

**Original Research Article****Successful Ayurvedic management of Cancer Prostate with metastases with CKD stage 4 - A case report with 3 years follow up**

Author

Dr Sarita Pradip Gaikwad

M.D. (Manas rog), PhD (Kayachikitsa),

Director, Punarnava Trimarma Chikitsalay and Research Centre, Nanded-431 602

Ex HoD Ayurved Research Department, Sassoon Hospital, Pune-411 001 and Vol. Retd. Assistant Director, AYUSH, Pune region, Pune

Abstract

Cancer Prostate is the second most common cancer observed in males. As the age advances, risk to develop Cancer Prostate in males also increases. When the diseases advances to secondary metastases to various organs, nothing much can be done except palliative chemotherapy and radiotherapy. People are not yet aware that Ayurved, the oldest system of Indian Medicine can stop the progress of disease process and may cure the advanced cancer.

Case Report: *A 66 year old male was detected Cancer Prostate with secondary metastases in Feb 2019. His PSA value was 134 ng/ml. His bilateral orchiectomy was done and was offered palliative chemotherapy and radiotherapy. His daughter, who was an Ayurvedic student approached Ayurved system of Indian Medicine and was treated successfully by Abhantar chikitsa and Panchkarma including Uttarbasti. He became totally free of symptoms within 4 months of Ayurvedic treatment. His PSA value returned to normal, i.e.0.266 ng/ml. He is totally free of disease for last 3 years and leading normal life with full quality of life.*

Conclusion: *Ayurved has strength and ability to treat Advanced cancer and this case report is the ray of hope to millions of sufferers of cancer.*

Keywords: *Cancer prostate, Secondary metastases, Asthila arbud, PSA value, Ayurvedic management.*

Introduction

Next to Bronchogenic carcinoma, Cancer Prostate is the second most common cancer observed in males¹. The prostate is a small walnut-shaped gland in males that produces the seminal fluid that nourishes and transports sperm. Its normal weight is 20-25 gms. As the age advances, risk to develop Cancer Prostate in males also increases. At the age of 50, there risk to develop Carcinoma of Prostate is 1: 350 males. At the age group between 50-59 years of age, the risk is 1:52 males but at the age of ≥ 65 the risk may be around 60%². Jaquelyn L

Jahn et al studied 19 studies of prostate cancer discovered at autopsy among 6,024 men. Among men aged 70-79, tumor was found in 36% of Caucasians and 51% of African-Americans. This enormous prevalence, coupled with the high sensitivity of PSA screening, has led to the marked increase in the apparent incidence of prostate cancer³. The site of the cancer is at the peripheral zone of the prostate adjacent to rectum² and most commonly affected lobe of prostate cancer is posterior lobe. Therefore it may be diagnosed by Digital rectal examination.

Prostate Specific Antigen (PSA) test is most commonly used to diagnose 80% of the Carcinoma of Prostate. The test is negative if the PSA value is under or equal to 4 ng/ml. If the value is >20 ng/ml there is strong possibility of Carcinoma of Prostate. If the value is >35 ng/ml there is strong possibility of secondary metastasis of Carcinoma of Prostate in bones and other organs. It is reported that if the PSA value is very high, there is no need for biopsy of prostate in old patients⁴.

Orchiectomy is the surgical removal of the testicles. Bilateral Orchiectomy is done to stop most of the body's production of testosterone, which is required for the growth of prostate cancer. It is said that size of the prostate shrinks after Bilateral Orchiectomy⁵. Most of the cases of prostate cancer are slow growing but few of them are aggressive and may metastasize early to various organs and skeleton. In such advanced cases Modern/ Conventional medicine has very little role to play except hormone therapy/ Palliative Chemotherapy and radiotherapy⁶.

Case Report

This 66 year old male patient, father of a female Ayurvedic graduate, came to for Ayurvedic treatment of Cancer Prostate with secondary metastases with CKD stage 4.

C/o Difficulty in passing urine- 6 months

Hematuria- 3 months

Loss of appetite-3 months

Weight loss- 15% in last 2 months

Pulse-87/min B.P.-100/68 mm Hg, Weight-39 Kg;

Oedema over feet+++

Urine output-400 ml/day (Oliguria)

RS }
CVS } Nothing abnormal detected

P/A- Abdomen soft.

Liver one finger palpable, firm, non tender. Spleen not palpable.

Inguinal lymph nodes palpably enlarged, fixed & hard.

Digital P/R examination- Prostate hard and lumpy.

Investigations carried out: Ultrasound whole abdomen dated 15.1.2019:- Cholelithiasis, Bilateral moderate Hydroureteronephrosis Large clot in urinary bladder with thickened walls-? Cystitis

Prostate biopsy report dated 7.2.2019: Sr. PSA -134 ng/ml

Sections from submitted prostate biopsy cores show **Adenocarcinoma of prostate. Gleason's score-3+4=7**; Approximate tumor volume- 20% Focal perineural invasion is seen.

Ga 68 Prostate Specific Membrane Antigen (PSMA) PET-CT SCAN dated 15.2.2019

Comments: 1.Bulky prostate with PSMA avid lesion involving left lobe.

2. PSMA avid **retroperitoneal and pelvic nodes are metastatic.**

3. PSMA avid **Skeletal lesions** at C₂ Standardized Uptake Value SUV 3.66, D₁ SUV 2.15, D₃ SUV1.76, D_{10-L5} MAX 9.84, Sacrum and B/L sacral ali SUV12, Lt iliac bone SUV 2.53, Rt. acetabulum SUV 2.79, Rt. inferior pubic ramus SUV 2.93 are **metastatic.**

4. No other PSMA avid lesion noted elsewhere.

Blood investigations dated 13.4.2019

Hb-8.6 gm/dl, RBC-2.73 mill/cmm, PCV-20.2%;

Sr. Creatinine-3.56 mg/dl, BU-90.2 mg/dl;

△ **Ca prostate with secondary metastasis with CKD stage 4 with moderate Anemia**

Treatment:- Applying the basic principles of Ayurved, following line of treatment was followed:

Deepan Pachan



Kledaharan



Anuloman



Shodhan



Rasayan chikitsa



Satvavjay chikitsa

Deepan-Pachan was accomplished by administering *Sitopaladi* and *Avipattikar*. It helped to reduce the *Rasa-Raktagat Samta*. We carried out *Kledaharan* by administering *Gokshuradi guggul* and *Musta* (*Cyperus rotundus*). For treating CKD stage 4, we used medicines acting on *Mutravah strotas* (Urinary system) e.g. *Chandraprabha vati*, *Gokshuradi guggul* (*Shilajeet yukta*) and *Punarnavadi mandur*. Out of them *Punarnavadi mandur* acted on formation of new and healthy blood cells thereby reducing the moderate Anemia. *Rasayan chikitsa* was the core of treatment, which contained *Guduchi* (*Tinospora cordifolia*), *Gokshur* (*Tribulus terrestris*), and *Amalaki* (*Emblica officinalis*). We administered quath of flowers of *Palash* (*Butea monosperma*), which acted as Alkalizer. We also administered *Tab Suvarna suthshekhr* which acted as immunomodulator. Further, we gave her *Panchakarma* therapy by giving *Sarvang Snehan*, *Swedan* followed by *Niruh*; next day *Anuvasan* called as a course of *Yogbasti* for 7 days. We removed Foley's catheter and then a cycle of *Niruh*, next day *Anuvasan*, next day *Uttarbasti* in urinary bladder (*Sahachar tail* 30 ml); such 5 cycles were administered.

In the *Satvavjai chikitsa*, it was informed to the patient that we had cured similar cases in the past and such patients were leading normal healthy life. This assured the patient removing his anxiety and apprehension.

Clinical response to treatment: Within a period of 2 weeks of treatment, Patient showed marked improvement. He started passing urine by natural manner. Earlier, there was Oliguria, now he started passing urine up to 1500 ml/24 hours. Oedema over feet disappeared. Within 2 Months of treatment, Bilateral moderate Hydroureteronephrosis disappeared and Serum Creatinine value was reduced to 2 mg/dL. His eGFR which was 18 ml/min before the treatment started, was increased to 36 ml ml/min. Thus his CKD stage improved to 3B. His Hb was increased to 11 gm/dL. He gained weight gain of 6 Kg within 2 months of treatment. He started walking

2-3 Km every day. He started taking part in social functions and after 4 months of treatment he was leading a normal life, full of quality of life. His PSA value is 0.266ng/ml that is perfectly within normal range. Till date he is free of the disease and disease process has stopped completely.



Figure 1: Ca prostate patient during Ayurvedic Treatment

Discussion

This case was diagnosed as Adenocarcinoma of Prostate gland with Gleason's scale, the score was $3+4=7$. The Gleason scoring system is the most commonly used prostate cancer grading system. The pathologist looks at how the cancer cells are arranged in the prostate and assigns a score on a scale of 3 to 5 from 2 different locations. Cancer cells that look similar to healthy cells receive a low score. Cancer cells that look less like healthy cells or look more aggressive receive a higher score. The pathologist determines the main pattern of cell growth, which is the area where the cancer is most obvious, and then looks for another area of growth. The doctor then gives each area a score from 3 to 5. The scores are added together to come up with an overall score between 6 and 10. The lowest Gleason score is 6, which is a low-grade cancer. A Gleason score of 7 is a medium-grade cancer, and a score of 8, 9, or 10 is a high-grade cancer^{7,8}. A lower-grade cancer grows more slowly and is less likely to spread than a high-grade cancer. In the present case, as the score was 7, which indicated a medium grade cancer.

However, the PET CT scan revealed retroperitoneal, pelvic nodes and skeletal lesions were metastatic. It indicated the fourth stage of the disease.

Charakacharya mentioned 6 types of glands in the following shloka⁹:

**Angaikdesheshwaniladidhibhi: Syat
swarupdhari Sphuran: Sirabhi: I
Granthirmahanmauns
Bhavastwanartirmedobhava
Snigdhatamashchalashcha: II
Cha. Chikitsa. 12/81 II**

Vataj, Pittaj, Kaphaj, Siraj, Mau nsaj and Medoj were the six types of gland from where the *Arbud*/tumour arises.

Sushrutacharya also described 6 types of glands in the following shloka¹⁰:

**Vaten Pitten Kaphen chapi Rakten Maunsen
cha Medasa cha II Su. Nidan. 11/14**

**Tajjayaye Tasya cha Laxanani Granthe:
Samanani Sada Bhavanti I**

Vataj, Pittaj, Kaphaj, Raktaj, Maunsaj and Medoj were the six types of glands and when they enlarge, symptoms vary as per the origin of the gland.

Vagbhat described 9 types of gland in the following shloka namely Vataj, Pittaj, Kaphaj, Rakaj, Maunsaj, Medoj, Asthij, Shirajanya and Vranajanya¹¹

**Doshastra Mauns Medo Asthi Shira
Vranbhava Nava I.... Vag. Uttarsthan 29/2**

Sushrutacharya mentioned types of the tumours which may be termed as *Asadhya*/ incurable in following shloka¹²:

**Samprastrutam Marmani Yachcha Jatam
Strot: Su Va Yachcha bhavedachalyam II**

**YajjayayeAnyat Khalu Purvajate Dnyyam
Tadadhyarbudamarbuddnya: I**

**Yaddwandjatam Ugpata Kramadwa
Dwirarbuadam Tachcha Bhavedasadyam II**

Su. Ni.11/20

Those *Arbuda* which have discharge, those who are placed at *Marma sthal*, those who are part of various *strotasa*, those which are fixed and those with another *arbuda* appearing on the same *arbuda*

or adjacent to the primary tumour may be declared as *Asadhya*/ incurable. The present case was a 4th stage of Prostate cancer, where secondaries have been appeared at various places including skeletal bones, are said to be incurable by Modern point of view as well as Ayurved point of view.

We administered Rasayan churna to patient containing Guduchi (*Tinospora cordifolia*), Gokshur (*Tribulus terrestris*), and Amalaki (*Emblca officinalis*). It carried out the *Samyak poshan* of all the *Sapta dhatu* that established the balance of *Tridoshas*¹³. Musta (*Cyperus rotundus*) was administered which has action of *Lekhana*-curating type of action and reduced the shoth/ inflammation. Combined treatment of *Abhyantar chikitsa*, *Panchkarma therapy* balanced all the *tridoshas* and disease process was arrested.

In such a case of 4th stage of Prostate cancer, Ayurvedic treatment stopped the disease process and for last 3 years and the patient has remained free of symptoms. As mentioned earlier, his PSA value has returned to normal. Patient is leading a complete quality of life as any normal person.

Conclusion

Ayurved has strength and ability to treat advanced cancer conservatively. This case report is the ray of hope to millions of sufferers of cancer.

References

1. Prashanth Rawla. Review: Epidemiologist of Prostate Cancer. World Journal of Oncology. Volume 10, Number 2, April 2019: 63-89
2. K.Rajgopal Shenoy and Anitha Shenoy. Chapter 41 Prostate and Seminal vesicles in Manipal Manual of Surgery. CBS Publishers and distributors Pvt. Ltd, New Delhi. 4th Edition 2014:972-980
3. Jahn JL, Giovannucci EL, Stampfer MJ. The high prevalence of undiagnosed prostate cancer at autopsy: implications for epidemiology and treatment of prostate cancer in the Prostate-specific Antigen-era. Int J Cancer. 2015 Dec 15;137(12):2795-

802. doi: 10.1002/ijc.29408. Epub 2015 Jan 8. PMID: 25557753; PMCID: PMC4485977.
4. Jang JY, Kim YS. Is prostate biopsy essential to diagnose prostate cancer in the older patient with extremely high prostate-specific antigen? Korean J Urol. 2012 Feb;53(2):82-6. doi: 10.4111/kju.2012.53.2.82. Epub 2012 Feb 20. PMID: 22379585; PMCID: PMC3285713.
 5. Orchiectomy for Prostate Cancer. <https://www.healthlinkbc.ca/health-topics/orchiectomy-prostate-cancer#:~:text=Orchiectomy%20is%20the%20removal%20of,in%20order%20to%20continue%20growing.>
 6. Stage 4 Prostate cancer. <https://www.mayoclinic.org/diseases-conditions/stage-4-prostate-cancer/diagnosis-treatment/drc-20377972>
 7. Prostate cancer-Stages and grades. <https://www.cancer.net/cancer-types/prostate-cancer/stages-and-grades#:~:text=The%20Gleason%20scoring%20system%20is,cells%20receive%20a%20low%20score.>
 8. Gleason grading system. <https://medlineplus.gov/ency/patientinstructions/000920.htm#:~:text=Gleason%20Score&text=When%20looking%20at%20cells%20under,almost%20like%20normal%20prostate%20cells>
 9. Dr. Bramhanand Tripathi Commentator Charak Sanhita Vol.2. Hindi medium. Chaukhamba Surbharati Prakashan, Varanasi-221 001. 2015. Chikitsa sthan Chapter 12, verse 81:459-460
 10. Dr. Anantram Sharma. Commentator. Sushruta Sanhita. Vol.1 Hindi medium. Chaukhamba Surbharati Prakashan, Varanasi-221 001.2015. Nidan sthan. Chapter 11, verse 14:542
 11. Dr. Ganesh Krishna Garde. Commentator. Sarth Vagbhat. Marathi medium. Chaukhamba Surbharati Prakashan, Varanasi-221 001.2015.Uttarsthan. Chapter 29, verse 2:441
 12. Dr. Anantram Sharma. Commentator. Sushruta Sanhita. Vol.1 Hindi medium. Chaukhamba Surbharati Prakashan, Varanasi-221 001.2015. Nidan sthan. Chapter 11, verse 20
 13. Vaidya P.Y.Khadiwale. Yashaswi Ayurvediya Aushadhikaran: Shashtra-Vyavahara. Marathi medium. Khadiwale Sanshodhan Santha (Regd), Pune. Publisher Mrs. Sangita Vaidya. Pune-411 030. 2008:185-186.