World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 7.409

"EFFECTIVE MANAGEMENT OF SYMPTOMS OF CARCINOMA OF THE URINARY BLADDER (*BASTYARBUDA*) THROUGH *AYURVEDIC* INTERVENTIONS: A CASE REPORT"

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Article Received on 11/07/2025 **Article Revised on 01/08/2025** **Article Accepted on 21/08/2025**

ABSTRACT
This case report investigates the efficacy of traditional *Ayurvedic* treatment modalities in managing symptoms of carcinoma of the urinary bladder, highlighting both clinical outcomes and changes in quality of life indicators. Initial assessment revealed severe symptoms of urinary dysfunction, marked hydronephrosis, and notable prostatomegaly, confirmed through diagnostic ultrasonography which indicated latent neoplastic pathology. Over a treatment course spanning three months, the patient received tailored *Ayurvedic* therapies aimed at detoxifying the body, enhancing metabolic functions, and restoring *doshic* balance, without referencing specific medicinal compounds. Post-treatment evaluations demonstrated significant improvements. Objective measurements from ultrasonography illustrated changes such as decreased bladder wall irregularity and diminished hydronephrosis. Subjective assessments showed a dramatic reduction in the severity of symptoms: the International Prostate Symptom Score (IPSS) decreased from 28/35 to 10/35, and the Modified Medical Research Council (mMRC) Dyspnea Scale improved from 4/4 to 1/4. Furthermore, the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score for knee joint pain improved from 80/96 to 30/96, suggesting enhanced joint function and reduced pain. These findings suggest that *Ayurvedic* interventions could serve as effective complementary treatments for managing specific symptoms of bladder carcinoma, supporting further research into their integrative use in oncology. The results advocate for the inclusion of *Ayurvedic* practices in holistic cancer care, promising improvements in patient outcomes and quality of life.

KEYWORDS: CA urinary bladder, *Ayurvedic* treatment, quality of life, integrative oncology, *Ayurveda* in cancer care, *Bastyarbuda*.

INTRODUCTION
Bastyarbuda, recognized in *Ayurveda* as a severe ailment akin to carcinoma of the urinary bladder, is discussed extensively in ancient *Ayurvedic* texts, such as the *Charaka Samhita* and *Sushruta Samhita*. These texts describe symptoms such as painful urination, obstruction, and palpable masses in the pelvic area, pointing to a tumor within the urinary bladder.[1] These classical references highlight treatments involving *ayurvedic* formulations, diet modifications, and lifestyle interventions aimed at rebalancing the body's *doshas* and cleansing bodily channels.[2]

From a modern medical perspective, carcinoma of the urinary bladder is identified predominantly in the epithelial lining and is marked by mutations that cause uncontrolled cellular growth. Epidemiologically, it is a significant health concern, with approximately 573,000 new cases and 213,000 deaths globally in 2020. The incidence rates are notably higher in developed regions and among males, with lifestyle factors like smoking and exposure to industrial chemicals being major risk factors.[3,4]

The pathophysiology in modern medicine revolves around genetic mutations and environmental interactions, leading to malignant growths within the bladder.[5] Medical advancements have led to improved diagnostic and treatment modalities, including surgical interventions, intravesical therapy, and chemotherapy.[6]

In *Ayurveda*, *Bastyarbuda* is considered a result of *Srotodushti* (disturbance in the body channels), particularly in the *Mutravaha Srotas* (urinary channels). This disturbance is primarily attributed to imbalances in the *Kapha* and *Vata doshas*, with *Pitta* less commonly involved. The disease's progression involves the accumulation and spread of toxins in the body channels, eventually leading to tumor formation.[7]

By drawing parallels between *Ayurvedic Samprapti* (pathogenesis) and modern pathology, deeper integrative medical approaches can be explored. *Ayurvedic* principles can complement modern treatments by focusing on individualized holistic care, potentially improving patient well-being and treatment efficacy.

CASE REPORT

Patient History and Information

Demographics: The patient is a 78-year-old male, who presents with several urological and respiratory symptoms that have progressively worsened over time. This case description provides a detailed overview of his current health challenges and medical background to facilitate a comprehensive diagnostic and treatment approach.

Medical History: Previously, the patient had not been on any long-term medication related to the urinary symptoms nor had he followed any specific traditional *Ayurvedic* treatment regimen before this episode. There is no known history of hypertension or anaemia, which simplifies the clinical context somewhat by eliminating these common variables associated with his age group.

Surgical History: The patient has a relatively minimal surgical history, with the only operation being a cataract surgery. This is significant as it indicates that there have been no interventions that might directly influence his current urinary system's condition.

Family and Lifestyle History: There is no significant family history of genetic disorders, cancer, or cardiovascular diseases, which might have predisposed him to his current condition. He maintains a primarily vegetarian diet with occasional imbalances possibly due to his age and lifestyle. His lifestyle is predominantly sedentary, primarily due to chronic knee joint pain which restricts his mobility and physical activity.

Symptomatology and Disease Progression: The patient reports a burning sensation during micturition and an increased frequency of urination, both classic signs that suggest a potential urinary tract issue. Additionally, the symptom of haematuria was particularly alarming and indicative of a more severe underlying condition. Comorbidity includes a cough and dyspnoea on exertion, which could suggest an overlapping cardiorespiratory issue, complicating his clinical picture.

Samprapti

In *Ayurveda*, the *Samprapti* (pathogenesis) of *Bastyarbuda*, akin to carcinoma of the urinary bladder, is characterized by the disturbance of *Vata* and *Kapha doshas*. *Vata*'s increase promotes abnormal cell mobility and spread, while *Kapha*'s involvement leads to cell growth and tumor formation, primarily affecting the *Medas* (fat tissue) and *Rakta* (blood). The pathological process primarily disturbs the *Mutravaha Srotas* (urinary channels), presenting as *Sanga* (obstruction) and *Vimargagamana* (improper movement). This obstruction results in symptoms like painful and frequent urination, alongside haematuria due to the involvement of the *Rakta dhatu* and disruption of normal urinary flow. Such an understanding of pathogenesis helps in framing targeted *Ayurvedic* interventions focusing on correcting the *doshic* imbalances and clearing the *Srotas* obstructions.

Samprapti Ghataka

Table 1: *Samprapti* Ghataka.

Component	Description
Dosha	*Vata, Kapha*
Dushya	*Meda, Rakta*
Srotas	*Mutravaha Srotas*
Adhishthana	*Basti*
Nidana	Diet, Lifestyle, Genetics
Purvarupa	Urinary Disturbances
Rupa	Dysuria, Haematuria
Upashaya-Anupashaya	Food, Lifestyle Choices

Table 2: Vital Parameters.

Sr. No	Examination	Findings
1.	**Blood Pressure**	130/80 mm of Hg
2.	**Pulse**	90 / min
3.	**Weight**	68.45 kg
4.	**Height**	5 feet 4 inches

***Ayurvedic* Examination**

Table 3: *Ashtavidha Pariksha* (Eight-fold Examination).

Sr. No	Examination	Findings
1.	***Nadi* (Pulse**	*Pitta Kapha*
2.	***Mutra* (Urine)**	Discomfort during micturition (*Mutrakruchra*), Haematuria
3.	***Mala* (Stool)**	*Avikrita*
4.	***Jihva* (Tongue)**	*Saam*
5.	***Shabda* (Voice)**	*Avikrita*
6.	***Sparsha* (Touch)**	*Avikrita*
7.	***Drik* (Eyes)**	*Shweta*
8.	***Akriti* (Appearance)**	*Avikrita*

Table 4: Dashavidha Pariksha (Ten-fold Examination).

Sr. No	Examination	Findings
1.	***Prakriti* (Constitution):**	***Pitta Vata***
2.	***Vikriti* (Imbalance)**:	*Vata, Kapha*
3.	***Sara* (Tissue Excellence)**:	*Maans Saar*
4.	***Samhanana* (Body Build)**:	Moderate
5.	***Pramana* (Body Proportions)**:	Within normal limits.
6.	***Satmya* (Adaptability)**:	*Avar*
7.	***Satva* (Psychological Strength)**:	*Avar*
8.	***Ahara Shakti* (Digestive Strength)**:	*Avar*
9.	***Vyayama Shakti* (Exercise Capacity)**:	*Avar*
10.	***Vaya* (Age)**:	78 yr old, *vriddha*

Systemic Examination

1. **General Appearance**: The patient appears fatigued and displays pallor, indicative of chronic illness or anemia.
2. **Vital Signs**: Normal body temperature with a potentially elevated heart rate, possibly due to pain or stress.
3. **Abdominal Examination**: A palpable mass is noted in the lower abdomen consistent with the expected tumor location.
4. **Cardiovascular System**: Heart sounds are normal, though the rate may be increased, aligning with systemic stress or anaemia.
5. **Respiratory System**: Breath sounds remain clear unless impacted by secondary complications like metastasis.
6. **Musculoskeletal**: Mobility is decreased, potentially due to pelvic pain or metastatic impact on bones.
7. **Neurological Examination**: Mental status and motor/sensory assessments are generally normal, without evident neurological deficits.
8. **Urinary System Examination**: Urinary symptoms are highlighted by dysuria, haematuria, and increased frequency of urination, directly related to tumor presence and activity within the bladder.

Diagnostic Assessment

Table 3: Laboratory Results

Urine examination

1. **Urine Protein - +**
2. **Blood - +++**

Imaging Results

1. **Ultrasound**: done on 28/10/24 suggested of –

- **Findings likely represent neoplastic urinary bladder pathology**
- **Mild left sided hydronephrosis and hydroureter noted.**
- **Small left renal cortical cysts as described**
- **Grade IV Prostatomegaly**
- **Grade I fatty liver changes**

2. **FDG Report PET Scan**

- **Node in RT upper lobe of lung anteriorly measuring 8mm**
- **Bladder wall left & Infero lateral 8x6.5cm anterior wall 1.9x2.2cm**
- **Diverticulum 3.5x1.5cm**

Assessment Parameters

Objective Parameters

1. **USG Findings**

Subjective Parameters

To measure and evaluate the specific symptoms such as burning and frequent micturition, hematuria, cough, dyspnea on exertion, and knee joint pain, various well-recognized scales can be utilized. Each symptom can be quantitatively assessed using respective scales to systematically gauge their severity and impact on the patient's quality of life:

1. **Burning and Frequent Micturition**

- **Scale:** International Prostate Symptom Score (IPSS)
- **Description:** Assesses symptoms related to lower urinary tract issues, including frequency, urgency, and pain. The scale runs from 0 to 35, where higher scores indicate more severe symptoms.[8]

2. Cough

- **Scale:** Leicester Cough Questionnaire (LCQ)
- **Description:** A comprehensive tool measuring the impact of cough with domains covering physical, psychological, and social aspects. It has a scoring range where higher scores indicate better health status; total scores range from 3 to 21.[9]

3. Dyspnea on Exertion

- **Scale:** Modified Medical Research Council (mMRC) Dyspnea Scale
- **Description:** Grades severity of breathlessness from 0 (no trouble breathing except on strenuous exercise) to 4 (too breathless to leave the house), with higher numbers indicating greater disability.[10]

4. Knee Joint Pain

- **Scale:** Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC)
- **Description:** This scale assesses pain, stiffness, and functional limitations specifically related to knee and hip osteoarthritis. It is scored from 0 to 96, with higher scores indicating worse pain, stiffness, and functional limitations.[11]

Therapeutic Intervention

I. Diet Plan[12]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

a. Foods to be avoided:

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.

b. Hydration

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 litre of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, coconut water and turmeric-infused water part of your daily routine.

c. Millet Intake

- Incorporate five types of millet into your diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Little (*Panicum sumatrense*), Kodo (*Paspalum scrobiculatum*), and Browntop (*Urochloa ramose*).
- Use only steel cookware for preparing the millets
- Cook the millets only using mustard oil.

d. Meal Timing and Structure

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient will be given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient will be served a steamed salad, chutney, and soup.

e. Fasting

- It is advised to observe one-day fasting.

f. Special Instructions

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasana* (a yoga posture) after each meal.
- 10 minutes slow walk after every meal.

g. Diet Types

- The diet comprises low salt solid, semi-solid, and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

II. Lifestyle Recommendations

(i) Include meditation for relaxation.
(ii) Practice barefoot brisk walk for 30 minutes.
(iii) Ensure 6-8 hours of quality sleep each night.
(iv) Adhere to a structured daily routine.

Medicines that were used in this case report

Table 6: Day 1 on 09/11/24.

Medications	Dose	Anupana	Duration
Dr. Shuddhi Powder- *Trikatu* (a blend of *Piper nigrum*, *Piper longum*, and *Zingiber officinale*), *Amarvati*), *Triphala* (a blend of *Terminalia chebula*, *Terminalia bellirica*, and *Emblica officinalis*), *Anardana (Punica granatum), Nagar motha (Cyperus rotundus), Dalchini (Cinnamomum verum), Vay Vidang (Embelia ribes), Badi Elaichi (Amomum subulatum), Choti Elaichi (Elettaria cardamomum), Hing (Ferula asafoetida), Tej Patta (Cinnamomum tamala), Kachnar (Bauhinia variegata), Laung (Syzygium aromaticum), Ajwain (Trachyspermum ammi), Nishoth (Operculina turpethum), Sajjikshar (Sodium bicarbonate), Sendha Namak (Rock*	½ Tsp BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)

salt), Pushkarmool (Inula racemosa), Dhaniya (Coriandrum sativum), Sanaye (Cassia angustifolia), Pipla Mool (Piper longum root), *Mishri* (crystallized sugar from *Saccharum officinarum), Jeera (Cuminum cyminum), Nagkesar (Mesua ferrea).*			
Carcinex Cap - *Guduchi (Tinospora cordifolia), Kirattikta (Swertia chirata), Maricha (Piper nigrum), Paneer Dodi (Withania coagulans), Amlaki (Emblica officinalis), Kalmegha (Andrographis paniculata), Neem (Azadirachta indica)*, and *Lavang (Syzygium aromaticum).* Additionally, *Abhrak Bhasma* is a mineral-based *Ayurvedic* preparation, and its main component is mica, biotite or Muscovite.	1 Cap BD	Lukewarm Water (*Koshna Jala*)	*Pragbhakta* (Before Meal)
Varunadi Vati - The primary ingredients in Varunadi Vati include *Varuna (Crataeva nurvala), Gokshura (Tribulus terrestris), Punarnava (Boerhavia diffusa)*, and *Shuddha Guggulu (Commiphora wightii).* These components synergistically work to address urinary tract issues and promote the health of the renal system. *Varuna* assists in breaking down renal stones and alleviating urinary retention. *Gokshura* acts as a diuretic and improves overall urinary function. *Punarnava* supports kidney function and helps manage fluid retention, while *Shuddha Guggulu*, known for its anti-inflammatory properties, aids in reducing inflammation and enhancing the effectiveness of other herbal ingredients.	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Pain Nil Capsule - *Picrorhiza kurroa (Kutki), Centratherum anthelminticum (Kalijeeri), Holarrhena antidysenterica (Kuda Saq), Citrullus colocynthis (Kodtumba), Hyoscyamus niger (Khurasani Ajwain), Withania somnifera (Ashwagandha), Colchicum luteum (Suranjan), Zingiber officinale (Sonth), Swertia chirata (Chiraita), Piper longum (Pippali), Curcuma amada (Amba Haldi), Myristica fragrans (Jaiphal), Myristica fragrans (Javitri), Cucurbita pepo (Magah), Piper nigrum (Kali Mirch), Berberis aristata (Rasont), Ricinus communis (Erandmool), Vitex negundo (Nirgundi), Moringa oleifera (Sahjan),* and *Tinospora cordifolia (Giloy).*	1 Cap BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Detox Lung Churna- *Arjuna* powder is made from *Terminalia arjuna*, *Kantakari* powder from *Solanum xanthocarpum*, *Haridra* powder from *Curcuma longa*, *Vasa* powder from *Adhatoda vasica*, *Shunthi* powder from *Zingiber officinale*, *Pushkarmool* powder from *Inula racemosa*, *Karkatshringi* powder from *Pistacia integerrima*, and *Pippali* powder from *Piper longum*. Additionally, *Sphatika Bhasma* powder is derived from alum (potassium aluminum sulfate).	½ Tsp BD	Lukewarm Water *(Koshna Jala)*	*Adhobhakta* (After Meal)
Mahagranthihar Vati - *Terminalia chebula (Harad), Terminalia bellirica (Bahera), Emblica officinalis (Amla), Piper longum (Pippali), Piper nigrum (Kalimirch), Zingiber officinale (Sonth), Piper retrofractum (Chavya), Curcuma zedoaria (Kachur), Embelia ribes (Vayavdanga), Cyperus rotundus (Musta),* often mistaken with *Pippla Mool), Cyclea peltata (Patha), Acorus calamus (Vacha), Elettaria cardamomum (Choti Elaychi), Cedrus deodara (Devdaru), Ipomoea digitata (Vidari).* The *Bhasmas* listed do not have direct Latin herb names as they are processed minerals or metals utilized in *Ayurvedic* medicine. Examples include *Parad Bhasma* (made from mercury), *Gandhak* (Sulfur), *Vang Bhasma* (made from tin), *Tamra Bhasma* (made from copper), *Kash Bhasma*, *Hartal Bhasma* (arsenic trisulfide), *Shankh Bhasma* (made from conch shell), and *Loh Bhasma* (made from iron).The various salts mentioned such as *Samundar Namak* (sea salt), *Senda Namak* (rock salt), *Sambar Namak*, *Vid Namak*, and *Kala Namak* (black salt) also do not have botanical Latin names as they are mineral-based.	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After meal)
Liv Shuddhi Tablet - *Silybum marianum (Milk Thistle), Cichorium intybus (Chicory), Taraxacum officinale (Dandelion), Phyllanthus niruri (Bhumi Amla), Picrorhiza kurroa (Kutki), Andrographis paniculata (Kalmegh),* and *Terminalia chebula (Haritaki).* These components are renowned for their hepatoprotective properties, aiding in detoxification, enhancing bile production, and providing antioxidant benefits to maintain healthy liver function.	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After meal)

Table 7: Visit 2 – 27/11/24.

Medications	Dose	Anupana	Duration
Oncoblaze Churna - *Tinospora cordifolia (Guduchi), Andrographis paniculata (Kalmegh), Emblica officinalis (Amalaki), Solanum xanthocarpum (Kantakari), Linum usitatissimum (Atasi), Zingiber officinale* (*Jadaber*, often referred to by its common name in	½ Tsp BD	Lukewarm Water (*Koshna Jala)*	*Adhobhakta* (After Meal)

English as Ginger although the term *'Jadaber'* is unusual), *Curcuma longa (Haridra),* and *Annona squamosa (Sitaphal).*			
Carcinex Cap- *Guduchi* powder *(Tinospora cordifolia), Kirattikta* powder *(Andrographis paniculata), Maricha* powder *(Piper nigrum), Paneer Dodi* powder *(Hedychium spicatum), Amalaki rasayan* powder *(Phyllanthus emblica), Tamra bhasma* powder, *Swarnamakshik Bhasma, Kalmegha (Andrographis paniculata), Neem* powder *(Azadirachta indica), Lavang* powder *(Syzygium aromaticum), Abhrak Bhasma* powder	1 Cap BD	Lukewarm Water (*Koshna Jala)*	*Pragbhakta* (Before Meal)
Varunadi Vati- *Punarnava (Boerhavia diffusa), Gokshur (Tribulus terrestris), Varun (Crataeva nurvala), Guggul (Commiphora mukul)*	1 Tab BD	Lukewarm Water (*Koshna Jala)*	*Adhobhakta* (After Meal)
Mutral Vati - *Tribulus terrestris (Gokhru), Commiphora wightii (Guggul), Zingiber officinale (Sonth), Piper nigrum (Kalimirch), Piper longum (Pippal), Terminalia bellirica (Bahera), Terminalia chebula (Harad), Emblica officinalis (Amla), and Cyperus rotundus (Motha).*	1 Cap BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Detox Lung Churna- *Sajjikshar* (Sodium bicarbonate), *Arjuna (Terminalia arjuna), Kantakari (Solanum xanthocarpum), Haridra (Curcuma longa), Vasa (Adhatoda vasica), Shunthi (Zingiber officinale), Pushkarmool (Inula racemosa), Sphatika Bhasm (Aluminium silicate), Karkatshringi (Balanites roxburghii), Pippali (Piper longum)*	½ Tsp BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)

Table 8: Visit 3 – 19/01/25.

Medications	Dose	Anupana	Duration
Oncoblaze Churna - *Tinospora cordifolia (Guduchi), Andrographis paniculata (Kalmegh), Emblica officinalis (Amalaki), Solanum xanthocarpum (Kantakari), Linum usitatissimum (Atasi), Zingiber officinale* (*Jadaber*, often referred to by its common name in English as Ginger although the term *'Jadaber'* is unusual), *Curcuma longa (Haridra),* and *Annona squamosa (Sitaphal).*	½ Tsp BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Carcinex Cap- *Guduchi* powder *(Tinospora cordifolia), Kirattikta* powder *(Andrographis paniculata), Maricha* powder *(Piper nigrum), Paneer Dodi* powder *(Hedychium spicatum), Amalaki rasayan* powder *(Phyllanthus emblica), Tamra bhasma* powder, *Swarnamakshik Bhasma, Kalmegha (Andrographis paniculata), Neem* powder *(Azadirachta indica), Lavang* powder *(Syzygium aromaticum), Abhrak Bhasma* powder	½ Tsp BD	Lukewarm Water (*Koshna Jala*)	*Pragbhakta* (Before Meal)
Varunadi Vati- *Punarnava (Boerhavia diffusa), Gokshur (Tribulus terrestris), Varun (Crataeva nurvala), Guggul (Commiphora mukul)*	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Mutral Vati - *Tribulus terrestris (Gokhru), Commiphora wightii (Guggul), Zingiber officinale (Sonth), Piper nigrum (Kalimirch), Piper longum (Pippal), Terminalia bellirica (Bahera), Terminalia chebula (Harad), Emblica officinalis (Amla),* and *Cyperus rotundus (Motha)*	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Detox Lung Churna- *Sajjikshar* (Sodium bicarbonate), *Arjuna (Terminalia arjuna), Kantakari (Solanum xanthocarpum), Haridra (Curcuma longa), Vasa (Adhatoda vasica), Shunthi (Zingiber officinale), Pushkarmool (Inula racemosa), Sphatika Bhasm (Aluminium silicate), Karkatshringi (Balanites roxburghii), Pippali (Piper longum)*	1 Tab BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)

Follow-Up and Outcomes

After 3 months of *Ayurveda* Treatment the results that were seen were

Organ / Finding	Old Report (28 Oct 2024)	New Report (18 Jan 2025)	Progression / Status
Liver	Grade I fatty liver changes	Normal echotexture	Improved – fatty changes not seen later
Gall Bladder	Normal (no stones, well distended)	Normal (no stones, normal wall)	Stable
Spleen	Normal size (8.4 cm)	Normal size	Stable
Pancreas	Normal size & echotexture	Normal size & echotexture	Stable

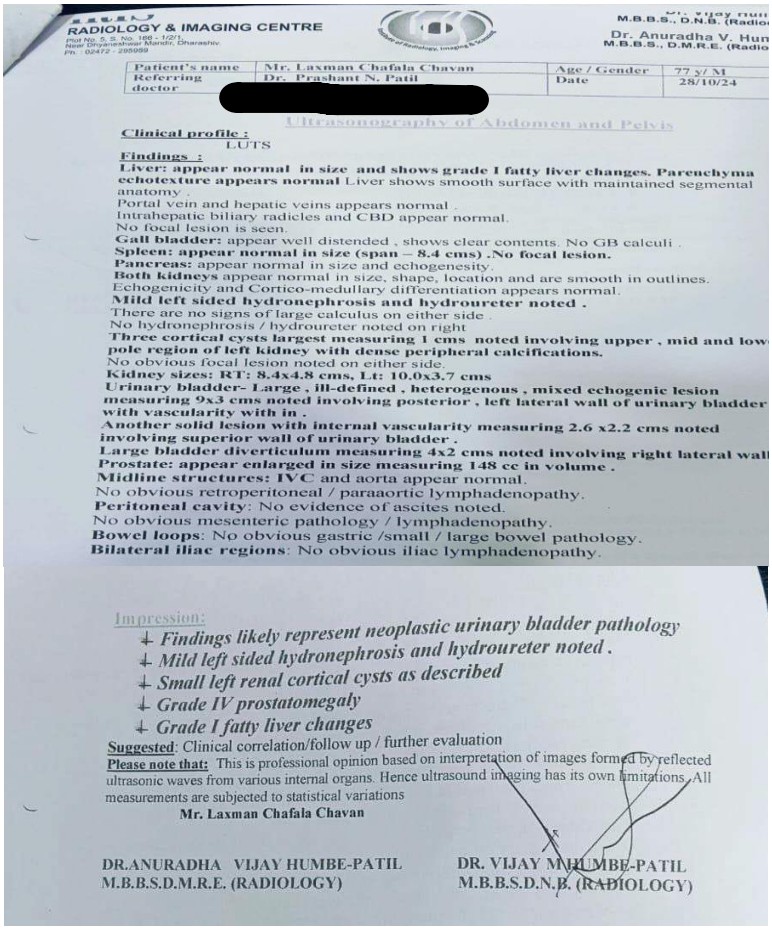
Kidneys	Mild left hydronephrosis & hydroureter, 3 cortical cysts with calcification in left kidney	Mild left hydronephrosis & hydroureter, no cysts mentioned	Possible improvement (cysts absent) or reporting difference
Urinary Bladder	Large ill-defined heterogeneous lesion (9×3 cm) posterior & left lateral wall + another lesion (2.6×2.2 cm) superior wall, diverticulum (4×2 cm) right wall	Ill-defined heterogeneous polypoidal mass (6.1×4.7 cm) left lateral wall, irregular/trabeculated wall, diverticulum right wall	Stable concern – both reports suggest neoplastic pathology; slight difference in size & lesion count due to measurement/reporting
Prostate	Enlarged (148 cc) – Grade IV prostatomegaly	Mildly enlarged (42 cc)	Improved – possibly due to catheter drainage or measurement method
Other Findings	No ascites, normal bowel loops, no lymphadenopathy	Same	Stable

The changes in the subjective parameters that was observed were

Table 10: Outcomes – Subjective Parameters.

Parameters	Pre-Treatment	Post-Treatment
Burning and Frequent Micturition: (IPSS Score)	28/35, indicating severe symptoms of urinary frequency, urgency, and pain.	10/35, showing significant improvement and reduction in lower urinary tract symptoms
Cough: LCQ Score	6/21, reflecting poor control over symptoms with significant impact physically, psychologically, and socially.	18/21, illustrating considerable improvement in managing cough and reducing its impact on daily life.
Dyspnea on Exertion: mMRC Score	4/4, indicating extreme difficulty in breathing even during minimal activity.	1/4, significantly better, where the patient now only experiences breathlessness with strenuous exercise.
Knee Joint Pain: WOMAC Score	80/96, suggesting severe pain, stiffness, and functional limitations.	30/96, denoting a marked reduction in pain and improvement in joint function.

Image 1,2 – Pre- Treatment



RADIOLOGY & IMAGING CENTRE

Dr. Anuradha V. Hun
M.B.B.S., D.M.R.E. (Radio

Patient's name	Mr. Laxman Chafala Chavan	Age / Gender	77 y/ M
Referring doctor	Dr. Prashant N. Patil	Date	28/10/24

Ultrasonography of Abdomen and Pelvis

Clinical profile :
LUTS

Findings :
Liver: appear normal in size and shows grade I fatty liver changes. Parenchyma echotexture appears normal Liver shows smooth surface with maintained segmental anatomy.
Portal vein and hepatic veins appears normal .
Intrahepatic biliary radicles and CBD appear normal.
No focal lesion is seen.
Gall bladder: appear well distended , shows clear contents. No GB calculi .
Spleen: appear normal in size (span – 8.4 cms) .No focal lesion.
Pancreas: appear normal in size and echogenesity.
Both kidneys appear normal in size, shape, location and are smooth in outlines.
Echogenicity and Cortico-medullary differentiation appears normal.
Mild left sided hydronephrosis and hydroureter noted .
There are no signs of large calculus on either side .
No hydronephrosis / hydroureter noted on right
Three cortical cysts largest measuring 1 cms noted involving upper , mid and low pole region of left kidney with dense peripheral calcifications.
No obvious focal lesion noted on either side.
Kidney sizes: RT: 8.4x4.8 cms, Lt: 10.0x3.7 cms
Urinary bladder- Large , ill-defined , heterogenous , mixed echogenic lesion measuring 9x3 cms noted involving posterior , left lateral wall of urinary bladder with vascularity with in .
Another solid lesion with internal vascularity measuring 2.6 x2.2 cms noted involving superior wall of urinary bladder .
Large bladder diverticulum measuring 4x2 cms noted involving right lateral wall
Prostate: appear enlarged in size measuring 148 cc in volume .
Midline structures: IVC and aorta appear normal.
No obvious retroperitoneal / paraaortic lymphadenopathy.
Peritoneal cavity: No evidence of ascites noted.
No obvious mesenteric pathology / lymphadenopathy.
Bowel loops: No obvious gastric /small / large bowel pathology.
Bilateral iliac regions: No obvious iliac lymphadenopathy.

Impression:

- *Findings likely represent neoplastic urinary bladder pathology*
- *Mild left sided hydronephrosis and hydroureter noted .*
- *Small left renal cortical cysts as described*
- *Grade IV prostatomegaly*
- *Grade I fatty liver changes*

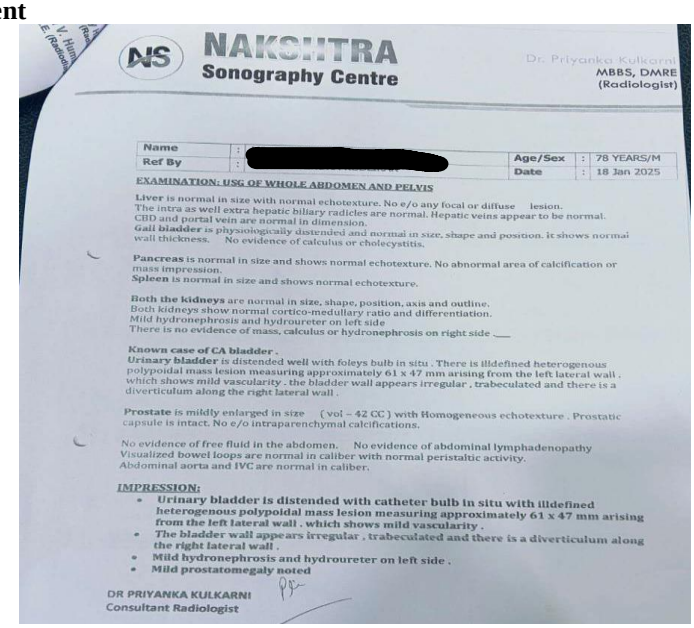
Suggested: Clinical correlation/follow up / further evaluation
Please note that: This is professional opinion based on interpretation of images formed by reflected ultrasonic waves from various internal organs. Hence ultrasound imaging has its own limitations. All measurements are subjected to statistical variations

Mr. Laxman Chafala Chavan

DR.ANURADHA VIJAY HUMBE-PATIL
M.B.B.S.D.M.R.E. (RADIOLOGY)

DR. VIJAY M. HUMBE-PATIL
M.B.B.S.D.N.B. (RADIOLOGY)

Image 3 – Post – Treatment



NAKSHTRA
Sonography Centre

Dr. Priyanka Kulkarni
MBBS, DMRE
(Radiologist)

Name	:	[redacted]	Age/Sex	: 78 YEARS/M
Ref By	:		Date	: 18 Jan 2025

EXAMINATION: USG OF WHOLE ABDOMEN AND PELVIS

Liver is normal in size with normal echotexture. No e/o any focal or diffuse lesion.
The intra as well extra hepatic biliary radicles are normal. Hepatic veins appear to be normal.
CBD and portal vein are normal in dimension.
Gall bladder is physiologically distended and normal in size, shape and position. It shows normal wall thickness. No evidence of calculus or cholecystitis.

Pancreas is normal in size and shows normal echotexture. No abnormal area of calcification or mass impression.
Spleen is normal in size and shows normal echotexture.

Both the kidneys are normal in size, shape, position, axis and outline.
Both kidneys show normal cortico-medullary ratio and differentiation.
Mild hydronephrosis and hydroureter on left side
There is no evidence of mass, calculus or hydronephrosis on right side

Known case of CA bladder .
Urinary bladder is distended well with foleys bulb in situ . There is illdefined heterogenous polypoidal mass lesion measuring approximately 61 x 47 mm arising from the left lateral wall , which shows mild vascularity . the bladder wall appears irregular , trabeculated and there is a diverticulum along the right lateral wall .

Prostate is mildly enlarged in size (vol – 42 CC) with Homogeneous echotexture . Prostatic capsule is intact. No e/o intraparenchymal calcifications.

No evidence of free fluid in the abdomen. No evidence of abdominal lymphadenopathy
Visualized bowel loops are normal in caliber with normal peristaltic activity.
Abdominal aorta and IVC are normal in caliber.

IMPRESSION:

- **Urinary bladder is distended with catheter bulb in situ with illdefined heterogenous polypoidal mass lesion measuring approximately 61 x 47 mm arising from the left lateral wall , which shows mild vascularity .**
- **The bladder wall appears irregular , trabeculated and there is a diverticulum along the right lateral wall .**
- **Mild hydronephrosis and hydroureter on left side .**
- **Mild prostatomegaly noted**

DR PRIYANKA KULKARNI
Consultant Radiologist

DISCUSSION

In discussing the disease of carcinoma of the urinary bladder, often referred to as *Bastyarbuda* in *Ayurvedic* medicine, it's important to delve into both its modern medical understanding and its conceptualization in traditional *Ayurvedic* terms. This disease ranks among the top ten cancers worldwide and presents significant challenges in terms of diagnosis, treatment, and quality of life.

Carcinoma of the urinary bladder is primarily characterized by the malignant transformation of the urothelial cells lining the bladder. The most common type, urothelial carcinoma, accounts for approximately 90% of all bladder cancers. The risk factors for developing this malignancy include smoking, occupational exposure to certain chemicals (aromatic amines), chronic bladder inflammation, and certain genetic predispositions. Symptoms often include haematuria (blood in the urine), painful urination, and frequent urination, prompting initial diagnostic investigations such as cystoscopy and urine cytology.

The pathophysiology revolves around genetic mutations that disrupt the normal regulation of cell growth, leading to the proliferation of abnormal cells. Treatments vary based on the stage of the disease and can range from surgical interventions (like transurethral resection, partial or complete cystectomy) to intravesical therapy, radiation, and systemic chemotherapy in more advanced or recurrent cases.

In *Ayurveda*, *Bastyarbuda* is described as a serious disease associated with significant morbidity. According to *Ayurvedic* theory, the condition results from an imbalance of the body's three *doshas*, particularly *Vata* and *Kapha*. The imbalance may cause a *Srotodushti*, or obstruction in the body channels, specifically in the *Mutravaha Srotas* (urinary channels). This disruption leads to the formation of a mass, identified in modern terms as a tumor.

Ayurvedic treatment approaches focus on restoring the balance of the *doshas* through *ayurvedic* medications, dietary regulations, and *Panchakarma* procedures, which are cleansing treatments that help eliminate body toxins. Common herbs used include *Guduchi* (*Tinospora cordifolia)*, *Punarnava* (*Boerhaavia diffusa)*, and *Shilajit*, known for their detoxifying and rejuvenating properties.

In the case of *Bastyarbuda* (bladder carcinoma), *Samprapti Vighatana* using *Shaman* (palliative) medicines focuses on harmonizing the *doshas* and mitigating symptoms without extensive cleansing procedures. This involves administering *ayurvedic* formulations that specifically pacify *Vata* and *Kapha doshas*, which are commonly disrupted in this condition. Effective ingredients such as *Gokshura* (*Tribulus terrestris*) and *Punarnava* (*Boerhavia diffusa)* can be used to enhance urinary function and manage tumor growth by their diuretic and anti-inflammatory properties, respectively. Additionally, incorporating antioxidant-rich herbs like *Amalaki* (*Emblica officinalis*) helps in cellular health and overall vitality, supporting the body's natural resilience against the growth of cancerous cells. Concurrently, gentle digestion-enhancing herbs like *Jeeraka* (Cuminum cyminum) ensure that *Ama* (toxins resulting from improper digestion) is minimized, supporting overall metabolic health which is crucial in managing and halting the progression of cancer.

In this case report the mode of action of the formulations used are –

Dr Shuddhi Powder: This formulation integrates various spices and herbs like *Triphala*, *Guggul*, and several aromatic seeds that are potent in digestive and

anti-inflammatory actions. It is primarily used to enhance digestion, promote detoxification, and provide relief from constipation. The combination of digestive stimulants and mild laxatives makes it suitable for maintaining digestive health and ensuring proper elimination of toxins.

Carcinex Cap: This capsule contains ingredients such as *Guduchi* and *Neem*, which are known for their immunomodulatory and anti-inflammatory properties. It targets enhancing the immune system while aiding in combating infections and inflammation, making it particularly useful in conditions with immune suppression or vulnerability.

Varunadi Vati: Predominantly used for urinary disorders, this contains diuretics like *Varuna* and *Gokshura* which help in managing urinary tract infections, dissolving kidney stones, and alleviating symptoms of urinary obstruction. It enhances kidney function and helps in the natural detoxification process.

Pain Nil Capsule: Composed of anti-inflammatory and analgesic herbs like *Ashwagandha* and *Nirgundi*, which are traditionally used to relieve pain. Suitable for joint and muscular pain, it works by reducing inflammation and improving blood circulation, thereby alleviating pain and discomfort.

Detox Lung Churna: This formulation involves herbs like *Pushkarmool* and *Vasa* which are known for their respiratory system benefits. They act as expectorants and anti-inflammatories, helping clear mucus build-up in the lungs, easing breathing, and reducing inflammation in the airways.

Mahagranthihar Vati: A blend primarily for digestive and bowel health, containing ingredients like *Haritaki* and *Amalaki* which foster bowel regularity and aid in detoxification. Useful in treating constipation and promoting regular bowel movements, it also supports overall digestive health.

Liv Shuddhi Tablet: Integrates liver-supporting herbs like Milk Thistle and Chicory which are known for their hepatoprotective and regenerative properties. This tablet aims to enhance liver function, support detoxification processes, and protect against liver damage from toxins or diseases.

Oncoblaze Churna utilizes a potent blend of anti-inflammatory, antioxidative, and potentially anti-cancer herbs such as ***Tinospora cordifolia (Guduchi)***, ***Andrographis paniculata (Kalmegh)***, and ***Curcuma longa (Haridra)***. These herbs work synergistically to support immune function, detoxification, and overall vitality, targeting health-enhancing effects at a cellular level.

Mutral Vati features diuretic herbs like ***Tribulus terrestris (Gokhru)*** and ***Cyperus rotundus (Motha)***, which promote kidney health by aiding in toxin elimination and fluid balance, while ***Commiphora wightii (Guggul)*** supports metabolic functions and detoxification.

Sharma H et al in this review discusses the overall potential of *Ayurveda* in cancer management, including practices that could be related to urinary bladder cancer care.[13] Patel SR et al in This paper reviews research on bladder cancer from an *Ayurvedic* perspective, identifying herbs and treatments that show potential for efficacy.[14] Balachandran P, et al in this paper Although broader, this research explores numerous *Ayurvedic* herbs and their cancer-treating potentials, some of which may apply to bladder cancer due to their general anti-cancer properties.[15] Sumantran VN, et al in This article explores the inflammatory pathways in cancer and discusses *Ayurvedic* approaches to modulation, potentially relevant to bladder cancer treatment[15]. Singh SK, et al in This case study demonstrates the use of *Ayurvedic* modalities in managing a patient with bladder carcinoma, highlighting specific medicinal interventions and lifestyle modifications.[16]

Need for further Research

While *Ayurveda* offers promising avenues for managing various diseases, including carcinoma of the urinary bladder, there remains a significant need for further research to integrate it fully into contemporary medical practice. Studies to date have highlighted potential benefits, yet most findings come from preliminary research, small case studies, or traditional claims. Rigorous clinical trials, standardized methodologies, and detailed phytochemical analyses are crucial to authenticate the efficacy and safety of *Ayurvedic* treatments. Additionally, understanding the molecular mechanisms of *Ayurvedic* herbs and formulations would further validate their use as complementary or alternative therapies in cancer treatment, ensuring that these practices meet global healthcare standards and contribute effectively to integrative oncology.

CONCLUSION

The 78-year-old male patient presents with significant urological symptoms, including **burning micturition**, **increased urinary frequency**, and **haematuria**, along with respiratory complaints (**cough** and **dyspnoea on exertion**). These urinary symptoms correlate strongly with imaging findings from both **October 2024** and **January 2025** ultrasound reports.

Both scans reveal a **large, ill-defined, heterogeneous urinary bladder mass** with **irregular and trabeculated walls** and a **diverticulum on the right lateral wall**. This lesion is **highly suspicious for neoplastic bladder pathology** and has **persisted with minimal change** between reports. In the **October 2024** scan, the mass measured **9×3 cm** with an **additional lesion (2.6×2.2**

cm), while the **January 2025** scan showed a **single polypoidal mass measuring 6.1×4.7 cm**. The change in size and lesion count may reflect measurement variation or partial change, but malignancy cannot be excluded.

Mild left hydronephrosis and hydroureter are present in both scans, likely due to bladder outlet obstruction. **Cortical cysts with calcification** in the left kidney were noted in **October 2024** but were **absent in January 2025**, suggesting possible resolution or reporting difference.

The prostate gland was **significantly enlarged (148 cc – Grade IV)** in **October 2024** but **mildly enlarged (42 cc)** in **January 2025**, possibly due to **catheter decompression** or measurement differences. The liver showed **Grade I fatty changes** in **October 2024** but was **normal in January 2025**, indicating possible improvement through *ayurvedic* treatment includes *ayurvedic* medicine & dietary or lifestyle interventions.

The patient's **respiratory symptoms** may indicate a coexisting **cardiorespiratory condition**, which requires further assessment.

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