

A Unique Model for Integrating Traditional Medicine with Conventional Cancer Therapy for Cancer Patients: A Case Report Illustrating Combined Ayurvedic and Integrative Oncology Consultations

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Introduction

Complementary and integrative medicine is becoming increasingly prevalent, with up to 69% of cancer patients incorporating these approaches into their treatment regimens.

¹Ayurveda, a traditional system of medicine, is classified by the National Center for Complementary and Integrative Health (NCCIH) under “other modalities,” underscoring its distinct role within the broader landscape of integrative medicine.

Ayurveda, an ancient healing system with a history longer than 3000 years, translates to the “science of the preservation of life” in Sanskrit. Emphasizing a balanced state across physical, psychological, social, and spiritual dimensions, Ayurvedic medicine aims to restore and maintain homeostasis and physiological equilibrium within the human body.

The Ayurvedic approach to cancer involves a multifaceted strategy encompassing dietary interventions, exercise, mind-body connections, and a diverse array of herbal formulations known as rasayanas, comprising over 3,000 herbs targeting various cellular and molecular pathways associated with cancer progression.

Close supervision and structured programs ensure that patients derive the maximum benefit from these approaches while safeguarding against potential risks and complications.

We present a case study that explores a distinctive model for incorporating Ayurvedic principles into conventional cancer care for a patient diagnosed with cholangiocarcinoma who underwent an integrative oncology consultation at a prominent tertiary cancer center.

Case

The patient was a 72-year-old gentleman who presented to his primary care physician with fatigue lasting 2 months, 17-pound unintentional weight loss, 3 weeks of nausea, and 3 days of darker colored urine.

Recent laboratory tests indicated elevated liver enzymes, with aspartate aminotransferase (AST) of 201 IU/L, alanine transaminase (ALT) of 83 IU/L, and alkaline phosphatase of 386 IU/L. His bilirubin was 2.5 mg/dL.

His medical history was significant for essential hypertension, hyperlipidemia, and coronary atherosclerosis with 3 stents.

Further work-up with complete abdominal ultrasonography showed an enlarged liver with multiple masses measuring up to 8.3 cm with hypoechoic rim suspicious for liver metastases.

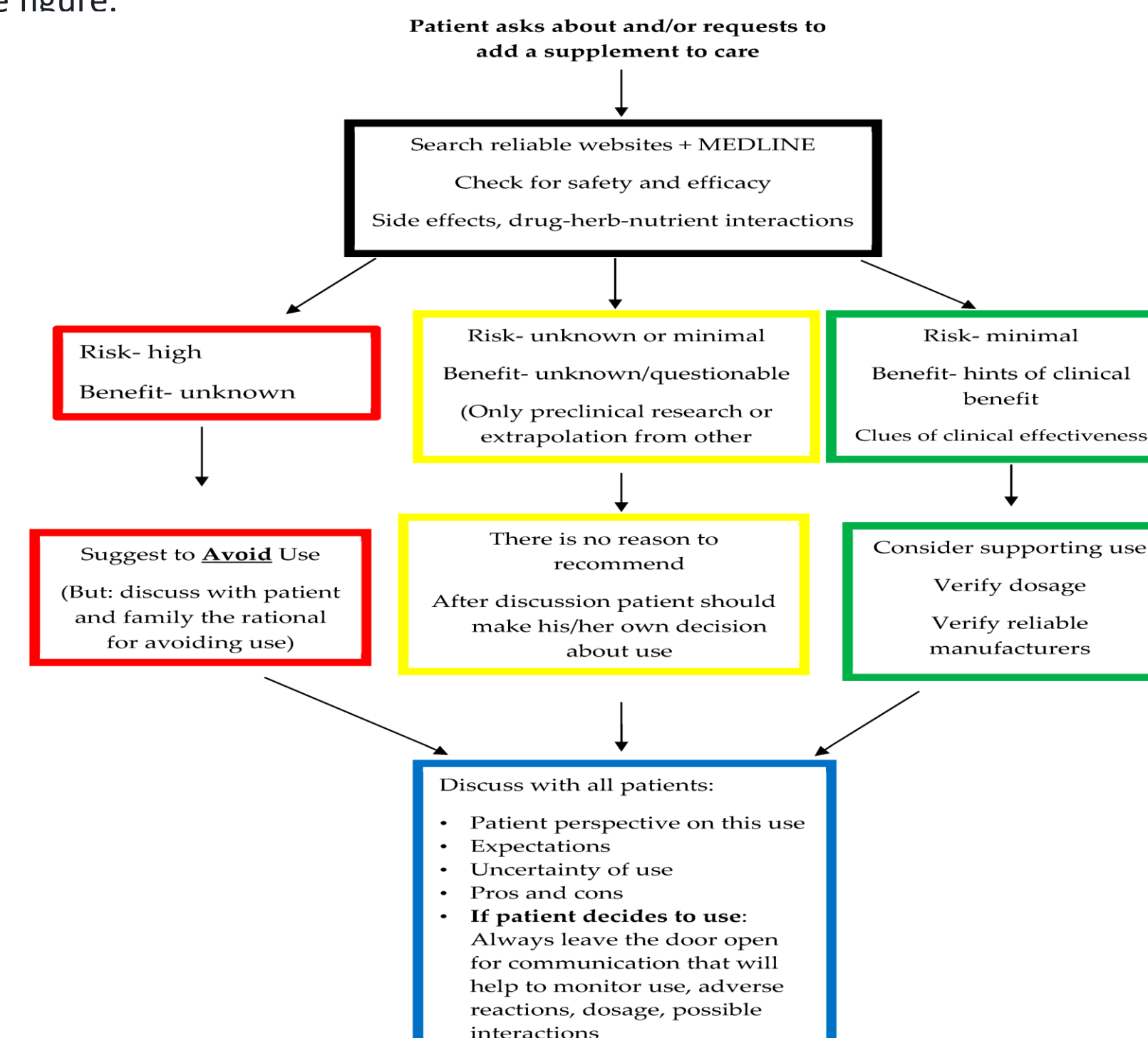
Imaging: Computerized tomography of the chest and abdomen revealed findings suggestive of peritoneal metastasis and lung masses. Ultrasound-guided liver biopsy and pathology confirmed a diagnosis of moderately differentiated adenocarcinoma positive for keratin 7 and CDX2, focally positive for keratin 20, and negative for PAX8, WT1, GATA3, arginase 1, and TTF-1.

Standard treatment plan:

The oncology team was consulted and recommended gemcitabine and oxaliplatin as the suspicion was high for cholangiocarcinoma originating from the biliary tree and patient underwent chemotherapy.

Integrative approach and recommendations:

An integrative approach to managing his symptoms was discussed and the recommendation was made for him to receive an oncology massage for fatigue and relaxation. Other recommendations were made to improve his dietary protein intake, physical activity, and emotional well-being. At a subsequent follow-up with integrative medicine, the patient’s family expressed an interest in dietary supplement use, especially those based on Ayurvedic principles. After thorough counseling and shared decision-making regarding the risk that Ayurvedic herbs and supplements may interact with chemotherapy—potentially decreasing the therapy’s efficacy or increasing its toxicity—the patient elected to defer starting Ayurvedic supplements. A suggested approach to herbs and supplements is illustrated in the figure.



A combined approach with Ayurvedic physician within integrative physician:

Due to the ongoing dilemma about interactions with chemotherapy, and the family’s interest in Ayurvedic treatments, a joint consultation facilitated a comprehensive discussion of the patient’s symptoms, chemotherapy-related toxicity, and potential ayurvedic detoxification strategies—including modification of diet and using food as medicine.

While acknowledging the family’s interest in Ayurveda, and given the ongoing chemotherapy, a combined decision between patient, family, and providers was reached that ayurvedic herbs and supplement use would be deferred at this point during chemotherapy.

The session concluded with a consensus on incorporating safe Ayurvedic dietary strategies to complement conventional care. Both the patient and his family were reassured and accepting of these recommendations.

Discussion

Our case study exemplifies the integration of Ayurvedic principles into cancer care, employing an integrative oncology approach alongside conventional therapies.

The literature shows an increasing need for dialogue and open communication between traditional medicine practitioners and conventional medicine doctors for the betterment of patients who seek the best of both the modalities during their cancer journey .

Oncologists are not fully aware of traditional medical systems and might not initiate such discussions. The model used in this case report has the potential to overcome these challenges and serve as a bridge between conventional and integrative practitioners, leading to improved health and safety of the patient. In our case, an Ayurvedic diet was recommended along with conventional treatment. Diet forms an important component of life in Ayurveda and is included in the three pillars of health.

Our case exemplifies the importance of multidisciplinary collaboration in navigating the complexities of cancer care. Integrative medicine, in conjunction with conventional oncology, plays a pivotal role in addressing symptomatology and exploring integrative/complementary strategies. The patient and family's involvement in decision-making, coupled with open communication between integrative oncology and Ayurvedic practitioners, resulted in a tailored approach that prioritizes patient safety and well-being.

References:

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