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Case Study

PALLIATIVE CARE MANAGEMENT OF CARCINOMA OF THE TONGUE *(JIHVA ARBUDA)* WITH *NIMBADI GHRITA*

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ABSTRACT

Carcinoma of the oral tongue is a common and aggressive oral malignancy in India. It is because of widespread tobacco chewing, smoking, areca nut and alcohol use. The oral tongue is the commonest subsite. Its rich lymphatic drainage and muscular mobility favour early deep invasion and cervical nodal spread, and the lesion interferes directly with speech, mastication, swallowing and nutrition. In Ayurveda, such a firm, progressive, ulcerating growth is correlated with *Arbuda* (*Jihva Arbuda*), a *Kapha-Meda* predominant *Tridoshaja* disorder. *Nimbadi Ghrita* is a classical Ayurvedic medicinal formulation described in *Asthanga Hridaya, Chikitsasthana, Vatavyadhi Chikitsa Adhyaya* (21/58-61). This formulation is included in the Ayurvedic Formulary of India (AFI). It was used here as palliative care management. In this case report a 55-year-old male patient diagnosed with carcinoma of the tongue (*Jihvaarbuda*) and treated with palliative Ayurvedic Management.

INTRODUCTION

Carcinoma of the oral tongue is among the most common and most aggressive malignancies of the oral cavity. Oral cancer accounts for approximately 5% of all cancers globally, while in India it is about 40% of all types of cancer.[1] It is estimated that in India nearly 60,000 new cases of oral cancer are reported annually.[2] It is because of widespread tobacco chewing, smoking, areca nut and alcohol use. The oral tongue is the commonest subsite in many series. Its rich lymphatic drainage and muscular mobility favour early deep invasion and cervical nodal spread, and the lesion interferes directly with speech, mastication, swallowing and nutrition. For disease, the standard of care is wide local excision with neck dissection[3], followed by adjuvant radiotherapy or chemoradiotherapy.[4] Many patients, however, present late with locally advanced disease, which had recurrence after previous management, or are unfit or they decline, major surgery and chemoradiation because of cost, fear of mutilation, comorbidity or poor general condition. Their care is then palliative, aiming to relieve pain, control ulceration, bleeding, foul odour and infection, maintain oral intake and nutrition, and preserve quality of life.[5] Conventional palliative options have their own limits, including mucositis, xerostomia, cachexia and opioid-related adverse effects. In the *Sushruta Samhita*, *Nidanasthana* 11, *Arbuda* is described as a *Vruta* (circular), *Sthira* (fixed), *Manda Ruja* (slightly painful), *Mahanta* (big in size), *Analpa Mula* (broad based), *Chiravruddhi-Apakam* (slowly growing and it does not suppurate); formed when vitiated *Doshas* lodge in *Mamsa dhatu*.[6] *Mamsa Arbuda*, which is stony, painless to mildly painful, immobile, non-suppurative and prone to recurrence, together with *Raktaja Arbuda* that bleeds, resembles the clinical course of a malignant growth. The tongue (*Jihva*) is described among the sites of *Mukha Roga* with *Kapha*, *Rakta* and *Mamsa* involvement.

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Case Report

Patient Details

- Name- XYZ
- Age- 55 Years
- Sex- Male
- Religion- Hindu

- Address- Ahmedabad
- Marital Status: Married
- Occupation: Retired
- OPD no.- 31412

Chief Complaints

- Pain at tongue since 4-5 months.
- Difficulty in swallowing since 4-5 months.
- Anorexia, Feeling of tiredness since 3-4 months.

History of Present Illness

A 55-year-old male patient came to Out-patient Department of Government Akhandanand Ayurveda Hospital. According to the patient, he was relatively healthy before 6-7 months. Later on, he developed ulcer over tongue. Gradually, it increased in size. He was having difficulty while eating food. He had complaint of anorexia and feeling of tiredness. He had done biopsy, it showed moderately differentiated Squamous Cell Carcinoma. He had undergone scan and was staged as T2N2M0. He visited Civil Hospital and was advised surgery. He came to the Shalya Tantra Department, Government Akhandanand Ayurveda Hospital, Ahmedabad for further treatment.

Past History: No past history of diabetes mellitus, hypertension or thyroid disorders.

S/H: Nil

Family History: Nil

Personal History

- Appetite: Mild
- Bowel habit: Irregular, non-satisfactory
- Micturition: 4-5 times/day; 1-2 times per night
- Sleep: Disturbed
- Addiction: Tobacco, gutkha since 25 years
- *Ahara*- Vegetarian

General Examination

- Blood pressure-132/78 mmHg
- Pulse rate- 76/min
- Respiratory rate- 16/min
- Weight- 62 kg

Systemic examination

- CNS- Conscious, well oriented to time, place and person.
- RS- Bilateral air entry clear
- CVS- S1 S2 heard
- P/A- Soft

Local examination: An irregular ulceroproliferative growth of the left lateral border of the tongue with fissured surface and erythematous and whitish areas, and a thick yellowish coating.

Size: 2*3cm; Induration present at base

Neck: Lymph node palpated at level IB, II.

Ashtavidha Pariksha

- *Nadi* (pulse): 80/min
- *Mala* (stool): 1-2 times/day: *Kathin malapravrutti*
- *Mutra* (urine): Burning sensation; 9-10 times/day; 4-5 times/night
- *Jivha* (tongue): *Sama* (coated)
- *Shabda* (speech): Slurred speech
- *Sparsha* (touch): Normal
- *Druka* (eyes): Normal
- *Akruti* (built): *Madhyama*

Investigations

Interventions: *Nimbadi Ghrita*[7] 10ml with milk for 4 weeks Internally.

Medicine	*Nimbadi Ghrita* (AFI)
Dosage	10ml in morning
Anupana	Milk
Duration	1 month

Pathya–Apathya: Stop tobacco, gutkha; soft, easily digestible, warm diet; avoid spicy, hard food; oral hygiene advice.

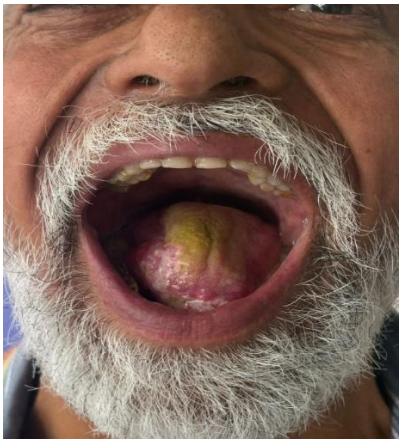
Supportive treatment: *Panchvalkal Kwatha* for gargle.

Outcomes: After 1 month medication and 14 days follow up, Patient showed a visible reduction in the lesion, with change oral intake, speech and quality of life]. No adverse event was observed.

RESULT

Complaints	BT	AT
Pain	+++	++
Dysphagia	+++	+
Fatigue	+	-
Anorexia	++	+
Lump	++	++
Quality of Life	+++	++

Images

BT	AT
	

DISCUSSION

Carcinoma of the oral tongue is the commonest subsite of oral cancer in India. It is closely linked to long-standing tobacco and areca nut use, as in this patient, who had chewed tobacco and gutkha for 25 years. With clinical stage T2N2M0 (Stage IVA, AJCC 8th edition), the disease was locally advanced with nodal involvement at levels IB and II. Surgery with neck dissection and adjuvant therapy was advised, but the patient did not proceed with it. His care then aimed at palliation: relief of pain and dysphagia, better oral intake, and better quality of life.

Role for *Nimbadi Ghrita*: *Nimbadi Ghrita* (A.H.Chi. 21/58-61, included in the AFI) was chosen because its *Rasa-Guna-Virya* is suitable. *Nimba* is *Tikta-Kashaya Rasa*, *Laghu*, *Ruksha*, *Sheeta Virya* and *Katu Vipaka*. It is *Kapha-Pitta Hara*, *Shothahara*, *Vranashodhana*, *Vranaropana* and *Krimighna*. *Ghrita* is *Vata-Pitta Shamaka*, *Ropana* and *Ojovardhaka*, and being *Yogavahi* it carries the lipid-soluble principles of the herbs to the tissues (*Samskarasya Anuvartanam*). Used as an oral preparation with milk, it also nourishes a debilitated patient (*Bala* and *Oja*). The combination therefore addresses the *Kapha-Meda Dushti*, soothes *Vata*-related pain, and cleanses and heals the ulcerated surface.

The predominant *Tikta* and *Katu Rasa* of the ingredients, mostly with *Ushna Virya* and *Katu Vipaka*, directly oppose the *Guru*, *Snigdha*, *Picchila* and *Sheeta* qualities of *Kapha-Meda* that form *Arbuda*. They act as *Kapha-Medohara*, *Lekhana* and *Srotoshodhana*. The *Panchatikta* drugs (*Guduchi*, *Nimba*, *Vasa*, *Patola*, *Kantakari*) reduce *Kapha*, purify *Rakta* and control inflammation, while *Guduchi* also supports *Dhatu*, *Ojas* and *Agni*. The *Tikshna* drugs (*Vidanga*, *Chitraka*, *Vacha*, *Shuddha Bhallataka*, *Guggulu*) perform *Lekhana*, *Chedana* and *Bhedana* and clear obstructed *Srotas*. *Haridra*, *Manjistha* and *Patha* correct *Rakta Dushti*. *Devadaru*, *Rasna* and *Kustha* relieve inflammation and pain, and the *Deepana-Pachana* drugs (*Pippalimoola*, *Shunthi*, *Maricha*, *Kutaja* and others) clear *Ama* and correct *Agnimandya*. *Ghrita* and the *Madhura Vipaka* drugs are *Rasayana* and *Brimhana*, replenishing depleted *Dhatus* and balancing the depleting *Lekhana* action. As *Yogavahi* (Ch.Su. 13/13), *Ghrita* carries the herbs' properties without losing its own, and in modern terms it may act as a lipid vehicle that improves the oral bioavailability of lipophilic constituents such as curcuminoids, guggulsterones, nimbolide and embelin.

Phytoconstituents of the *Nimbadi Ghrita Dravyas* (phenolics, flavonoids, alkaloids and terpenoids) are reported to have anticancer, anti-inflammatory, antioxidant and immunomodulatory effects, though mostly in preclinical studies. Nimbolide, guggulsterone, curcumin, embelin, piperine and *Guduchi* constituents inhibit cancer-cell proliferation, induce apoptosis and regulate the cell cycle through caspases, Bcl-2, PI3K/Akt and NF-κB. Curcumin, guggulsterone, embelin and plumbagin suppress NF-κB, STAT3 and COX-2, reducing the chronic inflammation that supports tumour progression. Guggulsterone and nimbolide show anti-angiogenic and anti-invasive effects through VEGF, STAT3 and cell-migration pathways, which may help limit tumour spread. Polyphenols and flavonoids scavenge free radicals and enhance endogenous antioxidants such as SOD and catalase, protecting against oxidative damage linked to tumour initiation and progression. The lipid vehicle may improve mucosal contact and absorption of lipophilic phytoconstituents.

Panchavalkala is astringent (*Kashaya*), *Vranashodhana* and *Ropana*, and is reported to have antimicrobial properties. It has helped in reducing slough, odour and secondary infection.

CONCLUSION

In this 55-year-old man with locally advanced carcinoma of the tongue (*Jihva Arbuda*, T2N2M0), *Nimbadi Ghrita* given as palliative care for one month, along with *Pathya* and *Panchavalkala Kwatha* gargles,

was associated with relief of pain, dysphagia, anorexia and fatigue and with better quality of life, without any adverse event. The lump size did not change, so the benefit was symptomatic rather than tumour reducing. *Nimbadi Ghrita* may be a safe and useful supportive option in palliative care of oral carcinoma, but this single case cannot prove efficacy. Further studies with larger samples, validated quality-of-life tools and objective response assessment are needed.

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