



Cancer Lung: Cure/Long Term Control Following Polyherbal Interventions- A Case Report

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ABSTRACT

At present, there is no specific treatment aimed at cure of human lung cancer, a kind of most lethal cancers. Modern allopathy provides only temporary relief of symptoms or severity when used in the form of medicines, radiotherapy or chemotherapy at the cost of moderate to severe side-effects while long term survival or complete cures are anecdotal. It is also well known that surgical interventions, chemo and radiotherapies have failed consistently to cure many varieties of cancers. This hopeless situation demands for newer kind of therapeutic interventions which may not be the conventional modes of therapy. Alternative/complementary medicine from plant sources becomes well worth trying for these cancers as these medicines are quite safe and their effectiveness is worth investigating. We hereby present a case of lung cancer of subtype adenocarcinoma where the patient was certain to die even if the patient could afford conventional allopathic treatment.

Case Summary

A 70 year old male patient of lung cancer of subtype adenocarcinoma diagnosed mainly by radiological examination attended the clinic of International Institute of Herbal Medicine (IIHM). He was refused allopathic treatment because of his poor health condition, low weight (40 kg), old age (70 years) and was not considered fit either for radio or chemotherapy. The herbal treatment with polyherbal combination consisting of medicinal herbs namely Ashwagandha (*Withania somnifera*), Immunity: combination of Vana Tulsi (*Ocimum gratissimum*) + Krishna Tulsi (*Ocimum sanctum*) + Katuki (*Picrorrhiza kurroa*) was used as main agent for treating the lung cancer, while Breath Free: combination of Pushkarmool (*Inula racemosa*) + Krishna Tulsi (*Ocimum sanctum*) + Vibhatki + Pippali was used for symptomatic relief. These were continued for a period of two years. For other health benefits some common medicines like vitamins e.g. cobadex (forte)TM capsule, Folic acidTM (5mg). Tablet were used once daily along with RBTM Tone Tonic half teaspoonful (1/2 tsf – Iron support) twice daily. The treatment with combination of the above medicinal herbs produced not only beneficial effects but cured the patient after a period of two years as judged by marked improvement of his clinical condition and repeat radiological profile.

Keywords: Lung Cancer, polyherbal therapy, cure, *Withania somnifera*, *Ocimum gratissimum*, *Ocimum sanctum*, *Picrorrhiza kurroa*, *Inula racemosa*, *Terminalia belerica*, *Piper longum*.

INTRODUCTION

Mortality from Lung Cancer has been identified as a major cause of cancer deaths worldwide as the total number of cases and resulting deaths is increasing globally. Lung cancer occurs due to uncontrolled growth of malignant cells in one or both lungs and tracheo-bronchial tree. Most common symptoms of lung cancer are shortness of breath,

coughing (including coughing up blood), and weight loss.^[1]

At present, there is no specific treatment for the cure of patient suffering from lung cancer. Although, some allopathic medicines, radiotherapy, chemotherapy, provide instant relief but it comes along with some mild to severe side-effects. Besides, allopathic medicine does not provide permanent cure as it does not work on the root cause of the disease but on the effects produced by the disease. The underlying mechanism leading up to cancer are still unknown and cancer remains a mystery disease. Some oncologists themselves claim that cancer is not a disease, the anaerobic cell growths are meant to absorb the toxins which kill the patients. However, by surgery, chemotherapy and radiotherapy we destroy the protective mechanism and metastasis from one organ to other organ is common. Here,

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Andreas Moritz, 2008 in his book “CANCER IS NOT A DISEASE” has quoted experienced oncologist Professor, Dr. Jones who says “My studies have proven conclusively that cancer patient who refuse chemotherapy and radiation actually live up to four times longer than treated cases, including untreated breast cancer cases”.^[2]

In this case it was thought prudent to opt for an herbal therapy which can provide safe and secure form of treatment with minimal/least or no side effects.

Case Report

Clinical studies are conducted in the treatment of various types of cancer including lung cancer, usually 3rd and 4th stage of cancer cases reporting at the International Institute of Herbal Medicine (IIHM) clinic for treatment. The patients are those who have been refused treatment due to advance stage of disease or who have not responded to surgery, chemotherapy and radiotherapy. One such case (a 70 year old male patient) of lung cancer of subtype adenocarcinoma which was refused treatment by allopathic oncologists reported at our clinic, on the advice from an oncologist. The 70 year old patient suffering from lung cancer of subtype adenocarcinoma as diagnosed by radiological chest X-ray and CT-scan examination was enrolled for treatment at our clinic on 05.07.2007. The treatment with the combination of Ashwagandha (*Withania somnifera*), two capsules (each capsule containing 400 mg) twice daily within meals, Immunity (275 mg) : combination of Vana Tulsi (*Ocimum gratissimum*, 55mg) + Krishna Tulsi (*Ocimum sanctum*, 55mg) + Katuki (*Picrorrhiza kurroa*, 165mg) twice daily within meals, was used as main agent for treating the lung cancer while, Breath Free (325mg): combination of Pushkarmool (*Inula racemosa*) + Krishna Tulsi (*Ocimum sanctum*, 30mg) + Vibhatki, 30mg + Pippali, 15mg one capsule twice daily within meals, was used for symptomatic relief. These were continued for a period of two years. For other health benefits some common medicines like vitamins, cobadex (forte)TM capsule and Folic acidTM (5mg) tablet were used ones daily along with RB ToneTM Tonic half teaspoonful (1/2 tsf) an iron support twice daily. The clinical studies at International Institute of Herbal Medicine (IIHM), Lucknow were carried out under the supervision of a duly formed Ethical Committee of the Institute. A regular follow-up about the condition of the disease and health status of the patient was carried out at the end of each month. The treatment with the combination of above medicinal herbs produced not only beneficial effects but also cured the patient after a period of two years. The patient reported at the clinic of IIHM after three years and gave his statement about his health condition. Patient’s statement regarding improvement in health was also presented in the research paper.

Radiological examination

a) CT- scan (Computerised Axial Tomography Scan) report (Fig. 2) revealed helical axial scans of thorax obtained with bolus I.V. contrast administration, Mediastinum: Trachea was in midline and showed normal bifurcation, Great vessels of mediastinum were normal, No mediastinal lymphadenopathy was seen. Hilum: No hilar lymphadenopathy was observed. Multiple nodular lesions of varying sizes were seen scattered in both lungs predominantly in mid and lower lobes, an oval shaped pleural based soft tissue density mass with heterogeneous contrast uptake and necrotic areas were seen in posterior pleural recess on left,

Lesion measured approx 6.6×3.1 cms, Minimal pleural reaction was also noted on left, right pleural spaces was clear, Degenerative changes were seen in dorsal spine. CT revealed multiple nodular lesions of varying sizes in both lungs with heterogeneously enhancing mass in left posterior recess: Diagnosis - CA Lung with secondaries, secondaries from thoracic primary. Cancer marker revealed prostatic specific antigen (PSA): 2.11 ng/ml.

- b) X-ray report (pre treatment) on 29.06.2007: Fig. 1. Chest radiograph clearly showed a large cell lymphoma proliferation before the onset of herbal therapy.
- c) X-ray report (post treatment) on 16.07.2009: Fig. 3. The chest X-ray report of the patient taken after two years of continuous treatment of our herbal combination clearly reflected the prevention of cancer cells proliferation in the left lung.

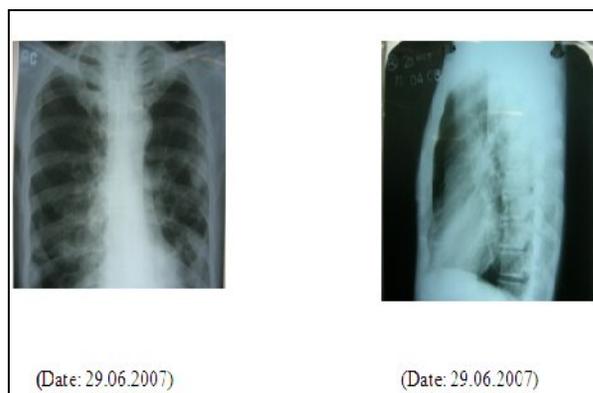


Fig. 1: Chest radiograph showing a large cell lymphoma proliferation before the herbal treatment (Date: 29.06. 2007)

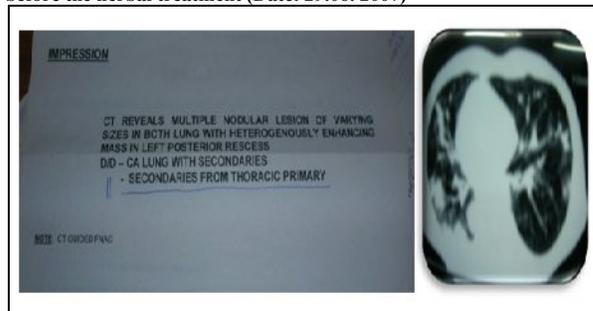


Fig. 2: CT scan showing more sensitive than standard chest radiography for the detection of multiple nodular lesion of varying sizes in both lung with heterogeneously (Date: 02.07. 2007)



Fig. 3: Showing the chest radiograph after continuous Herbal Treatment of 2 Years (Date: 16.07. 2009)

