



Case Study

EFFECT OF A SELECTED AYURVEDA TREATMENT PROTOCOL IN SECONDARY
LYMPHEDEMA

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Article info

Article History:

Received: 30-06-2026

Accepted: 15-07-2026

Published: 15-08-2026

KEYWORDS:

Lymphedema,
Sopha, Dashamoola.

ABSTRACT

Lymphedema is a clinical condition characterised by swelling due to the accumulation of protein rich fluid within the tissues. One of the major causes of lymphedema is a defective lymphatic system which can be primary or secondary. Hereditary or genetic factors contribute to primary lymphedema whereas infections or injury to lymphatic system is the main cause of secondary lymphedema. Breast cancer treatments like mastectomy and radiation can damage the lymph nodes nearby leading to lymphedemas breast cancer related lymphedema is detected in 7-77% of patients who undergo axillary lymph node dissection (ALND). Considering the clinical presentation, it is commonly correlated to *Sopha roga*. The present case report is about successful management of secondary lymphedema in a 33-year-old female followed by mastectomy. In this case *Samprapthi* and *Chikitsa* of *Sopha roga* was adopted. *Dashamoola* and *Punarnava* were the chief drugs used internally and externally to manage the condition. The anti-inflammatory, antifibrotic and diuretic action of these drugs contributing to correct the pathology has been discussed in detail. Even though lymphatic obstruction persists, overall reduction of tissue fluid by these medicines can reduce the symptoms to a great extent. This work is an effort to understand the action of selected medicines and discuss how they can be effectively used in similar conditions.

INTRODUCTION

Lymphedema refers to accumulation of protein rich fluid in the tissues as a result of defective lymphatic drainage^[1]. The common sites of swelling are arms and legs but it can also be found in the chest, genitals, abdomen and neck. Any pathology which can cause blockage of lymphatic channels can lead to lymphedema. It can be primary or secondary. Lymphedema which occurs from hereditary or genetic abnormalities that cause malformation of the lymphatic system is known as primary lymphedema. Secondary lymphedema occurs followed by any damage or injury to the lymphatic system^[2]. Most commonly secondary lymphedema occurs as a complication of cancer treatment.

Breast cancer treatments like mastectomy and radiation can damage the lymph nodes nearby leading to lymphedemas Breast Cancer Related Lymphedema is detected in 7-77% of patients who undergo axillary lymph node dissection (ALND)^[3]. Common symptoms include changes in skin texture, tightness of skin leading to reduced range of movement, tingling sensation etc. Any kind of localised or generalised swelling is categorised as *Sopha roga* which is one of the important disease entities in Ayurveda. On the basis of affected part of the body, it is classified into *Sopha* affecting *Sarvanga* (whole body), *Ardhagatra* (one half of the body) and *Avayava* (any one part of the body). *Raktha* and *Pitha* enter the *Sira* obstructing the normal flow of *Vata* causing *Margarodha*. *Marga* here refers to the channels of circulation which is getting obstructed by the *Mala bhava* of *Pitha* and *Raktha* which can be considered as the protein rich fluid. If this cascade of events take place in *Uras* (chest region of the body) then edema occurs in *Urdhwa sareera* (upper part of the body)^[4].

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Quick Response Code



<https://doi.org/10.47070/ijapr.v14i8.4328>

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Case Report

Age – 33, Sex – Female, Address – Rajkot, Gujarat, religion – Hindu, Occupation – Homemaker

Presenting Complaints

- Pain and swelling over the right hand since 1 year.
- Generalised weakness since 1 year.

H/O Presenting Complaints

33 year old female patient with a normal built and no significant past illness was leading a normal life since one year before. She was diagnosed with breast cancer before 1 year which was treated conventionally. Followed by mastectomy she noticed mild swelling over her right hand. She experienced mild pain also but no tingling sensation. The swelling was progressive with restriction of arm movements. She noticed swelling more towards the morning time while getting up from bed. As there was no cure even after a couple of months of medication and it started affecting her day-to-day activities, she came here for management.

H/O past illness

Breast CA – 1 year (managed surgically)

Surgical history

H/O Mastectomy

Medical history

Tamoxifen citrate 20mg 1-0-1 (since 1 year)

Family history

Nothing relevant, no similar cases reported in the family

Personal history

Bowel– regular, normal consistency, appetite–adequate, urine– regular, sleep– sound, allergy– not yet detected, addiction – nil

Menstrual history

Absent since mastectomy

Psychosocial history– Nothing relevant, in good terms with family.

General examination

Conscious, alert, oriented, pallor -absent, icterus–absent, cyanosis– absent, clubbing– absent, edema – present over the right hand, pitting, diffused swelling, lymphadenopathy– multiple palpable lymph nodes present over the axilla

Systemic Examination

Swelling– Present over the right arm, no ulceration scar or redness.

Pitting edema

Grade 1 tenderness (rt arm)

Measurement

Wrist- 18.5cm, forearm- 27.5cm, upper arm- 26.5cm, axilla- 31.5 cm

Treatment

S.No	Date	Internal	External	Remarks
1	10/2/2026	Dashamool kwath + Punarnavadi kwath – 90ml bd B/F Chandraprabha Gulika – 2-0-2	Sthanik abhyanga with Kottamchukkadi taila + swedan	Pain reduced
2	3/3/2026	Dashamool kwath + Punarnavadi kwath – 90ml bd B/F Chandraprabha Gulika – 2-0-2	Parisheka with Dashamool kwath	Swelling reduced
3	14/3/26	Dashamool kwath + Punarnavadi kwath – 90ml bd B/F	Parisheka with Dashamool kwath	Pain and swelling reduced significantly. Able to move hand more freely.
4	27/5/26	Patient came for review		Mild pain present, swelling subsided.

RESULT

Site	Circumference (before) (in cm)	Circumference (After) (in cm)
Wrist	18.5	16.5
Forearm	27.5	25.5
Upper arm	26.5	26
Axilla	31.5	30

DISCUSSION

All varieties of *Sopha* shows the influence of all the three *Doshas* with *Vata* playing the vital role. Line of treatment is thus aimed at removing the obstruction caused by *Raktha* and *Pitha* which refers to draining out the excess fluid and then normalizing the *Gati* of *Vata*. Here in this case, *Dashamoola*^[5] and *Punarnavashtaka kwath*^[6] are selected as the chief drugs.

After a mastectomy with breast cancer surgery involving axillary lymph node dissection, the primary problem is mechanical disruption of lymphatic drainage. Since lymphatic vessels and lymph nodes has been removed, protein rich lymph cannot drain effectively leading to chronic swelling, inflammation, adipose tissue deposition and eventually fibrosis. *Dashamoola kwatha* and *Punarnavashtaka kwatha* helps by modifying the tissue response to stasis rather than restoring lymphatic anatomy. According to the classical textbooks of ayurveda *Dashamoola* possess *Shodhahara*, *Vedanasthapana*, *Kaphavata shamana* properties^[7]. The anti-inflammatory property of *Dashamoola* has been proved through clinical as well as pre-clinical studies. Chronic lymph stasis causes persistent inflammation with cytokines such as IL6 and TNF alpha. *Dashamoola* can reduce this inflammatory response thereby reducing tissue edema^[8]. *Vedanasthapana* property of *Dashamoola* helps to reduce pain heaviness and discomfort. Movements of limbs are often restricted due to stiffness and tightness which can be relieved by *Vedanasthapana* action of *Dashamoola*. *Vata kapha shamana* property of *Dashamoola* can be used to clear the lymphatic obstruction which is a type of *Margavarana* of *Vata* and *kapha*, the accumulated fluid, thus reversing the pathology. Chronic lymphedema progresses to fibrosis. From recent experimental studies the anti-fibrotic action of *Dashamoola* has been proved^[9]. Constitution of *Dashamoola* can inhibit inflammatory mediators and oxidative stress which slow down the fibrotic changes.

Punarnavashtaka kwatha acts more directly on fluid accumulation. *Punarnava* is known for its diuretic action. It increases excretion of water and sodium thus reducing extracellular fluid overload. Even though lymphatic obstruction persists decreasing overall tissue fluid may reduce lymph volume to some extent. Along with *Dashamoola*, *Punarnava* helps reducing edema through its anti-inflammatory effect. Recent studies also suggests that *Punarnava* is effective in improving microcirculation. Better capillary and venous

circulation reduce extravasation of fluid into tissue thereby reducing edema formation.

Kapha medohara action of *Punarnava* helps to arrest the adipose tissue deposition in chronic lymphedema. Thus, *Punarnava* helps reducing secondary tissue changes. Together *Dashamoola* and *punarnavashtaka* reduces inflammatory edema, improves venous and microvascular circulation and promote removal of excess interstitial fluid. Thus, the symptoms such as heaviness tightness and mobility improve.

CONCLUSION

In the present case report, with classical management protocol of *Sopha*, secondary lymphedema was effectively managed. Thus, by carefully assessing the *Samprapthi ghatakas* and selecting appropriate formulations internally and externally these types of clinical conditions can be managed effectively.

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Cite this article as:

Shreekant Mundada, Aswathy Dev S. Effect of a Selected Ayurveda Treatment Protocol in Secondary Lymphedema. International Journal of Ayurveda and Pharma Research. 2026;14(8):136-139.

<https://doi.org/10.47070/ijapr.v14i8.4328>

Source of support: Nil, Conflict of interest: None Declared

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