



SUCCESSFUL AYURVEDIC MANAGEMENT OF NON-HODGKIN LYMPHOMA – A CASE STUDY

, Dr. Mahantesh hiremath¹. Dr. L. Mahadevan².

¹Final year PG Scholar, Dept. of PG studies in Kayachikitsa SSRAMC-Inchal, Belagavi Dist., and
Karnataka

²Chief Physician, Dr.Y. Mahadeva Iyer's Sri Sarada Ayurvedic Hospital, Derisanamcope, Kanyakumari
Dist., Tamilnadu,

ABSTRACT

Non-Hodgkin lymphoma is a group of malignant neoplasms originating from the lymphoid tissues, mainly the lymph nodes. These tumors may result due to chromosomal translocation, various toxins, infections, and chronic inflammation. In non-Hodgkin lymphoma, the affected lymphocytes start to multiply in an abnormal way and begin to collect in certain parts of the lymphatic system, such as the lymph nodes (Axilla). This Case aims to present a case of 45-year-old male diagnosed with Non-Hodgkin lymphoma (NHL) and by clinical presentation the case was considered Ayurvedically as Arbuda and treated accordingly. We observed significant clinical improvement and regression in tumor size in this patient after treatment.

Key words: Non-Hodgkin lymphoma, Axilla, tumor, Arbuda, Granthi, lymphadenopathy.

INTRODUCTION

Non-Hodgkin's lymphomas exhibit a higher prevalence among the elderly and are more commonly diagnosed in men. Individuals with primary or secondary immunodeficiency states have an increased predisposition to non-Hodgkin's lymphomas. The disease manifests in abnormal lymph nodes regarding size, number, or consistency. Ayurvedic classics lack explicit references to Non-Hodgkin lymphoma, lymphadenopathy, or similar terms. However, correlations with conditions like Arbuda, Granthi, Apachi, Gandamala, etc., may be explored. Identifying lymphadenopathy-like disorders in Ayurveda, considering Cytomorphology, is crucial. Non-Hodgkin Lymphomas predominantly affect young adults, with the majority arising in lymph nodes (65%) and the remainder (35%) originating in extranodal tissue. Incidence increases with age, with an overall annual rise of approximately 3%. In the United States, Non-Hodgkin Lymphoma ranks as one of the most common cancers, constituting around 4% of all cancer cases¹. Non-Hodgkin lymphomas (NHL) are heterogenous lymphoproliferative disorders originating in the lymphatic system, which globally account for a 17% increase in the disease incidence over the last decade².

MATERIALS AND METHODS

A study focused on a case of Lymphadenopathy, provisionally diagnosed as Non-Hodgkin Lymphoma by Dr. L. Mahadevan at Sri Sarada Ayurvedic Hospital, Derisanamcope. The investigation followed strict protocols, with a particular focus on thorough history-taking, general and systemic examination, as well as PET Scan & CT Scan analyses. Parameters were meticulously recorded using a specially designed proforma for the study.

Case presentation

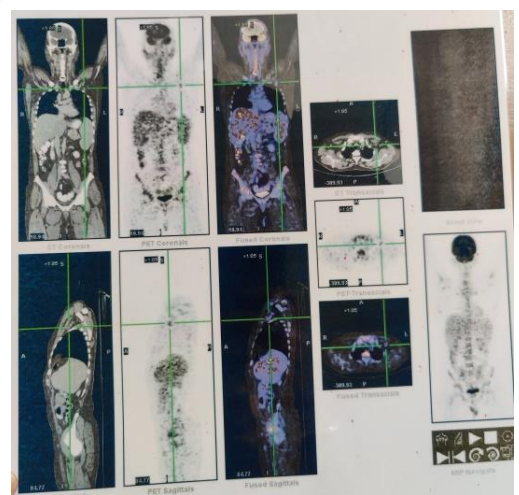
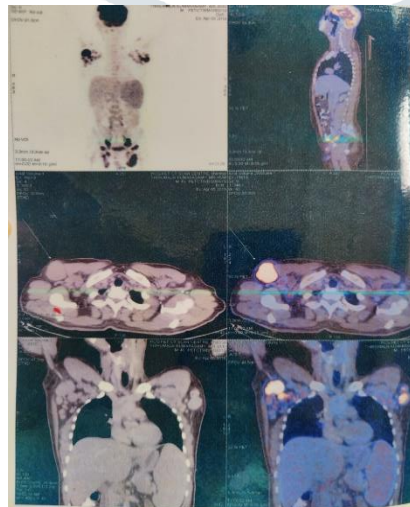
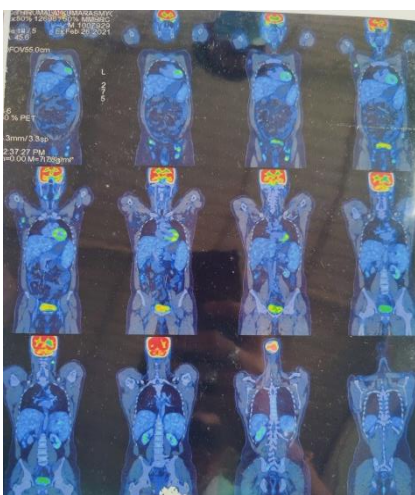
A 46-year-old male patient (OPD NO -208313) presented at Dr. Y. Mahadeva Iyer's Sri Sarada Ayurvedic Hospital, Derisanamcope, with complaints of weight loss, painless enlargement of multiple pea-sized lymph nodes throughout the body, accompanied by cough, expectoration, and increased perspiration. The patient had a history of previous chemotherapy but no reported cases of diabetes, hypertension, fever, decreased appetite, or other co-morbidities. General examination revealed a thin-built individual weighing 69 kg, with a blood pressure of 130/80 mm Hg, pulse rate of 84/min, and respiratory rate of 18/min. There were no signs of pallor, icterus, clubbing, cyanosis, edema, or dehydration. Jugular venous pressure (JVP) was within normal limits. Systemic examinations, including respiratory, cardiovascular, CNS, GI system, urogenital, and musculoskeletal system, did not reveal any abnormalities. Lymph node examination identified multiple swellings in the left axillary, bilateral supraclavicular, cervical, and inguinal lymph nodes.

Investigation

PET-CT Scan

Lymph nodes and lymphatic system:-

Elevated FDG uptake is noted in the following lymph nodes: (size of largest node mentioned) :a) Right inguinal , measuring 12 x 32 mm,b) Left inguinal , measuring 23 x 31 mm,c) Right external and internal iliac, measuring 7 mm,d) Left external and internal iliac , measuring 9 x 12 mm,e) Bilateral common iliac , measuring 7,5 x 11.5 mm, f) Many retroperitoneal , measuring 7 x 13 mm,g) Porto-caval measuring 7 x 13.5 mm, h) Supra diaphragmatic , measuring 4 x 12 mm,i) Pre-vascular, mediastinal para-aortic and bilateral para-tracheal, largest measuring 8.5 mm.j) Bilateral axillary , largest node measuring 21.5 x 23.5 mm,k) Right cervical level VI , measuring 8 mm,l) Left cervical level III/IV and V supraclavicular , measuring 6 x 13.5 mm ,m) Right cervical level V supraclavicular measuring 6.5 x 11,5 mm, n) Left cervical level II , measuring 13 x 14.5 mm,Deauville score 5/5



Management

Kashaya - 1) Pathya kusthumbaradi kasayam 2) Vasa guduciyadi kasayam

Dose-60ml BD Half an hour before food

Guggulu - 1) Sudarsana tablet 2) Gorocanadi gulika, Dose- 2 tab BD after food

Lehya - 1) vilvadi lehyam ,Dose- 5 gm BD after food

Ghrta Kalpana - 1) Kalyanaka ghrtam 2) Indukantam ghrtam

Dose-5 ml BD with milk after food

Paniyam -1) Punarnavadi Paniyam, Dose- 300ml Day muhur muhur prayogam

Laja phantam-60ml BD half an hour before food

Intervention

Before Treatment	After Treatment
a) Right inguinal , measuring 12 x 32 mm	a) Right inguinal , measuring 5 x 13 mm
b) Left inguinal , measuring 23 x 31 mm	b) Left inguinal , measuring 14 x 12 mm
c) Right external and internal iliac, measuring 7 mm	c) Right external and internal iliac, measuring 3 mm
d) Left external and internal iliac , measuring 9 x 12 mm	d) Left external and internal iliac , measuring 5 x 8 mm
e) Bilateral common iliac , measuring 7,5 x 11.5 mm	e) Bilateral common iliac , measuring 3,2 x 6.3 mm
f) Many retroperitoneal , measuring 7 x 13 mm	f) Many retroperitoneal , measuring 4 x 6 mm
g) Porto-caval measuring 7 x 13.5 mm	g) Porto-caval measuring 4 x 8.2 mm
h) Supra diaphragmatic , measuring 4 x 12 mm	h) Supra diaphragmatic , measuring 2 x 7 mm
i) Pre-vascular, mediastinal para-aortic and bilateral para-tracheal, largest measuring 8.5 mm	i) Pre-vascular, mediastinal para-aortic and bilateral para-tracheal, largest measuring 5.2 mm
j) Bilateral axillary , largest node measuring 21.5 x 23.5 mm	j) Bilateral axillary , largest node measuring 11.5 x 12.4 mm
k) Right cervical level VI , measuring 8 mm	k) Right cervical level VI , measuring 3 mm
l) Left cervical level III/IV and V supraclavicular , measuring 6 x 13.5 mm	l) Left cervical level III/IV and V supraclavicular , measuring 2 x 8.2mm
m) Right cervical level V supraclavicular measuring 6.5 x 11,5 mm	m) Right cervical level V supraclavicular measuring 2.5 x 5,5 mm
n) Left cervical level II , measuring 13 x 14.5 mm	n) Left cervical level II , measuring 4 x 6.5 mm
Deauville score 5/5	Deauville score 5/2

Discussion

³Hodgkin Lymphoma is a highly curative lymphoid malignancy but some patients relapse or experience adverse event from treatment.⁴ Therefore it is needed to develop new treatment approach for such patients who would not be tolerating chemotherapy. NLPHL is B-cell malignancy likely of germinal center origin that have overall good prognosis. In Ayurvedic classics, it has been mentioned that sharir avayava is innumerable (aparisanakhya) as like that of parmanu⁵. The logic behind this is that similar diseases are mentioned in mamsapradoshaja vikara. In Ayurveda⁶ mamsa utpatti has been described as the action of vayu, ambu, teja alongwith raktausmata, and rakta attains sthirata and is called as mamsa dhatu. Again while describing the panchamahabhuta ansha of sharir, mamsa has been considered as parthiva ansha⁷. When the findings were plotted in the proforma prepared for the study, the highest ratio was observed in Granthi, owing to its classical characteristics mentioned as vritta (round), unnata (protruded), bigrathita/ granthi grathana (knotty), sophaswayathu (swelling), mahan (large), na arti (painless) snigdha (unctuous), chala (movable)^{8,9,10}.

Pathya kusthumbaradi kasayam- is an excellent anti-inflammatory, helps in Kapha and Pitta balancing and also in Vata anulomana. Nimba, Bhunimba and Guduchi decrease aggravated Pitta.

Vasa guduciyadi kasayam-Substances used to reduce the symptoms of fever, pain and swelling in an inflammatory response. Agents, which help to reduce oxidative stress, by scavenging free radicals, Drugs that improve liver function and protect it from infections. Helps to reduce swelling after an injury.

Sudarsana tablet-Tikta rasa, Amapachana, Kledahara, antipyretic, analgesic.

Gorocanadigulika-Srotoshodana, pittakaphahara, antiinflammatory, antiperiodic, tranquillizing, antispasmodic, carminative.

Vilvadilehyam-

Deepana, Pachana, anaha, shothahara, amahara, rochana, Krimihara, antifatulent, antimicrobial, antispasmodic, antibacterial, antihemorrhagic.

Kalyanaka ghrtam-Deepana, Pachana, vrishya, rasayana, Medhya.

Indukantam ghrtam-antiulcerogenic, anti-inflammatory, hepatoprotective, immunomodulator.

PunarnavadiPaniyam-Sothahara, Diuretic, antigout, antioxidant, depurative, hematogenic, haematinic, cardioprotective, anthelmintic,

Overall, the combination of these Ayurvedic formulations and medicines addressed the specific imbalances and pathological processes present in the patient's condition. They improved digestion, removed obstructions, reduced abnormal growths, and enhanced the strength of the Dhatus, ultimately contributing to the patient's well-being and improvement in symptoms.

References

1. Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman, Davidson's Principle and practice of Medicine, 22nd Edition, Churchill Livingstone Elsevier, International edition ISBN- 13, 978- 0- 7020-5047- 3, reprinted 2014, Haematological malignancies, Pg No.- 1043.
2. Global Burden of Disease Cancer Collaborators, Akinyemiju TF, et al. Global, regional, and national cancer incidence, mortality, years of life lost, years lived with disability, and disability-adjusted life-years for 29 cancer groups, 1990 to 2016: a systematic analysis for the global burden of disease study. JAMA Oncol. 2018;4:1553–1568.
3. Naamit K. Gerber ET al. Characteristics and Outcomes of Patients with Nodular Lymphocyte-Predominant Hodgkin Lymphoma Versus Those with Classical Hodgkin Lymphoma: A Population-Based Analysis. Int J Radiation Oncol Biol Phys. 2015; 92(1): 76-83.
4. Hirokazu Nagai. Recent advances in Hodgkin lymphoma: interim PET and molecular targeted therapy. Japanese Journal of Clinical Oncology. 2015; 45(2): 137–145.
5. Pt. Kasinatha Sastri Vol- I Edition reprint 2007 of Charaka Samhita of Agnivesa revised by Charaka & Drdhabala, Pg. No. 812, and Sarirasankhyasarira.
6. Pt. Kasinath Sastri, Vol- II Edition reprint 2007 of Charaka Samhita of Agnivesa, revised by Charaka & Drdhabala, Pg. No. - 458, Grahanidosachikitsa.
7. Pt. Kasinath Sastri, Vol- I Edition reprint 2007 of Charaka Samhita of

8. Kaviraja Ambikadutta Shastri of Susruta Samhita of Maharsi Susruta, Publisher Chaukhambha Sanskrit Sansthan, Part- I, Edition- Reprint, 2010, Pg. No.- 350, Granthiapachiarbudagalagandanam.

9. Pt. Kasinatha Sastri, Vol- II Editionreprint 2007 of Charaka Samhita of Agnivesa, Revised by charaka & Drdhabala Publishers- Chaukhambha Sanskrit Sansthan, Pg. No.- 372 Swayathuchikitsitam.

10. Brahmananda Tripathi of Astanga Hridayam of Srimadvagbhata, Publisher Chaukhambha Sanskrit Prathisthan, Pg. No.- 1099, Granthiarbudashlipadapachi Vigyanayam.

