

## REVIEW ARTICLE

# Malignant Diseases in Ayurveda – A Review

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### ABSTRACT

**Introduction:** Malignant diseases or cancer are rapidly spreading among the masses all over the world making it a cause of concern and creating the need of exploring it from varied perspectives aiming at discovering newer dimensions of its treatment. It is not a novel entity, the history being prevalent since vedic period.

**Methods:** It is not mentioned as such in ancient Ayurveda texts, instead the matter is scattered here and there due to vastness of the disease and its ability to affect any part of the body. Hence, all the texts including *brihatrayee* and *laghytrayi* were critically reviewed to find each and every minute detail and elaborate the disease in view of types, etiology, pathogenesis, prodromal symptoms, symptoms, complications, and treatment.

**Results:** It was observed that the disease was discussed under different headings in different chapters, the details reported in the article.

**Analysis:** Ayurveda principles focus on specific pathogenesis of disease rather than mere nomenclature and has much to offer in cancer management.

**Discussion and Conclusion:** The data will be beneficial to provide conceptual base of the disease, further enlightening the way to devise newer techniques and newer *dravya* to deal with the dreadful entity.

## 1. INTRODUCTION

Cancer is a leading cause of death worldwide, accounting for nearly 10 million deaths in 2020, or nearly one in six deaths.<sup>[1]</sup> Tumour is “a mass of tissue formed as a result of abnormal, excessive, uncoordinated, autonomous, and purposeless proliferation of cells”<sup>[2]</sup> which can be both cancerous (malignant tumors/neoplasms) or not cancerous (benign), most of the tumors being benign.

Cancer referred as “*Apacita*” in *Atharvaveda*<sup>[3]</sup> where Sun and Moon rays are employed for its treatment.<sup>[4]</sup> *Garuda Purana* advised *Svedana chikitsa* (fomentation) with *Snuhi* and *Gandirika*.<sup>[5]</sup>

Malignant disorders are presented in *Ayurveda* in a different aspects. Although the term “cancer” may be new to *Ayurveda*, clinical characteristics similar to cancer have been discussed under the title of *Arbuda*.<sup>[6]</sup> Apart from that, different concepts such as *Asadhya vrana*,<sup>[7]</sup> *Sannipatika asadhya* conditions, *Dushi visha* (which may

be related to carcinogens), *Granthi*, *Apachi*, *Vidradhi*, *Shotha* may be correlated. *Arbuda* is considered as superficial swelling, *Gulma* as swelling situated in deeper structures and *Asadhya vrana* as chronic non healing ulcers. Some other diseases which are *asadhya* and have similar presentation are *Alasa*<sup>[8]</sup> (~Adenocystic and Mucoid epidermoid tumors of salivary gland), *Mamsaja oshtha*<sup>[9]</sup> (~Ackerman’s tumour), *Mamsa Kachhapa*<sup>[10]</sup> (~tumour of hard palate), *Galaugha* (~malignant growth at oropharynx), *Lingarsha* (~Papillary carcinoma), *Tridoshaja gulma* (~Intra-abdominal malignant growth), *Asadhya galaganda* (~Carcinoma thyroid gland), *Asadhya Udara roga* (~malignant ascitis), *Mamsa-utsanna- mahayoni*,<sup>[11]</sup> *Valaya*, *Mamstaan*, *Adhimamsa*, *Kshayaj*, and *kshataj kasa*. There are also some diseases whose malignancy cannot be ruled out, namely, *Tridoshaja Nadivrana*<sup>[12]</sup> (~Carcinoma Anus), *Asadhya pradara*,<sup>[13]</sup> (~Carcinoma Uterus) *Asadhya Kamala*<sup>[14]</sup> (~Carcinoma biliary tract, head of Pancreas, Liver), *Charmakila*, *Ashtheela*, *Mutrigranthi*, *Yonikarnini*, *Granthivisarpa*, *Balmika*, *Kshataj visarpa*, *Yakritodara*, *Sannipatodar*, *apaki stana vidradhi*, etc. Benign neoplasms are *eka* or *dvidoshaja* whereas malignant ones are *Tridoshaja*.

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## 2. ARBUDA (NEOPLASIA) (~MAJOR NEOPLASM)

### 2.1. Etymological Derivation

According to *vyutpatti*, the term *Arbuda* is derived from root “*Arb*” suffixed with “*Vich*” (*lingadivarga*) giving rise to root “*Abba*” which is further suffixed by “*Udach*” (*Uda+Ina+Nga*) to give rise to word *Arbuda*.<sup>[15]</sup> According to *nirukti*, word *Arbuda* is composed of root word “*Arbb*” (to kill, hurt or go towards) and suffixed by verb “*Udeti*” (to elevate or rise).<sup>[16]</sup>

### 2.2. Definition

*Sushruta* defined *Arbuda* as “*Doshas* having vitiated in any part of the body and afflicting body tissues esp. *Mamsa*, produce a swelling formed by unnecessary and uncontrolled abnormal proliferation of tissue which is circular, fixed into deeper structure, slightly painful or absence of pain except in final stage, big in size, broad based, slowly growing and does not suppurate”,<sup>[17]</sup> which seems to be robustly associated with tumour of present time science. *Charaka* suggested it to be a complication of *Vatarakta* without giving any specific definition.<sup>[18]</sup> Both *Vagbhata* stated vitiation of *mamsa* or *mamsa* with *medas* as factors responsible, clinical features identical to *Granthi* except *Raktarbuda*, relatively bigger size than *Granthi*.<sup>[19,20]</sup> The uniqueness of *Madhav*, *Bhavaprakash*, and *Sharangdhar*’s definition was the connivance of both *Mamsa* and *Rakta*.<sup>[21-23]</sup> *Ashtang Hridaya* termed a large *granthi* as *arbuda*.<sup>[24]</sup> Thereby, *Arbuda* appears to be more closer to benign neoplasia and also provides solid foundation for malignant growths.

### 2.3. Types of Arbuda

The same disease is found in scattered manner associated to different *Dosa*, *Dhatu*, prognosis, site or organ, and chronicity.

#### 2.3.1. According to predominance of Dosha and Dushya

- *Charaka* quoted *Arbuda* and *Granthi* to be similar on basis of site, aetiology, clinical features and involvement of *dosha* and *dushya*, hence implied same six types as that of *granthi* resembling the classification of *Sushruta*.
- *Sushruta*,<sup>[25]</sup> *Vagbhatadvaya*,<sup>[26,27]</sup> *Madhav Nidana*,<sup>[28]</sup> *Bhavaprakasha*,<sup>[29]</sup> *Sharangadhara*<sup>[30]</sup> and *Yogaratanakara* stated it to be of 6 types, namely *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Mamsaja*, and *Medoja*;
- *Bhela* indicated five types *Vataja*, *Pittaja*, *Kaphaja*, *Mamsaja*, and *Medoja*;
- *Harita* told four types *Vataja*, *Pittaja*, *Kaphaja*, and *Raktaja*.
- *Tridoshaja arbuda* is also mentioned in reference to *Nasa-Karna-Shiro roga*.<sup>[31]</sup>
- *Madhav* introduced *dwidoshaj* variety which is *sadhya*.

#### 2.3.2. On the basis of dhatu

- *Medoja-Mamsaja-Raktarbuda* implying involvement of fatty, muscular, and blood tissue.
- *Bhavaprakasha* mentioned *Asthi arbuda* which is incurable while another quotation reveals involvement of *Asthi* (bone) to produce swelling like *Arbuda* but termed as *Adhyasthi* and not *Asthyarbuda*. *Asthikshaya* localized to a particular area having resemblance to pathological fracture or osteoclastic changes may also be considered as *Asthyarbuda*.

#### 2.3.3. On the basis of Sadhya Asadhya<sup>[32,33]</sup>

- *Vataja*, *Pittaja*, *Kaphaja*, and *Medoja Arbuda* are *Sadhya* (curable) whereas *Raktaja* and *Mamsarbuda* are *Asadhya* (incurable).

- Among *Shukadosha* (diseases of *linga*), *Shonitarbuda* is curable while *Mamsarbuda* is incurable.
- Even the curable ones should be discarded from treatment, in case of discharge, situation over vital parts or over the *Srotas* and those which become fixed.
- *Sharkararbuda* described under *Kshudra rogas* and *Vartmarbuda* are curable varieties.
- *Vagbhata* stated *Oshtharbuda* (which is similar to *Raktarbuda*) and *Galarbuda* (a *Kanthagata roga*) as incurable while *Karnarbuda*, *Nasarbuda*, *Jalarbuda*, and *Kapalarbuda* (a *Shiroroga* or *Kapala vyadhi*) to be curable.
- *Marmajarbuda* and *Srotoarbuda* are incurable.

#### 2.3.4. According to chronicity of disease

While discussing treatment of disease, *Vagbhat* classified it as *Navya* and *Jeerna arbuda*.<sup>[34]</sup>

#### 2.3.5. On the basis of site

- *Vartmarbuda* (eyelid), *Karnarbuda* (ear), *Nasarbuda* (Nose), *Taluarbuda* (Palate), *Jalarbuda* and *Oshtharbuda* (Lip), *Galarbuda* (Throat), *Mukharbuda* (Buccal mucosa), *Shiro* or *Kapalarbuda* (Head and brain), *Sharkararbuda* (skin/body)<sup>[35]</sup> and *Shukadosha* including *Mamsarbuda* and *Shonitarbuda* (genital organs).
- *Ashtanga hridaya* while describing *Sarvasara mukharoga*, speaks of another variety *Kapha* or *Kapolrbuda* which is incurable.
- *Marmajarbuda* and *Srotoarbuda* are accepted by most of *Acharya* according to their site of origin except *Vagbhata*. Much details are not found.

### 2.4. Samprapti (Pathogenesis)

*Ayurveda* has its own unique concepts, where instead of nomenclature, the nature or phenomenon of disease which is specific for every patient and on which the treatment depends is given more significance.<sup>[36]</sup> *Samprapti* of any *anukta vyadhi*, for every individual patient can be generated according to *guna* and *karma* of *tridosha* and *agni* or *Pitta* existing in each and every cell accountable for digestion and metabolism of body. Vitiated *pitta* (due to repeated exposure to environmental toxins/*Dushivisha*) at cellular levels lead to micro-inflammatory alterations disturbing the cellular components of *Agni*, that is, *pilu agni* and *pithar agni* causing poorly formed tissue. *Agni* is inversely proportional to associated tissue; hence diminished state of *dhatwagni* (deranged metabolism) causing excessive tissue growth (Table 1).

*Vata*, *Pitta* and *Kapha* are accountable for metastasis, abnormal growth of cells and enhanced metabolic activity of cancerous growth respectively. Abnormal cellular growth may also be accredited to vitiated *Vata* as it is the main cause of *Koshavibhajan* in *Ayurveda* embryology. In *Ayurveda*, most diseases including *Arbuda* occurs due to malfunctioning of *agni* causing formation of *Ama* (metabolic by products and free radicals) which is directly related to *vyadhikshamatva* of patient. Hence, cancer is a *tridosha* disorder with deranged *agni* and compromised immunity.

The process of carcinogenesis starts about 10–15 years earlier (Johnson, 1979) following the concept of *shatkriyakal*. Various types of carcinogens start stimulating cell at gene level (*Sanchayavastha*), interact with cell to initiate vitiation of particular *doshas* (*Prakopavastha*) leading to mutagenic changes and release of its vitiated chemicals and enzymatic factors in the body (*Prasaravastha*). The action of promoting agents on such dormant cells, altering them

at particular site leading to development of cancer (due to *Sthan sanshraya* and *srotorodh*). Involvement of specific sites owes to particular cell receptors as per modern science and *kha vaigunya* as per *Ayurveda*. The next stage is *vyakti* showcasing *roopa* (symptoms) which is then followed by *bheda* involving formation of *dwirarbuda* and *adhyarbuda* (Distant and Regional metastasis) (Table 2).

In depth analysis of *Ayurveda* literature reveals that *Shopha* and *Granthi* are two initial stages to occur before development of *Arbuda* where former is a distant precursor and latter immediate precursor bearing some similarities to *Arbuda*.<sup>[37]</sup> *Paka* formation suggests it to be grouped under *Vidradhi* and *Vrana*. *Sushruta* and *Bhoja* believe that *Arbuda* may not get suppured whereas *anjananidana* believes abscess formation and incurability in its last stages. *Charaka* quoted *Granthi* and *Arbuda* to be linked with surgery to some extent and had detailed them in *Shotha chikitsa adhyaya* due to similarity of basic clinical feature, that is, swelling (Table 1).<sup>[38]</sup>

### 2.5. Role of Vata in Pathogenesis of Arbuda

While elucidating the pathogenesis of *Gulma*, *Sushruta* held disordered *Vata* to play a significant role for beginning of any growth; saying that like bubbles are formed in water, new growths are formed by *vata* inside a tissue independently, increasing so much that origin/root is difficult to found, generally lacking the tendency to suppurate.<sup>[39]</sup> *Bhavaprakash* commentary accepted the same but with involvement of mild pain and slight suppuration.<sup>[40]</sup> In case of *Raktarbuda/Leukemia*, mainly *Vyana vayu* is responsible for *Rakta dushti*/neoplastic changes. Chromosomal abnormalities are frequently reported in acute myeloid leukemia (upto 50–60% of cases) and *Ayurveda* believes *vata dosha* to be responsible for any type of congenital abnormality.<sup>[41]</sup>

### 2.6. Role of Pitta in Pathogenesis of Arbuda

In *Raktarbuda*, *Rakta* is involved (~*rudhiratmakam*) which ensures vitiation of *Pitta* too as both belong to same *yoni*.<sup>[42]</sup> *Madhav*, *Bhavaprakash*, and *Sharangdhar* quoted involvement of *Rakta* alongwith *Mamsa* in general *Arbuda* too. It may be hypothesized that vitiated *pitta* covering *vayu* aggravates it further.

### 2.7. Role of Kapha or Meda in Pathogenesis of Arbuda

*Kapha* and *Meda* predominance stabilizes or fix and knott *dosha* with each other and is responsible for non-suppurated of *arbuda*.<sup>[43-45]</sup>

### 2.8. Nidana (Etiology)

Any particular etiology has not been specified except for *Mamsarbuda*. *Charaka*<sup>[18]</sup> (Cha. chi. 29/32) and *Vagbhata* detailed the disease under *Shopha roga* and have unanimously accepted the similarity of their etiological factors establishing the relation between inflammation and neoplasia.<sup>[46]</sup> *Charaka* also stated the etiological factors, site, shape, *Dosha* and *Dushya* of *Arbuda* to be similar to that of *Granthi*<sup>[47]</sup> and enlisted *arbuda* in *Mamsa pradoshaja vikara*<sup>[48]</sup> in contrast to *Sushruta* who included it in *Rakta-Mamsa* and *Medoja vikara*.<sup>[49]</sup> *Sushruta* and *Laghutrayee* also pointed out at the similarity of causative factors and clinical features to that of *Granthi*.<sup>[25]</sup> (Su Ni 11/14) *Laghutrayee* followed the same. Hence, it can be concluded that *Nidana* of *Arbuda* are similar to that of *Shopha* and *Granthi*.<sup>[50]</sup> *Harita* enlisted suppression of natural urges or jumping or an ulcer (either physical or accidental) as some of the causes.<sup>[51]</sup>

### 2.9. Purvarupa

Only *Vagbhata* was vocal about it stating that swelling (*Granthi*) which is smaller as compared to that of *Arbuda*, should be regarded as its *Purvarupa*.<sup>[52]</sup>

### 2.10. Rupa

*Sushruta*, *Vagbhata*, *Madhav Nidana*, *Bhavaprakash*, and *Yogratnakar* stated clinical features of *arbuda* to be similar to that of respective *Granthis*. However, *Dalhana* and *Gayadasa* were of the opinion that only *Vataja*, *Pittaja*, *Kaphaja*, and *Medoja* *arbuda* exhibit this similarity. Hence, *Sushruta* and *Vagbhata* described *Rakta* and *Mamsarbuda* distinctively. Further, *sushruta* believed non-suppurated of *Arbuda* owing to predominance of *Kapha* and *Meda* inspite of *Tridosha* involvement in it. *Pandu* is mentioned as a complication of *Arbuda*.<sup>[53]</sup> *Harita* specified the clinical features of all four types mentioned by him; *Vataja* *arbuda* being soft and rough, *Pittaja* with burning sensation and suppuration, *Kaphaja* solid and cold while *sannipataja* hard and solid like stone.

*GRANTHI* is stated as an abnormal glandular growth (in form of a small swelling which is round in shape, erect, and knotted) within or of any bodily tissue or organ identical to the shape of water bubbles owing to vitiation of *Mamsa*, *Rakta*, *Kapha*, and *Meda* by aggravated *dosha*.<sup>[54]</sup>

*ASADHYA VRANA* (~Malignant ulcer)<sup>[55]</sup> is portrayed as contracted or expanded ulcer, too much hard or soft, too much elevated or depressed, too much warm or cold, swelling with itching. In case of deeper tissue involvement foul smelling muscle, veins or tendons covering the ulcer at its top are seen. Its features typically simulate to that of squamous cell or basal cell carcinoma. Malignant change may also be initiated by chronic inflammation of ulcers due to sustained bacterial activity.

Comprehension of *GULMA-RAJAYAKSHMA-PANDU PURVARUPA* in Colorectal cancer and upper GIT malignancies, lung cancer and chronic myeloid leukemia respectively may give newer vision for early detection and prevention of cancer progress. *Tridoshaj/Nichaya gulma* is believed to be malignant due to its stone like hardness and incurability.<sup>[56]</sup>

### 2.11. Chikitsa/Samprapti Vighatana (Ayurveda Treatment)

Comprises of *Prakritisthapan* (health maintenance), *Rasayan* (restoration to normal/immunomodulation), *Naishthiki* (spiritual approach), *lakshanika* (symptomatic), and *Roganashini* (includes *Dhatvagni chikitsa* i.e., correction of metabolic defects) *chikitsa*; or *Bhaishajya* (aims at breaking *Dosha-dushya Samurchana* through different herbomineral products and improving immune mechanism) and *Shalya chikitsa* (*Shastra karma* i.e., surgical procedure viz. *Chedana*,<sup>[57]</sup> *Lekhana*, *Visravana*, *Aharana*, and *Anushastra karma* i.e., para surgical procedure viz. *Kshara*, *Agni*, *Raktamokshana*, *Krimi-iatrogenic* introduction of maggots for desloughing). Surgical cancer management is advised only when other treatment does not works or for advanced cases; *Sushruta* advised *Amshansh samuddharan*, that is, complete excision with root and destruction of any remaining cells through cauterization (Sonata, 1986). If left, rapid recurrence of *Arbuda* will be initiated by aggravated *dosha*.<sup>[58]</sup> *Nidana parivarjan* is beneficial for prophylaxis but not for cure as it is just responsible for initiation of cancer. Some local applications such as *swedana*, *lepa*, *upanaha*, and oil are used.<sup>[59]</sup>

*Vata kapha shamak*, *Pitta virechaneeya*, *Medonashak*, *Yakritottejak*, *Raktashodhak*, *Srotoshodhak*, *Ojovardhak*, *Balya*, *Medhya*, *Rasayan*,

Deepan, Pachan, Vatanuloman, Manda-Sheeta-Snigdha-gunayukta, and anti-inflammatory dravya should be employed, namely, Sariva, Musta, Patha among the single drugs and Sutashekhara rasa, Swarnavasantamalati rasa among compound formulations.

### 2.12. Pathya

Shigru (*Moringa oleifera*), Purana Shali (*Oryza sativa*), Purana ghrita, Mudga (*Vigna radiata*), Patola (*Tricosanthes dioica*), Karavellaka (*Momordica charantia*), seeds of Yava (Barley), Guggulu, Shilajatu, Katu (pungent), and Laghu and Santarpana food. Yoga, Pranayama and mild exercises.

### 2.13. Apathya

Milk, curd, meat, Masha (Black phaseolus), sugarcane and its products; madhura (sweet), amla (sour), and guru abhishyandi (hard to digest) food.<sup>[60]</sup>

## 3. DISCUSSION

Different diseases have resemblance with cancer which is described in various chapters under different names. In view of the detailed literature scattered here and there, Ayurveda may play a significant role in cancer care in view of its preventive, therapeutic and palliative abilities. Basic principles of treatment to be noted:

- In spite of being a bahudosha vyadhi, shodhana chikitsa is avoided as Rogibala is reduced due to Dhatukshaya and Ojakshaya with progression of disease; Santarpana may be given taking care of Srotas and Agni.
- It usually presents with Vikritivishamasamvaya Samprapti, dravya acting through prabhava or Vichitrapratyabandha should be selected.
- Association of Dhatukshaya and Margavarodha suggests the utility of Vatanulomana, Srotoshodhana, and Brimhana- Rasayana.
- Side effects of conventional treatment may be pacified through Pitta shaman or Rakta prasadana Aushadhi which helps to counteract its immoderate Ushna and Tikshna guna.
- The cycle of further Nidana and Samprapti should be interrupted through Nidana parivarjana.<sup>[61]</sup>
- Treat on lines of Granthi,<sup>[62]</sup> Vrana,<sup>[63]</sup> Vidradhi. Yogaratnakara prescribed shotha like treatment in case of Amagranthi.
- Granthi chikitsa incorporates Mamsaja Granthi and Kaphaja Granthi chikitsa, Mamsa pradoshaj vyadhi chikitsa (i.e., Sanshuddhi, Shastra, Kshar, Agnikarma). Medovridhijanya vyadhi chikitsa include Panchakarma procedures viz. Snehana (Sarshap oil), Swedan (Pinda), Vaman, Virechan and Basti; which work by expelling over accumulated dosha; siddha sneha being Agni Deepak, Pachak, and Ojovardhak.
- Viruddhopakramatva should be avoided as many treatment principles may be contradicting which need to be taken care.

## 4. CONCLUSION

Malignancy/Cancer is not described as such in the Ayurveda texts which have a different perspective regarding the disease. It is scattered throughout the texts under different headings with varied disease entities of different parts of body having high similarity index. Although, many Ayurveda practitioners are managing the disease well, Ayurveda has much more potential in anti- cancer treatment especially in palliative care, primary and secondary prevention and needs to be explored and validated scientifically.

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This study does not require ethical clearance as it is a review study.

## 9. CONFLICTS OF INTEREST

Nil.

## 10. DATA AVAILABILITY

This is an original manuscript, and all data are available for only review purposes from the principal investigators.

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**Table 1:** *Samprapti ghataka* of *Arbuda*

Parameter	<i>Arbuda</i>
<i>Dosha</i>	<i>Tridosha</i> with predominance of <i>Kapha</i>
<i>Dushya</i>	<i>Mamsa, Rakta, Meda</i>
<i>Srotus</i>	<i>Mamsa-Meda-Raktavaha</i>
<i>Srotodushiti</i>	<i>Sanga, Siragranthi</i>
<i>Agni</i>	<i>Jatharagni manda</i> and <i>visham, Dhatwagni manda</i>
<i>Rogamarga</i>	<i>Bahya</i> and <i>Abhyantara</i>
<i>Adhishtana</i>	Anywhere in body ( <i>Rohini twak*</i> )
<i>Pratyatma linga</i>	<i>Mamsopachayam shopham</i>
<i>Upadrava</i>	-

\**Rohini* appears to be synonym of epithelium (group of cells found lining the skin and surface layers of mucous membranes)

**Table 2:** Stages of development of *Arbuda* and their analogous terms

Chronological Stage of development of <i>Arbuda</i>	Analogous modern terminology
<i>Shopha</i>	Local edema
<i>Granthi</i>	Glandular swelling
<i>Arbuda</i>	Tumour/Neoplasia
<i>Adhyarbuda</i>	Regional Metastasis
<i>Dwirarbuda</i>	Distant Metastasis
<i>Vidradhi</i>	Abscess (After sec. infection)
<i>Vrana</i>	Ulcer (After secondary. infection)