

# Lesson 20: Respiratory and Cardiometabolic Support in Oncology

# 1. Importance Of Respiratory And Cardiometabolic Care In Cancer Patients

Respiratory and cardiovascular systems are frequently stressed in oncology. Tumour location, surgery, radiotherapy, chemotherapy, infections, anaemia, thromboembolic events and co-morbidities (hypertension, diabetes, obesity, COPD, IHD) all contribute to:

- Cough, breathlessness, wheeze and secretions
- Post-RT lung fibrosis and chest wall restriction
- Palpitations, chest discomfort, reduced cardiac output
- Metabolic syndrome, dyslipidaemia, weight gain or loss, fatigue

In Ayurvedic language this largely reflects disturbances in:

- Prāṇavaha srotas and Udāna-Prāṇa-Vyāna Vāyu
- Avalambaka Kapha and Hrdaya sthāna
- Medovaha and Rasavaha srotas
- Rasa-Rakta-Māṃsa-Meda dhātu

Cytoveda integrates classical formulations to support these systems alongside modern oncology and cardiology. Respiratory and cardiometabolic support sits within:

- Tri-Thera Spectrum (TTS) Targeted Therapy (organ/system focus) and Immune Therapy (terrain and resilience)
- QuantumMatrix 5-D Doşa-Dhātu Samatvam, Srotoshodhana, Rasayana and Satva Avajaya

This lesson focuses on how Cytoveda's respiratory and Hrdya-Medohara formulations are used in cancer practice.

# 2. Respiratory Support - Clinical Patterns And Ayurvedic View

Common oncology-related respiratory patterns include:

- Chronic or recurrent cough (dry or productive)
- Breathlessness on exertion or at rest
- Post-RT tracheitis, bronchitis or lung fibrosis
- Pleural effusion and mediastinal compression
- Post-operative atelectasis, reduced lung expansion
- Recurrent respiratory infections

Ayurvedically, these often represent:

- Vāta-Kapha disturbance in Prāṇavaha srotas
- Kapha-Pitta irritation of upper airway and kantha
- Udāna Vāyu dysfunction affecting speech and respiration
- · Avalambaka Kapha ama, especially in smokers or pre-existing COPD/asthma

Cytoveda addresses this with a combination of:

- Rasa-Vati formulations (Kaphaketu Ras, Shwaskuthar Ras)
- Classical churna and vati (Talisadi, Sitopaladi, Lavangadi Vati, Lavan Bhaskar)
- Ghansatva tablets and Mahākāśaya tablets for Prāṇavaha and Kantha Rasayana

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# 3. Core Respiratory Formulations In Cytoveda Oncology

#### 3.1 Kaphaketu Ras And Shwaskuthar Ras

#### Kaphaketu Ras

- Strong Kapha-Vāta-modulating Rasa formulation
- Acts on deep-seated Kapha obstruction, cough, wheeze and heaviness in chest
- · Relevant in Kapha-dominant respiratory patterns with thick sputum and heaviness

#### **Shwaskuthar Ras**

- Focus on Śvāsa-Kāsa presentations
- Supports bronchodilation and Kapha mobilization from Prāṇavaha srotas

In oncology these are reserved for:

- Selected cases with significant Kapha accumulation and bronchial involvement
- Situations where sputum is thick, expectoration is difficult and lungs are congested, but mucosa is not severely ulcerated

#### Cautions:

- Frail, very Pitta-prone or mucositis-dominant patients may not tolerate "hotter" formulas.
- Dosing must consider concurrent bronchodilators, steroids and cardiac status.

#### 3.2 Talisadi And Sitopaladi Churna

#### Talisadi Churna

- Kapha-Vāta-modulating, Deepana-Pācana and Kāsahara
- Useful in chronic cough with mild phlegm, low-grade infection patterns, post-RT cough where mucosa is not raw

## Sitopaladi Churna

- Milder, more soothing Kāsahara formulation
- Suitable in dry irritative cough, throat sensitivity and post-viral/post-RT cough

## Oncology relevance:

- Often used in small, frequent doses with honey or ghee (where allowed), under dietary and glycaemic considerations.
- Sitopaladi is preferred when cavities and tracheobronchial mucosa are fragile or ulcerated.

# 3.3 Lavangadi Vati, Sarivadi Vati, Khadiradi Vati

These vatis provide local action in mouth, throat and upper airway:

- Lavangadi Vati for sore throat, mild cough, excessive mucus in oropharynx
- Sarivadi Vati for kantha, voice and ENT mucosa support, it is also indicated for various ear problems
- · Khadiradi Vati for oral and pharyngeal mucosa, ulcers, halitosis and mild infections

In oncology they are commonly used in:

- Head & neck cancers (oral cavity, pharynx, larynx)
- RT-induced mucositis and throat discomfort (when patient is able to suck/hold the vati)
- Post-surgical changes affecting swallowing and voice

They are often paired with:

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- Kanthya Mahākāśaya Tablet
- Udumbar and Mulethi Ghansatva Tablets (for mucosal soothing, as covered earlier)

# 3.4 Kasahara, Shwasahara And Kanthya Mahākāśaya Tablets

These Mahākāśaya-based tablets are crucial Rasayana for Prāṇavaha and Kantha systems:

- Kasahara Mahākāśaya Tablet reduces chronic cough tendency, improves clearance of mild Kapha and supports mucosal healing
- **Shwasahara Mahākāśaya Tablet** supports lung function, dyspnoea control and Prāṇavaha srotas strength, often used in chronically breathless patients with stable disease
- Kanthya Mahākāśaya Tablet supports voice, throat comfort and post-RT or post-surgical kantha healing

They are usually introduced:

- Once acute infection or crisis is under control
- With close observation of breathlessness, oxygen saturation and radiology reports
- Aligned with physiotherapy and chest rehabilitation exercises

# 4. Respiratory Support - Integration Principles

In Cytoveda oncology protocols:

- Respiratory formulations are layered over modern management (bronchodilators, inhaled steroids, antibiotics, antifungals, RT, surgery).
- Emphasis is placed on early identification of red flags: new-onset severe breathlessness, hemoptysis, chest pain, fever, stridor all needing urgent allopathic evaluation.
- Long-term respiratory Rasayana is particularly important in survivors of lung or mediastinal RT, smokers, and patients with pre-existing COPD or asthma.

#### QuantumMatrix mapping:

- D2 Doṣa-Dhātu: balancing Vāta-Kapha/Pitta in Prāṇavaha srotas
- D3 Srotoshodhana: clearing airway, improving prāṇa flow
- D4 Rasayana: system-wise respiratory resilience

#### Tri-Thera mapping:

- Targeted Therapy: organ-specific Prāṇavaha srotas care
- Immune Therapy: reduced infection frequency, better tissue resistance

# 5. Cardiometabolic Patterns In Oncology

Common cardiometabolic issues in cancer patients include:

- Chemo- or trastuzumab-induced cardiotoxicity (reduced ejection fraction)
- RT-induced mediastinal and coronary damage
- Thromboembolic risk (DVT, pulmonary embolism)
- Hypertension, dyslipidaemia, insulin resistance
- Weight gain on hormonotherapy or steroids
- · Weight loss and cardiac deconditioning in advanced disease

## Ayurvedically, these patterns reflect:

- Vāta-Kapha and Rasa-Rakta-Meda-Majja involvement at Hṛdaya sthāna
- Vyāna Vāyu and Avalambaka Kapha imbalance
- Medovaha srotas dushti and Ama accumulation

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Cytoveda uses a combination of Hrdya, Medohara and Ojovardhak formulations to support this axis.

# 6. Cardioprotective And Hrdya Support Formulations

#### 6.1 Prabhakar Vati

#### Primary role:

Classical Hrdya support, Vyāna Vāyu regulation and cardiac tonic action

#### In oncology:

- Considered in patients with history of structural heart disease, mild LV dysfunction or palpitations where cardiologist agrees
- May be used in low doses in survivorship or stable phases to support cardiac resilience

#### Cautions:

- · Always secondary to cardiologist-guided pharmacotherapy for heart failure or arrhythmias
- Requires periodic ECG and ECHO follow up in high-risk patients

## 6.2 Hridayarnava Ras

#### Primary role:

- Hrdya support with Meda and Kapha targeting
- Addresses sluggish circulation, heaviness, chest tightness with Meda/kapha component

## Oncology relevance:

- · Obese patients with IHD risk factors and central adiposity
- Survivors on long-term hormonotherapy or steroids with weight gain and dyslipidaemia

#### Needs careful use in:

• Acute coronary syndromes, decompensated heart failure and uncontrolled hypertension, where primary management must remain allopathic and emergency-based.

## 6.3 Arjuna Ghansatva Tablet

# Primary role:

Classical cardiotonic and Hrdya Rasayana, supports myocardial nutrition and function

## Oncology relevance:

- Patients exposed to cardiotoxic drugs (e.g., anthracyclines, trastuzumab), under cardiologist supervision
- Survivors with borderline EF or mild diastolic dysfunction
- Individuals with anxiety-related palpitations, when structurally safe

## Arjuna Rasayana is often combined with:

- Hridya Mahākāśaya Tablet
- Phalatrikadi as metabolic support
- General Rasayana like Amla or Ashwagandha when appropriate

# 6.4 Hridya Mahākāśaya Tablet

This tablet is based on the Charakokta Hrdya Mahākāśaya group and is used for:

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- Systemic Hrdya Rasayana
- Support of circulation, emotional heart, and Avalambaka Kapha balance

It is especially suitable in:

- Long-term follow-up of patients with cardiotoxic therapy exposure
- Emotional heart strain (grief, anxiety about recurrence) along with Satvavajaya and psychotherapy

## 7. Medohara And Metabolic Risk Modulation

# 7.1 Medohar Guggul

Primary role:

Meda-dhātu regulation, support for dyslipidaemia, obesity and metabolic syndrome patterns

Oncology relevance:

- Overweight or obese patients with metabolic risk (post-menopausal breast, endometrial, colorectal cancers)
- Survivors on hormonotherapy where weight gain and dyslipidaemia threaten long-term outcomes

Medohar Guggul is usually:

- Introduced gradually, after checking LFT/RFT and lipid profile
- · Combined with diet, physical activity and behavioural modifications

# 7.2 Lekhaniya And Triptighna Mahākāśaya Tablets

These Mahākāśayas are used for:

- Lekhaniya Mahākāśaya Tablet Meda-Kapha Lekhana, reducing pathological fat but not physiological dhātu
- Triptighna Mahākāśaya Tablet reducing pathological craving and over-eating tendency, stabilising satiety

They can support:

- Weight management
- Metabolic control
- Appetite regulation in patients tending towards overeating, especially under stress

# 7.3 Shramahara And Jwarahara Mahākāśaya Tablets

These contribute to:

• Cardiometabolic symptom relief by reducing chronic fatigue (Shramajanya) and low-grade inflammatory "flu-like" states (Jwarahara) which indirectly burden the cardiovascular system.

They are relevant in:

- Post-chemo and RT fatigue with heaviness and mild inflammatory terrain
- Survivors with persistent low energy despite stable disease

# 8. Integration With Modern Cardiology And Oncology

Cardiorespiratory support at Cytoveda is always integrated with:

- Baseline and periodic ECG, ECHO, chest imaging, spirometry where indicated
- Standard oncology protocols for chemo, RT and hormonal therapies
- · Cardiologist-supervised treatment for hypertension, heart failure, arrhythmias, IHD and thromboembolic disease

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Ayurvedic formulations are used to:

- Support organ resilience
- Optimise metabolic terrain
- Improve functional capacity and symptom control

#### Not to:

• Replace anti-hypertensives, anticoagulants, anti-arrhythmic drugs or life-saving cardiology interventions.

#### Monitoring includes:

- Blood pressure, heart rate, symptoms of orthopnoea, PND, edema
- Renal and liver function tests when Rasaaushadhi and Guggulu yogas are used
- Lipid profile and glycaemic parameters in metabolic-risk cases

# 9. Illustrative Clinical Situations

# 9.1 Post-RT Lung Cancer With Chronic Cough And Dyspnoea

Features: persistent dry cough, exertional breathlessness, RT fibrosis on imaging, ECOG 1-2.

Possible Cytoveda approach:

- · Sitopaladi or Talisadi Churna in small doses, depending on dryness vs Kapha component
- Kasahara and Shwasahara Mahākāśaya Tablets at gentle doses
- Lavangadi or Sarivadi Vati if throat irritation persists
- · Respiratory physiotherapy, breathing exercises, Satvavajaya for anxiety around breathlessness

All under pulmonologist/oncologist supervision.

# 9.2 Breast Cancer Survivor On Trastuzumab With Borderline EF

Features: mild LV dysfunction on ECHO, fatigue, occasional palpitations, ECOG 1.

Possible Cytoveda approach:

- Arjuna Ghansatva Tablet as Hrdya Rasayana (if cardiologist agrees)
- Hridya Mahākāśaya Tablet in low dose
- Phalatrikadi as metabolic and hepatic support
- Lifestyle guidance: graded exercise, sleep hygiene, stress management

# 9.3 Hormone-Treated Breast Cancer Survivor With Metabolic Syndrome

Features: central obesity, elevated triglycerides, borderline fasting sugar, no active disease.

Possible Cytoveda approach:

- Medohar Guggul, Lekhaniya and/or Triptighna Mahākāśaya Tablets
- Phalatrikadi for hepatic-metabolic axis
- Hridayarnava Ras or Arjuna Ghansatva depending on cardiac profile
- Structured diet and activity plan, counselling for emotional eating and fear of recurrence

# 10. Key Take-Home Points

- 1. Respiratory and cardiometabolic support are integral parts of integrative oncology, not optional add-ons, because Prāṇavaha srotas and Hṛdaya-Medovaha axis are constantly stressed by cancer and its treatments.
- 2. For respiratory care, Kaphaketu Ras, Shwaskuthar Ras, Talisadi, Sitopaladi, Lavangadi/Sarivadi/Khadiradi Vati, and

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- Kasahara-Shwasahara-Kanthya Mahākāśaya Tablets form a flexible toolkit, selected according to Kapha-Vāta-Pitta patterns, mucosal status and stage.
- 3. Cardioprotective support uses Prabhakar Vati, Hridayarnava Ras, Arjuna Ghansatva Tablet and Hridya Mahākāśaya Tablet, always secondary to cardiologist-guided management.
- 4. Metabolic risk modulation in survivors relies on Medohar Guggul, Lekhaniya and Triptighna Mahākāśaya Tablets, Shramahara and Jwarahara Mahākāśaya, plus lifestyle measures.
- All interventions are mapped to Tri-Thera Spectrum (organ-targeted and immune/terrain support) and QuantumMatrix 5-D (Doṣa-Dhātu, Srotas, Rasayana, Satva), and must be calibrated to Agni, ECOG status and organ function.

# 11. Review Questions

- 1. Describe the main respiratory clinical patterns seen in oncology patients and map at least four Cytoveda respiratory formulations to specific patterns.
- 2. How do Kasahara, Shwasahara and Kanthya Mahākāśaya Tablets differ in their primary focus within Prāṇavaha and Kantha systems?
- 3. Outline a safe integrative cardioprotective plan for a patient receiving potentially cardiotoxic chemotherapy, including modern and Ayurvedic components.
- 4. Discuss the role of Medohar Guggul, Lekhaniya and Triptighna Mahākāśaya Tablets in long-term metabolic remodelling for breast cancer survivors on hormonotherapy.
- 5. Why is close collaboration with cardiologists and pulmonologists essential when using Hrdya and respiratory formulations in cancer practice?

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