



ISSN 0976-0075 Ayurveda e-Journal Rasamruta

World's First e - journal of Ayurveda

Scientific Revolution in Ayurveda!

**Effective Palliative Care for Recurrent Advanced Metastatic Pancreatic Cancer
with Ayurvedic Rasayana Therapy-A Case Report**

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

Rasayu Cancer Clinic, Pune

Abstract

Here, we report a case of advanced pancreatic cancer which is known to be having grave prognosis. In spite of advances in Chemotherapy and Immunotherapy medical science has achieved limited success in increasing pancreatic cancer survival rate. In advanced stage expected pancreatic cancer patients median survival rate is seen to be around 3 to 6 months. Moreover this disease is associated with various debilitating symptoms. So it is needed to consider alternative therapeutic approach for palliative care with aim to improve quality of life and to increase survival period in such patients. Here we are reporting a case of advanced stage pancreatic cancer patient who was successfully treated with Rasayana therapy for palliative care. Our therapeutic approach aimed towards providing symptom relief, relieve pain, improve quality of life and to the increase patients survival.

Key Words:-Advanced pancreatic cancer, Ayurveda ,Rasayana therapy, Malignant Ascites

Introduction:

Pancreatic cancer is a very aggressive type of cancer. It is a heterogeneous and genetically diverse disease.⁽¹⁾ Pancreatic cancer is fourth leading cause of cancer mortality. The median survival expected period in advanced stage pancreatic cancer is around 3 – 6 months.⁽²⁾ Overall survival remains poor either in metastatic disease or in patients with early-stage disease. After curative surgery survival rate exceeds 6 months in metastatic disease and 10 months in locally advanced disease. Mortality rate remains high because of reasons like late diagnosis, lack of effective treatment options and lack of early detectable diagnostic tools.⁽³⁾

This case report indicates the potency of Rasayana therapy even in recurrent metastatic pancreatic cancer. Rasayana therapy helps to accelerate progress in treating this type of patients, which in turn, may be expected to improve the quality of life and survival for those suffering from this devastating disease.

In Ayurvedic classics, there are several Herbomineral Rasayana compounds mentioned for cancer treatment. Many experimental studies also showed the beneficial effects of Ayurvedic Rasayana therapy in treating dreadful disease like cancer.^(4, 5)

In this case we used Navjeevan Rasayana –a herbo-mineral compound (Suvarna Bhasma, Tamra Bhasma, Abhrak Bhasma,) to restore and maintained function of pancreatic-biliary system. And also we used medicine powder of classical Ayurvedic formulations like Arogyawardhini, Prawalpanchamrut, Chandraprabhawati , Kamdudha Rasa, Kanaksundar Rasa, Shankhwati, Shatchurana, Ashwagandha and Hirak Rasayana, Kamyas Rasayana, Sameer Rasayana, Agni Rasayana, Yahad Rasayana, and Sukhsariniwati for symptomatic relief.

Case Presentation

A 67 yrs old diabetic female patient was presented with jaundice, diarrhea, fever and clay colored stools. With these complaints she reported to general surgeon on 25-03-

2011 where she underwent diagnosis for exact cause of obstructive jaundice. She underwent ERCP and EUS which revealed 2 x2 cms mass in the head of Pancreas. Following this the patient underwent whipples surgery .HPE Report was suggestive of poorly differentiated Adeno carcinoma of Pancreas with T3N1 staging. Again in May 2013 she was having above complaints. So repeat CT scan of abdomen was done which showed heterogeneously enhancing mass lesion measuring 3.6X3.7 cms in the region of bed of pancreas, with lymph nodes consistent with recurrent tumors in surgical bed. New Metastatic lesion in liver and visualized left lower lung and CA 19-9 level was 2124 U/ml. Patient was told by the treating Oncologist that maximum life span of the patient will be about 3 months and her condition will start deteriorating day by day.

Considering the limited options for palliative care patient, it was decided to opt Ayurveda therapy for palliative care. On 29/5/13 she reported to our clinic with complaining of loss of appetite, anorexia, nausea, pain in abdomen, and general weakness. On examination bilateral pedal oedema was present. Immediately we started above mentioned therapy for fifteen days. After fifteen days patient came for follow up with mild relief from symptoms. By seeing this response we continued treatment. The patient was absolutely stable for 5 months after starting Rasayana therapy and was not having any physical complain other than mild anorexia. In October 2013 she had developed moderate ascites and for that in December 2013 she underwent abdominal tapping against our advised and went into shock during procedure itself .Patient never recovered from this event and died.

Discussion:

Pancreatic cancer is most dreadful disease among all cancers. Survival rates for pancreatic cancer are extremely poor. Only 10% cases are resectable at presentation .More than 90% cases are dying because of local recurrence or development of

secondaries. The high rate of recurrence is mostly due to occult primary metastases or microscopically incomplete resection and frequent neural invasion of tumor.⁽⁷⁾

Pancreatic cancer is usually first detected at advanced stage so it is a major upcoming challenge to find out tools for early detection and development of more effective therapies for all stages of pancreatic cancer. New advances in this cancer are limited and treatment of the disease remains a major challenge.

Many experimental studies showed Ayurvedic Rasayana therapy is beneficial in treating cancers. Rasayana compounds possess antitumor, immunomodulatory, noncytotoxic, antiangiogenic, antioxidant properties. It induces apoptosis. Many *in-vitro* and *in-vivo* studies showed its efficacy in treating various types of cancers like colon cancer, hepatic cell carcinoma, leukemia etc.^(5, 6)

Suvarnabhasma (calcinoid gold) is main ingredient of Navjeevan Rasayana which has been used in Ayurveda since several years for rejuvenation and revitalization and also many experimental studies showed its efficacy in various disorders and cancer. It possesses enormous potential to improve the efficacy of cancer treatment.⁽⁸⁾

In the present case patient came to us in very advanced recurrent metastatic disease. In this case we observed that Ayurvedic Rasayana therapy is good palliative treatment in advanced stage of cancer. After starting Rasayana therapy patient had shown improvement in appetite, food intake, sleep, and feeling of well-being which could elicit the action of Herbo-Mineral compounds on digestive system. Her abdomen pain also decreased significantly. Significant reduction of ascetic fluid was seen with purgation therapy without any adverse effects. Significant improvements in four domains of quality of life was shown. Patient underwent for ascetic tapping against our advise and went into shock from which she never recovered.

Effective palliation of malignant ascites remains a difficult to manage problem in conventional science. We believe that adverse effects of paracentesis –circulatory dysfunction should be considered in metastatic patients before deciding to opt for paracentesis. To avoid various complications associated with paracentesis, scientists are looking for new treating approaches like peritoneovenous shunting, cell-free and concentrated ascites reinfusion therapy, permanent implanted abdominal drain. It is

seen that even in these cases survival and quality of life of patients is not significantly different comparative to those patients treated with abdominal paracentesis^(8,9,10,11) Our observations in this case suggests the Ayurvedic Rasayana therapy along with therapeutic purgation therapy (Virechana) should be considered as good palliative therapy option for patients with malignant ascites. Well controlled clinical studies are however needed to generate a high level of evidence and make any clinical recommendation.

Conclusion:

Rasayana therapy seems to provide excellent palliative care for patients with advanced stage pancreatic cancer .Considering the limitations of available conventional palliative care therapies it will be worth to use Rasayana therapy with therapeutic purgation (virechana) for providing symptom relief and improve quality of life in advanced stage cancer patients. Well controlled experimental and clinical studies are however essential to explore the potential role of Ayurveda Rasayana therapy in Palliative care.

References:

- 1)GauravGoel and WeijingSun.Novel approaches in the management of pancreatic ductal adenocarcinoma: potential promises for the future. Journal of Hematology& Oncology (2015) 8:44:1-16.
- 2) Huanhuan Sun¹, Haiqing Ma¹, Guobin Hong², Hongliu Sun³ & Jin Wang⁴. Survival improvement in patients with pancreatic cancer by decade: A period analysis of the SEER database, 1981–2010. Scientific Reports.2014 Oct; 4 (6747):1-10DOI: 10.1038/srep06747
- 3)AyhamDeeb, Sulsal-UIHaque, OlugbengaOlowokure. Pulmonary metastases in pancreatic cancer, is there a survival influence? J GastrointestOncol2015;6(3):E48-E51

- 4) Azimi H¹, Khakshur AA, Abdollahi M, Rahimi R. Potential New Pharmacological Agents Derived From Medicinal Plants for the Treatment of Pancreatic Cancer. *Pancreas*. 2015 Jan;44(1):11-15.
- 5) Sharma T, Rawal G. Role of ayurveda in tumorigenesis: A brief review. *Int J Green Pharm* 2012;6:93-101.
- 6) Li L¹, Leung PS². Use of herbal medicines and natural products: an alternative approach to overcoming the apoptotic resistance of pancreatic cancer. *Int J Biochem Cell Biol*. 2014 Aug;53:224-36. doi: 10.1016/j.biocel.2014.05.021. Epub 2014 May 27.
- 7) Manuel Hidalgo et al. Addressing the challenges of pancreatic cancer: Future directions for improving outcomes. *Pancreatology* 15 (2015) 8-18.
- 8) Chitta Ranjan Patra, Resham Bhattacharya, Priyabrata Mukherjee. Fabrication of Gold Nanoparticles for targeted therapy in pancreatic cancer. *Advanced Drug Delivery reviews*. 2010 Mar 8;62(3):346-361
- 9) Gough IR¹, Balderson GA. Malignant ascites. A comparison of peritoneovenous shunting and nonoperative management. *Cancer*. 1993 Apr 1;71(7):2377-82.
- 10) DeWitt J¹, Yu M, Al-Haddad MA, Sherman S, McHenry L, Leblanc JK. Survival in patients with pancreatic cancer after the diagnosis of malignant ascites or liver metastases by EUS-FNA. *Gastrointest Endosc*. 2010 Feb;71(2):260-5. doi: 10.1016/j.gie.2009.08.025. Epub 2009 Nov 17.
- 11) Belfort MA¹, Stevens PJ, DeHaek K, Soeters R, Krige JE. A new approach to the management of malignant ascites; a permanently implanted abdominal drain. *Eur J Surg Oncol*. 1990 Feb;16(1):47-53.
- 12) Maeda O et al. Safety of repeated cell-free and concentrated ascites reinfusion therapy for malignant ascites from gastrointestinal cancer. *Mol Clin Oncol*. 2014 Nov;2(6):1103-1106. Epub 2014 Jul 4.

