Case Report

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(ISSN Online: 2229–3566, ISSN Print: 2277–4343)

AYURVEDIC MANAGEMENT OF A HETEROGENEOUS MASS LESION IN THE LUNG: A CASE REPORT

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Received on: 26/7/26 Accepted on: 05/9/26

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DOI: 10.7897/2277-4343.175166

ABSTRACT

A heterogeneous lung mass is a common radiological finding. Although it may be either benign or malignant, most cases are malignant. Despite significant advances in conventional treatment modalities, the global prevalence of lung tumours, including in India, continues to increase. Ayurveda, an ancient system of medicine, offers fundamental principles for diagnosing and managing Anukta Vyadhi (diseases not explicitly described in the classical texts), including conditions such as cancer. A 71-year-old male patient presented to the Ayurveda consultation unit with the primary complaints of dyspnea and chest pain. Contrast-enhanced computed tomography (CECT) of the thorax revealed an ill-defined heterogeneous mass lesion in the lung. Ayurvedic assessment indicated Kapha–Vata-predominant Tridosha Dushti (vitiation of the three doshas), along with involvement of Rakta and Mamsa Dushya and Pranavaha Srotodushti (vitiation of the respiratory channels). The patient was treated with Ayurvedic medicines Laghu Manjishthadi Kwath, Kanchnar Chhal, Abhrak Bhasma, Shringa Bhasma, Shwasakasachintamani Rasa, Tamra Sindur, Kanta Lauha, Hirak Bhasma, Drakshavaleha, Punarnavasava, Kanakasava, Lavanbhaskar Churna, Shivaksharpachan Churna. The heterogeneous lung mass resolved within the first six months of treatment, and no recurrence was observed during the second follow-up. Thus, Ayurveda successfully treated this patient with a heterogeneous lung mass lesion.

Keywords: Ayurveda, Lung tumour, Heterogeneous mass, Anukta vyadhi, Case report

INTRODUCTION

A tumour is an abnormal mass of tissue resulting from uncontrolled cellular proliferation. Tumours may be benign, remaining localised without invading surrounding tissues, or malignant, invading adjacent structures and metastasising through the blood or lymphatic systems[1]. Lung tumours comprise a heterogeneous group of benign and malignant neoplasms. Benign lung tumours are uncommon, accounting for less than 5% of all pulmonary tumours, whereas the vast majority (>95%) are malignant[2].

A mass may be described as homogeneous or heterogeneous based on its internal appearance on imaging studies. Homogeneous masses have a uniform internal composition and are more commonly associated with benign lesions, whereas heterogeneous masses exhibit varied internal characteristics due to factors such as necrosis, haemorrhage, fibrosis, or calcification and are more frequently associated with malignant tumours[3,4]. However, these features alone are not sufficient to determine whether a lesion is benign or malignant, as benign lesions may also appear heterogeneous and some malignant lesions may be relatively homogeneous. Therefore, assessment of lesion morphology, enhancement patterns, clinical findings, and histopathological evaluation remains essential for accurate diagnosis[5,6]. Although Ayurveda has no direct reference to heterogeneous lung tumours, it provides basic principles for managing and treating both Ukta (known) and Anukta diseases, including lung tumours. Ayurvedic treatment is primarily based on the principles of Dosha, Dhatu, Srotas (physiological channels), and the Samprapti (pathogenesis) of the disease[7]. This study highlights a heterogeneous mass lesion in an elderly patient. Despite being advised to undergo a biopsy, the patient and his relatives have declined the procedure and decided to continue with Ayurvedic medicine at their own risk.

Case History

A 71-year-old male patient presented to the Ayurveda Consultation and Treatment Unit on July 5, 2025 (OPD No. 332025442078) with complaints of cough with yellowish sputum, difficulty breathing (dyspnea), chest pain while coughing, loss of appetite, and general weakness for the past 5 days.

Past History

The patient has a history of bronchial asthma for the past 37 years and is currently managed with Salmeterol and Fluticasone propionate powder for inhalation. The patient has a surgical history of fistulectomy (2001) and prostatectomy (2018).

Diagnosis

Modern

The patient underwent a CECT scan of the thorax on July 2, 2025 (Figure 1).

• An approximately 55 × 70 × 87 mm (AP × TR × CC) lobulated, ill-defined, heterogeneously enhancing soft-tissue density lesion is noted involving the right upper lobe and right upper parahilar region.

• Multiple cystic/varicoid bronchiectatic changes in bilateral lungs, which were suggestive of malignancy.

Ayurveda
Kapha–Vata-predominant Tridosha Dushti along with involvement of Rakta and Mamsa Dushya and Pranavaha Srotodushti.

Therapeutic Intervention

Shamana Chikitsa

Medicine	05/07/2025	01/11/2025	31/01/2026	27/04/2026	13/05/2026
Laghu Manjishthadi Kwath 5 gm + Kanchnar Chhal 10 gm, 50 ml Kwath / BD / Empty stomach	-	+	+	+	+
Abhrak Bhasma 50 mg + Shringa Bhasma 50 mg + Shwasakasachintamani Rasa 125 mg + Tamra Sindur 125 mg + Kanta Lauha 50 mg + Hirak Bhasma 5 mg / BD / with Drakshavaleha, 30 minutes before milk	+	+	+	+	+
Punarnavasava 15 ml / BD / Before meal	-	-	+	+	+
Kanakasava 10 ml / BD / After meal	+	+	-	-	-
Lavanbhaskar Churna 3 gm + Shivaksharpachan Churna 2 gm / BD / With food mixed with buttermilk	+	+	-	-	-
Mahanarayan Taila 5 ml + Saindhava Lavana 1 gm / BD / Local application	+	+	+	+	+

BD – twice a day

Kala Basti (a fixed schedule of Basti therapy) was administered using 120 mL of Dashmoola Taila for Anuvasana Basti (oil-based Basti) and 480 mL of Panchatikta Ksheera for Niruha Basti (decoction-based Basti).

Timeline of Complete Course of the Disease

Date	Event Details	Remarks
02.07.2025	CECT Thorax	• Approximately 55 × 70 × 87 mm (AP × TR × CC) ill-defined heterogeneously enhancing soft tissue mass lesion in right upper lobe • Multiple cystic/varicoid bronchiectatic changes involving bilateral lung fields • Multiple lymph nodes
05.07.2025	Ayurvedic treatment initiated	Concurrent Ayurvedic treatment to reduce tumor size, improve quality of life
16.08.2025	IPD Admission	Panchakarma procedure (Sarvang Abhyanga Swedana and Kala Basti)
13.10.2025	HRCT Chest	• Bilateral bronchiectatic changes with multiple tiny nodules in left lung • Minimal emphysematous changes and right apical pleural thickening
01.11.2025	Follow up	Improvement in symptoms
23.01.2026	CECT Thorax	• Resolution of previously mentioned mass lesion • Multiple lymph nodes
31.01.2026	Follow up	Significant improvement in symptoms
10.04.2026	CECT Thorax	• No recurrence of previously mentioned mass lesion • Mild decrease in number of nodules in bilateral lung
27.04.2026	Follow up and IPD Admission	Panchakarma procedure (Sarvang Abhyanga Swedana and Kala Basti)
01.05.2026	MTB NAAT	Negative
13.05.2026	Follow up	Continued improvement in symptoms and QOL

RESULT

Clinical Outcome

Symptoms	Before Treatment	1st Follow up	2nd Follow up	3rd Follow up
Cough with yellowish sputum	3	2	1	1
Difficulty breathing (dyspnea)	3	2	1	1
Chest pain while coughing	2	1	0	0
Generalized weakness	3	2	1	1
Loss of appetite	3	2	1	0
Total	**14**	**9**	**4**	**3**

The severity of the following symptoms in this patient with a lung tumour was graded as follows[8]:
0 – No symptoms 1 – Mild 2 – Moderate 3 – Severe 4 – Life-threatening

Radiological Outcome

Findings	Before Treatment 02.07.2025	During Treatment 23.01.2026	After Treatment 10.04.2026
Heterogeneously enhancing soft tissue density lesion	AP 55 mm, TR 70 mm, CC 87 mm	Resolution of previously mentioned mass lesion	No recurrence of previously mentioned mass lesion
Lymph nodes	Multiple varying size bilateral pre-paratracheal, precarinal and subcarinal lymph nodes are noted, largest measuring approximately 1.55 × 1.5 cm	Multiple varying size bilateral pre-paratracheal, precarinal and subcarinal lymph nodes are noted	Multiple subcentimetric sized bilateral pre-paratracheal, precarinal and subcarinal lymph nodes are noted
Nodules	Multiple cystic/varicoid bronchiectatic changes with random nodules, interlobular septal thickening, fibrotic strands, tractional pleural thickening in bilateral lung fields	Multiple areas of random as well as conglomerated nodules, cystic bronchiectatic changes with adjacent areas of interlobular septal thickening are noted involving bilateral lung fields	Mild decrease in number of nodules in bilateral lung

The patient underwent a CECT scan of the thorax on April 10, 2026 (Figure 2).

Outcome: Following treatment, the patient showed significant clinical and radiological improvement. The heterogeneous lung mass resolved within the first six months of treatment, and no recurrence was observed during the second follow-up. This case suggests that Ayurvedic treatment successfully managed a heterogeneous lung mass lesion.

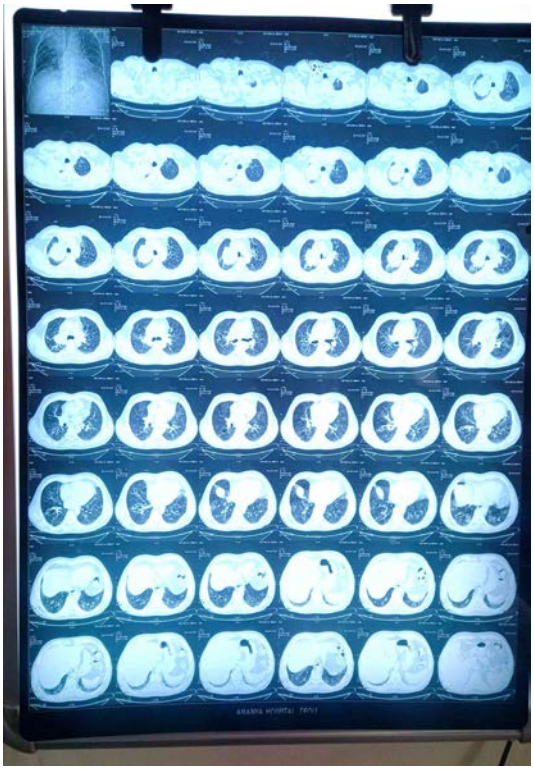

Figure 1: CECT scan of the thorax on July 2, 2025

Figure 2: CECT scan of the thorax on April 10, 2026

DISCUSSION

Most heterogeneous masses are malignant tumours. Owing to increasing exposure to carcinogenic substances present in water, food, the environment, and workplaces, the incidence of malignant tumours has been rising steadily worldwide. Despite advances in conventional treatment modalities, including surgery, chemotherapy, radiotherapy, targeted therapy, and immunotherapy, the morbidity and mortality associated with lung malignancies remain high. Therefore, there is a need to explore alternative therapeutic approaches, either as standalone interventions or in integration with conventional therapies, to improve patient outcomes.

Ayurveda, an ancient system of medicine, provides fundamental principles for diagnosing and managing both Ukta Vyadhi and Anukta Vyadhi, such as cancer and lung cancer. Hence, heterogeneous lung masses, particularly those suspected to be malignant, may be approached through Ayurveda's basic diagnostic and therapeutic concepts.

A 71-year-old male patient presented to the Ayurveda Consultation Unit with primary complaints of dyspnea and chest pain, with a past history of bronchial asthma, for which he was on regular medication. A contrast-enhanced computed tomography (CECT) scan of the thorax revealed an ill-defined heterogeneous lung mass. The patient was advised to undergo a biopsy and seek an oncology consultation for further evaluation. However, both the patient and his relatives declined these recommendations. Therefore, the patient was managed conservatively based on Ayurvedic principles, considering the vitiation of Dosha, Dushya, and Srotas. According to the Ayurvedic assessment, the patient was diagnosed with Kapha–Vata Pradhana Tridosha Dushti, with involvement of the Rakta and Mamsa Dushyas, and Pranavaha Srotodushti.

The Laghu (light) and Ruksha Guna (dry quality) of the ingredients in Laghumanjishthadi Kwath, having Rakta Shodhana (blood-purifying) property[9], promote Kleda Shoshana (absorption of excess exudate)[10]. Research revealed that Kanchanar Chhal exhibited a cytotoxic effect by inhibiting cell division and reducing cell proliferation[11]. Drakshavaleha was prescribed to improve strength, reduce weakness, and enhance the patient's overall well-being [12]. Punarnavasava was given to support liver function and promote recovery through its anti-inflammatory and antioxidant properties[13]. Kanakasava was used to ease respiratory symptoms such as cough and breathlessness and to support better airway clearance[14]. To improve digestion and appetite, Lavanbhaskar Churna and Shivaksharpachan Churna were prescribed[15,16]. In addition, Mahanarayan Taila with Saindhava Lavana was advised for local application over the chest (Uroabhyanga, therapeutic chest massage) as a supportive measure for comfort and symptom relief[17]. Mineral preparations such as Abhrak Bhasma, Shringa Bhasma, Shwasakasachintamani Rasa, Tamra Sindur, Kanta Lauha, and Hirak Bhasma were used to enhance Ojas (immunity), improve hematopoietic activity, and strengthen systemic resistance. Hirak Bhasma has been reported to possess immunomodulatory and antioxidant properties, which may contribute to improved immune function and overall vitality in chronic diseases including cancer[18].

The treatment outcome was assessed both clinically and radiologically. At baseline, the patient's clinical grading score was 14, which progressively improved to 9, 4, and 3 at the first, second, and third follow-up visits, respectively. The heterogeneous lung mass, which measured 55 × 70 × 87 mm before treatment, showed resolution on the first follow-up CECT scan of the thorax. No recurrence was observed on the second follow-up CECT examination. Additionally, a mild reduction in the number of mediastinal lymph nodes and pulmonary nodules was also noted on subsequent radiological assessment. The safety profile was assessed every 45 days and remained within normal limits throughout the treatment period.

CONCLUSION

The patient with a heterogeneous lung mass lesion showed significant clinical and radiological improvement following Ayurvedic treatment. This case suggests that Ayurveda can effectively manage heterogeneous lung mass lesions. However, further randomized controlled trials (RCTs) are required to confirm these findings and validate the observed outcomes.

Patient Perspective

The patient was satisfied with his improvement and reported no side effects.

Patient Consent

Written permission for publication of the case study was obtained from the patient.

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Cite this article as:

Nikita Nakhate, Bapat Vaibhav Ajitrao, Sharad Porte and Anita Sharma. Ayurvedic management of a heterogeneous mass lesion in the lung: A Case Report. Int. J. Res. Ayurveda Pharm. 2026;17(5):17-20
doi: http://dx.doi.org/10.7897/2277-4343.175166

Source of support: Nil, Conflict of interest: None declared

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