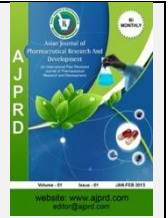


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Case Study

Evaluate the clinical efficacy of Amrutadi tablet (Anubhut) as palliative care management in oral squamous cell carcinoma w.s.r to tobacco induced oral cancer -a single case study

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ABSTRACT

Aim: To Evaluate the clinical efficacy of Amrutadi tablet (Anubhuta) as palliative care management in oral squamous cell carcinoma.

Background: The disease *arbuda* was prevalent during the Vedic period. In *athar-vaveda*² there is reference of *arbuda* and its management. *Arbuda* is one of the surgical diseases and was explained in detailed by sushruta the pioneer of in ancient ayurvedic texts that have remarkable similarities with modern interpretation of cancer. Cancer is one of the most dreaded diseases of the 20th century and spreading further with continuance and increasing incidence in 21st century. Cancer is a disease caused by uncontrolled division of abnormal cells in any part of the body. More than 90% of cancer of the tobacco induced oral cancer are squamous cell carcinoma.

Results and Discussion: A case of pain in oral cavity and mouth ulceration after biopsy and mri diagnosed as oral squamous cell carcinoma was given Amrutadi tablet for a period of 30 days. Symptom of pain in oral cavity mouth ulceration and associated symptoms dysphagia, anorexia has been improved moderately within a month. Assessment of patient has been done based on subjective and objective criteria before and after treatment, which shows improvement in patient condition.

Key Words: Amrutadi tablet, oral squamous cell carcinoma, palliative care, tobacco

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INTRODUCTION

The disease *arbuda*¹ was prevalent during the vedic period. In *athar-vaveda*² there is reference of *arbuda* and its management. *Arbuda* is one of the surgical diseases and was explained in detailed by sushruta the pioneer of in ancient ayurvedic texts that have remarkable similarities with modern interpretation of cancer. Cancer is one of the most dreaded diseases of the 20th century and spreading further with continuance and increasing incidence in 21st century.³ Cancer is a disease caused by uncontrolled division of abnormal cells in any part of the body. More than 90% of cancer of the tobacco induced oral cancer is squamous cell carcinoma. Tobacco chewing increases the

risk of cancer of inner surface of the tongue, cheek and gums.¹ Tobacco induced oral cancer is the most common cancer in India especially in gujaratstate. In our classics though the disease *arbuda* had been described. On the basis of specific clinical features of mukhaarbuda as well as description of *arbuda* in general, based upon the location *arbuda* situated within mukha can be taken as mukhaarbuda (oral cancer)⁴ which is considered to be kapha-vatajarooga. It is found that percentage of oscc is rising day-by-day, present era is looking towards ayurveda in search of efficient and safer treatment because oscc do not have definite medical management in the modern practices other than surgery or radiotherapy or chemotherapy. To avoid the surgery to a

possible extent, its need of an hour to address the problem with ayurvedic management.

CASE REPORT

A 38 years old male patient visited the opd of Govt. akhandanand Ayurved College and hospital, dept of shalyatantra on 11-04-2023 with the complaints of ulcer in mouth, Pain in oral cavity, along with decrease in weight since 8 month. Patient was apparently normal before 1 year, since last 1 year he was having ulcer in mouth frequently in period of 1 or 2 month which is not healed. He was suffering from dysphagia since last 3-4 month due to that having weight loss. Looking over his symptoms he was advised for biopsy to know the cause of complains. Biopsy was done on 12/04/23. Report showed squamous cell carcinoma moderately differentiated hence ayurvedic drugs were advised for the management.

Past history: No any history of hypertension, diabetes, cardiac or any other major medical or surgical illness.

Family history: No history of same illness in any of the family member.

Personal history

Addiction: tobacco chewing since 20 year

Marital status – married

Religion-Hindu

Education-Primary

Occupation-worker

Socio-economic status-lower

General examination

Built: moderate

Nourishment: moderate

Pulse: 82 b/m

B.p: 130/80 mmhg

Temperature: 98.8 f

Respiratory rate: 22 cycles / min

Height 5'3''inch

Weight 52 kg

Tongue: coated

Systemic examination

RS: BLAC, no crepitus or added sounds

CVS: S1 S2 normal

CNS: conscious, well oriented.

Astavidhpariksha

Nadi: 82/min

Mala: 1time/day

Mutra: 3–4 times/day

Jivh: *alipta*

Shabda: *avishesha*

Sparsha: *anushnasheeta.*

Druk: *avishesha*

Akruti: *madhyama.*

Dwadash: *pariksha*

Prakruti: *kaphavataja*

Vikruti: *rasa, mamsa and meda*

Sara: *madhyama*

Samhanana: *madhyama*

Satva: *vyamishra*

Satmya: *mishra rasa satmya*

Pramana: *madhyama*

Ahara: *shaktimadhyama*

Abhyavara: *shaktimadhyama*

Jarana: *shaktimadhyama*

Vyayama: *shaktiavara*

Vaya: *madhyama*

Lab investigations

Hb– 12.8gm%

TLC – 7,200 cells/ mm³

Random blood sugar – 96mg/dl

Diagnosis

Histopathology report 12/04/2023: left tongue

Gross examination: specimen consist four grey white soft to firm tissue pieces

Microscopic Examination: Tongue biopsy Squamous cell carcinoma, moderately differentiated

Intervention

Tab.*Amrutadi* tablet 2 tab 4 times per day after food

Treatment duration –total treatment duration was 2 months.

Follow up was done for 1 month

Observation and results

The patient had followed the *pathyaaharavihara* strictly.

Parameters

Observation of clinical improvement in signs and symptoms of squamous cell carcinoma

Will be assessed by gradation method.

Subjective criteria

Table :1

| S.r | Criteria | Gradation | BT | AT |
|-----|-------------------------|--|----|----|
| 1. | Dysphagia | 0- Nil 1-Solid food dysphagia 2-Semi solid food dysphagia 3Thick liquid food dysphagia | 2 | 0 |
| 2 | Pain in the oralcavity | 0-nil 1-mild 2-moderate 3-severe | 3 | 1 |
| 3 | Fatigue | 0-nil 1-Increased fatigue, but not altering normal activities 2-Moderate or difficulty in performing some activities 3-Severe or loss of ability to perform some activity | 2 | 0 |
| 4 | Anorexia | 0-nil 1-occasionally 2-intermittent 3-dailly | 2 | 0 |
| 5 | Irregular bowelmovement | 0-nil 1-occasionally 2-intermittent 3-dailly | 2 | 0 |

Objective criteria

Table: 2

| SR.NO | CRITERIA | GRADE | BT | AT |
|-------|------------------|---|----|----|
| 1. | Mouth ulceration | 0-Nil 1-Diffuse erythema 2-Erythema and small ulcer 3-Painful ulcer extending more than half oral mucosa | 2 | 1 |
| 2. | Trismus | 0-nil 1-mouth can open upto 3 cm 2-mouth can open upto 2 cm 3-mouth can open upto 1 cm | 2 | 1 |
| 3. | Body weight | 0-Maintained or gain 1-10 % loss of weight 2-20% loss of weight 3-30% or > 30% loss of weight | 2 | 1 |

Discussion and probable mode of action of drugs

In *ayurveda* there are many drugs available which have anti-cancer, chemo and radio protective properties. **Amrutadi tablet** which contains *samalaki, guduchi, yasthimadhu, ashwagandha, pippali, shuddhaguggulu* and *tulsi* which have immunostimulatory, antioxidant, radioprotective activity. **Aamritadi tablet** selected possess well-known properties of *rasayana* like *brimhaniya, vayahsthapana, jeevaniya* and *balya* as mentioned in *charaka-samhita*.ⁱⁱ Drugs were also selected on the basis of experimental research works as: anti-oxidant, adaptogen, immunomodulator and anabolic activity. **Inamritadi tablet** except *tulasi* all ingredients are having *madhurvipaka* work as *balya, brihmaniya*, here too the *madhurvipaka* imparts its *vata-pitta shamaka* properties *madhurvipaka* also natures the *kaphadosha*. As mentioned earlier chemotherapy and radiotherapy, causes aggravation of *vata-pitta* and *kaphakshaya*. Normal cellular resistance to protect them as well as repair them. *Madhurvipaka* is presumed to nourish the depleted *kapha*. *Kapha* contributes to the increase weight of body i.e. *Brimhaniya* and also filling of the cellular substance by more *dhatuposhakadravya*, i.e. *Poorana karma*

though the action of *dhatwagni*. Biological function of *kapha* promotes healing process and tissue building.

CONCLUSION:

The present case study shows significant improvement with above-mentioned oral medicines which were helpful in treating the patient with oral cancer. Surgical intervention need not be the only management for oral cancer. This case illustrates a situation where ayurvedic intervention can not only help in relieving symptoms but also restores quality of life of patients and avoid further complications. Treatment of Oral squamous cell carcinoma depend upon the TNM stage of oral squamous cell carcinoma cancer hence this approach may taken into consideration for further treatment and research work for oral cancer.

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