Research Article ISSN: 2996-3893

Trends in General Medicine

Exceptional Clinical Response to Conventional Therapy When Combined with Evidence-based Complementary Therapy in a Young Patient with Advanced Lung Adenocarcinoma: A Case Report

Anbuganapathi G[1], Paulraj S[2]*, Selvagambeer A[3], Priyadharshini A[4] and Ramalingam K[5]

[1]*Chairman, HCTT, Anbu Hospital, Velachery, Chennai, India.*

[2]*Director, HCTT, Chennai Snake Park Trust, Guindy, Chennai, India.*

[3]*Chief Physician, Anbu Hospital, Velachery, Chennai, India.*

[4]*Siddha medical consultant, Anbu Hospital, Velachery, Chennai, India.*

[5]*Director, Research, CSP, Guindy, Chennai, India.*

***Correspondence:**

Paulraj S, Director, Holistic Cancer Therapy Trust, Chennai Sanke Park, Guindy, Chennai, 22, India.

Received: 15 Jun 2026; **Accepted:** 18 Jul 2026; **Published:** 29 Jul 2026

Citation: Anbuganapathi G, Paulraj S, Selvagambeer A, et al. Exceptional Clinical Response to Conventional Therapy When Combined with Evidence-based Complementary Therapy in a Young Patient with Advanced Lung Adenocarcinoma: A Case Report. Trends Gen Med. 2026; 4(3): 1-4.

ABSTRACT

Lung adenocarcinoma is the most common histologic subtype of lung cancer in worldwide, accounting for approximately 40% of all lung cancers. This cancer is classified within the broader category of non-small cell lung cancer (NSCLC), which comprises roughly 85% of all lung malignancies. Despite therapeutic advances, lung adenocarcinoma remains the leading cause of cancer death, largely because most cases are diagnosed at an advanced stage. Literature reported a five-year survival of 5.0% among patients with metastatic adenocarcinoma of lung. This case, featuring a rapid three-month complete metabolic response and zero toxicity, constitutes an exceptional, potentially synergistic reaction between Crizotinib, a conventional standard therapy and a complementary therapy, the Siddha medical system.

Keywords

Lung cancer, Complementary therapy, Siddha medical system.

Introduction

Lung adenocarcinoma is the most common histologic subtype of lung cancer in worldwide, accounting for approximately 40% of all lung cancers. This cancer is classified within the broader category of non-small cell lung cancer (NSCLC), which comprises roughly 85% of all lung malignancies. Huang Y, et al., [1] reported a five-year survival of 5.0% among patients with metastatic adenocarcinoma of lung. Adenocarcinoma (ADC) is the most common subtype of NSCLC [2]. Unlike squamous cell carcinoma, which is strongly associated with a central airway origin and heavy smoking, adenocarcinoma characteristically arises in the peripheral lung parenchyma and exhibits a distinct molecular profile that now guides precision treatment selection [3,4]. Lung adenocarcinoma is frequently asymptomatic at presentation. When symptoms are present, they typically reflect advanced locoregional extension or distant metastatic disease [3]. Despite these therapeutic advances, lung adenocarcinoma remains the leading cause of cancer death in the United States, largely because most cases are diagnosed at an advanced stage [5,6]. Surgical resection is the treatment of choice for patients with stage I to stage IIIA lung adenocarcinoma who have adequate cardiopulmonary reserve and no prohibitive comorbidities. At present, chemotherapy in combination with immunotherapy is the standard treatment for liver metastasis [7].

ALK inhibitors are the standard therapeutic agent for non-small cell lung cancer (NSCLC) and *Crizotinib* remains an important reference standard for benchmarking early ALK-targeted therapy [8]. Despite significant early uccess, subsequent clinical experience revealed important limitations of *crizotinib* with many Adverse Events (AE). The most frequently observed, AEs included increased transaminases, bradycardia, prolonged QT, nausea, vomiting,

diarrhoea, constipation, visual impairment, and interstitial lung disease, which were consistent with previous reports from clinical trials. Additionally, unexpected significant AEs such as deep vein thrombosis, pneumocystis jirovecii pneumonia, gastrointestinal amyloidosis, and hepatic coma were also observed [9].

Overall, 5-year survival for lung cancer is approximately 25% across all stages, but highly stage-dependent: localized disease carries 60% to 70% 5-year survival, while distant metastatic disease drops to less than 8% [10].

Integrative oncology, a multidimensional and holistic paradigm, has emerged as a promising strategy that combines conventional cancer treatments with evidence-based complementary therapies [11]. Building on our success with evidence-based therapies [12], we observed an exceptional clinical response in a lung cancer patient treated with a combination of standard care and our proprietary protocol.

Case Presentation

A forty years old male patient affected by Lung carcinoma was examined for the stage and type of carcinoma by taking PET scan. This PET scan report taken on April. 2025, revealed the following impression:

- Metabolically active ill-defined irregular heterogeneously enhancing heterodense lesion with cavitation lung) - Likely in superior primary segment right of right lower lobe extending to adjacent perihilar region (right lung malignancy.
- Lesion is seen extending close to costal pleural surface. No obvious chest wall infiltration.
- Mild ground Mild ground glass opacities, interlobular septal thickening and few air space nodules, spread. nodules in right lower lobe surrounding the mass lesion - Possible lymphatic spread
- Multiple metabolically active, mild metabolically active and non-metabolically active nodes - Likely metastatic lymphadenopathy.
- Metabolically. active faint hypodense nodule in segment V / VI of right lobe of liver - Likely hepatic metastasis
- Metabolically active lytic / sclerotic lesions in few dorsolumbar vertebrae and bones of pelvis – likely skeletal active metastases
- No evidence of metabolically active disease anywhere else in the body.

The lung cancer type was identified as Adenocarcinoma (ADC), the most common subtype of NSCLC. As the Scan report revealed that the lung cancer has already metastasised and spread to liver and bones, and being categorized as stage, IV, the conventional treatment method of surgical resection was considered not advisable.

ALK inhibitors are the standard therapeutic agent for (NSCLC) and *Crizotinib* remains an important reference standard for benchmarking early ALK-targeted therapy [8]. Despite significant early success, subsequent clinical experience revealed important limitations of *Crizotinib* with many Adverse Events (AE).

Under such circumstances, building on our success with evidence-based therapies [12], we opted for treating the patient with a combination of *Crizalk* 250mg. – generic of *Crizotinib*, the standard therapeutic agent for NLCLC.

Along with standard prescription of *Crizalk*, the patient was given the following four drugs under "Siddha" system, an Evidence-based popular Indian Medical system that is approved by the Indian Government. They are called in the local language, Tamil as follows: "Kantaka Rasayanam", "Iracakanti", "Maka vallate ilakiam" and "Parankip pattai rasayanam" [13]. These drugs are listed among the popularly used drugs for cancers and cancer symptoms in Siddha system [14].

The patient was asked to take all the four medicines daily as per the prescribed doses continuously along with the prescribed *Crizalk* medicine and was asked to come for consultation in order to find out the prognosis after three months. No other medicines were prescribed. The patient started all the medicine from April, 2025. After four months, another PET scan was taken in order to understand the prognosis of the disease. The following are the impression on the prognosis based on the PET scan report taken in 30th Aug. 2025:

* Significant regression in size (Tehe lesion measures 2.5 x2.0 cm. previously measured 4.3 x 4.1 x 3.5 cm.) with near complete resolution of metabolically activity of ill-defined irregular heterogeneously enhancing heterodense lesion with cavitation in superior segment of right lower lobe.
* New FDG avid fibro-consolidation in medial aspect of superior segment of bilateral lower lobes- likely post-radiotherapy related changes; suggested follow up.
* Significant regression in size with near complete resolution of metabolic activity of mediastinal lymph nodes.
* Resolution of FDG avid lesion in segment v / vi of right lobe of liver.
* Interval increase in sclerosis with regression in metabolic activity of mixed lytic sclerotic skeletal lesions.

Overall imaging features are suggestive of partial (significant) response to therapy. compare the two reports and comment on the prognosis.

A comparative whole body imaging features of the PET scan showing the above condition is presented in Figure 1. Clinical interpretation of the PET scan findings is presented in Table 1.

After this fast and successful recovery, the patient continues our medication and, we are expecting a complete disease-free condition after analysing his PET scan report after a year gap.

Table 1: Clinical interpretation of on the prognosis of ADC patient treated with an Evidence based 'Siddha' medical system.

Disease Site	April 2025 (Baseline Status)	August 2025 (Post-Treatment Status)	Clinical Interpretation
Primary Lung Mass *(Right Lower Lobe)*	Cavitating, irregular, metabolically active lesion close to the pleura with lymphatic spread.	Significant shrinkage and near-complete disappearance of metabolic activity.	Superb treatment response; the primary driver of the disease has been successfully neutralized.
Lymph Nodes *(Mediastinum)*	Multiple metabolically active nodes confirming metastatic lymphadenopathy.	Significant structural regression and near-complete resolution of metabolic activity.	Clearance of regional nodal disease, minimizing the risk of rapid intrathoracic progression.
Liver *(Segment V/VI)*	Metabolically active hypodense nodule, confirming liver metastasis.	Complete resolution of the FDG-avid lesion.	Radical clearance of visceral disease; resolving liver metastasis is a highly positive prognostic marker.
Bones *(Vertebrae & Pelvis)*	Destructive (lytic) and dense (sclerotic) active skeletal metastases.	Increased sclerosis paired with a complete drop in metabolic activity.	Excellent therapeutic response; "healing" bones calcify (sclerosis) as the active tumor cells die.
Treatment effects			No side effects which are expected when taking *Crizalk* alone.

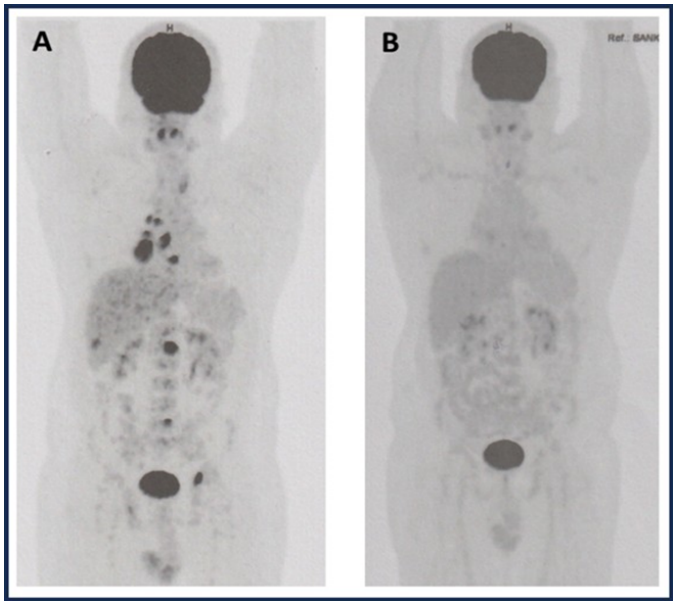

Figure 1: Whole body PET scan picture of the patient before (A) and after (B) treatment.

Discussion

An analysis of the SEER database done by Campos-Balea, et al., [15] on the prognostic factors for survival in patients with metastatic lung adenocarcinoma reveals that the presence of liver metastases was the worst prognostic factor for patients with metastatic lung ADC.

However, a recent case report produced by Junjun et al., [16] concluded that for patients with advanced lung cancer and oligometastatic liver metastases demonstrating favorable response to combined immunotherapy and chemotherapy, consolidative surgical resection with adjunctive liver-directed local therapy may be considered, potentially conferring long-term survival benefits.

In another case study case, Wei et al., [17] reported that the bone metastases from lung adenocarcinoma almost completely disappeared after treatment with a single molecular targeted therapy agent. This case report increases the confidence in the treatment of advanced lung cancer.

Through this case study, we introduce the Siddha system of Indian medicine—a non-conventional, evidence-based medical framework—as a complementary therapy for cancer care. Literature suggests that the Siddha system holds significant potential for effective oncology management, serving either as an independent treatment modality [12] or as a supportive, complementary intervention [18].

The Siddha system of medicine is one of the world's oldest traditional health systems, originating in ancient South India within Tamil civilization. Government of India under the Ministry of AYUSH, provides a holistic approach to preventive, promotive, curative, rejuvenating, and rehabilitative healthcare [14]. The composition and mode of actions of various components of the four drugs used in the precent treatment have been explained by Anbuganapathi et al., [12]. The Siddha system of medicine for treatment of various types of cancers has been practiced and reported by various authors [12,14,18-20]. Of the four drugs used in this case, the drug "Irakanti melugu" is widely quoted for treating various types of cancers [12,14,18,19,21,22].

In the present case, the response to the treatment was exceptional as noted under clinical interpretations (Table 1). Moreover, the patient had not faced any of the AE likely caused by the standard medicine with *Crizalk* [9]. This may be due to some synergistic actions of the two systems of medication. Bota M, et al., [23] in their recent review explored synergistic interactions between natural compounds and conventional chemotherapeutic drugs in preclinical models of Lung Cancer.

Complementary therapies are integral components of integrative oncology. These therapies have demonstrated potential benefits in managing cancer-related symptoms and treatment side effects, fostering improved quality of life, and augmenting treatment tolerance [11]. It's essential to note that integrative oncology relies on evidence-based practices. Research and clinical trials are continuously conducted to evaluate the safety and efficacy of various complementary therapies in combination with standard cancer treatments [11,23].

Given that Siddha medicine is fundamentally rooted in the principle

of reverse pharmacology, advancing these traditionally used formulations through structured preclinical and clinical research, rather than halting at preliminary screening, is crucial [14].

Conclusion

As far as our case study is concerned, in advanced lung malignancy, achieving a profound "partial response" within a brief four-month window is an optimal clinical scenario. The complete metabolic shutdown of the liver lesion and the calcification of the bone lesions demonstrate that the conventional therapy when combined with complementary therapy is highly potent and effectively controlling the disease across the entire body.

Patient's Consent

Consent of the patient was obtained to use his case study for publication.

References

1. Huang Y, Yang X, Lu T, et al. Factors associated with the prognosis and long-term survival of patients with metastatic lung adenocarcinoma. J Thorac Dis. 2018; 10: 2070-2078.
2. Imielinski M, Berger AH, Hammerman PS, et al. Mapping the hallmarks of lung adenocarcinoma with massively parallel sequencing. Cell. 2012; 150: 1107-1120.
3. Riely GJ, Wood DE, Ettinger DS, et al. Non-Small Cell Lung Cancer, Version 4.2024, NCCN Clinical Practice Guidelines in Oncology. J Natl Compr Canc Netw. 2024; 22: 249-274.
4. Nicholson AG, Tsao MS, Beasley MB, et al. The 2021 WHO classification of lung tumors: impact of advances since 2015. J Thorac Oncol. 2022; 17: 362-387.
5. MacMahon H, Naidich DP, Goo JM, et al. Guidelines for management of incidental pulmonary nodules detected on CT images: from the Fleischner Society 2017. Radiology. 2017; 284: 228-243.
6. Borkhardt A, Haas OA. Chromosomal risk classification in high hyperdiploid acute lymphocytic leukaemia: the beginning of a new chapter. Lancet Haematol. 2022; 9: e9.
7. Planchard D, Popat S, Kerr K, et al. Metastatic non-small-cell lung cancer ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. Ann Oncol. 2018; 29: 192-237.
8. Brady HW, Gill J, Wang J. Evaluating clinical efficacy and survival outcomes of crizotinib in anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC): a systematic review and meta-analysis. Cureus. 2026; 18: e102697.
9. Zhang H, Song Y, Xia F, et al. Adverse event profile of crizotinib in real-world from the FAERS database: a 12-year pharmacovigilance study. BMC Pharmacol Toxicol. 2025 Mar 14; 26: 61.
10. Kanchustambham V, Sharma S. Lung Adenocarcinoma. StatPearls. Treasure Island FL. StatPearls Publishing. 2026. https://www.ncbi.nlm.nih.gov/books/NBK519578/
11. Jain P. Integrative oncology a holistic approach to cancer care. JBR J Interdiscipl Med Dent Sci. 2023; 6: 75-78.
12. Anbuganapathi G, Paulraj S, Ramalingam K, et al. Enhancing quality of life and progression-free survival in minor salivary gland cancer patients through holistic care: a case report. J Med Case Reports. 2026; 8: 1-5.
13. India Ministry of Health and Family Welfare. The Siddha Formulary of India Part 1. 1st ed. New Delhi: Controller of Publications. 1992; 68: 120-121.
14. Balasubramani A, Banu S, Jeevagan J, et al. Siddha formulations for cancer management: a review of preclinical and clinical data. Bioinformation. 2026; 22: 1582-1592.
15. Campos-Balea B, de Castro Carpeño J, Massutí B, et al. Prognostic factors for survival in patients with metastatic lung adenocarcinoma: an analysis of the SEER database. Thorac Cancer. 2020; 11: 3357-3364.
16. Junjun Z, Jiandong Z, Lingjun D, et al. Long-term survival following multimodal therapy for lung cancer with hepatic metastasis: a case report. Front Oncol. 2025; 15: 1663079.
17. Wei J, Hu B, Fang H, et al. Single-molecule targeted therapy shrinks lung lesions and improves bone metastases: a case report. Medicine Baltimore. 2024; 19: 103: e38874.
18. Riyasdeen A, Periasamy VS, Paul P, et al. Chloroform extract of Rasagenthi Mezhugu a Siddha formulation as an evidence-based complementary and alternative medicine for HPV-positive cervical cancers. Evid Based Complement Alternat Med. 2012; 2012: 136527.
19. Baskaran J, Gnanamani A, Stanley VA, et al. Studies on the anticancer potential (GI_{50}) of the Siddha formulation, Rasagenthi Mezhugu on human cell lines. J Chem Pharm Res. 2017; 9: 254-257.
20. Subathra T, Shanmugapriya P, Ramamurthy M, et al. Cancer perspectives and recent advances in anti-cancer drug research: a review in the lens of Siddha medicine. J Adv Zool. 2024; 45: 630-638.
21. Ranga RS, Girija R, Nur-e-Alam M, et al. Rasagenthilehyam (RL) a novel complementary and alternative medicine for prostate cancer. Cancer Chemother Pharmacol. 2004; 54: 7-15.
22. Shyamala R, Reena VL, Lekha GS, et al. Standardization of Rasagandhi mezhugu: a traditional Siddha higher order herbomineral formulation. J Res Siddha Med. 2021; 4: 59-66.
23. Boța M, Vlaia L, Jîjie AR, et al. Exploring synergistic interactions between natural compounds and conventional chemotherapeutic drugs in preclinical models of lung cancer. Pharmaceuticals Basel. 2024; 17: 598.