

Ayurvedic Palliative Management in Recurrent Malignant Leg Ulcer of Soft Tissue Sarcoma - A Case Study

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Soft Tissue Sarcomas are malignant ulcers originating from mesenchymal cells and most commonly affects muscles, fat, tendons & connective tissues of extremities. Surgery, chemotherapy and radiation therapy are the treatments for STS in Oncology. Lungs are the common site of metastasis and patient may survive for 5-10 years after diagnosis of STS due to its rapid blood spread. This is a case report of 77year old female patient presented with a non-healing ulcer over her left lower leg with raised elevated edge partially covering the ulcer floor, black tissue on ulcer floor, profuse pus discharge, bleeding and foul smell. Her disease is diagnosed as Soft Tissue Sarcoma. Clinical findings of the patient are similar to Asadhya Dushtavrana mentioned by Susruta. So Vranasodhana and Vranaropana therapy were selected for the management of Soft Tissue Sarcoma. Punarnavadi Kasaya, Kanchanara Guggulu, Kaishora Guggulu, Rasasindooram and Guggulutiktakam Ghritam were given internally. External interventions include cleansing with Triphala Kasaya, dressing with papaya latex and application of Jathyadi Ghrita mixed with Rasasindooram. External therapies lead to debridement of necrotic mass and promote wound healing due to Vranasodhana & Vranaropana effect. The ulcer is devoid of foul smell after treatment. Reduction in ulcer size, pus and bleeding with clean floor after ayurvedic management is due to the Vranasodhana effect.

Keywords: Palliative management, Soft Tissue Sarcoma, Asadhya Dushtavrana, Papaya latex

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Introduction

Soft Tissue Sarcomas arise from mesenchyme and are aggressive tumors which needs multimodality therapeutic approach.[1] Malignant fibrous histiocytoma is the commonest Soft Tissue Sarcoma. It presents with a swelling that is painless and increases its size in a short duration of time. One should suspect STS if a soft tissue mass >5cm size is seen. Incision biopsy is the most reliable method of diagnosis. Extent of tumor can be assessed using imaging techniques like MRI, CT and X-ray. Surgery with adjuvant radiotherapy and postoperative chemotherapy is the main treatment option in modern medicine and it has reduced the amputation rate in patients. The features include discharging copious exudation with pus filled inside (*Prasekino Anta: Puya*), exuding vitiated blood (*Dushtarudhirasraavi*), cavity formed in the centre (*Sushira Paryanta*) and ugly to perceive (*Durdarsana*).[4] *Asadhya Vranas* cannot be cured completely but interventions can be adopted to improve the quality of life of the patient. Such palliative interventions should include administration of formulations having *Chedana*, *Vranasodhana* and *Vranaropana* properties externally and internally. The medicines should possess anti- cancerous, anti-microbial, anti-inflammatory and wound healing properties. The soft tissue sarcoma patient of this case report showed the clinical features similar to *Asadhya Dushtavrana Lakshana* in *Susruta Samhita*.

Case Report

A 77year old female patient presented with non-healing ulceration with intolerable foul smell and profuse blood mixed pus discharge on left leg is admitted in *Shalyatantra* IP department at Govt Ayurveda College Hospital, Tripunithura on 07/01/2025. At the time of admission, the leg ulcer appeared as a mass with necrotized black tissue covered ulcer in centre. 6 months before the patient had a traumatic wound on left lower leg ulcer site by hitting on a wooden cot. She didn't care the wound initially. The size of the traumatic wound increased very rapidly with severe pain, profuse pus discharge and got transformed to a non-healing chronic leg ulcer. 4 months after the onset of ulcer, due to severe pain, foul smell and pus discharge, she consulted at surgery department of Govt Medical College, Kottayam and MRI & CT of left leg was taken.

Her disease was diagnosed as Soft Tissue Sarcoma & advised Biopsy. She was unwilling to do Biopsy & consulted at Govt Ayurveda College Hospital, Tripunithura for her ulcer management. She had a history of cystic swelling at same site of current ulcer on left lower limb before 4 years. Excision of the cyst with Biopsy was done on 06/02/2021. Surgical wound presented on left leg after cyst excision healed completely within 8 months. Excisional Biopsy report of cystic lesion dated 06/02/2021 suggested the cystic lesion as atypical fibrous histiocytoma a variant of soft tissue sarcoma. The patient's elder sister had carcinoma stomach, her elder brother died due to Brain tumour and daughter is suffering with multiple lipoma.

She had a normal appetite, regular bowel, normal limit of micturition and disturbed sleep with BP – 110/78mm Hg, PR- 72bpm, RR-18/min and SPO₂- 96 % on the date of admission (07/01/2025)

Investigations

1) MRI taken on 05/11/2024 revealed lobulated irregular lesion appearing hypointense on T1W1, T2W1 & STIR (fibrous osteoid matrix??) with adjacent multiple T2W1 hyperintense foci (? necrotic foci) adjacent to the cortex of lateral margin of fibula of size 13.1*7.1*8.4cm F/S/O malignancy.

2) CT left leg taken on 18/12/2024 revealed ulcerated subcutaneous lesion of size 9*5*12 cm in lateral aspect of leg with no adjacent bone erosion – likely neoplastic.

3) Blood Reports on 02/01/2025– CT – 5 min 10 sec, BT- 2 min 15 sec, Hb – 11.1g%, TC – 10,500 cells/mm³, Platelet count – 2.98 cells/ml, ESR- 43mm/hr, S.creatinine – 0.9 mg%, S.Uric acid – 2.3 mg%, Blood urea – 3.6 mg%, SGOT – 17 U/L, SGPT – 12 U/L, Bilirubin(direct) – 0.3 mg%, Bilirubin(total) – 0.9 mg%

Ulcer Examination On 06/02/2025

01 Irregular shaped ulcer of size 11 x 7.5 x 10 cm with partially visible blackish necrotic tissue covered floor. Edge of ulcer is elevated & raised umbrella shaped covering the periphery of floor. Margin is irregular. Very strong offensive foul odour perceived from 6-10 feet distance of the patient. Profuse pus discharge and bleeding is noted. Tenderness is absent and the ulcer bleeds severely on touch. Hard, mass like immobile lymph nodes in left inguinal area.



Figure 1: Ulcer on 06/02/2025

Treatments Given

Internal and external treatments were given from 08/01/2025 to 14/02/2025

Internal Medicines

1. *Punarnavadi Kasayam* – 90 ml bd B/F
2. *Kaishora Guggulu*- 2bd with *Kasaya*
3. *Kanchanara Guggulu* 2bd A/F
4. *Rasasinduram* Cap 100mg – 1bd A/F
5. *Guggulutiktakam Ghritam* – 1tsp bd A/F

External Medicines

1. *Kshalana* with *Triphala Kasaya*
2. Dressing with Papaya Latex twice a day for 7 days
3. Dressing with *Jathyadi Ghrita* + *Rasasindoora* twice a day



Figure 2: Papaya used to collect latex



Figure 3: Applying Papaya latex



Figure 4: Dressing materials



Figure 5: Jathyadi Ghrita + Rasasindoora



Figure 6: Bandaging

Result

Blackish necrotic masses of size 9 x 4cm fall off on 10/01/2025 (Fig.7), 8 x 3cm on 13/01/2025 (Fig.9), 6 x 2cm on 17/01/2025 after applying Papaya latex for 7 days from 09/01/2025. Base of ulcer became clean on 30/01/2025. Pain relieved completely on 22/01/2025. Foul smell relieved completely on 04/02/2025. Amount of discharge reduced from profuse serosanguinous to occasional serous with partially soaked cotton pad in 24 hours. Wound contracture & formation of reddish tissue at base noticed after application of *Jathyadi Ghrita* + *Rasasin-door*a (Fig.12). Size of ulcer reduced from 11 x 7.5 x 10 cm to 7 x 3 x 5 cm on 14/02/2025 (Fig.13).

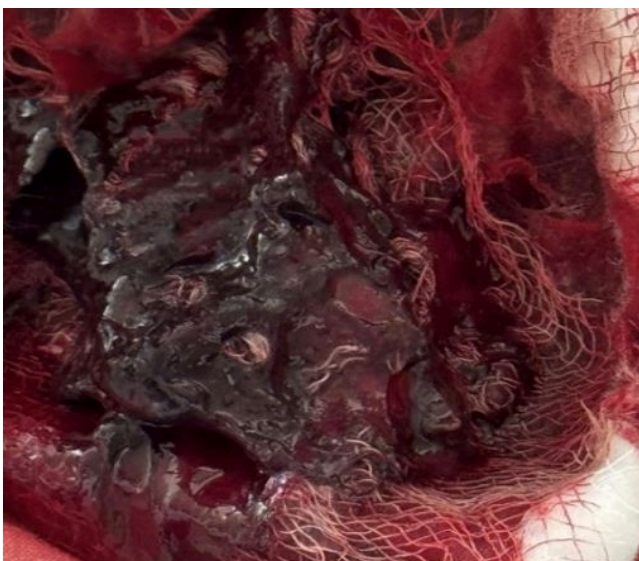


Figure 7: Mass fallen on 10/01/2025



Figure 8: Ulcer on 10/01/2025 (size - 9cm x 4cm)

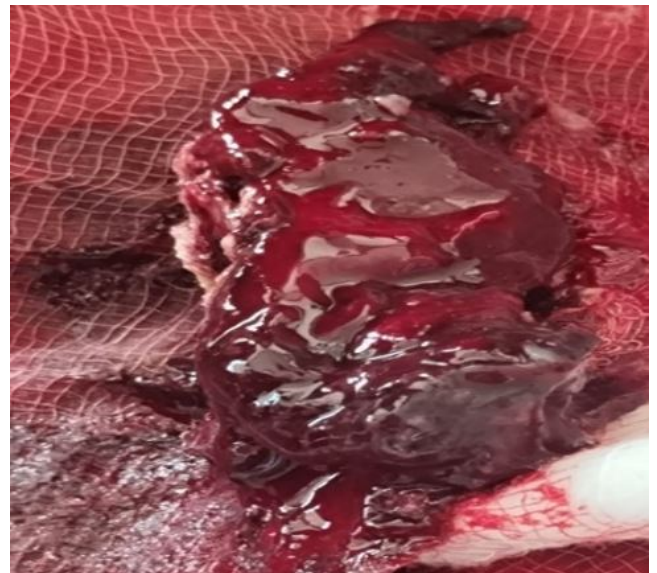


Figure 9: Mass fallen on 13/01/2025



Figure 10: Ulcer on 13/01/2025 (size - 8cm x 3cm)



Figure 11: Ulcer on 30/01/2025



Figure 12: Ulcer on 07/02/2025



Figure 13: Ulcer on 14/02/2025

Discussion

Soft Tissue Sarcomas are aggressive tumors which needs multimodality treatments likes wide excision / amputation, radiotherapy and chemotherapy.

The tumor shows rapid growth and rapid blood spread mainly to lungs, liver and brain where lung metastasis is most common. CT chest is the early diagnostic method to rule out early secondaries. The patient here presented with features of *Asadhya Dushtavrana* mentioned in *Susruta Samhita*.^[4] The patient had a family history of malignant carcinomas which shows her *Vyadhibheda* or causative factor as *Sahajam*. *Asadhya Vranas* and *Sahaja Vyadhis* are having very poor prognosis.^[4]

But by timely interference and utilization of medicines based on *Doshas* and *Yukthi* of *Vaidya* may make an *Asadhya Roga Yapyam*. This case study is such an example. In this case study the patient had an occurrence of histiocytoma in 2021. Now, she had a recurrence of same condition with nodal metastasis following a minor trauma after 3 years. Papain in papaya latex has got debriding action on necrotic tissue and also has anticancerous properties. *Guggulutiktaka Ghrita* has got specific action on *Kushtas* which even extends upto *Sandhi*, *Asthi* and *Majja*. It has also action on *Arbuda*. The amount of *Guggulu* in *Guggulutiktaka Ghrita* is 5 *Palas* and has got antimicrobial action. *Guggulu* contains oleo-resins having potent anti-inflammatory effect.^[2]

Kanchanara Guggulu is indicated for *Granthi*, *Arbuda* and *Vrana*. It is having proven effects on benign and malignant tumors and the anticarcinogenic properties of this *Gulika* is also proven.^[1] *Kaishora Guggulu* has got indication in all types of *Vranas*, also its antibacterial, antimicrobial and blood purifying properties are proven.^[3] Efficacy of *Triphala Kasaya* and *Jathyadi Ghrita* in wound healing is already proven and understood. A combination of all these provided better effect in the management of this malignant ulcer of lower limb. Mostly, the survival rate of patients diagnosed with STS is 5-10 years due to the rapid blood spread.

Conclusion

In present case study the patient was suffering from Malignant Histiocytoma, a variant of STS. According to *Ayurveda*, this disease can come under *Asadhya Dushtavrana* or a *Sahaja Vyadhi*. Even though *Asadhya* we got better result with above managements. We can give palliative therapy and improve quality of life of these patients. This is a condition having high recurrence rate.

The present case study highlights the potential of *Ayurveda* in the management of Soft Tissue Sarcoma or *Asadhya* and *Sahaja Vyadhis*. An integrated approach of external and internal therapies contributed to symptomatic relief, wound debridement, wound healing and thereby improving quality of life. Even though a rare condition, further trials and systematic studies are required to establish the efficacy of its management.

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