

Lesson 26: Case vignettes - when Ayurvedic care is appropriate / when not to intervene

1. Why This Lesson Matters

By now you have

- Understood cancer biology and staging
- Learnt Cytoveda frameworks (Tri-Thera Spectrum and QuantumMatrix 5-D)
- Studied formulary, Rasayana and safety principles
- Reflected on ethics, consent and referral systems

The daily, practical question remains:

- **When is Ayurvedic care truly appropriate and helpful?**
- **When should we limit or avoid interventions and prioritise referral or comfort care only?**

This lesson uses case vignettes to train clinical judgement about

- Whether to intervene
- How intensively to intervene
- When to say “no” or “very limited only”

2. Decision Framework: Green / Yellow / Red Zones

Before individual cases, internalise a simple triage frame. Ask yourself:

- What is the intent of oncologic care: **cure**, **control**, or **comfort-only**?
- What is the performance status (ECOG)?
- Are liver, kidney, heart and marrow reasonably stable?
- Is there any acute emergency or red flag?
- What is the patient’s primary goal: symptom relief, strength, “cure”, spiritual preparation?
- Is close follow up and lab monitoring realistically possible?

Based on this, patients fall into three broad zones:

Green zone - Integrative support appropriate

- Relatively stable; no acute emergencies
- On or after conventional oncology treatment
- Organs reasonably preserved
- Realistic goals and reliable follow up

Yellow zone - Cautious, minimalist intervention

- Borderline organ function or ECOG 2-3
- Complex polypharmacy, high-risk regimens
- Psychosocial or financial fragility
- History of intolerance to multiple medicines

Red zone - No aggressive Ayurvedic intervention

- Acute emergencies and red flags
- Surgical oncology cases, where surgery seems to be the cure. E.g. early stage of Papillary Thyroid carcinoma
- Decompensated organ failure, ICU setting
- Rapidly deteriorating patient with time-critical oncology/palliative decisions pending
- Situations where patient/ family want Ayurveda to replace life-saving therapy

Now we apply this to case vignettes.

3. Vignettes Where Ayurvedic Care Is Clearly Appropriate

Case 1 - Early-Stage Breast Cancer On Curative Therapy (Green Zone)

- 45-year-old woman, Stage II breast cancer
- Surgery done, on adjuvant chemotherapy
- ECOG 1
- LFT/RFT mildly stressed but acceptable
- Main issues: nausea, poor appetite, constipation, fatigue, anxiety about recurrence
- Oncology team open to integrative support

Appropriateness

This is a highly appropriate scenario for **full integrative Cytoveda support**.

Possible Cytoveda plan

- GI and Agni support
 - Dhatu Pachak Vati (initially Rasa-Rakta focus) in gentle dosing
- Hepato-metabolic axis
 - Phalatrikadi with dose adjustments on chemo days
- Bowel support
 - Mild Triphala Ghansatva Tablet or small-dose Triphala Vati/Churna
- Rasayana and Ojas
 - Amla Ghansatva Tablet
 - Jeevaniya/Balya Mahākāśaya Tablet between cycles
- Neuro-Manas
 - Sangya Sthapan Mahakashaya Tablet or Brahmi-Shankhapushpi Ghansatva Tablet for anxiety and chemo-brain

Conditions

- Regular lab monitoring
- Close communication with oncologist
- Clear counselling that Ayurveda is **supportive, not a replacement** for chemo

Conclusion

Full integrative care is appropriate with focus on symptom relief, Agni, Rasayana and long-term terrain modification.

Case 2 - Locally Advanced Head & Neck Cancer Post Chemo-RT (Green-Yellow Border)

- 60-year-old man, locally advanced oropharyngeal cancer
- Completed concurrent chemo-RT, partial remission
- ECOG 2
- Severe mucositis recently settled
- Current issues: dry mouth, altered taste, weight loss, neck stiffness

Appropriateness

Ayurvedic care is appropriate; intensity must be **moderate** due to mucosal fragility.

Possible supportive Cytoveda plan

- Mucosal Rasayana
 - Udumbar Ghansatva Tablet
 - Sitopaladi in small doses if tolerated
- Kantha support



- Kanthya Mahākāśaya Tablet
- Lavangadi / Khadiradi Vati as per swallowing ability
- Pain and stiffness
 - Rasna Ghansatva Tablet
 - Dashmool Ghansatva Tablet
 - Angamarda Prashamana Mahākāśaya Tablet
- Nutritional-Agni support
 - Low-dose Dhatu Pachak Vati, slowly escalated as intake improves

Avoid

- Very hot, tikshna formulas (e.g. strong Kaphaketu Ras, Shwaskuthar Ras) on freshly damaged mucosa
- Heavy Panchakarma

Conclusion

Integrative care is appropriate with gentle formulations and rehabilitation focus.

Case 3 - Metastatic Disease, But Stable And Motivated (Yellow With Green Pockets)

- 58-year-old man, metastatic colorectal cancer
- On palliative systemic therapy
- ECOG 2
- LFT/RFT moderately stable
- Main issues: fatigue, low mood, abdominal discomfort, low-grade edema, poor sleep

Appropriateness

Ayurvedic care is appropriate for **symptom relief, function and emotional support**.

Possible Cytoveda plan

- Agni / dhātu modulation
 - Rasa or Medo Pachak Vati depending on appetite, weight and bowel pattern
- Hepatic-Rakta axis
 - Phalatrikadi
 - Punarnavadi Mandur / Navayas Lauh / Dhatri Lauh (if anaemia and labs allow)
- Edema and Śoṭha
 - Punarnava Ghansatva Tablet
 - Shothahara Mahākāśaya Tablet (cautious dosing)
- Pain and inflammatory terrain
 - Dashmool Ghansatva Tablet
 - Rasna Ghansatva Tablet
 - Vedana Sthāpana / Angamarda Prashamana Mahākāśaya Tablet
- Neuro-Manas
 - Brahmi Vati or Brahmi-Shankhapushpi Ghansatva Tablet
 - Sangya Sthāpana Mahākāśaya Tablet

Conclusion

Appropriate with careful safety margins and honest goals: comfort, stability and resilience.

Case 4 - Disease-Free Survivor Seeking Recurrence Prevention (Green Zone)

- 39-year-old woman, Stage III ovarian cancer treated 2 years ago
- No evidence of disease on follow-up
- ECOG 0-1, working full time
- Complaints: mild fatigue, anxiety about recurrence

Appropriateness



An ideal scenario for structured **survivorship and terrain-modification** planning.

Possible Cytoveda plan

- Agni and metabolism
 - Rasa Pachak Vati
 - Phalatrikadi
- Cardio-metabolic
 - Medohar Guggul, Lekhaniya and Triptighna Mahākāśaya Tablets (if overweight / dyslipidaemic)
- Rasayana
 - Amla Ghansatva, Ashwagandha Ghansatva (if suitable)
 - Dashmool Ghansatva Tablet
 - Jeevaniya, Balya, Brimhaniya, Vaya Sthāpana Mahākāśaya Tablets in cycles
- Neuro-Manas and Satvavajaya
 - Brahmi-Shankhapushpi Ghansatva Tablet
 - Sangya Sthāpana Mahākāśaya Tablet
 - Lifestyle reforms, stress management, spiritual anchoring

Conclusion

Strongly appropriate for long-term Rasayana, metabolic remodelling and psycho-emotional stability.

4. Vignettes Where Intervention Should Be Limited Or Avoided

Case 5 - Acute Emergency With Red Flags (Red Zone - No Delay For Ayurveda)

- 63-year-old man with known lung cancer
- Sudden severe breathlessness at rest
- Swollen face and neck veins, visible engorged veins
- Stridor, cannot lie flat
- Oxygen saturation dropping
- Family asks for “immediate Ayurvedic medicine to open channels”

Clinical concern

Possible SVC syndrome, massive PE or other life-threatening emergency.

Appropriate Ayurvedic role

No classical medicine as primary intervention.

Correct action

- Immediate emergency referral to hospital / oncology centre / ICU
- Clear documentation of suspected emergency
- Consider only later supportive Ayurveda once stabilised

Conclusion

In acute emergencies, priority is **rapid allopathic management**. Any delay to prescribe herbs is unsafe and unethical.

Case 6 - Decompensated Liver Failure With Metastatic Disease (Red Zone For Aggressive Formulary)

- 55-year-old with metastatic hepatocellular carcinoma
- Tense ascites, jaundice, encephalopathy
- Very high bilirubin, deranged INR
- ECOG 3-4
- Family requests strong “liver-cleansing” rasāushadhi and high-dose Arogyavardhini

Appropriateness

Decompensated liver + metastatic burden + poor ECOG = **very high-risk state**.

Appropriate Ayurvedic role

- No aggressive Deepana-Pācana, Arogyavardhini or strong Rasa medicines
- Only very gentle:
 - Simple diet guidance
 - Small, soothing Ojas-supportive agents if tolerated
 - Satvavajaya and spiritual counselling

Conclusion

Aggressive pharmacological intervention is not appropriate. Focus on palliative, comfort-centred care under hepatologist/oncologist.

Case 7 - ECOG 4 End-Stage Cancer, Family Demands Full Panchakarma (Red Zone For Śodhana)

- 70-year-old woman, metastatic lung and bone disease
- Bed-bound, ECOG 4, severe cachexia
- Very low oral intake
- On opioids and palliative care
- Family insists on Vamana and Virechana to “remove toxins”

Appropriateness

Śodhana panchakarma in this state is **contraindicated and dangerous**.

Appropriate Ayurvedic role

- Explicitly decline strong Panchakarma
- Offer instead:
 - Gentle local comfort measures (if feasible)
 - Minimal internal supports only if swallow and Agni allow
 - Ojas support in micro-dose if suitable
 - Spiritual counselling, end-of-life preparation
 - Caregiver guidance

Conclusion

The ethical choice is **not to intervene aggressively**, even if family is disappointed.

Case 8 - Potentially Curable Cancer, Patient Rejects All Oncology (Ethical Red-Yellow)

- 50-year-old man, Stage III colon cancer
- Recommended curative surgery + adjuvant chemo
- Refuses both out of fear
- Demands “only classical Ayurveda and Panchakarma” and asks for cure assurance

Appropriateness

Serious ethical conflict: curable disease + refusal of standard treatment.

Appropriate Cytoveda approach

- Explain clearly:
 - Role of surgery/chemo in potential cure
 - Supportive role of Ayurveda at this stage
- Encourage joint meeting with oncologist
- Document explanation and patient’s decision in detail

If he still refuses:



- Frame Ayurvedic plan strictly as supportive / terrain-focused
- Do not claim equivalence to curative chemo-surgery
- Keep oncologist informed if possible

Conclusion

Ayurvedic care may be cautiously offered, but main ethical duty is **honest counselling and documentation**, not replacing proven curative therapy.

In many emergency cases, where allopathic medicines do not respond, Ayurvedic medicines should be tried specially in chemo-radio induced side effects.

5. “Intervention Levels” Grid

Think of each patient at one of three levels:

Level 1 - Full integrative protocol

- Early/intermediate stage on standard therapy
- Survivors with no evidence of disease
- Selected metastatic cases with ECOG 0-2 and good organ function

Level 2 - Limited, cautious protocol

- ECOG 2-3
- Borderline organ function
- Heavy polypharmacy and co-morbidities
- Approach: gentle formulations, low doses, more frequent review

Level 3 - Minimal or no pharmacological intervention

- ECOG 3-4, end-stage disease
- Acute organ failure, emergencies, ICU care
- High-risk refusal of essential oncology
- Focus: comfort, simple supports, counselling, family and spiritual care

6. Practical Do's And Don'ts**Do**

- Screen for emergencies and red flags before thinking of herbs
- Map ECOG status and organ function before deciding intensity
- Use Cytoveda formulary most actively in stable, monitored “green zone” patients
- Say “no” to unsafe Panchakarma or rasāushadhi when risk outweighs benefit
- Document reasoning whenever you limit or decline intervention

Don't

- Start complex multi-herb regimens in unstable or emergency situations
- Perform Panchakarma in cachectic, bed-bound or decompensated patients just to satisfy family demand
- Promise tumour control or cure through Ayurveda alone in potentially curable cancers where standard therapy is refused
- Let fear of “losing the patient” push you into unethical or unsafe treatments



7. Key Take-Home Points

- Ayurvedic oncology is most effective and appropriate in stable disease, active yet monitored treatment phases, and survivorship.
- In emergencies, organ failure and terminal frailty, Ayurveda has a **gentle, supportive** role only; aggressive interventions are unsafe.
- Knowing **when not to intervene** is as important as knowing what to prescribe.
- Use the green-yellow-red and Level 1-2-3 frameworks to quickly triage appropriateness in day-to-day practice.
- Ethical, well-documented decisions protect the patient's safety and the integrity of Cytoveda practice.

8. Review Questions

1. Using the green-yellow-red framework, classify:
 - Early-stage breast cancer on adjuvant chemo with mild side effects
 - Metastatic liver disease with decompensated liver failure
 - ECOG 4 cachectic patient whose family demands VamanaExplain your reasoning.
2. In Case 3 (metastatic, ECOG 1-2), which Cytoveda principles and formulations would you prioritise, and why?
3. Why is it unsafe and unethical to perform strong Panchakarma in an ECOG 4, end-stage cancer patient?
4. How should a Cytoveda clinician respond when a patient with potentially curable disease refuses all standard oncology treatment and requests only Ayurvedic therapy?
5. Describe three clinical scenarios where Ayurvedic care is clearly appropriate, and three where it should be restricted to minimal or purely supportive measures.