

AYURVEDIC APPROACH TO A CASE OF SQUAMOUS CELL CARCINOMA

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ABSTRACT

Squamous cell carcinoma is an invasive epithelial malignancy showing keratinocytic differentiation. However, if detected early and treated adequately, the prognosis is generally excellent with a mortality rate of nearly 15%. Objective of the study was to review the clinical features, management and outcomes of *Ayurvedic* approach to treat Eyelid Squamous cell carcinoma. A case of eyelid Squamous cell carcinoma with orbital maggotification was reported at SDM *Ayurveda* hospital and was managed with *Ayurvedic* approach. Results showed that wound healed completely with *Ayurvedic* management. The result attained shows that it is possible to treat Carcinomatous conditions with *Ayurvedic* line of management.

Keywords: Squamous cell carcinoma, Maggotification

INTRODUCTION

The tumor which arises from the squamous layer of epidermis is the second most common malignant neoplasm of the eyelid comprising 5 – 10% of all eyelid malignancies¹. In the current era, where the people are more exposed to ultraviolet rays, ionizing radiations and arsenic radiations, the chances for squamous cell carcinoma are more.² It is a potentially fatal disease.³

This squamous cell carcinoma can be correlated to *Varthma Arbudha*⁴ mentioned in the Authoritative books of *Ayurveda*. The treatment mentioned for *Varthma Arbudha* is *Chedana Karma* which should be followed by *Kshara Karma* and *Agni Karma*⁵. Here *Chedana Karma* was performed with *Apamarga kshara*⁶ in the form of *kshara sutra*.

CASE REPORT

A female patient of 90years was brought to the OPD of SDMCAH, Hassan,

Karnataka with the presenting complaint of Cyst like outgrowth on the left lower eyelid region since one year. There was associated complaint of watering from the left eye. On examination, it was found that the visual acuity was 6/60 in the affected eye and slit lamp examination showed features of Madarosis, Tylosis, Cutaneous horny mass with a punctuate ulcer underneath. The case was sent for biopsy and got confirmed as Squamous Cell Carcinoma. Though the case was referred to higher centre, considering the age got rejected for surgery and any management. With the consent of the patient's attendant, it was decided to subject the patient for *Ayurvedic* line of management.

ADOPTED TREATMENT

The *Aharana* of the *Krimi* was done. Each day 90-100 maggots were removed. The procedure was done for three days and the entire maggots were removed. The

vrana was cleaned and for *vrana ropana* *Jatyadhi ghritha* was applied. Then for the removal of the cystic growth, *Kshara Sutra*⁷ was tied for three days and on the fourth day the mass fell off by itself. When the cyst fell off, there was formation of a *Vrana*. Hence application of paste of *Jathyadhi ghritha* and *Jambeera swarasa* was done. The patient was put on fifteen days observation. During the period of observation, internally *Guggulu Thikthaka Ghrita* and *Dasamoolarista* were given. *Guggulu Thikthaka ghritha* which is indicated in *Arbudha*⁸ and also in *jathru urdhwa gatha gulmas* was advised to be taken 1tsf bd/AF. *Dasamoolarista* which was given as a general body tonic⁹ was advised to be taken 3tsf bd/AF. After the completion of the entire course of treatment, the *Vrana* was found to be healed. There was significant reduction in watering from the left eye.



BEFORE



AFTER

DISCUSSION

In Squamous Cell Carcinoma there will be a highly vascular and deep seated tumor with a hard plaque like growth in the upper direction¹⁰. In *Varthmagatha rogas*, *Acharya Susrutha* has mentioned three diseases wherein polypoidal mass will be formed. They are *Varthma Arsa*, *Varthma Arbudha* and *Sonita Arsa*¹¹. In *Varthma Arsa*, there will be multiple, small and rough *pidikas* resembling associated with mild pain¹². In *Varthma Arbudha*, there will be irregular shaped cyst like growth but there won't be any associated feature of pain¹³. In *Sonita Arsa*, soft and fleshy growth associated with pain, burning sensation, itching¹⁴. Both *Varthma Arbudha* and *Sonita Arsa* are *Raktaja vikaras*. But in *Sonita Arsa*, there will be associated features of pain, burning sensation which is not found in this case. Considering the features of the above diseases, the case can be correlated to *Varthma Arbudha*.

Varthma Arbudha is a *Chedana Sadya Roga*¹⁵. Considering the age of the patient, the *Chedana Karma* was performed in the form of *Kshara Sutra*. *Kshara sutra* is a procedure mentioned in the *Nadivrana chikitsa*¹⁶. This method of application of *kshara* is told for *krisha* and *durbala* people. It is indicated for *Arbudha* also. *Kshara* is always considered superior to *Sastras*¹⁷. So *Kshara Sutra* was adopted.

SUGGESTION

As *Paschat Karma* for *Chedana Karma* in *Varthma Rogas*, *Agni Karma* is mentioned¹⁸. *Agni Karma* which is considered superior to *Kshara Karma* is also having the property of *Apunarbhavatha*¹⁹. Hence it might also be appropriate to perform *Agni Karma* after the *Kshara Sutra*

to prevent the recurrence by cauterising the area which can be considered equivalent to the radiation therapy.

CONCLUSION

The cystic mass fell off and the patient had considerable relief from watering from the eye. The effect of *Ayurvedic* therapeutics on *Arbuda* is evident from this case study. Hence by planning an appropriate treatment protocol, it is possible to manage the dreadful diseases of the modern era by the *Ayurvedic* Management.

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