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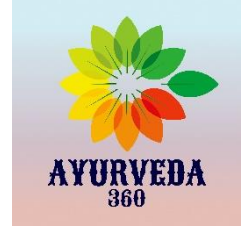
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Integrative Role of Ayurveda in Cancer Management: A Review

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ABSTRACT

Introduction:

Cancer is a multifactorial disease characterized by uncontrolled cellular proliferation and metastasis. Conventional therapies such as chemotherapy and radiotherapy, though effective, are often associated with significant side effects and quality-of-life concerns. *Āyurveda*, the traditional medical system of India, offers a holistic approach to health that may complement modern oncology in both preventive and therapeutic contexts.

Methods:

A narrative review was conducted by critically evaluating classical *Āyurvedic* texts, including *Caraka Saṃhitā* and *Suśruta Saṃhitā*, along with contemporary scientific literature available in peer-reviewed journals, online databases, and institutional repositories. Particular focus was placed on descriptions of conditions analogous to malignancies (*Arbuda*, *Granthi*), and relevant therapeutic interventions.

Results:


Classical texts describe *Arbuda* as a progressively enlarging, non-suppurative, deep-seated mass involving *Māmsa*, *Rakta*, and deranged *doṣas*. Preventive regimens such as *Pañcakarma*, *Rtūśodhana*, and adherence to *Dinācaryā* and *Ritucaryā* are emphasized to eliminate *sañcita mala* and maintain doshic balance. Several *Āyurvedic* herbs and formulations demonstrate

anticancer potential, and therapies may alleviate side effects of chemotherapy or radiotherapy.


Discussion:

Integrating *Āyurveda* into cancer care offers a personalized and patient-centric model focused on enhancing vitality, immunity (*ojas*), and overall well-being. While preliminary evidence supports these interventions, rigorous clinical trials and pharmacological studies are required for scientific validation. A multidisciplinary, integrative approach combining *Āyurveda* with conventional treatment could contribute meaningfully to comprehensive cancer care.

Keywords: Malignancy, *Arbuda*, Integrative Medicine, *Ojas*, *Ayurveda*

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Introduction

Cancer is a complex, multifactorial disease characterized by uncontrolled cellular proliferation and the potential for metastasis. Globally, its incidence and prevalence are increasing at an alarming rate. In India alone, the estimated cancer burden in 2021 was approximately 26.7 million, with projections indicating a rise to 29.8 million by 2025 [1].

Under normal physiological conditions, cells undergo programmed death and renewal through a tightly regulated cycle. In cancerous states, however, this regulation is disrupted. Damaged cells evade apoptosis and begin to replicate uncontrollably. The unchecked growth often exceeds the capacity of surrounding vasculature, resulting in ischemia and nutritional deprivation within the tumor mass [2].

The term “cancer” is derived from the Greek word *karkinos* (crab), symbolizing the radial spread of veins around a tumor, resembling crab legs. This imagery also reflects the disease's invasive and tenacious nature. Cancer cells, also referred to as malignant or tumor cells, invade and destroy neighboring tissues and can spread to distant organs through blood and lymphatic systems.

DNA damage is central to oncogenesis. In healthy cells, mechanisms

exist to repair such damage or initiate cell death. In malignancies, however, these safeguards fail, allowing defective DNA to perpetuate. Consequently, cancer cells maintain uncontrolled replication and pass mutations to daughter cells, further propagating the disease process.

Major Causes of Cancer

Numerous endogenous and exogenous factors contribute to carcinogenesis. Key risk factors include:

- Tobacco use – responsible for ~30% of cancers, notably of the lung and bladder.
- Alcohol and dietary habits – implicated in another ~30%, affecting organs such as the liver, colon, and esophagus.
- Environmental factors – pollution, poor sanitation, and overcrowding.
- Chemical exposure – chronic contact with toxins or carcinogens.
- Radiation – linked to cancers such as leukemia and melanoma.
- Genetic predisposition – accounts for approximately 5–10% of cases.
- Unhealthy lifestyle and diet – estimated to contribute 20–25%.
- Psychological stress and depression – contribute around 10–15%.
- Sedentary behavior – increasing overall risk.

- Viral infections – such as *human papillomavirus* (HPV) and *hepatitis B virus* (HBV).
- Carcinogenic exposures – including smoked foods, asbestos, arsenic, and tar [3].

Āyurvedic Perspective

Although the term “cancer” is absent in classical *Āyurvedic* nomenclature, conditions analogous to malignancies are described under terms such as *Arbuda* (major neoplasm) and *Granthi* (minor neoplasm). According to the *Caraka Saṃhitā* and *Suśruta Saṃhitā*, these conditions are characterized by abnormal growths resulting from vitiation of *doṣas*—*Vāta*, *Pitta*, and *Kapha*—and their interaction with weakened *dhātus* (tissues).

Arbuda is described as a deep-seated, progressively enlarging mass that is non-suppurative, causes occasional pain, and involves tissues like *māṃsa* (muscle) and *rakta* (blood). Likewise, terms such as *Apacī*, *Gulma*, and *Granthi* describe glandular swellings and masses, some of which closely resemble modern pathologies, including various types of tumors.

From an *Āyurvedic* standpoint, cancer is viewed as the result of a profound imbalance in the body's internal milieu. It is not categorized as a standalone disease, but rather as a

systemic derangement involving *doṣa-dhātu-mala* imbalance. Healing is approached holistically through detoxification (*śodhana*), palliative care (*śamana*), immune support (*rasāyana*), and dietary and lifestyle regulation. Natural, herbal, and mineral preparations are used to arrest progression, reduce symptoms, and support overall vitality (*ojas*) [4].

Materials and Methods

The present review is based on a comprehensive analysis of classical *Āyurvedic* compendia such as the *Caraka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya*, along with peer-reviewed articles, clinical studies, and contemporary biomedical literature. Databases such as PubMed, Scopus, and Google Scholar were searched using relevant keywords (e.g., "Ayurveda and cancer", "Arbuda", "Ayurveda oncology") to explore traditional perspectives and their possible integration into modern cancer care frameworks.

Pathogenesis

In *Āyurveda*, the pathogenesis of cancer-like conditions is primarily explained through the lens of *doṣa* imbalance—particularly *Vāta*, *Pitta*, and *Kapha*. Each *doṣa* plays a unique pathological role: *Vāta*, being mobile and dispersing, facilitates metastasis; *Pitta*, associated with *tejas* (metabolic energy),

correlates with the heightened metabolism of malignant cells; and *Kapha*, linked to structural integrity and bulk, contributes to tissue overgrowth and proliferation.

When *Vāta* and *Kapha*, along with the other aggravated *doṣas*, infiltrate *māṃsa dhātu* (muscle tissue), they give rise to hard swellings. These masses are typically round, immobile, slowly enlarging, deeply seated, and mildly painful, yet they do not suppurate—a hallmark characteristic of *arbuda* (tumor) [5].

Types of *Arbuda* Based on *Doṣa*

1. *Vātaja Arbuda*
2. *Pittaja Arbuda*
3. *Kaphaja Arbuda*
4. *Tridoṣaja Arbuda*

Types of *Arbuda* Based on Affected *Dhātu*

1. *Rakta*
2. *Māṃsa*
3. *Meda*

Trauma and chronic irritation are recognized as precipitating factors. For instance, injury to *māṃsa dhātu*—such as from a blow—can lead to localized tissue vitiation. This results in the formation of a firm, stone-like, non-suppurating mass, often matching the skin tone and oily in appearance, termed *Māṃsārbuda*. It is generally considered incurable.

Moreover, tumors such as *Adhyarbuda* (a secondary tumor over a primary one) and *Dvirarbuda* (a synchronous or metachronous tumor) are classified as incurable in classical texts. The predominance of *Kapha* and *meda*, combined with the stabilizing nature of these *doṣas*, results in solid, encapsulated growths devoid of ulceration or discharge [6].

Early Signs of Cancer

Cancer in its initial stages is often asymptomatic. As the tumor enlarges or ulcerates, localized symptoms emerge. Systemic manifestations occur due to widespread physiological disturbance, rather than direct tumor invasion or metastasis. Common early warning signs include:

- Persistent changes in bowel or bladder habits
- Unexplained weight loss
- Chronic fatigue
- Recurrent fevers
- Non-healing ulcers or sores
- Unusual bleeding or discharges
- Palpable lumps or tissue thickening
- Difficulty swallowing or persistent dyspepsia
- Alterations in the appearance of body parts [7]

Prompt recognition of these symptoms is essential for early intervention and improved prognosis.

Management

The *Āyurvedic* framework for cancer management incorporates four broad therapeutic modalities:

1. *Prakṛtisthāpanī Cikitsā* – Maintenance of physiological balance and health
2. *Rasāyana Cikitsā* – Rejuvenation and immunomodulation
3. *Roganāśanī Cikitsā* – Targeted disease eradication
4. *Naiṣṭhikī Cikitsā* – Spiritual elevation and existential well-being

Among these, *śodhana* (purification therapy) is emphasized for both preventive and curative purposes. It facilitates the elimination of accumulated *doṣas* and *malas* (waste products) at appropriate intervals, thereby restoring homeostasis and preventing disease progression. Failure to manage these pathological accumulations may result in severe systemic disorders and reduced life expectancy [8].

Āyurvedic Textual Contributions to Cancer Treatment

The foundation of cancer-like condition management in *Āyurveda* dates back to the 7th century BCE, when ancient scholars such as *Ātreya* and *Dhanvantari* employed herbal therapies in early stages and surgical methods for advanced presentations. By the 8th century CE, the esteemed Buddhist physician *Vāgbhaṭa*

elaborated on novel *arbuda*-management strategies in the *Aṣṭāṅga Hṛdaya* and *Aṣṭāṅga Saṅgraha* [9].

Subsequent texts enriched these foundations:

- *Cakradatta* by *Cakrapāṇi* (10th century CE)
- *Śāraṅadhara Saṁhitā* by *Śāraṅadhara* (14th century CE)
- *Bhāvaprakāśa* by *Bhāvamiśra* (15th century CE)
- *Satmya Darpaṇa Saṁhitā* by *Viśvanātha* (16th century CE)
- *Vaidyājīvana* and *Vaiśajya Ratnāvalī* by *Binoda Lāla Sena Gupta* (18th century CE)
- *Rasatarāṅgiṇī* by *Sādānanda Śarmā* (19th century CE)

These treatises documented a variety of approaches to treat *granthi* (minor neoplasms) and *arbuda* (major neoplasms), using both internal and external therapeutic methods [10].

1. Śamana Cikitsā (Palliative Therapy)

Traditional *Āyurvedic* systems address cancer through both nourishment of tissues and suppression of abnormal growth. A core component includes *bhasma*—calcined preparations made from purified metals and minerals like *suvarṇa* (gold), *tāmra* (copper), *pārada* (mercury), *nāga* (lead), *yashada* (zinc), *loha* (iron), and even *vajra* (diamond).

These act as bio-enhancers, targeting specific tissues and enhancing therapeutic efficacy. In patients unsuitable for chemotherapy, radiotherapy, or surgery, these formulations may offer supportive or alternative management.

Selected Anticancer Herbs [11]:

1. *Haridrā (Curcuma longa)*
2. *Tulasi (Ocimum sanctum)*
3. *Guḍūcī (Tinospora cordifolia)*
4. *Aśvagandhā (Withania somnifera)*
5. *Āmalakī (Emblica officinalis)*
6. *Śuṅṭhī (Zingiber officinale)*
7. *Śigru (Moringa oleifera)*
8. *Saptarpaṇa (Alstonia scholaris)*
9. *Jātī (Myristica fragrans)*
10. *Kañcanāra (Bauhinia variegata)*

2. Pañcakarma Therapy

Pañcakarma is a detoxification protocol aimed at eliminating aggravated *doṣas* at the cellular level. By enhancing metabolic processes, it assists in breaking down and facilitating the resorption of malignant growths. Tumors may be gradually dissolved and expelled via the lymphatic system without invasive intervention. However, in cases of necrotic or superficial tumors, surgical measures may still be necessary [12].

Therapeutic *abhyāṅga* (oil massage) with medicated oils not only supports *śodhana* but also calms the mind and nurtures tissues.

3. Rasāyana (Rejuvenation Therapy)

Rasāyana therapy fosters regeneration and cellular repair while enhancing *ojas*—the essence of immunity and vitality. It is particularly useful post-*śodhana* or during remission phases of cancer care, rejuvenating *dhātus* (tissues) and fortifying systemic defense [13].

Key Rasāyanas:

1. *Cyavanaprāśa*
2. *Brahma Rasāyana*
3. *Aśvagandhā Rasāyana*
4. *Amṛtaprāśam*
5. *Triphala cūrṇa*

Discussion

Cancer, from an Ayurveda standpoint, is not treated as a single disease but rather as a manifestation of deep-rooted systemic imbalances involving the *doṣas* (Vāta, Pitta, Kapha), *dhātus* (body tissues), *agni* (digestive/metabolic fire), and *ojas* (vital essence). The Ayurveda approach diverges significantly from the modern biomedical model by focusing on the root cause of systemic disharmony, rather than merely addressing the localized or symptomatic manifestations of the disease.

In the case of *arbuda* (tumor), *Āyurveda* perceives the pathological process as stemming from aggravated *doṣas* that lodge into a susceptible tissue, disrupt *dhātu* integrity, and promote unregulated tissue growth. These

imbalances are often precipitated by chronic exposure to etiological factors (*nidāna*), including improper diet (*mithyā āhāra*), irregular lifestyle (*vihāra*), emotional disturbances, and environmental pollutants—many of which align with known carcinogenic factors in modern medicine.

1. Systems-Based Approach vs. Disease-Centric Approach

Modern oncology, though highly advanced in targeted therapeutics and early diagnostic modalities, is predominantly disease-centric. Treatments such as chemotherapy, radiation, and surgery aim to directly eliminate or shrink tumors. However, they often come with debilitating side effects like fatigue, immunosuppression, mucositis, loss of appetite, emotional distress, and gastrointestinal disturbances.

Conversely, *Āyurveda* adopts a systems-based, patient-centric approach. It emphasizes restoring internal homeostasis (*samatva*), cleansing accumulated toxins (*āma*), correcting *agni*, strengthening *ojas*, and stabilizing the *manas* (mind). This holistic strategy not only supports the body's intrinsic healing mechanisms but also addresses the quality of life—a vital but often overlooked dimension in cancer care.

2. Supportive and Integrative Role

While *Āyurveda* does not claim a standalone cure for malignancy, it plays a crucial supportive role in integrative oncology. Ayurveda modalities such as:

- Śodhana (*Pañcakarma*) help in detoxifying the body, resetting physiological functions, and preventing recurrence of abnormal cell growth.
- Rasāyana promotes tissue rejuvenation, immunomodulation, and recovery from the side effects of chemotherapy or radiotherapy.
- Sattvāvajaya Cikitsā, the mental health arm of *Āyurveda*, uses meditation, counseling, and lifestyle rectification to reduce emotional stress, which is often a trigger or exacerbating factor in carcinogenesis.

Together, these therapies can improve nutritional status, immune response, tissue healing, and psychological resilience, thereby enhancing the patient's ability to tolerate conventional treatments.

3. Classical Herbs and Modern Evidence

Several herbs mentioned in classical Ayurveda texts are now being investigated through modern scientific methodologies. For instance:

- *Withania somnifera* (Aśvagandhā) has shown adaptogenic and anti-proliferative properties, helping

patients manage stress and inflammation.

- *Curcuma longa* (Haridrā) is widely studied for its curcumin content, known for antioxidant and anti-cancer effects.
- *Tinospora cordifolia* (Guḍūcī) exhibits immune-boosting and hepatoprotective effects, aiding patients undergoing chemotherapy.

These herbs often function as biological response modifiers, supporting immune regulation, oxidative stress reduction, and inhibition of tumor angiogenesis. Additionally, many Ayurveda polyherbal formulations exhibit synergistic effects, enhancing bioavailability and multi-target action without significant toxicity.

4. Addressing Mind-Body Imbalance

Ayurveda's inclusion of the psycho-spiritual domain makes it particularly suitable in diseases like cancer, where mental-emotional well-being is deeply affected. Practices such as *dhyāna* (meditation), *prāṇāyāma* (breath regulation), and *satva-vijaya* (mind control) form a part of individualized therapy. These have been shown to improve cortisol regulation, sleep quality, and psychological adaptability, critical for

long-term cancer survival and quality of life.

Conclusion

Āyurveda promotes internal healing, strengthens the immune system, and restores balance across physiological systems. Early detection and appropriate screening remain essential. However, *Āyurvedic* interventions such as *pañcakarma*, *rasāyana*, and *sattvāvajaya cikitsā* effectively complement modern oncological therapies.

These approaches contribute to:

- Mitigating adverse effects of chemotherapy and radiotherapy
- Enhancing overall well-being
- Prolonging survival and improving quality of life

While *Āyurveda* may not serve as a replacement for conventional cancer treatment, its integration into holistic cancer care—supported by classical texts and emerging scientific evidence—offers a valuable pathway for personalized and compassionate healing.

Further research and interdisciplinary collaboration are needed to establish evidence-based protocols and elevate *Āyurveda's* role in global integrative oncology.

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