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# Yapanavasti: Life Span Enhancer in a Patient with CA Esophagus – A Case Study

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## ABSTRACT

Esophageal cancer stands as the eighth most commonly diagnosed cancer and the sixth leading cause of cancer-related deaths worldwide. While conventional treatments like chemotherapy and radiation therapy hold promise, they often entail hazardous effects on normal cells. Ayurvedic therapies offer a complementary avenue, promoting internal healing, immunity, and overall health balance. Early detection remains pivotal, but for those opting out of conventional treatments, Ayurveda may provide a viable alternative. This case study focuses on a 78-year-old patient with esophageal cancer, who declined conventional therapy and instead underwent *Mustadi Yapan Basti*, a specialized rectal medicine administration. Over four months, the treatment exhibited marked improvements in symptoms and quality of life. Coupled with conventional therapies, Ayurvedic interventions could offer a holistic approach to cancer management.

**Key Words** *Esophageal Cancer, Ayurveda, Mustadi Yapan Basti, Complementary Therapy*

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## INTRODUCTION

Esophageal cancer poses a significant global health challenge, predominantly affecting elderly individuals and often diagnosed in advanced stages.

According to the World Health Organization, cancer is the leading cause of death, accounting for 25% of all deaths in humans at present. About 70% of esophageal cancer cases are caused by smoking and the use of tobacco products. However, other factors such as low intake of fresh fruits and vegetables and a deficiency in antioxidants have been found to be associated with an elevated risk of esophageal cancer, along

with consumption of preserved food. Esophageal cancer represents a heterogeneous malignancy which is mostly diagnosed in advanced stages. It occurs primarily in elderly patients (peak age 65-70 years). Esophageal cancer can be classified into two types: squamous cell carcinoma (SSC) and adenocarcinoma. Adenocarcinoma is a malignant neoplasm which arises from epithelial cells of the glands or glandular like structures. Adenocarcinoma may arise in multiple sites of the body. Most common sites that develop adenocarcinoma are the lung, breast, prostate, GI tract like the colon, rectum, pancreas, stomach, esophagus. Adenocarcinomas also make 70% of

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cancer of unknown origin<sup>1</sup>. Majority of patients newly diagnosed with esophageal cancer present with locally advanced or metastatic disease. Locally advanced stages are defined as T3/T4 tumors or tumors with positive regional lymph nodes. Based on the anatomical characteristics of the esophagus, the lymphatic drainage strongly varies depending on cervical, thoracic, or abdominal localization of the tumor. Esophageal cancer is a refractory disease that starts in the inner wall of the esophagus and grows outward through the other layers, such as mucosa, submucosa, muscularis propria, and adventitia. Therefore, early esophageal carcinomas usually do not have obvious symptoms, leading to detection at a late stage and a very poor prognosis<sup>2</sup>.

While conventional treatments such as chemotherapy, radiation therapy, and surgery exist, they are not without drawbacks, prompting interest in alternative modalities like Ayurveda. This ancient Indian system emphasizes holistic healing, promoting immunity, and restoring balance within the body. Integrating Ayurvedic therapies with conventional treatments could offer a more comprehensive approach to managing esophageal cancer, improving outcomes, and quality of life for patients.

### CASE STUDY

Patient Information:

Age: 78 years old

Occupation: Retired government employee

Medical History: Diabetes mellitus, history of smoking (25 years ago)

Previous Medical Condition: Carcinoma Penis (2015), underwent partial Penectomy

Current Complaints: Giddiness, vomiting, loss of appetite, loss of weight, constipation

Recent Medical Findings:

Upper GI tract endoscopy: Friable, Edematous mucosa at GE junction with biopsy suggestive of Neoplasia Erosive Gastropathy – Body & Antrum features suggestive of Adenocarcinoma.

PET-CT whole abdomen (23/01/2023): FDG avid enhancing wall thickening noted in GE junction and cardia of stomach with max thickness of 10mm (SUV max 7.2).

Medical Facility where treatment was given

Location: Outpatient department of Panchakarma at Dr BRKR Govt. Ayurvedic College and Hospital, Hyderabad.

Treatment: "MustadhiYapanaVasti (Rajayapana)<sup>3</sup>" in three cycles over a period of four months.

### AIM:

To improve the quality of life and longevity with Mustadi yapana vasti in a patient of Adenocarcinoma of esophagus who is not willing to take Chemotherapy or radiation therapy.

### OBJECTIVES

Measure improvement in existing symptoms.

Establish the supportive and immunomodulatory role of Ayurvedic treatment as an enhancer in CA Esophagus.

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### MATERIALS & METHODS

In the discourse of therapeutic interventions, Acharya Charaka offers an extensive exploration of Yapana basti yogas within the Uttara bastis in the Siddhi stana. Among these, he delineates 216 Yogas, comprising 29 original formulations and 187 extended ones. Additionally, he discusses 3 specific Yogas tailored for Anuvasana. Yapana Basti emerges as a distinctive type, endowed with the unique ability to sustain life and foster longevity. Charaka employs the term "Yapana" to signify treatments for ailments deemed incurable<sup>4</sup>, aiming to fortify the patient's resilience against the affliction. Chakrapani further elucidates that "Yapana" implies preserving equilibrium<sup>5</sup>.

Foremost among these bastis stands the Mustadi Yaapana Basti, also known as Rajayapana Basti, revered for its efficacy. These bastis are renowned for their dual functionality, serving both as Anuvasana (nourishing) and Niruha (cleansing) agents. They represent a therapeutic modification of basti karma, achieved by incorporating equal parts of madhu and taila. Prolonged use of Rajayapana fosters the Balajanana effect, akin to a Rasayana, facilitating the replenishment of Rasa and other Dhatus, thereby enhancing the integrity of Saptadhatus and promoting longevity. Consequently, these bastis are referred to as Srotoshodhaka (cleansing) and Brimhana (immunity-boosting) simultaneously.

Basti treatments not only exert localized effects but also facilitate the systemic dissemination of active drug principles, reaching the site of the lesion through the body's channels, as elucidated by Acharya Sushruta's analogy of water reaching the leaves when poured at the root of a plant. In classical texts, Rajayapana is noted for mitigating Vata and Pitta imbalances while upholding Kapha stability. Its nourishing elements for Dhatus encompass milk, Mamsarasa, ghritha, and specific herbs like Bala, Yashtimadhu, and Laghu Panchamula, with a plethora of Kwatha drugs boasting Srotoshodhaka properties.

Different Meanings of the Word "Yapana" and Its Importance,

"Yapanaschabastayah sarvakalamdeyah; thanupadekshyaamah" - It can be administered at any time.

Dharanam: To maintain<sup>6</sup>

Poshanam: To nourish<sup>7</sup>

Rog-Shamanam: To pacify diseases<sup>8</sup>

Yatrakara: Supporting the journey of life<sup>9</sup>

Pranadharana: Sustaining vitality [Arunadutta Kalpa sthana]<sup>10</sup>

"The basti which promotes longevity of life is Yapana Basti" [Chakrapani on Charak siddhi sthana]<sup>11</sup>.

The properties of Yapana basti mentioned above justify the aims and objectives of the present case.

Therapeutic Intervention: The patient was planned for Mustadi Yapanabasti and Anuvasana basti (therapeutic enema) of 3 cycles. Before the administration of basti, local Abhyanga (oil  
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massage) with tilataila and Nadiswedana (steam bath) has been done as poorva karma. Mustadi Yavana vasti (Table no 2) of 500 ml and Anuvasana basti of 100ml is administered to the

patient. Properties of individual ingredients of Mustadiyavana basti are described in the table below.

**Table 1** Properties of Mustadhi Yavana Vasti

S.NO	DRUG	LATIN NAME	RASA	GUNA	VIRYA	VIPAKA	DOSHAGNATA	KARMA
<b>KWATHA DRAVYAS</b>								
1.	Mustha	Cyperus rotundus	Tikta Katu Kashaya	Laghu Ruksha	Shita	Katu	Kapha Pitta	Pachana Shukrashodana
2.	Ushira	Vetiveria zizanioides	Tikta Madhura	Laghu Ruksha	Shita	Katu	Kapha Pitta	Sukrajanana
3.	Bala	Sida cordifolia	Madhura	Laghu Snigdha Picchila	Shita	Madhura	Vata Pitta	Balya Brimhana Ojo vardhana
4.	Aragwadha	Cassia fistula	Madhura	Mridu Guru Snigdha	Shita	Madhura	Kapha Pitta	Sramsana
5.	Rasna	Pluchea lanceolata	Tikta	Guru	Ushna	Katu	Vata	Balavardhana
6.	Manjistha	Rubia cordifolia	Madhura Kashaya	Guru	Ushna	Katu	Kapha Pitta	Sukrashodaka
7.	Katurohini	Picrorhiza Kurroa	Tikta	Laghu Ruksha	Shita	Katu	Kapha Pitta	Sukrashodaka
8.	Trayamana	Gentiana kurroo	Tikta	Laghu Ruksha	Ushna	Katu	Vata kapha	Shukrashodana
9.	Punar nava	Boerhavia Diffusa	Madhura Tikta Kashaya	Laghu Ruksha	Ushna	Madura	Tridosha	Vrishya
10.	Vibhitaki	Terminalia bellarica	Kashaya	Laghu Ruksha	Ushna	Katu	Kapha Pitta	Kasahara Jwarahara
11.	Guduchi	Tinospora cordifolia	Tikta Kashaya	Guru Snigdha	Ushna	Madhura	Tridosha	Rasyana
12.	Laghupanchamula		Kashya Tikta				Vata	Balya Brimhana
13.	Madanaphala	Randiadumentorum	Kahaya, Madhura Tikta	Laghu Ruksha	Ushna	Katu	Vata Kapha	Sukra sodhana
<b>KALKA DRAVYAS</b>								
14.	Satapushpa	Foeniculum vulgare	Madhura Katu Tikta	Laghu Snigdha	Shita	Madhura	Vata Pitta	Vrishya
15.	Yastimadhu	Glycyrrhiza glabra	Madhura	Guru Snigdha	Shita	Madhura	Vata Pitta	Balya Sukravardhana
16.	Kutaja	Tikta Kashaya	Laghu Ruksha	Laghu Ruksha	Shita	Katu	Kapha Pitta	Sukra sodhana
17.	Rasanjana	Berberis aristata	Tikta Kashaya	Laghu Ruksha	Ushna	Katu	Kapha Pitta	Rasayana Yakrituteja
18.	Priyangu	Callicarpa macrophylla	Madhura Tikta Kashaya	Laghu Snigdha	Shita	Katu	Tridosha	Prajasthapana

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19.	Saindhava lavana	Sodium chloride	Lavana	Laghu Snigdha	Shita	Madhura	Tridosha	Vrshya Deepana Rochana
<b>COVENTIONAL DRUGS</b>								
21.	Go Ksheera	Milk	Madhura	Guru Snigdha	Shita	Madhura	Pitta	Vrshya Sukrala Rasayana
22.	Madhu	Honey	Madhura Kashaya	Guru Ruksha	Shita		Kapha pitta	Vrisyavardhak Medhya Srotosodhana
23.	Go Ghritha	Ghee	Madhura	Guru Snigdha	Shita	Madhura	Vata pitta	Vrisya Sukraala Rasayana
24.	Mamsa rasa		Madhura	Laghu				Balya Rasayana Viryavardhaka

Table 2 Treatment Plan

Sl.no	Principle of Treatment		Assessment Criteria
1	8Days	Anuvasana basti with Maha masha taila	General weakness
2	15Days	Mustadi yapana basti	Fatigue
<b>25 Days Gap</b>			
3	8Days	Anuvasana basti with Maha masha taila	Constipation
4	15Days	Mustadi yapana basti	Body weight
<b>25 Days Gap</b>			
5	8Days	Anuvasana basti with Maha masha taila	ESR
6	15Days	Mustadi yapana basti	PET CT whole abdomen

Table 3 Quantity of Each Component of Basti Selected in this Patient

S. No	Contents	Ingredients	Classical	Administered dose	Total
1.	Makshika	Honey	1.5prasrita	75 ml	75 ml
2.	Lavana	Rock salt	Ishat lavana	06 gm	06gms
3.	Sneha	Taila,Grita	1.5prasrita	75 ml	75ml
4.	Kalka	Satapushpa, Madhuka Kutaja, Rasanjana, Priyangu	Each 1 aksha	10*4=40 gm Approx.40gm	40gms
5.	Kwatha	Musta, Usira, Bala, Aragwada, Rasna, Manjista, KatukaRohini Trayamana, Punarnava, Vibhitaki, Guduci, Salaparni, prsniparni, Brhati, Kantakari Goksura  *Madanaphala	Each 1 pala (15pala) Kwathadravyas should be boiled in 1  adhaka of water  8 fruits	4gm each Approx. 40gm of kwathachurna+ laghupanchamula (10gms) =50gms (total) boiled in 16 times of water (800ml) and reduced to ¼ (200ml) Approx. 3-5gms	200ml
6.	Ksheerapaka	Ksheera	2 prastha	500 ml of Milk (200 ml kasaya+500ml milk should reduce to 1/4 <sup>th</sup> ) 120ml	175 ml
7.	Avapa	Mamsa rasa	½ prastha	50ml	50ml

SUBJECTIVE PARAMETERS:

Primary cancer parameters:

Dyspnea on exertion

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General debility

Fatigue

BMI

Secondary cancer parameters (assessed based on clinical grading score)

**OBJECTIVE PARAMETERS:**

Primary cancer parameters:

ESR (Erythrocyte Sedimentation Rate)

HB (Hemoglobin)

Secondary cancer parameters:

PET-CT (Positron Emission Tomography - Computed Tomography) was included before and after therapy

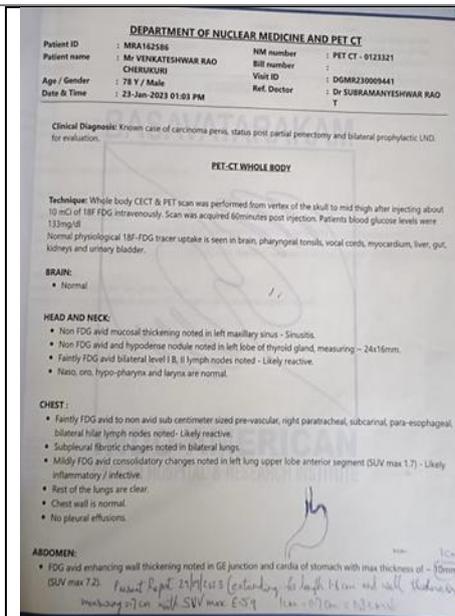
Results: There is a marked improvement in both subjective and objective parameters after the intervention. The patient exhibited significant improvement in signs and symptoms as outlined in Table no. 4.

**Table 4 Subjective Parameters**

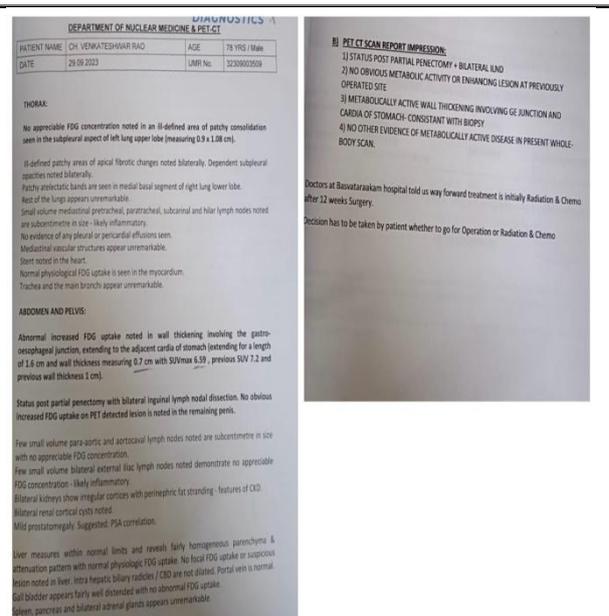
S.no	Subjective parameter	Before treatment	After treatment
1.	Dourbalya (weakness or general debility)	4	2
2.	Shrama (fatigue)	4	2
3.	Swasa (Dyspnea on exertion)	3	2
4.	Dysphagia	4	2
5.	Kshudha(loss of appetite)	1	4
6.	Mala (Stool)	Type 1 [Severe constipation]	Type 3 [Normal]

**Table 5 Objective Parameters**

S.no	Objective Parameters	Before treatment	After Treatment
1.	ESR	38MM/HOUR	10MM/HR
2.	HB	9GMS/DL	12GMS/DL
3.	BODY WEIGHT	69KGS	74KGS
4.	PET CT WHOLE ABDOMEN	FDG avid enhancing wall thickening noted in GE junction and cardia of stomach with max thickness of <b>-10mm</b>	FDG avid enhancing wall thickening noted in GE junction and cardia of stomach with max thickness of <b>-0.7mm</b>
5.	X RAY CHEST	NORMAL	NORMAL



Before Treatment

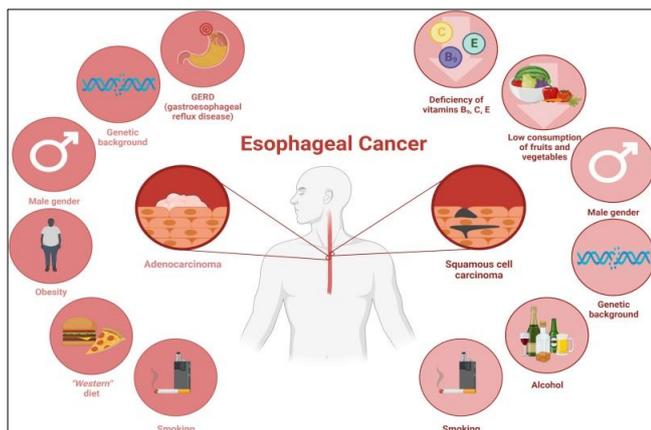


After Treatment

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### DISCUSSION

The human body consists primarily of the circulatory system, lymphatic system, and immune system. These systems play crucial roles in maintaining health and combating diseases, including cancer<sup>12</sup>.



**Figure 1** The risk factors contributing to the development of Esophageal cancer

Cancer and its treatments can significantly impact the circulatory system by altering the number of blood cells circulating in the bloodstream. Furthermore, cancer cells have the ability to spread through the bloodstream to other parts of the body, a process facilitated by the lymphatic system. The lymphatic system serves as a defense mechanism, trapping and destroying cancer cells as well as harmful organisms like bacteria. However, sometimes cancer cells can evade this defense and settle in nearby lymph nodes, where they may proliferate.

The immune system is another vital component in the body's defense against cancer and infections. Cancer treatments can weaken the immune system, leaving patients susceptible to

various illnesses. However, boosting the immune system can aid in the fight against cancer.

Ayurveda, an ancient Indian system of medicine, offers a holistic approach to cancer treatment. According to Ayurvedic principles, effective treatment involves understanding the changes occurring in the body's dosha, dhatu, mala, upadhatu, and ojas. One of the key Ayurvedic therapies for cancer is Basti, which involves administering medicated enemas.

Basti treatment primarily targets the Pakwashaya (colon) but has systemic effects on the entire body. It stimulates the gut-brain axis and influences gut microbiota, which has been linked to various diseases. Basti therapy helps in expelling vitiated dosha and nourishing the body. It also facilitates the excretion of morbid components from the colon and activates higher centers via the gut-brain axis. A properly given Basti, according to Sushruta, remains in the Pakwasaya, Sroni and below Nabhi, and the Virya of Basti Dravya is transmitted throughout the body via Srotas<sup>13</sup>.

The administration of Yapana Basti may trigger neuro-immuno-endocrine processes, leading to systemic therapeutic effects. By promoting gut health, enhancing immunity, and addressing underlying imbalances, Ayurvedic therapies like Basti can complement conventional cancer treatments, improving patient outcomes and quality of life.

In summary, Ayurvedic therapies, particularly Basti treatments, offer a multifaceted approach to cancer management. Understanding the

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interconnectedness of body systems and harnessing the body's innate healing mechanisms are central to the Ayurvedic approach to health and disease management.

## CONCLUSION

After four months of therapy, significant improvements were observed in the patient's overall condition, as measured by indicators such as general weakness, fatigue, dyspnea on exertion, bowel movement, body weight, ESR, and HB levels. Notably, there was a reduction in the size of the esophageal tumor, and PET CT scans showed no evidence of new metastatic tumors. The therapy involving Rajayapana Basti demonstrated safety and effectiveness in cancer patients, with no adverse effects reported. It has proven beneficial in terms of both prolonging longevity and enhancing quality of life. However, it is strongly recommended to complement Ayurvedic therapies with conventional anti-cancer treatments for a more comprehensive approach to cure and to reduce the risk of relapse. Incorporating Ayurvedic therapies alongside conventional treatments offers a synergistic approach to managing esophageal cancer. This not only addresses the disease itself but also enhances overall well-being and quality of life. This case study highlights the potential of Ayurveda as a complementary modality in cancer care and advocates for its integration into mainstream oncology practice for improved patient outcomes and holistic care.

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### REFERENCES

1. Lagergren J, Smyth E, Cunningham D, Lagergren P. Oesophageal cancer. *Lancet*. 2017;390(10110):2383–6. [10.1016/S0140-6736\(17\)31462-9](https://doi.org/10.1016/S0140-6736(17)31462-9) [PubMed][CrossRef][Google Scholar]
2. Pentheroudakis G, Golfinopoulos V, Pavlidis N. Switching benchmarks in cancer of unknown primary: from autopsy to microarray. *Eur J Cancer*. 2007 Sep;43(14):2026–36. [PubMed] [Reference list]
3. R.K Sharma. B.D (2013) charaka samhita vol-6, page (408). Varanasi: choukambha Sanskrit series
4. Kashinath shastri evam G.C.(2016) charaka samhita, sutrastana, chapter 18, verse 39, page (382). Varanasi: Choukambha bharti academy
5. Kashinath shastri evam G.C (2016) charaka samhita, vimanastana, chapter 1, verse 14, page (676). Varanasi: Choukambha bharti academy
6. Prof G.D. Singhal. (2015). *Susrutha samhita ancient Indian surgery vol-1*, page(500).varanasi: Choukambha Sanskrit pratisththan
7. Ambikadatta shastri. (2005) *susrutha samhita, shonitavarnaniya adhyaya, 14/15*. Varanasi: Choukambha Sanskrit pratisththan
8. Ambikadatta shastri. (2005) *susrutha samhita, 1st edition, arshachikista adhyaya, 6/13*. Varanasi: Choukambha Sanskrit pratisththan
9. Acharya vidyadhar shukla. (2002) *agnivesha, charaka, Dridabala, charaka samhita, sutrastana, trishothiya adhyaya, 18/19, page(278)* Varanasi: Choukambha Sanskrit pratisththan
10. Acharya vidyadhar shukla. (2002) *agnivesha, charaka, Dridabala, charaka samhita, vimanastana, rasavimana adhyaya, 1/4, page(549)* Varanasi: Choukambha Sanskrit pratisththan
11. Ambikadatta shastri. (2005) *susrutha samhita, shonitavarnaniya adhyaya, 14/3*. Varanasi: Choukambha Sanskrit pratisththan
12. Parent, M. E., Siemiatycki, J., Fritschi, L. (2000). Workplace exposures and oesophageal cancer occuo. *Environ.Med.*57,325-334.[doi 10.1136/oem.57.5.325](https://doi.org/10.1136/oem.57.5.325) PubMed Abstarct | CrossRef full text | Google Text
13. Sushruta Chikitsa sthana,35/24. *Sushruta Samhita. Nibandha Sangraha Commentary by Dalhan and Nyayacandrika Panjika of Sri Gayadasacharya. Varanasi: Chaukhambha Orinetalia; 1992. 57.*