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A Study on Geriatric Cancer Through Ayurveda Insights

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Abstract

A global population is ageing rapidly, bringing with it an increasing burden of age associated diseases, among which cancer features prominently. According to the W.H.O "elderly person" are generally defined as individuals≥ 60 years in developing countries (including India). According to NCRP (National cancer registry program) older patient constitutes 48.2% of cancer cases in India. Many of these patients came to Ayurvedic doctors for alternative treatment as there are many challenges faced in conventional treatment for its prevention and management. So this study focuses on both preventive and therapeutic aspect of geriatric cancer in Ayurveda.

Keywords- Geriatric cancer, Samprapti ghatakas, Preventive aspect, Therapeutic aspect.

1. Introduction

As the global population ages, the incidence of cancer among the elderly is rising steadily. This demographic shift brings with it complex challenges: aging bodies often respond differently to conventional cancer treatments, and many older adults live with coexisting health conditions that further complicate care. Amid this complexity, there is growing interest in complementary approaches like Ayurveda that not only treat the disease but also support the overall well-being of elderly patients. Ayurveda, India's traditional system of medicine, offers a unique lens through which we can explore care for geriatric cancer patients. This study aims to explore geriatric cancer through Ayurvedic insights by analyzing its samprapti ghataks, including doshas, dushya, srotodushti lakshan, agni status etc, providing a foundation for preventive and therapeutic strategies grounded in Ayurveda.

Material and method

A observational clinical study was done over 50 known cancer patients having age ≥ 60 years who visit Cancer specialty clinic of Government Ayurvedic College and Hospital, Guwahati from 30/07/22 to 24/9/25.. A study on through history, clinical examination and investigations report was done, with Ayurvedic parameters in a specially designed proforma. The assessment of the dosha, dushya, agni and srotodushti was done on the basis of lakshan (symptoms), hetu (etiological factors), ashta vidha pariksha

dasha vidha pariksha, sthanika pariksha (local examination). Data of all subjective and objective parameters were tabulated and statistically evaluated. For statistical analysis all data ≥ 40%were considered significant.

Result

TABLE 1: Prevalence of Sex in the study (n=50):

Sex	No of observation	Percentage (%)
Male	33	66
Female	17	34

Study shows highest incidence of male patients.

Figure-01 Prevelance of gender of patient in the study (n=50)

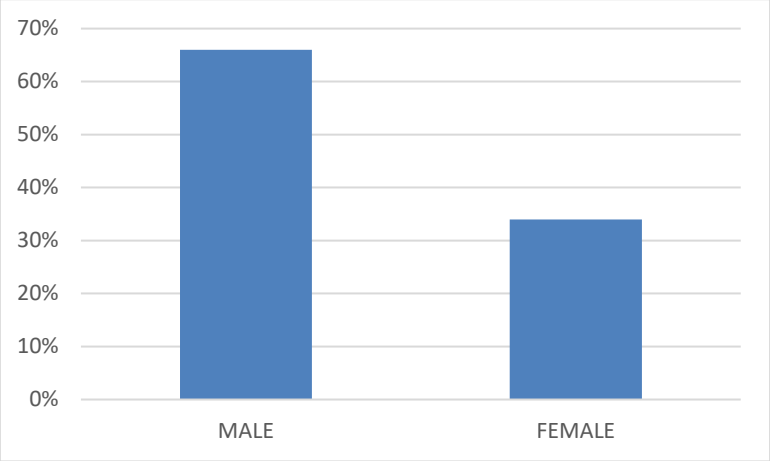


TABLE 02- Prevelance of Type of cancer in the study (n=50):

Type of cancer	No of observation	Percentage (%)
Head and neck	12	24
Colorectal	9	18
Lung	9	18
Stomach	4	8
Esophagus	4	8
Others	12	24

Study shows no specific type of cancer is more prevalent among the types of cancer seen in patients.

Figure 02- Prevalence of Type of cancer in the study (n=50):

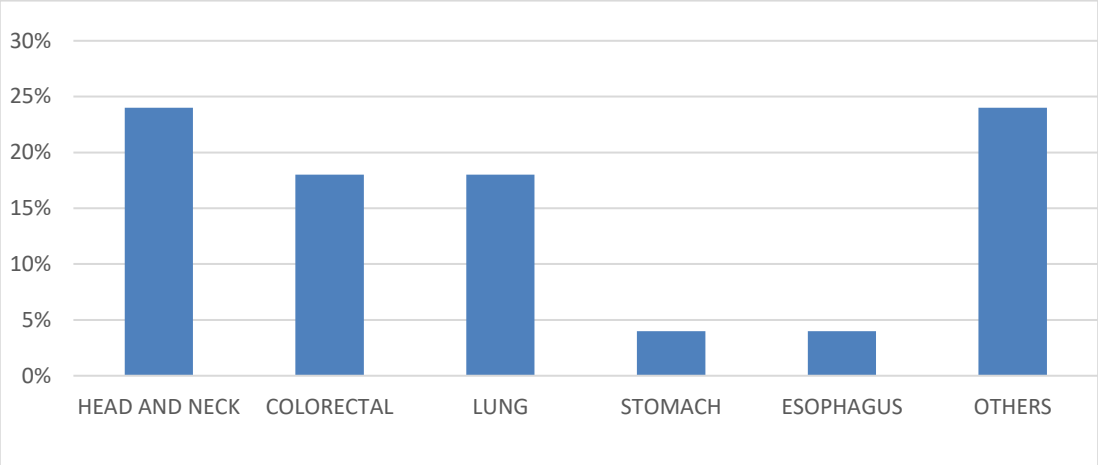


TABLE 3: Prevalence of Doshas in the study (n=50):

Dosha prevalence	No of observation	Percentage (%)
Vata	3	6
Pitta	1	2
Kapha	0	0
Vata- pitta	13	26
Pitta- kapha	1	2
Vata- kapha	22	44
Sannipataj	10	20

Study shows Vata- Kapha doshas as the most prevalent among all the doshas.

Figure 03- Prevalence of Doshas in the study (n=50):

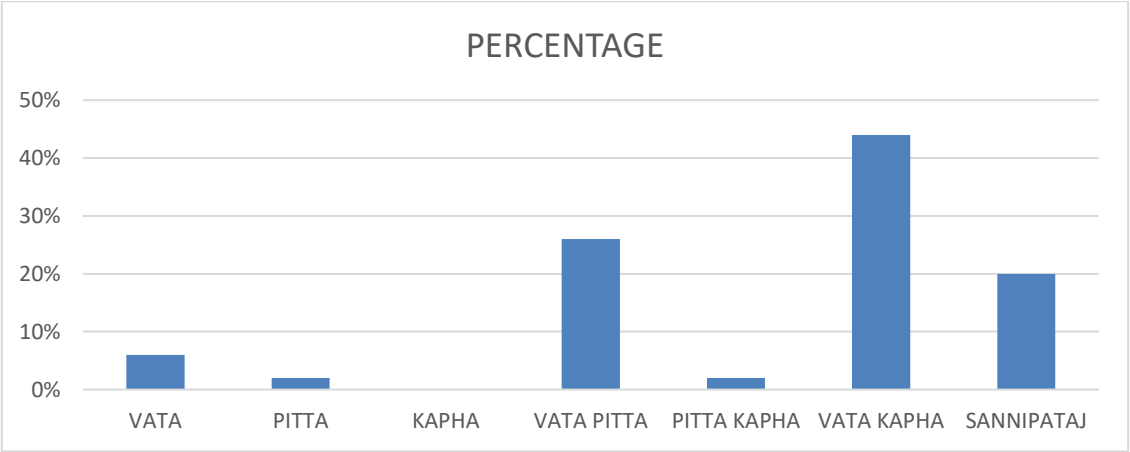


TABLE 4: Prevalence of Agni in the study (n=50):

Agni	No of observation	Percentage (%)
Samagni	0	0
Visamagni	2	4
Teekshnagni	0	0
Mandagni	48	96

Study shows mandagni as the most prevalent agni.

Figure 04- Prevalence of Agni in the study (n=50)

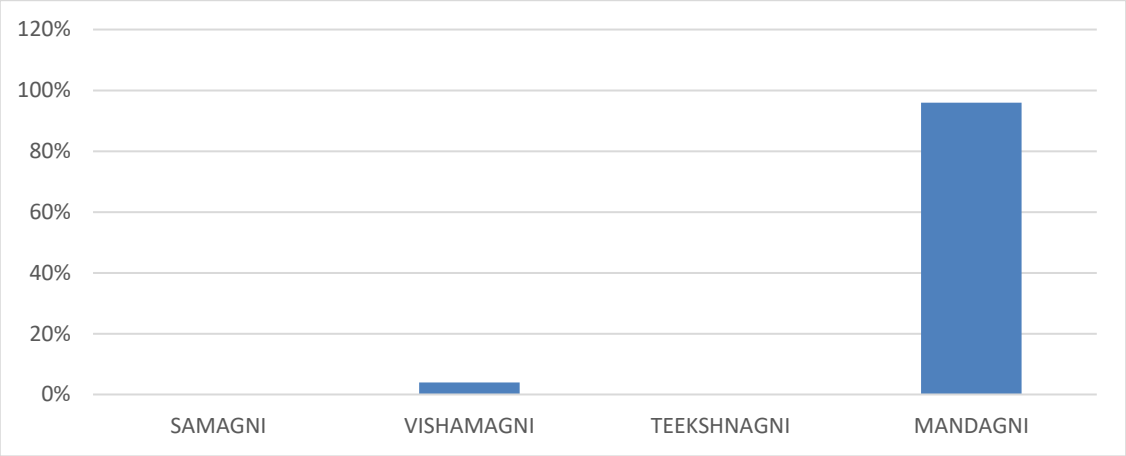


TABLE 5: Prevalence of Sroto Dushti type in the study (n=50):

Sroto dushti	No of observation	Percentage (%)
Atipravritti	3	6
Sanga	26	52
Siragranthi	19	38
Vimargagaman	2	4

Study shows sanga as the most prevalent type of sroto dushti type.

Figure 05- Prevalence of Sroto Dushti type in the study (n=50):

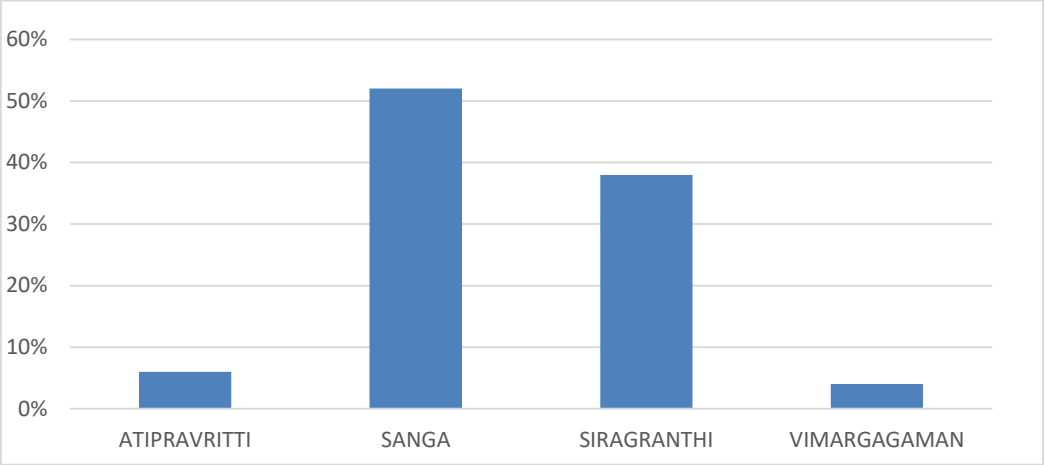
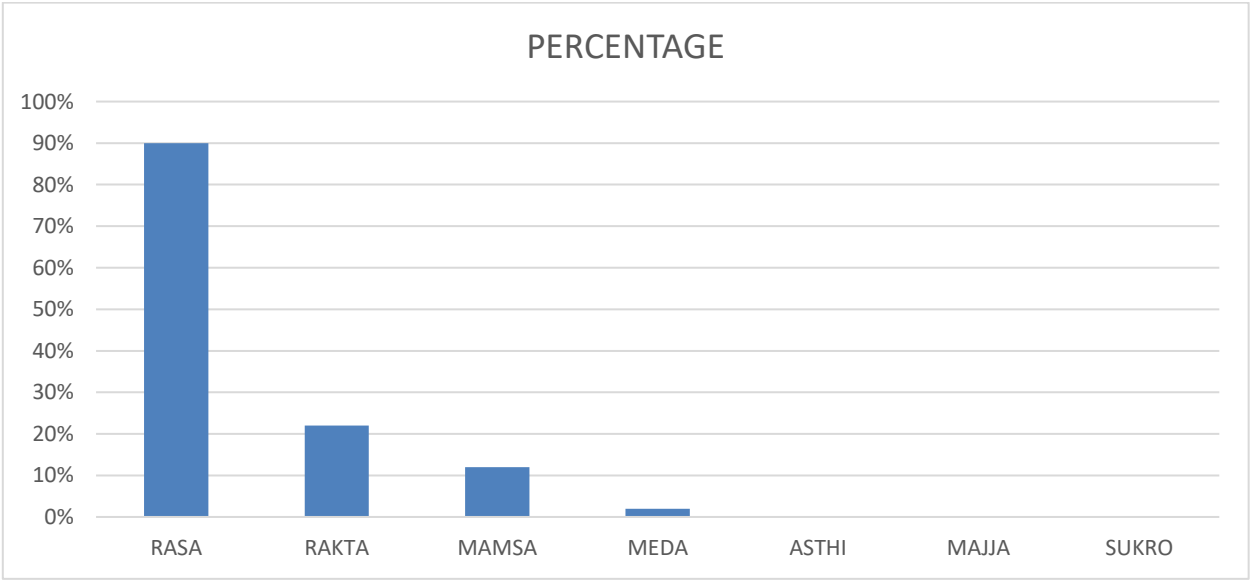


TABLE 6: Prevalence of Dushyas in the study (n=50):

Dushya	No of observation	Percentage(%)
Rasa	45	90
Rakta	11	22
Mamsa	6	12
Meda	1	2
Asthi	0	0
Majja	0	0
Sukro	0	0

Study shows rasa dhatu as the most prevalent type of dushya.

Figure 06: Prevalence of Dushyas in the study (n=50):



Review and Discussion

Prevalence of type of cancer in the study over 50 geriatric cancer patients revealed that head and neck cancers were the most prevalent having 24%, followed by colorectal and lung cancers having 18% each. However as head and neck cancers was seen in only 24% of the cases, due to this relatively low prevalence, the data is not considered statistically significant enough to establish head and neck cancer as the predominant type among geriatric cancer patients. This suggests that various types of cancer can affect individuals in the geriatric age group, with no specific cancer type being significantly more common.

Prevalence of Doshas in the study shows Vata kapha dosha having higher prevelance of 44%, followed by vata pitta dosha having 26% and sannipataja dosha having 20% of prevelance. While 44% of vata kapha dosha is at the lower threshold of what might be considered predominant, it does suggest a potential association between Vata-Kapha dosha and the manifestation of cancer in the elderly population. However, involvement of other doshic types was also evident to a lesser extent. This highlights the multi factorial nature of cancer pathogenesis in geriatrics. The predominance of Vata-Kapha in the studied population may be influenced by multiple factors, including Nidana (etiological factors), Vaya (advancing age), Desha (regional and environmental characteristics) etc, all of which are known to affect doshic balance according to Ayurvedic principles. While this study was based on a sample of 50 patients, future research involving a larger population may provide deeper insights and enhance the statistical validity of the findings. This also indicates the importance of adopting preventive measures aimed at maintaining doshic balance, particularly of Vata and Kapha to reduce the risk of disease manifestation. Through appropriate Ahara & Vihara (Diet and lifestyle), these doshas can be regulated effectively, thereby supporting overall health and disease prevention in geriatric age.

Prevalence of Agni in the study indicates that the majority of patients exhibited Mandagni, with a prevalence of 96%, highlighting its high clinical significance. This may be attributed to the presence of nidanas such as adhyashana [1] , ruksha bhojan [2] seen in the cases .This high prevalence suggests the need for focused therapeutic interventions aimed at correcting Mandāgni. Appropriate Agni-vṛddhi strategies should be implemented to restore optimal digestive function and support overall health to prevent cancer in geriatrics.

Prevalence of Dushyas in the study indicates that Rasa Dhatu is the predominantly vitiated in the majority of cases, with a prevalence of 92%, followed by Rakta Dhatu in 22% of cases. This strongly supports the predominant involvement of Rasa Dhatu in the pathogenesis of cancer. Many patients had a long-term history of exposure to nidanas such as guru bhojana [3], prolonged chinta [4] etc, all of which are recognized in Ayurveda as key contributors to the vitiation of Rasa Dhatu. This along with Mandagni furthers hampers the proper formation of ahara rasa, leading to the development of improper rasa dhatu. [5] This finding highlights the importance of appropriate Āgni Chikitsā & Āma Chikitsā , for facilitating the proper formation and maintenance of Rasa Dhātu.

Furthermore, prevalence of Sroto Dushti type in the study reveals a predominance of the Sanga, seen in 52% cases, followed by Siragranthi, seen in 38% of cases. In the context of Mandaagni and Kapha–Vata

dominance, the most frequently observed pathological manifestation was Sanga. The findings also suggest that sanga is the predominant form of srotodushti in this patient population. It also aligns with classical Ayurvedic understanding that impaired agni and vitiated doshas can lead to blockages and functional disturbances in bodily channels. Interventions such as periodic Panchakarma, along with the implementation of Āma Chikitsa and Agni Chikitsa, may play a vital role in addressing and mitigating cancer of geriatric age.

Conclusion

The present study demonstrated a predominance of Vata-Kapha Doṣa, Mandāgni, Rasa Dhātu involvement, and Sanga-type Srotodusṭi among geriatric cancer patients. These findings highlight the importance of maintaining Doṣic balance, particularly of Vata and Kapha, through appropriate Āhāra and Vihāra practices to support health and reduce disease susceptibility in the geriatric population. The observed prevalence of Mandāgni suggests the need for timely Agni-vṛddhi measures to improve digestive and metabolic functions, while the dominance of Rasa Dhātu involvement emphasizes the relevance of Agni Chikitsā and Āma Chikitsā. Furthermore, the predominance of Sanga-type Srotodusṭi indicates the potential role of interventions such as periodic Panchakarma, along with Āma Chikitsā and Agni Chikitsā, in correcting underlying pathological processes. Collectively, these observations underscore the significance of Ayurvedic preventive and therapeutic approaches in promoting healthy ageing and addressing factors associated with cancer in the geriatric population.

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