combined effect of;

- *Brihat gulma kalanala rasa*
- *Kanchanara guggulu*
- *Varunadi kashaya*
- *Madhusnuhi rasayana*
- *Amalaki + Amrita choorna* In the management of arbuda w.s.r. to cancer.

Materials and methods

Materials

The materials taken for the study were,

- Brihat Gulmakalanala Rasa*⁴
- Kanchanaraguggulu*⁵
- Varunadi Kashaya*⁶
- Madhusnuhi Rasayana*⁷
- Amalaki and Amrita Choorna*⁸

Methods

Source of Data: The patients of either sex diagnosed as carcinoma were selected from OPD and IPD of Government Ayurveda Medical College and Hospital, Mysore and Preeti Cancer Centre, Mysore. The patients were registered and treated as in-patients and out-patients with the help of case sheet pro forma prepared for the study.

Sampling Method and Research Design:

Patients diagnosed as cancer were selected incidentally from the OPD and IPD of Government Ayurveda Medical College and Hospital, Mysore and Preeti Cancer Centre, Mysore. The total number of cases selected for the study was fourteen excluding the dropouts. These fourteen patients were assigned into single group.

Study Design: Observational study

Inclusion Criteria

- All types of cancer patients in stage 4.
- Also cancer patients who are willing to take part in this treatment irrespective of stage.

Exclusion Criteria- Patients with systemic disorders which interfere the treatment.

Diagnostic Criteria

- Cytology / Biopsy proved malignancies.
- Radiological documented metastatic diseases.

Intervention

1. *Brihat gulmakalanala rasa* – 500mg BD after food with mandoshna jala.
2. Tab. *Kanchanaraguggulu* – 500mg 2 TID after food with jala.

3. *Varunadi kashaya* – 30ml TID before food.
4. *Madhusnuhi rasayana* 5gm BD after food
5. *Amalaki choorna* and *amrita choorna* – 5gms TID along with hot water given after food. The duration of treatment was 6 months.

2 months, while weight was measured once in 15 days.

Assessment Criteria

The assessment was based on the symptoms relief by grading. The following criteria were considered for the assessment of improvement.

1. General condition – by using performance status karnofsky scale.
2. Documentation of the pain – in terms of severity.
3. Measurement of weight in kilogram
4. Symptoms were graded in order of severity.
 - a. The subjective parameters were assessed once in 15 days during the treatment period.
 - b. The objective parameters (radiological examination) were assessed once in

OBSERVATION AND RESULTS

OBSERVATIONS: After careful clinical investigations and examination of the patients different findings of observation were recorded according to case sheet. These observations were analyzed and recorded here. In the present clinical study 22 patients were registered out of which 8 dropouts were observed due to various reasons.

RESULTS: The data regarding the samples were collected depending upon the scoring given to each of the symptom. As present study was conducted on one group with small sample size of 14 different sites of cancers, it was not appropriate to apply major statistical measures to analyze the results. Hence each case is discussed in detail to assess the relief in clinical features, quality of life, life expectancy and tumor size etc. in discussion part. The overall assessment was made in percentages of relief in symptoms, signs, general condition, life expectancy etc.

Table No.29 Showing the Incidence of Relief in Symptoms

Sl.No.	Relief in Symptoms	No. of patients	Percentage (%)
01	Yes	12	87.14
02	No	2	12.86

The ‘study treatment’ has shown efficacy in relieving the symptoms on majority of the patients i.e. 12 patients out of 14 patients with percentage of 87.45 and while 2 patients (12.86%) were not responded to the treatment.

Table No.30. Showing the Improvement in Performance Status

Sl.No.	Improvement in Performance Status	No. of patients	Percentage (%)
01	Yes	12	87.14
02	No	2	12.86

87.14% of patients showed improvement in performance status (general condition) noted on Karofsky scales. While 12.86% of the patients were not shown any improvement in general condition.

Table No.31 Showing the Further Growth of Tumor Size

Sl.No.	Further growth seen	No. of patients	Percentage (%)
01	No	5	35.71
02	Yes	9	64.28

In 35.71% of patients the tumor size not grown further during the treatment

Table No.32 Showing the Survival Benefit

Sl.No.	Survival Benefit	No. of patients	Percentage (%)
01	Yes	3	19.29
02	No	11	80.71

Out of 14 patients 3 patients (19.29%) showed possible survival benefit compared to expected median survival as per the extent of disease.

Two of the patient have shown a possible survival benefit compared to expected median survival as per extant of disease. Another interesting feature is that, in five patients out of fourteen, the tumor has not grown in size during the period of observation, showing possibility of some anti-tumor activity. Further evaluation of the 'study drugs' probably in a prospective randomized setting against the palliative treatment of modern medicine and / or best symptomatic care is needed

INTERPRETATION AND CONCLUSION

Majority of the clinical features of *arbuda* simulates with the disease cancer. The study treatment has found effective in management of cancer as a palliative care treatment. It also showed some survival benefit and some possible anti-tumor activity. This study helps us to correlate terminologies used in Ayurveda with modern medicine. It may be appropriate to use the term malignancy for *arbuda*, *gulma*, *yakritodara*, *kshataja kasa* etc., depending upon the sites of the disease described in Ayurveda. The study treatment has proved to be beneficial in improving the general condition and well being of cancer patients as documented by the improvement in performance status noted on Karnofsky Scales. The same combination of drugs has been used to treat cancers of different sites taking only 'cancer' as the basic common factor. The study treatment has shown some efficacy in majority of patients (12 out of 14), showing effectiveness in malignancies in general. The study treatment has been effective in reducing symptoms produced by cancer in 12 out of 14. Showing its possible effectiveness as a palliative care treatment,

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