

Ayurvedic treatment of a case diagnosed as AIDS and diffuse large B cell lymphoma - Case report



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Abstract Non-Hodgkin's lymphoma (NHL) is recognized as the most common form of lymphoma. Among the various subtypes of NHL, diffuse large B-cell lymphoma (DLBCL) stands out as the predominant type, constituting approximately 30 percent of all lymphomas. DLBCL has an annual incidence rate of 2.9 per 100,000 in men and 1.5 per 100,000 in women in India. It is a rapidly growing and aggressive form of NHL. A 40-year-old male patient presented with a chief complaint of abdominal pain and discomfort persisting for 4-5 months. The patient had previously been diagnosed with AIDS (Acquired immune deficiency syndrome - a retroviral disease) and non-Hodgkin's lymphoma Diffuse Large B-Cell Lymphoma (DLBCL) on 29-04-14. Ileal resection had already been performed on 20-01-2014, and the patient received the initial cycle of CHOP (cyclophosphamide, doxorubicin [Adriamycin], vincristine [Oncovin], prednisolone) chemotherapy on 02-04-14. The MIB index was measured at 70%. The report on 22-04-14 indicated the presence of a few enlarged lymph nodes scattered in the mesentery and paraaortic regions. The patient declined further cycles of chemotherapy. Based on Ayurvedic diagnosis, the patient initially exhibited symptoms resembling *Arsha* (hemorrhoids) and *Gulma* (tumor), followed by *Grahani Daurbalya* (improper digestion). At the time of examination, he had severe Pandu. Considering the pathology and symptomatology, a prescription of *Heeraka Bhasma* + *Chaturmukha Rasa*, *Triphala* + *Kapardika Bhasma* + *Panchamrita Parpati* + *Patola* (*Trichosanthus cucumerina*) + *Dhanvayasa* (fegoniacretica), *TapyadiLoha* + *Navyasootashekhara* + *Vanga* + *Asthimajja Pachaka* (*Guduchi* + *Amalaki* + *Musta*) + *Kukkutanakhi* (*Tectaria coadunata*) along with 10 ml of *Rohitakarishtha* and *Krimikuthara* Rasa was prescribed. After seven months of treatment, the symptoms subsided. No adverse events were reported during the seven-month treatment and follow-up period. In conclusion, this case study demonstrates the safe and effective treatment of these diseases using Ayurveda. It improved the patient's health and quality of life, resolving the issue of swollen lymph nodes. The patient survived for over four years thereafter.

Keywords: AIDS, Non-Hodgkin's lymphoma, *Panchamrita Parpati*, *Tapyadi Loha*, *Triphala*

1. Introduction

Diffuse large B-cell lymphoma, which is a type of non-Hodgkin's lymphoma, is recognized as the most common among aggressive lymphomas (Shankland et al 2012). If left untreated, the median survival is six months, and nearly all untreated patients pass away within one year (Armitage et al 2017; Hennessy et al 2004). In all of these references, the treatment mentioned refers to conventional modern treatment. However, there is limited data available regarding the outcomes of Ayurvedic treatment in such cases. Chemotherapy has numerous adverse effects on these patients, and for many, these effects are intolerable.

In Ayurveda, all types of growths are classified as *Arbuda*, which translates to "tumor." Based on the manifested symptoms, *Arbuda* can be categorized according to the involved *Dosha*, which represents the regulatory functional factors of the body. When considering the disease's location, it falls under *Pittasthana*, specifically known as "*Hritnabhiyomadhya*", which denotes the area between *Hridaya* (heart) and *Nabhi* (navel) (Paradakara 2005). Therefore, treatment should be directed towards targeting the predominant *Dosha*.

2. Patient information

The outpatient department was visited by a 40-year-old man, who is a non-alcoholic and non-smoker, and has been diagnosed with retroviral disease since 2007 and diffuse large B-cell lymphoma since August 2013 based on modern medicine.



There was no family history of retroviral disease or lymphoma. In this case study, the patient was diagnosed with non-Hodgkin's lymphoma- diffuse large B-cell lymphoma, considering the pathology and symptomatology. After receiving the first cycle of CHOP chemotherapy among the recommended six cycles, the patient refused further chemotherapy and opted for Ayurvedic treatment. The initial diagnosis included hemorrhoids (*Arsha*), a tumor (*Gulma*), and subsequent digestive issues (*Grahani Daurbalya*) leading to anemia (*Pandu*).

3. Case examination

The patient, a 40-year-old male, had been diagnosed with retroviral disease since 2007 and diffuse large B-cell lymphoma since August 2013 according to modern medicine. He experienced abdominal pain and discomfort for the past 4-5 months, and he sought medical evaluation in August 2013. An ultrasound conducted on August 19, 2013, revealed a tumor in the right iliac fossa arising from the terminal ileum. A CT scan on August 20, 2013, detected thickening of the concentric wall of the terminal ileum. A colonoscopy on August 23, 2013, identified an ulcerative lesion in the ileum. On January 20, 2014, exploratory laparotomy, ileal resection, and adhesiolysis were performed at Deenanath Mangeshkar Hospital in Pune. The patient was diagnosed with NHL-DLBCL, with a 70% MIB index, CD20 positivity, and positive peritoneal nodes. The recommended treatment plan included 6-8 cycles of CHOP-IFRT. The first cycle of CHOP was administered on April 2, 2014. However, the patient subsequently chose Ayurvedic treatment and completely refused to continue the ongoing therapy. On April 29, 2014, the patient visited the outpatient department.

According to the patient's history, he initially experienced loss of appetite (*Kshudha Mandya*), severe vomiting sensation (*Teevra Hrillasa*), abdominal heaviness (*Udara Gaurava*), and abdominal pain (*Udarashoola*). He had hard stools (*Grathita Vibaddha Mala*) and struggled with bowel movements, often needing to exert force. He also experienced difficulty passing flatus (*Adhovata Vibandha*) and had bleeding piles (*Sravi Arsha*). He started experiencing continuous weight loss and severe debility. Lab reports indicated a decrease in his hemoglobin level to 5 gm% at that time. Following chemotherapy, he had loose motions 7-8 times a day for 15 days with blood in his stool.

At the time when he approached for Ayurvedic treatment, he had *Teevra Daurbalya* (~severe debility), *Mala Vibandha* (~constipation), *Adhmana Pratiti* (~flatulence) and occasionally mild headache. He had disturbed sleep.

At the time he sought Ayurvedic treatment, he exhibited severe debility (*Teevra Daurbalya*), constipation (*Mala Vibandha*), flatulence (*Adhmana Pratiti*), and occasional mild headaches. His sleep was disturbed. As a clerk by profession, he had a history of having lunch and dinner at late hours (*Ateetakala Bhojana*), consuming heavy-to-digest food articles (*Guru Ahara*), especially excessive fish and meat consumption (*Ati Matsya* and *Mamsa Sevana*). Although he did not disclose much about his addictions, all these factors contributed to recurrent indigestion (*Ajeerna*), accumulation of undigested food (*Ama Nirmiti*), and decreased digestive power (*Agnimandya*). This led to the development of hemorrhoids (*Arsha*), a tumor (*Gulma*), and further weakening of the digestive system (*Grahani Daurbalya*). The presence of undigested food (*Ama*) initially affected the Rasa Dhatu, causing the accumulation of Doshas in the channels (*Sama Grathita Doshas*) and resulting in channel obstruction (*Srotorodha*). As a result, proper nutrition couldn't reach the subsequent Dhatus, leading to tissue depletion (*Dhatukshaya*). This process continued over an extended period, ultimately causing severe anemia (*Pandu*).

3.1. Clinical findings (systemic examination)

During the examination, the patient's pulse (*Nadi*) was found to be regular with a rate of 72 beats per minute. There was prominence of the *Samana-Vyana-Apana Vayu*, with *Apana Vayu* being the most dominant. The pulse at the *Angushthamula Parvata* (the base of the thumb) was prominent, indicating imbalances in *Shukra* (reproductive tissue) and *Ojas* (vital essence). The tongue exhibited a blackish ash-colored coating and *Paritah Sphutana* (fissures), suggesting long-standing indigestion (*Ajeerna*) leading to the accumulation of subtle ama (undigested toxins) and *Pitta* imbalances with intense hot and sharp qualities (*Ushna-Teekshna Guna*) and presence of intestinal worms (*Krimi*). *Gandakshikoota Shotha* (swelling with a blister-like appearance) indicated the involvement of ama in the lymphatic system (*Rasashrita Saama Doshas*). The patient appeared excessively thin (*Atikrisha*) with a weight of 44 kg. Blood pressure was measured at 100/70 mmHg. Upon abdominal examination, there was a presence of *Alpa Adhmata Dhvani* (reduced resonance or dullness) indicative of reduced air in the abdomen.

3.2. Pariksha (~examination)

The patient's *Prakruti* (physical constitution) was identified as *Pitta Kaphaja* (a constitution dominated by *Pitta* and *Kapha doshas*). *Vikruti* (morbidly) was observed in the *Raktavahastrotas* (circulatory system). The patient had *Asthi sara* (good bone tissue quality) and *Avara Samhanana* (poor compactness of tissues or organs). The measurement of the body was 5 feet 2 inches, and the weight was 44 kg.

The patient's *Satmya* (adaptability to different environments), *Satwa* (mental condition), *Ahara shakti* (digestive capacity), and *Vyayama shakti* (exercise capacity) were found to be poor.

3.3. Timeline

The timeline of the present case is depicted in Table 1.

Table 1 Treatment protocol.

Name of Medicine	Generic /P&P	Dose	Frequency	Anupana (vehicle)	Duration
<i>Heeraka Bhasma+ Chaturmukha Rasa</i>	Generic	12.5 mg + 125 mg	OD (morning)	Honey	Seven months
<i>Triphala + Kapardika Bhasma + Panchamrita Parpati + Patola (Trichosanthus cucmerina) + Dhanvayasa (Fegonia cretica)</i>	Generic	250 mg +125 mg +60 mg +250 mg +250 mg	<i>Samana Kala</i> (twice in between meals)	Lukewarm water	Seven months
<i>Tapyadi Loha + Navyasootashekhar + Vanga + Asthimajja Pachaka (Guduchi+ Amalaki + Musta) + Kukkutanakhi (Tectaria coadunata) with 10 ml Rohitakarishtha</i>	Generic	250 mg +125 mg +60 mg +250 mg +250 mg	<i>Vyanodana Kala</i> (twice daily after meals)	Lukewarm water	Seven months
<i>Krimikuthara Rasa</i>	Generic	250 mg	at night	Lukewarm water	On alternate days after 7 days

3.4. Diagnostic findings

On August 19, 2013, the ultrasound (USG) revealed a mass in the right iliac fossa originating from the terminal ileum. A CT scan on August 20, 2013, showed thickening of the terminal ileal concentric wall. Further examination through colonoscopy on August 23, 2013, identified an ulcerative lesion in the ileum. On January 20, 2014, the patient underwent exploratory laprotomy, ileal resection, and adhesiolysis at Deenanath Mangeshkar Hospital in Pune. The diagnosis at the hospital was NHL-DLBCL with a MIB index of 70%, CD 20 positivity, and positive peritoneal nodes. The recommended treatment was 6-8 cycles of CHOP-IFRT, and the first cycle of CHOP was administered on April 2, 2014.

3.5. Therapeutic interventions

After a comprehensive examination, the patient was prescribed Ayurvedic formulations as outlined in Table 1. The patient was advised to visit for frequent follow-ups to assess progress and response to treatment.

3.6. Follow up and outcome

Within the first week of starting the Ayurvedic treatment, the patient developed a condition called *Visarpa* (herpes), which was effectively managed with Ayurvedic therapy within five days. Subsequently, the patient did not experience any major infections during the course of treatment. Due to the patient residing approximately 240 km away, the next follow-up visit occurred after one month. During this visit, the patient reported an increase in appetite (*Kshudha*), and symptoms such as severe vomiting sensation (*Teevra Hrillasa*), abdominal heaviness (*Udara Gaurava*), and abdominal pain (*Udarashoola*) were absent. There was some improvement in hard stools (*Grathita Vibaddha Mala*), and the patient did not experience difficulty in passing flatus (*Adhovata Vibandha*). Debility (*Daurbalya*) was no longer present, and there was an improvement in sleep quality. The patient's weight increased from 44 kg to 46.5 kg within one month.

From that point onward, the patient continued to experience significant improvement in symptoms and eventually became almost symptom-free. The patient's weight increased to 51.5 kg. According to the report on March 16, 2015, all enlarged lymph nodes had completely resolved. The patient remained under Ayurvedic treatment until February 13, 2016. During this period, the patient did not experience any infections except for occasional mild cold. Even after discontinuing Ayurvedic medication, the patient enjoyed a good quality of life for an additional two years. Unfortunately, the patient passed away in 2018.

4. Discussion

Heeraka Bhasma has the ability to increase the lifespan and promote the reduction of abnormal growths. Additionally, it rapidly increases *Shukra*, *Saarvadehika Shukra*, *Oja*, and *Bala* of all the *Dhatus*. *Heeraka Bhasma* possesses all six tastes, balances all three Doshas (Tridosha), and enhances the efficacy of other medicines. Its primary clinical action is observed in the dominance of *Pitta Dosha* in the body, followed by an increase in Kapha Dosha. It improves overall metabolism in the body (Bendale et al 2016).

Chaturmukha Rasa is originally indicated for *Rajayakshma* originating from the imbalance of *Agni* and *Ama* production. This means it corrects the pathological process wherein *Agni* imbalance and *Ama* formation lead to severe tissue depletion. Therefore, it was chosen in this case. Being a formulation containing *Suvarna* (gold), it enhances the strength of all seven *Dhatus*, *Saarvadehika Shukra*, and *Oja* (Al-Sarray 2019). *Panchamrita Parpati* is considered one of the best formulations for

Grahani (a disease of the small intestine). In the present case, due to *Grahani* dysfunction, *Saama Grathita Dosha* gets lodged in the *Rasa Dhatu*, leading to obstruction of nutrition to other Dhatus, ultimately resulting in severe tissue depletion. *Panchamrita Parpati* quickly improves the function of *Grahani*, ignites *Agni*, and corrects the pathological process. It contains Tamra (copper), which aids in the reduction of abnormal growths. *Abhraka* present in the formulation increases *Saavadehika Shukra* and *Oja*, facilitating the regeneration of high-quality Dhatus and improving *Bala*. By enhancing the function of *Jatharagni* (digestive fire), it indirectly improves the function of *Rasadhatvagni* (Qasim et al 2022; Singh 2020).

Kapardika improves the function of *Samana Vayu* (one of the five types of Vayu responsible for digestion and absorption) and regulates gastrointestinal motility. It is considered *Balya* (strengthening), but it also possesses mild *Kshara*-like actions, thereby assisting in the removal of abnormal growths (Sing 2020). *Dhanvayasa* is a formulation that balances all three *Doshas*. It maintains the normal movements of *Samana Vayu*. According to *Rasatarangini*, *Swarjikakshara* (alkali) is derived from a variety of *Dhanvayasa* called *Kshudra Dhamasa*. Therefore, *Dhamasa* can exhibit mild *Kshara*-like actions. However, since it also contains the *Madhura Rasa* (sweet taste) due to the presence of *Yasa Sharkara*, it can be used in cases of tissue depletion as well. *Patola* provides all the benefits of *Tikta Rasa* (bitter taste). However, due to its *Madhura Vipaka* (sweet post-digestive taste), it does not cause tissue depletion (Garde et al 2017).

Tapyadi Loha improves the function of *Rasa Dhatvagni* (the digestive fire responsible for the transformation of plasma). It contains *Shilajatu*, which helps in removing obstructions in the *Sookshma Srotas* (micro-channels), thereby improving the conversion of nutrients from plasma to blood and further tissues. By removing obstructions, it ensures proper nutrition to the tissues. It also provides nourishment to the Dhatus. In this case, improper conversion in the *Rasa* (plasma), formation of *Ama* (toxic metabolic waste), and subsequent obstruction and accumulation of *Saama-Grathita Doshas* were part of the pathological process. *Tapyadi Loha* was beneficial in addressing these issues. *Raupya* (silver), an ingredient of *Tapyadi Loha*, improves the strength of all Dhatus while also promoting the reduction of abnormal growths. *Navyasootaskehara* is a specific formulation developed by *Vaidyaraja Mukundrao Gayakwad* from *Solapur*. By adding a few more ingredients, *Sootaskehara* becomes even more potent and versatile. In this case, it helped to remove *Srotorodha* (obstruction of channels) and reduce abnormal growths while maintaining the strength of the Dhatus. *Kukkutanakhi* also aids in reducing *Grathita Doshas* and maintaining *Dhatu* strength.

According to the experiences of *Vaidyaraj Ramsimha Gohil*, *Rohitaka* is considered one of the best medicines for patients diagnosed with cancer (Peterson et al 2017). *Rohitakarishtha* is an *Ayurvedic* medicine used to treat liver and spleen-related disorders and digestive problems (Gite et al 2014).

Krimikuthara was initially administered due to the presence of symptoms related to *Krimi* (worms). *Kampillaka* is a strong purgative that helps eliminate the worms. It has a specific action against *Krimi* (Dhama et al 2005; Soni et al 2017).

Overall, the combination of these *Ayurvedic* formulations and medicines addressed the specific imbalances and pathological processes present in the patient's condition. They improved digestion, removed obstructions, reduced abnormal growths, and enhanced the strength of the Dhatus, ultimately contributing to the patient's well-being and improvement in symptoms.

5. Conclusions

The symptomatic outcome of the *Ayurveda* management in this case report demonstrates significant improvement in non-Hodgkin's lymphoma, specifically DLBCL, as evidenced by the USG findings. The sustained effect of the treatment was observed during the patient's visit, resulting in weight gain and the ability to perform day-to-day activities. It provides encouragement to physicians that the specific name of the disease is not the most crucial factor. Rather, it is the logical management (*Yukti*) employed by the physician in treating the patient with the most appropriate medicines, taking into consideration factors such as *Agni* (digestive fire), the predominant *Dosha* (bioenergetic principle), the involved Dhatus (tissues), and the stage of the disease (*Avastha* of *Roga*). The author also had the opportunity to treat additional patients diagnosed with non-Hodgkin's lymphoma, particularly DLBCL.

Ethical considerations

Authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

Conflict of Interest

The authors declare that they have no conflict of interest.

Funding

This research did not receive any financial support.

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