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Short Review

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## AYURVEDA –A BREAKTHROUGH IN THE MANAGEMENT OF CANCER

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### INTRODUCTION:

Cancer is an exception to the coordinated interaction among cells and organs. In general, the cells of a multicellular organism are programmed for collaboration. Many diseases occur because the specialized cells fail to perform their assigned task. Cancer takes this malfunction one step further. Not only is there a failure of the cancer cell to maintain its specialized function, but it also strikes out on its own; the cancer cell competes to survive using natural mutability and natural selection to seek advantage over normal cells in recapitulation of evolution. One consequence of the traitorous behavior of cancer cells is that the patient feels betrayed by his or her body. The cancer patient feels that he or she, and not just a body part, is diseased.

Carcinogenesis is not simply an event but a process, a continuum of discrete cellular changes over time resulting in more autonomous cellular processes. Prevention concerns the identification and manipulation of the genetic, biologic and environmental factors in the causal pathway of cancer.

Cancer is the second leading cause of death behind heart disease. Once the diagnosis of cancer is made, the management of the patient is best undertaken as a multidisciplinary collaboration among the primary care physician, medical-oncologist, surgical oncologist, radiation oncologist, oncology nurse specialist, pharmacist, social workers, rehabilitation medicine specialist, and a number of other consulting professionals working closely with each other and with the patient and family. Because

cancer therapies are toxic, patient management involves addressing complications of the disease and its treatment as well as the complex psychosocial problems associated with cancer. In the short term during a course of curative therapy, the patient's functional status may decline. Treatment-induced toxicity is less acceptable if the goal of therapy is palliation.

Further economically, cancer diagnosis, care and treatment are a great burden to the family and inturn to the society. The hospital stay and the surgical and adjuvant therapy cost is very high to bear by the common people which is also a cause for incomplete treatment procedure. Thus role of complimentary therapy holds the role in cancer treatment to prevent the progression of disease and also to prevent the complication of adjuvant therapy. Various herbal immune boosters are well known in Ayurveda which also have anti cancerous activity. It is the need of the hour to understand such drugs and their utility be studied in various types of cancer.

In the following paragraphs common type of cancer have been discussed along with probable Ayurveda herbs which may be useful in such condition.

### BLADDER CANCER

Bladder cancer is the fourth most common cancer in men and the thirteenth in women.

### EPIDEMIOLOGY

1. Cigarette smoking is believed to contribute to up to 50% of the diagnosis urothelial cancers in men and up to 40% in women.
2. The aniline dyes, the drugs phenacetin and chlornaphazine, and external beam radiation.
3. Chronic cyclophosphamide exposure may also increase risk, whereas vitamin A supplements appear to be protective.
4. Exposure to Schistosomahaematobium, a parasite found in many developing countries, is associated with an increase in both squamous and transitional cell carcinomas of the bladder.

#### CLINICAL PRESENTATION

1. Hematuria occurs in 80-90% of patients and often reflects exophytic tumors.
2. After hematuria, irritative symptoms are the next most common presentation, which may reflect in situ disease.
3. Obstruction of the ureters may cause flank pain
4. Symptoms of metastatic disease are rarely the first presenting sign.

#### DIAGNOSIS AND STAGING

1. Once hematuria is documented, a urinary cytology, visualization of the urothelial tract by CT or intravenous pyelogram, and cystoscopy are recommended if no other etiology is found.
2. The endoscopic evaluation includes an examination under anesthesia to determine whether a palpable mass is present.
3. An intraoperative video is often recorded.
4. Ultrasonography, CT, and/or MRI may help to determine whether a tumor extends to perivesical fat (T3) and to document nodal spread.
5. Distant metastases are assessed by CT of the chest and abdomen.
6. Selective catheterization and visualization of the upper tracts should be performed if the cytology is positive and no disease is visible in the bladder.
7. Screening asymptomatic individuals for hematuria increases the diagnosis of tumors at an early stage but has not been shown to prolong life.

In Ayurveda, Uttar basti may be administered with help of various oils or decoction.

Associated therapy with Lepa and following Internal Medicine can be used:

- a. Snuhi, (*Euphorbia neriifolia*), Milk Hedge
- b. Apamarga, (*Achyranthesaspera*), Pricky-Chaff flower
- c. Varuna, (*Crataevanurvala*)

- d. Punarnava, (*Boerhaaviadiffusa*), Hogweed
- e. Gokshur, (*Tribulusterrestris*), Small caltrops

#### REFERENCE:

1. Bhavprakash
2. Dhanvantari Nighantu
3. The Guide to Living with Bladder Cancer by Mark P. Schoenberg, Johns Hopkins Genitourinary Oncology

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