Rasamruta
ISSN 0976-0075 Ayurveda e-Journal Rasamruta
World's First e - journal of Ayurveda
Scientific Revolution in Ayurveda!

Prognostic Significance after Use of *Rasayana* Therapy in a Colon Cancer Patient-A Case Report

Yogesh Bendale,Vineeta Bendale,Poonam Birari-Gawande,Avinash Kadam , Keta Ladsongikar and Pravin Gund

Rasayu Cancer Clinic,Pune

Rasamruta , 7:7, April, 2015

Abstract:

Despite modern diagnostic and treatment modalities in cancer management, mortality and morbidity is still high. Majority of the cancer diagnosed in primary stages are considered to be curable ,whereas cancer metastasis is considered to be the main cause of mortality. Preventing cancer spread and metastasis is still considered to be a great challenge for Medical Sciences. Various *In vivo* and *In vitro* studies conducted on herbs and various Ayurveda formulations have pointed towards beneficial role of Ayurveda in preventing metastasis and relapse in cancer

patients. We hereby present a case of colon cancer patient treated with *Rasayana* therapy for prevention of disease and metastasis. Patient is surviving disease free for four years with excellent Quality of Life.

Introduction:

Colorectal cancer (CRC) is a very heterogeneous disease and it develops through a gradual accumulation of genetic and epigenetic changes which causes the transformation of normal colonic mucosa into invasive cancer. CRC is one of the most prevalent and incident cancer worldwide, as well as one of the most deadly. Approximately 12, 35,108 people are diagnosed annually with CRC and 6, 09,051 die from CRC annually. The World Health Organization estimates an increase of 77% in the number of newly diagnosed cases of CRC and an increase of 80% in deaths from CRC by 2030[(1)].

Available evidence suggests that surgically resected cases of colorectal cancer (CRC) are known to have a 40%-60% recurrence rate in the first three years after surgery with the majority in the second year [(2)]. Several studies showed that in spite of advances in adjuvant and neo-adjuvant therapy it is still challenging issue to prevent local -regional recurrence in post surgery cases. Almost half of colorectal cancer node negative,and non-metastatic stage I and II patients will develop recurrent disease because of cancer cell dissemination due to lack of proper surgical techniques or resistant to chemotherapy regimens[(3)].Most studies suggested that in primary CRC patients after resection they are at special high risk to develop local-regional recurrence and peritoneal ,liver metastases instead of surgery done by most perfect manner with or without chemotherapy .Hence there is a need for some therapeutic approach which can help reduce risk of developing secondary's in cancer patients.

Here we report a case of colon cancer, Stage II B (T4a N0 M0) treated with *Rasayana* therapy post surgery and Adjuvant chemotherapy.

Case Presentation:

A 39 year old male patient presented to his primary doctor with complaints of weakness, altered bowel habits, loose motions-semi solid formed, decreased appetite and fatigue. His primary care advised him to do colonoscopy (21/11/10) which revealed mass in to hepatic flexure of colon so biopsy was taken which showed well differentiated adenocarcinoma of colon. An abdominal CT Scan (22/11/10) revealed an intraluminal lesion seen in same site of colon measuring by 4.4x3.6

cms. and no lesions was seen in his liver. Carcinoembryonic antigen(CEA) Level drawn was 1.3 ng/ml (24/11/10) . On 25/11/10 right hemicolectomy was done to remove tumour.Pathology report indicated well differentiated adenocarcinoma of ascending colon. Carcinoma was invading through the serosa and all resections margins were free lymph nodes were tested negative for carcinoma and no metastasis was noted. Oncologist advised four cycles of FOLFOX Chemotherapy regimen.

Post surgery,the patient reported to our clinic in Pune for *Rasayana* treatment.The main intention of this patient for starting *Rasayana* therapy was prevention of metastasis, prevention of relapse and better tolerability to Chemotherapy.

Based on Ayurvedic principles ,novel *Rasayana* therapy with adjuvant symptomatic therapy was initiated for this patient .The principle behind selection of *Rasayana* drugs was to restore and support functioning of gastro-intestinal system.

Rasayana therapy mainly includes Navjeevan *Rasayana* (Tamra Bhasma (Calx of Copper), Swarna Bhasma (Calx of Gold), Hirakbhasma (calcinoid diamond), with supportive Ayurvedic therapy includes Ayurvedic formulations like Prawal Panchamrut, Kamdudha,Lashunadiwati (All classical Ayurvedic preperation,),Powder form of Bilwa,(*Aegal Marmelos*),Powder form of Kutaj (*Holereana antidysentrica*),powder form of Aamalki (*Phallyanthus Embelica*) with Agni *Rasayana*, Sutendrarasayana and Pranwallabhrasayana.

After starting treatment his frequency of loose motions, weakness gradually reduced .Within four weeks of treatment patient’s appetite became normal and he retained his physical fitness. Thereafter he underwent chemotherapy. All the cycles of chemotherapy were well tolerated by the patient and he completed the prescribed schedule of chemotherapy.

By seeing good response of patient, long term treatment was planned with regular follow ups. After chemotherapy patient was exclusively on Ayurvedic *Rasayana* therapy . He visits our clinic for regular follow ups since four years and had not any complaints. Till last reported Patient is absolutely healthy and disease free since last four years.

Discussion:

In spite of advances in adjuvant and neoadjuvant colon cancer patients are at high risk to develop liver and peritoneal metastases .Chemotherapy associated adverse effects mainly lymphopenia has significant impact on the prognosis of CRC. [4,7]

Several preclinical studies have proved the beneficial effects of various *Rasayana* compounds for prevention of cancer and in preventing disease progression and metastasis of cancer [8 -10] However there is a Paucity of clinical studies to prove this in patients .Various studies have indicated towards effects like analgesic, adaptogenic, cardioprotective, gastroprotective, antianemia, wound healing, antidiarrheal, , hepatoprotective, nephroprotective, and neuroprotective properties. Few studies have also indicated towards reduction in systemic micro inflammation through *Rasayana* drugs [10] .

There is currently no single test that is adequately sensitive and specific to be used alone for the early detection of CRC recurrence and to facilitate colon cancer management .So we used novel *Rasayana* therapy to improve progression free period with improvement in health related quality of remaining life.This patient survived more than four years without any adverse effects with good quality of life suggest that efficacy of *Rasayana* therapy in colon cancer. This is a single case study; hence further randomised controlled clinical trials are warranted to develop new strategies in colon cancer management.

References:

1)Gemma Binefa et al. Colorectal cancer: From prevention to personalized Medicine. *World J Gastroenterol*2014 June 14; 20(22): 6786-6808. DOI: 10.3748/wjg.v20.i22.6786.

2)Aghili M[1], Izadi S, Madani H, MortazaviH.patients with early and late recurrence of colorectal cancer. *Asia Pac J ClinOncol. 2010 Mar;6(1):35-41. doi: 10.1111/j.1743-7563.2010.01275*

3)Patrick. E. Young et al.Early Detection of Colorectal Cancer Recurrence in Patients Undergoing Surgery with Curative Intent: Current Status and Challenges; *Journal of Cancer*. 2014; 5(4): 262-271. doi: 10.7150/jca.7988

4)Hong Chu-Yuan et al. The impact of chemotherapy-associated

neutrophil/ lymphocyte counts on prognosis ofadjuvant chemotherapy in colorectal cancer.*BMC Cancer* 2013, 13:177 .http://www.biomedcentral.com/1471-2407/13/177

5)Paul H. Sugarbaker. Colorectal Cancer: Prevention and Management of Metastatic Disease.*BioMed Research International*Vol.2014;(1-11) http://dx.doi.org/10.1155/2014/782890

6)Soumen Das et al.*SwarnaBhasma* in cancer: A prospective clinical study. *Ayu*. 2012 Jul-Sep; 33(3): 365–367.doi: 10.4103/0974-8520.108823

7)Purvi Vyas et al. Efficacy of *Rasayana Avaleha* as adjuvant to radiotherapy and chemotherapy in reducing adverse effects. Ayu. 2010 Oct-Dec; 31(4): 417–423.doi: 10.4103/0974-8520.82029

8) Shukla, Yogeshwer, and Madhulika Singh. "Cancer preventive properties of ginger: a brief review." *Food and chemical toxicology* 45.5 (2007): 683-690.
9) Baliga, ManjeshwarShrinath, and Jason Jerome Dsouza. "Amla (EmblicaofficinalisGaertn), a wonder berry in the treatment and prevention of cancer."*European Journal of Cancer Prevention* 20.3 (2011): 225-239.
10) Aggarwal, Bharat B., et al. "From traditional Ayurvedic medicine to modern medicine: identification of therapeutic targets for suppression of inflammation and cancer." (2006): 87-118.