

Enhancing Quality of Life and Progression-Free Survival in Minor Salivary Gland Cancer Patients through Holistic Care: A Case Report

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Abstract

Salivary gland cancers (SGCs) are a type of head and neck cancer (HNC) that can arise from any of the three major glands (parotid, sublingual, and submandibular) or from the various minor salivary glands. Minor Salivary Gland Tumor (MSGT) is a rare, slow growing and more malignant than other SGCs. Although conventional treatment involves a total excision of the lesion, we have treated a patient who was affected by MSGT without any surgical procedures by following an evidence based holistic treatment. We report a case study of a middle-aged woman affected by this rare tumor who is leading a quality life and progression free tumor.

Keywords: Case report; Salivary Gland Cancer; Holistic treatment, Siddha medicine.

Introduction

Salivary gland tumors (SGTs) represent a rare and highly heterogeneous group of head and neck cancers (HNCs) that arise within the parotid, sublingual, or submandibular major glands, as well as the numerous minor salivary glands distributed throughout the upper aerodigestive tract. This diverse oncological landscape encompasses a wide array of distinct histological subtypes, presenting a significant diagnostic challenge for pathologists (Alsanie et al., 2022).

Notably, minor salivary gland tumors (MSGTs) carry a distinct clinical profile compared to their major gland counterparts. While approximately 80% of major salivary gland neoplasms are benign, the converse is true for MSGTs, where 80% or more are malignant (Bradley, 1999; Everson & Cawson, 1985). Furthermore, MSGTs are associated with a worse overall prognosis, elevated recurrence rates, and poorer long-term clinical outcomes (dos Santos et al., 2021). Despite their high malignancy rate, MSGTs remain epidemiologically rare, with a reported global annual incidence ranging between 0.16 and 0.4 cases per 100,000 individuals (Bradley & McGurk, 2013). Standard therapeutic interventions typically involve radical surgical resection often paired with adjuvant radiotherapy; however, management must frequently be tailored to minimize functional morbidity and optimize patient quality of life. This report presents the case of a female patient from India diagnosed with a malignant MSGT who was successfully treated utilizing an evidence-based, traditional holistic therapeutic framework, highlighting the potential role of integrative oncology in managing complex head and neck malignancies.

Case History

About 30 years woman, with salivary gland tumor, identified as Minor Salivary Gland Tumor (MSGT) based on MRI report, approached for treatment in the year 2015. She was neither treated with surgery nor with any specific medicine for the tumor but was watched for the progression the tumor growth by analyzing the MRI reports done first on 17th June, 2015 and subsequently on 4th September, 2015 (three-month interval). It was confirmed by the latest report of Sept. 2015, that, there was no significant change when compared to the last scan report dated, June, 2015 and thereby concluded that the tumor was not progressing with any significant changes. It seems the patient preferred to stay with the tumor as it was not a problem, thinking that it was only a benign growth. As years passed, she could feel the growth of the tumor and it started hindering her quality life, with problems in opening her mouth and difficulties in swallowing food. After a period of about five years of her last MRI report, she approached for treatment in the year, 2022 with the MRI report taken on 6th January, 2022 to our clinic. As per the report, there was a considerable growth of the tumor which happened during the past five years. Fearing for the surgical treatment and for conventional chemo or Radio-therapy treatments, she opted for alternative evidence based therapeutic treatment with us involving herbs, widely and popularly followed as 'Siddha medical system' in Southern part of India. Under our Siddha system, we offered four types of medicines prescribed in this system literature for tumor type of ailments. They are called in the local language, Tamil as follows: "Kantaka Rasayanam", "Irakanti melugu",

“Meka vallate ilakam” and “Parankip pattai rasayanam”. (<https://archive.org/details/siddha-formulary-of-india-part-1/page/126/mode/2up>)

The patient was asked to take all the four medicines daily as per the prescribed doses continuously and was asked to come for consultation in order to find out the prognosis once in three months. No other medicines were prescribed. She was advised to avoid meat, vegetables like Brinjal, bitter gourd, yellow pumpkin etc. The patient started feeling the regression of the tumor as she was able to open her mouth without any difficulties and started to swallow food without trouble. This was considered as the indication of the positive response for the treatment. As the regression was very slow, no periodic checking with MRI was advised. She continued attending for

consultation every three months and purchased the medicines. As the patient could feel betterment in her routine life, no medical testing was conducted. Only after 4.5 years an MRI was taken to find out the actual level of regression of the tumor. As expected, there was a considerable shrinkage in the volume of tumor and there was no intrusion or spread of tumor anywhere (Table, 1). The flattening of the tumor shape over time may have relieved this localized pressure, leading to the current lack of symptoms. The latest MRI explicitly rules out this invasion and confirms no diffusion restriction, which is a strong imaging indicator of a benign tumor. Since the patient feel comfortable in opening and swallowing of food, she was asked to continue the same treatment and the patient is still under medication without any progression of the disease and any side-effects.

Table 1: Summary of the findings of the MRI – Facial bone reports on the prognosis of the Minor Salivary Gland Tumor before and after treatment.

Date of the report	Observations in brief	Impression	Remarks
04.09.2015	Small T2 heterogenous well defined mass lesion measuring 19 x 18 x 14 mm. Localized without any noticeable impact on the neighboring tissue or organ	Features consistent with minor salivary gland tumor in the roof of the oral cavity.	No significant change is noticed when compared to the last scan of 17.06.2015, done three months before.
06.01.2022*	T1/T2 heterogenous expansile lesion measuring 23 x 20 x 21 mm. seen in the left side of the hard palate closely indenting the adjacent floor of left maxilla and floor of the left nasal cavity. No tumor related abnormalities reported in the neighboring tissues and organ	Lesion seen in the left side of the hard palate closely indenting the adjacent floor of left maxilla and floor of the left nasal cavity.	Clear indication of growth of the tumor over a period of six years. Difficulty in opening of the mouth and swallowing
28.05.2026	Small oval shaped 28 x 16 x 15 mm heterogeneous T1/T2 hypo hyperintense signal lesion. No demonstrable extension seen in the left maxillary sinus a, left inferior meatus. All associated tissues and organs appear normal.	Small linear oval shaped lesion within the hard palate. No diffusion restriction seen.	Clear indication of shrinkage of tumor volume compare to previous report. No much difficulties in full opening of the mouth and swallowing.

*The starting month of our treatment.

Discussion

The Siddha system of medicine is one of the world's oldest traditional health systems, originating in ancient South India within Tamil civilization. Governed in India under the Ministry of Ayush, it provides a holistic approach to preventive, promotive, curative, rejuvenating, and rehabilitative healthcare. The word Siddha comes from the Tamil word “Citti”, which translates to "perfection" or "accomplishment," reflecting the ultimate goal of achieving absolute health of the body, mind, and soul.

Unlike many traditional herbal systems, Siddha emphasizes Herbo-mineral formulations. ‘Siddhars’ (Scholars of the Siddha medicine) mastered chemistry to safely detoxify and utilize heavy metals and minerals (like sulfur, mercury, gold, and zinc) to create long-lasting, shelf-stable medicines.

In Siddha Medicine, a direct correlation to modern cancer diagnosis may not be established. However, by examining the signs and symptoms, it is possible to correlate it with certain

diseases described in Siddha texts which exhibit similar features (Subathra et al., 2024). Unlike in modern medical system, Siddha system believes in synergistic action of mixture of several compounds (herbs and minerals) and hence each medicine preparation involves multiple compounds in different proportions according to their efficacy. In the present case, the medicine, ‘Kantaka Rasayanam’ is composed of 47 varieties of ingredients, the ‘Irakanti melugu’ has 48 ingredients, the ‘Meka vallate ilakam’ has 34 ingredients and the ‘Parankip pattai Rasayanam’ has 44 ingredients (Source Book: The Siddha Formulary of India, Part, 1, pages, 126; 68; 120 & 121; 126 & 1 27 respectively). The selection of these medicines is based on their different actions on cancer and cancer related ailments.

The use of ‘Irakanti melugu’ in various cancer treatment has been already reported (Riyasdeen et al., 2012; Baskaran et al., 2017) and the use of ‘Meka vallate ilakam’ in oral cancer has been reported by Ganapathy et al., (2019) and Priyanka et al., (2019). In the case of ‘Kantaka Rasayanam’, and ‘Parankip

pattai Rasayanam,” one of their main and major components, the Smilax china, an herbal product, has several bioactive components which have anti-inflammatory, anti-cancer properties (Hu et al., 2015; Patil et al., 2025). Scientific reports reveal another important ingredient of this drug, the Sulphur, that exhibits anti-cancer actions in several cancer lines (Kim et al., 2011; Ha et al., 2013 and Duan et al., 2015). The anti-cancer property of dietary Sulphur compound has been highlighted by Paulraj and Ramalingam, (2025). All these research findings support the scientific basis of the anti-cancer properties of these Siddha drugs.

The basic difference in the action of these Siddha medicines and other conventional modern medicine is, the Siddha medical system is not aiming for direct killing or destroying the cancer cells but it aids the body system to function normally either by boosting the immunity or rectifying the defects of the casual factors which are responsible for favoring cancer. It is believed that each component present in the Siddha drug may likely to influence various factors which are responsible for cancer origin and growth. In these cases, each compound is able to interact with one or multiple targets, increasing the pharmacological promiscuity of the whole drug (Herranz-López et al., 2019). The drugs are so developed that such combination of various components will not lead to any adverse reactions. Thus, this system of combinational therapy is said to be more advantageous than the single drug therapy (Herranz-López et al., 2019). Although this system works slowly, it tries to bring normalcy over a period of time without major side-effects. The diagnostic methodology of cancer in Siddha medical system relies on an Eight-fold examination which include, blood flow, body heat, urine, motion etc. (Shanmugavelu, 2014). Subathra et al. (2024) presented documented Siddha formulations that have demonstrated anti-cancer potential through in-vitro, in-vivo, and selected clinical case studies.

In the present case, it is observed that, the benign tumor shows slow growth and its regression due to present medication also is taking place very slowly. Our treatment is quite different from the conventional therapeutic approach that involves a total excision of the lesion. A success story of such conventional treatment involving surgery, in a similar case of MSGT was explained by Samia et al. (2024). Biopsy is generally avoided because of the fear of the seedling. However, fine-needle aspiration is safe and recommended (Paulraj et al., 2026). The need for complementary investigations into the management of minor salivary glands tumor depends on its localization. Indeed, a biopsy may be performed if it is found in additional oral sites (Samia et al., 2024). In our case, the tumor being localized and benign biopsy was not needed. According to Auclair and Ellis (1996), malignant MSGTs had an average size of 4.5 cm and a mean duration of 76.5 months. Thus, this report supports our contention that the tumor condition of our present case has not reached the stage of becoming a malignant form as, the size of the tumor was 2.30 cm although it is existing nearly 10 years since 2015 under treatment.

Unlike the major salivary glands where approximately 80% of tumors are benign, 80% or more of minor salivary gland

tumors (MSGT's) are malignant (Bradley. 1999; Everson & Cawson 1985; Mishra & Mishra, 2014). The percentage of benign tumors occurring in the palate was higher than that of malignant tumors and that the palate was the predominant site even for the malignant MSGTs (Rivera- Bastidas et al., 1996). Therefore, minor salivary gland neoplasms require regular follow-up due to both their increased risk of recurrence (around 13%) and the possibility of transformation into more aggressive cancers like adenoid cystic or mucoepidermoid carcinoma (Gelidan & Arab 2021; Shah et al., 2020). Currently, regular follow up of this case is being done once in three months and we are satisfied with the prognosis as the tumor mass shows slow regression and the patient is able to lead better quality of life without any side effects.

The present case report confirms the reports and observations of the past records that, the MSGT mainly affects the palates (Rivera- Bastidas et al., 1996; Hmidi et al., 2015) and is more common in middle-aged females (Sharma, et al., 2013; Khan et al., 2016). In our case also the patient is a female and was 30 years of age at the time of first consultation (2015) and, her palates are found affected.

Conclusion

While minor salivary gland tumors (MSGTs) are traditionally associated with a poor prognosis, elevated recurrence rates, and unfavorable clinical outcomes compared to major salivary gland neoplasms, this case demonstrates an alternative therapeutic paradigm. Standard clinical practice consistently mandates aggressive radical surgical excision as the primary intervention. However, the successful management of this patient using an evidence-based, traditional holistic framework highlights the viable, supportive, or alternative potential of integrative oncology.

Patients Consent

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

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