

# A Review Article on Role of Ayurveda in Oral Cavity Malignancies

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#### **ABSTRACT**

Oral cavity cancer is one the ten most common malignancies in the world, it is highly prevalent developing countries because of high tobacco chewing, alcohol intake and late detection of disease, the site of oral cavity cancer include mucosa of lip, buccal mucosa hard palate upper and lower alveolar ridge and anterior two third of tongue, the common symptoms oral cavity cancer are painless Ulcer or sore, Lump or thickening, White or red patches, Difficulty in swallowing, Persistent pain, Change in speech, Numbness or loss of sensation, Bleeding, Bad breath, Weight loss the diagnosis is done by physical examination of tumor and biopsy should be sent for confirmation of cancer, the staging of cancer will done TNM staging method and to evaluate the therapeutic outcome the karnofsky scale has been used.

The management of oral cavity cancer through surgery and radio therapy, and Ayurveda has role as a target therapy where surgery and radiation are contra indicated, as an adjuvant therapy to improve the outcome of treatment and avoid reoccurrence, as a supportive during complication arises during the treatment and dietary advice for improve the immunity and for adopting therapy for all these treatment protocol Gandusha, Kavala, Jalaukavacharana, Agni karma, Kshara karma, Garshana has been used with different formulation and Shamoanoushadi like Hiraka basma, Kanchanara guggulu, Varunadi Kashaya to reduce the size tumor and improve the immunity like Hemagarba pottali and other Rasayana is advised during the course of treatment

**Key Words:** oral cavity malignancies, Kavala, Gandusha, Agni karma, Kshara karma, Garshana and Shamanoushadi

### INTRODUCTION

Oral cavity cancer is one of the ten most common malignancies in the world. In developing countries, it constitutes the 3<sup>rd</sup> commonest malignancy. It is fairly common and very curable if found and treated early. Ayurveda has a role as prophylactic, palliative, curative, supportive treatment to improve the quality of life and dietary advice

#### Etiology<sup>1</sup>

- Smoking habit of reverse smoking where burning end of churat (rolled tobacco leaf) is put in mouth
- Alcohol 6 times more common in drinkers compare to the non-drinkers at upper aerodigestive track
- Sharped jagged tooth
- Species irritates the buccal mucosa



- Syphilis- long term oral syphilis can convert into cancer
- Sepsis- long term infective lesions can convert into cancer
- Tobacco chewing- powdered tobacco mixed with lime and placed in some part of the vestibule
- Dietary deficiencies- riboflavin deficiency may be responsible for cancer in alcoholics .

### Site of Cancer<sup>2</sup>

- Mucosal lip (from the junction of the skin- vermilion border to line of contact of upper and lower lip)
- Buccal mucosa (include mucosa of cheek and inner surface of lip upto line of contact of opposing lip)
- Anterior two thirds of tongue (oral Tongue)
- Hard palate
- Lower alveolar ridges
- upper alveolar ridges
- Floor mouth
- Retro molar trigon

# **Symptoms of Oral Cavity Cancer<sup>3</sup>**

- Ulcer or sore
- Lump or thickening
- White or red patches
- Difficulty in swallowing
- Persistent pain
- Change in speech
- Numbness or loss of sensation
- Bleeding
- Bad breath
- Weight loss

## Staging of Oral Cancer<sup>4</sup>

• Oral cancer is a significant health concern that can affect various parts of the mouth, including the lips, tongue, cheeks, gums, and the roof or floor of the mouth. Understanding the stages of oral cancer is crucial for diagnosis, treatment, and prognosis. This document outlines the stages of oral cancer, providing insights into how the disease progresses and the implications for patient care.

### • Stage 0: Carcinoma in Situ

In this earliest stage, abnormal cells are found in the lining of the mouth but have not invaded deeper tissues. This stage is often referred to as "carcinoma in situ" and is considered highly treatable, with a good prognosis if detected early.

#### Stage I

At this stage, the cancer is small, typically less than 2 centimeters in size, and has not spread beyond the oral cavity. The cancer is localized, and the lymph nodes are not affected. Treatment options often include surgery and possibly radiation therapy.



### • Stage II

Stage II oral cancer involves a tumor that is larger than 2 centimeters but still confined to the oral cavity. There is no evidence of lymph node involvement or distant metastasis. Treatment may involve a combination of surgery and radiation therapy, depending on the tumor's characteristics.

#### Stage III

In Stage III, the cancer may be larger than 4 centimeters or may have spread to one nearby lymph node on the same side of the neck. The lymph node involvement is typically less than 3 centimeters. This stage indicates a more advanced disease, and treatment often includes surgery, radiation, and possibly chemotherapy.

### • Stage IV

Stage IV is the most advanced stage of oral cancer and is divided into three subcategories:

- **Stage IVA**: The cancer has spread to nearby tissues and may involve multiple lymph nodes on the same side of the neck, but there is no distant spread.
- **Stage IVB**: The cancer may have spread to nearby structures, such as the jaw or other areas of the head and neck, and may involve lymph nodes on both sides of the neck.
- **Stage IVC**: This stage indicates that the cancer has metastasized to distant parts of the body, such as the lungs or other organs. This stage is associated with a poorer prognosis and requires more aggressive treatment approaches.

### Diagnosis<sup>5</sup>

- Physical examination
- Biopsy- of the lesion for histological type of growth.
- Radiological computer tomography scan involvement of bone (mandible and maxilla) and extension into infra temporal fossa

## Karnofsky Scale<sup>6</sup>

- 100: Normal, no complaints, no evidence of disease.
- 90: Able to carry on normal activity, minor symptoms.
- **80**: Normal activity with effort; some symptoms.
- 70: Cares for self, unable to carry on normal activity or to work.
- 60: Requires occasional assistance but is able to care for most of their personal needs.
- **50**: Requires considerable assistance and frequent medical care.
- 40: Disabled, requires special care and assistance.
- 30: Severely disabled, hospitalization is necessary, but death is not imminent.
- 20: Very sick, hospitalization necessary, active supportive treatment is needed.
- 10: Moribund, fatal processes progressing rapidly.
- **0**: Dead.



# Ayurveda Management<sup>7</sup>

• Role of Ayurveda in cancer management as prophylactic, palliative, curative, supportive treatment to improve quality of life and dietary effect

#### As target therapy

Control cell division

Prompting aptosis

Improving tissue immunity

Fortifying tissue deference of probable target tissue metastasis

Preventing reoccurrence

- Agnikarma with suvarna shalaka
- Ksharakarma apamrga kshara
- jalaukavacharana
- Kavala jatyadi taila(vrina) varuna kwtha
- Gandusha- arimedadi taila
- Lepa- dashana kanti churna, pathadi churna
- Pratisrana- kalaka churna, pitaka churna
- Garshana with gairika churna

#### On the basis of causes

- Chemical irrtants(tobacco)- ropana dravya pravala basma gairika rajata pravala shanka
- Physical irtants (alcohol, species, smoking)- sheetal dravyas
- Microorganism (syphilis) Vidanga preparation
- Hemagarba pottali and suvarna basma increases the oja

#### As a adjuvant therapy

A adjuvant therapy or co therapy along with chemo therapy or radio therapy after surgery

- To minimize the side effect
- To reducing therapeutic dose
- To slower the progression of cancer when chemotherapy radio therapy contra indicated
- Anti-tumor actions
- Cell protective activity
- Example intake of grita kalpana in classical way 1 week or 10days before chemotherapy or radiotherapy have shown less toxic effect
- Amala cancer research center thrissur kerala
- Ayurvedic preparation like- chaturbuja rasa, bhallataka vati, arogyavardini vati act like as chemotherapy
- Radiation therapy- pravala garba pottali used
- Triphala rasayana
- Navajeevana rasa
- Vasantakusumakara rasa
- Chavanaprasha avaleha
- Navaratna rassa

### **Supportive Therapy**<sup>8</sup>

- Cancer related fatigue-abhyanga with balashwaganda taila, smritisgara rasa
- Constipation- niruha basti with eranda kwatha , haritaki , sukumara grita
- Anemia- phalatrikadi kashaya



- Mandura vataka
- Pain relief guggulu preparation
- Nausea, vomiting- sutashekara rasa
- Pain abdomen- shanka vati
- Bleeding- chandrakala rasa, bolabadda rasa
- Jaundice-patola katurohnyadi kashaya

#### **CONCLUSION**

Adopting the Ayurveda therapies during the treatment will have better outcome. Even in early stage adopting nidana parivarjan, rutu shodana and adopting kavala gandusha can reduce possibility of occurrence of disease. Ayurveda can avoid re occurrence and will improve quality of life of the patient

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