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Detailed aspects of Breast Cancer along with its Interpretation and Management in Ayurveda

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An integrated approach is needed to manage cancer using the growing body of knowledge gained through scientific developments. Thousands of herbal and traditional compounds are being screened worldwide to validate their use as anti-cancerous drugs. The science of Ayurveda is supposed to add a step on to the curative aspects of Cancers that have resemblance with clinical entities of Arbuda and Granthi mentioned in Samhitas. Hence, an attempt is made in this review to discuss about the pathogenesis and therapeutic management of various types of breast cancers (Sthana Arbuda) described in Ayurveda and modern science. Various literature studies on anticancer drugs of plant origin revealed identification of newer ayurvedic drugs that are not mentioned in the ancient texts. These new findings add up to Ayurvedic science that has been developed through ages. In addition, details of experimental and clinical studies conducted on single and compound ayurvedic preparations for their anticancer efficacy strongly emphasize ayurvedic therapy as a scientifically driven one and not simply unconventional.

Keywords: Breast Cancer, Arbuda, Sthana Arbuda, Malignancy, Tumor, Malignant Tumor, Cancer, Carcinoma

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Introduction

Cancer is a disease in which abnormal cells divide uncontrollably and have the ability to infiltrate and destroy body tissue.

It is one of the most dreaded diseases of the 20th century and spreading further with continuance and increasing incidence in 21st century. In the United States, as the leading cause of death, it accounts for 25% of all the deaths in humans presently. Multidisciplinary scientific investigations are making best efforts to combat this disease, but the perfect cure is yet to be brought into world.

Recently, a greater emphasis has been given towards the researches on complementary and alternative medicine that deals with cancer management. Several studies have been conducted on herbs under a multitude of ethno-botanical grounds. *Ayurveda*, a traditional Indian medicine of plant drugs has been successful from very early times in using these natural drugs and preventing or suppressing various tumours using various lines of treatment.

The broad aim of this article is to provide a general outline on descriptions of breast cancer and their management through modern and ayurvedic perspective underlying its scientific principles involved in treating these conditions. This article reviews the available literatures regarding researches on anti-cancerous ayurvedic herbs and also includes a summary of treatment strategies for various breast cancers. It is done to raise awareness encourage implementation of ayurvedic therapies for combating cancer and suggesting an integrated approach in tumour management and treatment.

Charaka and Sushruta Samhitas, two well-known Ayurvedic classics, describe cancer as Inflammatory or Non-inflammatory swelling and mentions them as either Granthi (minor neoplasm) or Arbuda (major neoplasm). Ayurvedic literature defines three bodycontrol systems, viz., the nervous system (Vata or air), the venous system (Pitta or fire), and the arterial system (Kapha or water) which mutually coordinate to perform the normal function of the body. In benign neoplasm, (one or two of the three bodily systems (Vataja, Pittaja or Kaphaja) are out of control and is not too harmful because the body is still trying to coordinate among these systems.

Malignant tumours are very harmful because all the three major bodily systems (*Tridosaja*) lose mutual coordination and thus cannot prevent tissue damage, resulting in a deadly morbid condition.

According to *Sushruta*, the fundamental cause of major neoplasm is the pathogens that affect all parts of the body. He called the sixth layer of the skin as *Rohini*, (epithelium) and pathogenic injuries to this layer in muscular tissues and blood vessels caused by lifestyle errors, unhealthy foods, poor hygiene and bad habits results in the derangement of *doshas*, which leads to the manifestation of tumours.

Excess of water or fat in the corpus of the tumour and the stability and rigid confinement of the *Doshas* in a particular place were described as reasons for the non-infectious and non-suppurative nature of these abnormal growths. Cancer in each person differs according to the person's exposure to pathogens and genetic constitutions which make each of them to react differently to the same diet.

Sthana as per Ayurveda:

- The Sthana Mandala measures 2 Angula and the distance between two nipples is 12 Angula.
- According to Acharya Sharangadhara, Stanyashaya is present in females mentioned in Kaladikaakhyana Adhyaya.
- Acharya Ghanekar commenting on Sharangadhara's opinion on Stanyashaya mentions that Sthana is available in both male and female, but it is termed as Stanyashaya only in female, because modification of Stana occurs during puberty and pregnancy in female during this period, there will be enlargement of lactiferous ducts.
- According to Bhavaprakasha, Purva Khanda, Garbhaprakaranam Adhyaya description of Saptashaya with Stanyashaya has been explained.
- In Raja Nigantu, various synonyms of Stana have been given like Urasija, Vakshoja, Payodhara, Kucha and the synonyms of Agrabhaga (nipple) is given as Chuchuka, Vrutha, Sikha, Stanamukha.
- According to Sushrutacharya, Sukravaha Srotas are 2 in number and Stana is one of the Moola of Shukravaha Srotas.

- He explains 10 Peshi in Stana region, 5 in each, while describing extra 20 additional Peshi in female.
- While mentioning about Vaksha Marma, he explained Stanamoola, Stanarohita & Hridaya Marmas in relation to Stana. With these references location of Stana can be fixed as it is located one Angula above Stanamoola, on either side of Hridaya Marma & Stana Chuchuka is present two Angulas below Stanarohita Marma.
- Development of Stana takes place at adolescent age.

Two parts of Stana:

- 1. Stana Mandala
- 2. Krishna Mandala.

Stanasampat Lakshanas:

- 1. Not much more to upper side (*Natiurdhvam*)
- 2. Not much elongated (Natilambam)
- 3. Not very much thin (Anatikrusha)
- 4. Not very much big (*Anatipinau*)
- 5. Easy to suck for the baby (Sukhaprapanau)
- 6. Having nipples of appropriate size (*Yukta-Pippalakau*)

Arbuda - Malignant Tumor/Cancer/Carcinoma

According to Susrutha Samhita:

Samprapti (Pathogenesis)

गात्रप्रदेशे क्वचिदेव दोषाः संमूच्छिता मांसमभिप्रदूष्य । वृत्तं स्थिरं मन्दरुजं महान्तमनल्पमूलं चिरवृद्धयपाकम् ।। कुर्वन्ति मांसोपचयं तु शोफं तमर्बुदं शास्त्रविदो वदन्ति । (Su.Sa.Ni.11/13)

Aggravated *Doṣās* causing vitiation of the Muscle tissue, produce muscular swelling, anywhere in the body which is round, static (immovable) with mild pain, big in size, deep rooted, growing slowly and not ripening (forming pus); this disease is called as *Arbuda* by those learned in the science.[1]

Bheda (Types)

वातेन पित्तेन कफेन चापि रक्तेन मांसेन च मेदसा च । तज्जायते तस्य च लक्षणानि ग्रन्थेः समानानि सदा भवन्ति ।। (Su.Sa.Ni.11/14)

It is produced by *Vāta*, *Pitta*, *Kapha*, *Rakta* (Blood), *Māmsa* (Muscles) and *Medas* (Fat); their symptoms are similar to those of corresponding kinds of *Granthi* (Benign tumor).[2]

Granthi

Samprapti

वातादयो मांसमसृक् च दुष्टाः संदूष्य मेदश्च कफानुविद्धम् । वृत्तोन्नतं विग्रथितं तु शोफं कुर्वन्त्यतो ग्रन्थिरिति प्रदिष्टः ।। (Su.Sa.Ni.11/3)

Vāta and other *Doṣās* associated with *Kapha*, getting aggravated, vitiate the muscle, blood and fat tissues and produce a round, bulged and hard swelling which is called as *Granthi* (tumor).[3]

Lakshanas

Vataja Granthi

आयम्यते व्यथ्यत एति तोदं प्रत्यस्यते कृत्यत एति भेदम् । कृष्णोऽमृदुर्बस्तिरिवाततश्च भिन्नः स्रवेच्चानिलजोऽस्त्रमच्छम् ।। (Su.Sa.Ni.11/4)

That produced by *Vata*, has pains such as expanding, hitting, pricking, cutting etc., is black in colour, hard, enlarged like the bladder and when pricked exudes clear blood.[4]

Pittaja Granthi

दह्यते धूप्यति चूष्यते च पापच्यते प्रज्वलतीव चापि । रक्तः सपीतोऽप्यथवाऽपि पित्ताद्भिन्नः स्त्रवेदुष्णमतीव चास्त्रम् ।। (Su.Sa.Ni.11/5)

That produced by *Pitta*, the has pain such as burning, fuming, sucking and as though being burnt by fire; it is red and slightly yellowish and when pricked exudes warm blood in large quantity.[5]

Kaphaja Granthi

शीतोऽविवर्णोऽल्परुजोऽतिकण्डूः पाषाणवत् संहननोपपन्नः । चिराभिवृद्धिश्च कफप्रकोपाद्भिन्नः स्त्रवेच्छुक्लघनं च पूयम् ।। (Su.Sa.Ni.11/6)

That produced by *Kapha*, is cold to touch, not discoloured, has slight pain but severe itching, grown big like a stone, develops slowly and when pricked exudes white thick pus.[6]

Medoja Granthi

शरीरवृद्धिक्षयवृद्धिहानिः स्निग्धो महानल्परुजोऽतिकण्डूः | मेदःकृतो गच्छति चात्र भिन्ने पिण्याकसर्पिः प्रतिमं तु मेदः ।। (Su.Sa.Ni.11/7)

That produced by *Medas* (fat) undergoes increase or decrease in accordance with increase or decrease of the body, is unctuous, very big in size, has mild pain but severe itching and when pricked, exudes fatty liquid resembling paste of sesame or ghee.[7]

Mamsa Arbuda

मृष्टिप्रहारादिभिरर्दितेऽङ्गे मांसं प्रदुष्टं प्रकरोति शोफम् ।। अवेदनं स्निग्धमनन्यवर्णमपाकमश्मोपममप्रचाल्यम् । प्रदुष्टमांसस्य नरस्य बाढमेतद्भवेन्मांसपरायणस्य ।। मांसार्बुदं त्वेतदसाध्यमुक्तं (Su.Sa.Ni.11/17-18)

At the place on the body hit by the fist etc., the muscle there in, getting vitiated, gives rise to a swelling which is painless, unctuous, of the same colour of the body, not forming pus, stone like and not moveable; this occurs specially in persons who have vitiated muscle and who partake meat constantly, *Mamasārbuda* is incurable.[8]

Rakta Arbuda

दोषः प्रदुष्टो रुधिरं सिरास्तु संपीड्य सङ्कोच्य गतस्त्वपाकम् ।। सास्त्रावमुन्नह्यति मांसपिण्डं मांसाङ्करैराचितमाशुवृद्धिम् । स्रवत्यजस्त्रं रुधिरं प्रदुष्टमसाध्यमेतद्रुधिरात्मकं स्यात् ।। रक्तक्षयोपद्रवपीडितत्वात् पाण्डुभीवत् सोऽर्बुदपीडितस्तु (Su.Sa.Ni.11/15-16)

Aggravated *Doṣās* associating with blood and getting localised in the veins (blood vessels), produce squeezing and contraction in them, and give rise to slight ripening (forming pus) or no ripening; make a ball of muscle, which exudes, bulges up, covered with sprouts of muscle, increasing in size quickly, exuding vitiated blood continuously; this *Rakta Arbuda* (produced by blood), is incurable; the person suffering from this disease, because of having secondary diseases due to loss of blood, becomes a patient of *Pandu Roga* (Anaemia).[9]

Prognosis

साध्येष्वपीमानि विवर्जयेतु । संप्रसुतं मर्मणि यच्च जातं स्रोतःसु वा यच्च भवेदचाल्यम् ।। यज्जायतेऽन्यत् खलु पूर्वजाते ज्ञेयं तदध्यर्बुदमर्बुदज्ञैः । यद्दवन्द्वजातं युगपत् क्रमाद्वा द्विरर्बुदं तच्च भवेदसाध्यम् ।। (Su.Sa.Ni.11/19-20)

- Even among the curable ones, the following kinds are fit to be rejected; that which is exudating greatly, that situated in the vital spots/organs or channels; that which is immovable.
- That which develops (grows) over an earlier one, is known as *Adhyarbuda* by those having the knowledge of *Arbudas* (tumors), that which is produced either at the same time or after some time is known as *Dvirarbuda*; all these are incurable.

Notes: *Adhyarbuda* is a superimposed tumor and *Dvirarbuda* is metastasis (secondary tumors forming elsewhere also).[10]

न पाकमायान्ति कफाधिकत्वान्मेदोबहुत्वाच्च विशेषतस्तु । दोषस्थिरत्वादृथनाच्च तेषां सर्वार्बुदान्येव निसर्गतस्तु ।।

All *Arbudas* (malignant tumors) by nature, do not form pus, especially because of predominance of *Kapha* and *Medas* (fat), stability of the *Dosas* and these forming the lump (hard mass).

According to Ashtanga Hrdaya

Arbuda

महत्तु ग्रन्थितोऽर्बुदम् ।। तल्लक्षणं च मेदोन्तैः षोढा दोषादिभिस्तु तत् । प्रायो मेदः कफाढ्यत्वात्स्थिरत्वाच्च न पच्यते ॥ (As.Hr.Ut.29/14-15)

Granthi, which is very big is *Arbuda*. These are of six types by *Dosas* etc. ending with *Medas* (as above).

Due to the predominance of *Medas* (fat tissue) and *Kapha* and because of deep-rooted nature they do not suppurate.[11]

Six are three by each *Doshas* and by blood, muscle and fat.

Granthi

कफप्रधानाः कुर्वन्ति मेदोमांसास्त्रगा मलाः । वृत्तोत्रतं यं श्वयथुं स ग्रन्थिग्रंथनात्स्मृतः ।। दोषास्त्रमांसमेदोस्थिसिराव्रणभवा ते नव । (As.Hr.Ut.29/1)

The three *Malas* (*Dosas*), with the predominance of *Kapha* attack fat tissue, muscle and blood and produce round and elevated swelling or new growth which is named as *Granthi*, since it is knotty.

This is of nine types, caused by *Dosas* (three), muscle, fat, bone, vein and from ulcer.[12]

Vataja Granthi

तत्र वातादायामतोदमेदान्वितोऽसितः ।। स्थानात्स्थानान्तरगतिरकस्माद्धानिवृद्धिमान् । मृदुर्बस्तिरिवानद्धो विभिन्नोऽच्छं स्त्रवत्यसृक् || (As.Hr.Ut.29/2-3)

Among them, the *Granthi*, produced by *Vata* is wide, has piercing pain and breaking pain, is black, moves from one place to other, suddenly changes in size (increases or decreases), is soft and swelled like leather bag and discharges clear thin blood, when pricked.[13]

Pittaja Granthi

पित्तात्सदाहः पीताभो रक्तो वा, पच्यते द्रुतम् । भिन्नोऽस्त्नमुष्णं स्त्रवति (As.Hr.Ut.29/4a)

Pitta tumour has burning sensation, is yellow or red in colour, ripens (suppurates) quickly, discharges hot blood when pricked.[14]

Kaphaja Granthi

श्लेष्मणा नीरुजो घनः ॥ शीतः सवर्णः कण्डूमान्, पक्वः पूयं स्त्रवेद्धनम् । (As.Hr.Ut.29/4b-5a)

Kaphaja tumour has no pain, is hard, cold, is of the colour of skin, has itching and exudes thick pus.[15]

Raktaja Granthi

दोषैर्दृष्टेऽसृजि ग्रन्थिभीवेन्मूच्र्छत्सु जन्तुषु ।। सिरामांसं च संश्रित्य सस्वापः पित्तलक्षणः । (As.Hr.Ut.29/5b-6a)

A tumour (*Granthi*) is produced when blood is vitiated by the *Doshas*. It contains worms, which attack veins and muscles and is associated with numbness (loss of sensation of touch) and has the features of *Pittagranthi*.[16]

Sonitha Arbuda

सिरास्थं शोणितं दोषः सङ्कोच्यान्तः प्रपीड्य च।। पाचयेत तदानद्धं सास्तावं मांसपिण्डितम् ।। मांसाङ्कुरैश्वितं याति वृद्धि चाशु स्त्रवेत्ततः । अजस्त्रं दुष्टरुधिरं भूरि तच्छोणितार्बुदम् ।। (As.Hr.Ut.29/16-17)

The Dosha, after being deranged, vitiates the blood in the veins, produces contraction and pressing and suppuration and creates a growth of mass of muscle with spread of muscle sprouts and with continuous bleeding. It grows very fast and exudes blood, which is vitiated, in large quantity. This is termed <code>Sonitārbuda.[17]</code>

Mamsaja Granthi

मांसलैर्दूषितं मांसमाहारैर्ग्रन्थिमावहेत् ।। स्निग्धं महान्तं कठिनं सिरानद्धं कफाकृतिम् । (As.Hr.Ut.29/6b-7)

Māmsa (muscle tissue-body element) gets vitiated by excessive use of meat as food (bad meat) and results in a *Granthi* which is oily, big in size, hard and covered with veins and has features of *Kapha* (aggravation).[18]

Medo Granthi

प्रवृद्धं मेदुरैर्मेदो नीतं मांसेऽथवा त्वचि ॥ वायुना कुरुते ग्रन्थि भृशं स्निग्धं मृदुं चलम् । श्लेष्मतुल्याकृर्ति देहक्षयवृद्धिक्षयोदयम् ॥ स विभिन्नो घनं मेदस्ताम्रासितसितं स्त्रवेत् ।(As.Hr.Ut.29/8-9)

Medas (fat tissue, one of the body elements) is increased by eating excessive fatty food and then it is moved to the muscle tissue or to the skin by Vata, resulting in a Granthi. This Granthi is very unctuous, soft, movable, has the features of Kaphagranthi, increases or decreases in size with the increase or decrease of the body and discharges, when pricked, coppery red, white or black fluid.[19]

Prognosis

साध्या दोषास्त्रमेदोजाः, न तु स्थूलखराश्चलाः । मर्मकण्ठोदरस्थाश्च | (As.Hr.Ut.29/14)

The *Granthis* by *Doshas*, blood and *Medas* (fat) are curable. Those which are very big, hard and mobile and those located in vital spots, throat and abdomen are not curable.[20]

तेष्वसृङ्मांसजे वर्ज्य, चत्वार्यन्यानि साधयेत् । (As.Hr.Ut.29/18)

Among six *Arbudas*, those caused by blood and muscle (*Sonitārbuda* and *Māmsārbuda*) are to be refused. Other four are to be treated.[21]

According to Charaka

ग्रन्थ्यर्बुदानां च यतोऽविशेषः ततश्चिकित्सेद्धिषगर्बुदानि प्रदेशहेत्वाकृतिदोषदूष्यैः विधानविद्यन्थिचिकित्सितेन | (Ch.Sa.Chi.12/87)

As *Granthi* and *Arbuda* are not different from each other rather similar in location etiological factors, shape or characters, dosas and *Düşyas*, thus the physician should treat *Arbuda* also on the line of *Granthi*.[22]

अङ्गेकदेशेष्विनलादिभिः स्वरूपधारी स्फुरणः स्यात् सिराभिः । ग्रन्थिर्महान्मांसभवस्त्वनर्ति- मेदोभवः स्निग्धतमश्चलश्च ॥ (Ch.Sa.Chi.12/81)

- In body parts *Granthi* (nodular growth) manifests due to *Vata Doshas* and is characterized with respective features (of involved *Dosha* and location).
- When surrounded with blood vessels it pulsates
- Granthi of Mansa (muscle tissue) is big one.
- That of *Medas* is painless excessive unctuous and mobile.[23]

Prognosis

विवर्जयेत् कुक्ष्युदराश्रितं च तथा गले मर्मणि संश्रितं च।

स्थूलः खरश्चापि भवेद्विवयों यश्चापि बालस्थविराबलानाम् ।। (Ch.Sa.Chi.12/86)

Granthis

The located in *Kukshi* (pelvic region), abdomen, neck and vital parts and also that which is very big and rough and also of children, old and women or debilitated persons is rejectable or should be left or is incurable.[24]

Arbuda Chikitsa

According to Susrutha Samhita

Vataja Arbuda

कर्कारुकैर्वारुकनारिकेलप्रियालपञ्चाङ्गुलबीजचूर्णैः ।। वातार्बुदं क्षीरघृताम्बुसिद्धैरुष्णैः सतैलैरुपनाहयेतु ।। कुर्याच्च मुख्यान्युपनाहनानि सिद्धैश्च मांसैरथ वेसवारैः ।। स्वेदं विदध्यात् कुशलस्तु नाड्या शृङ्गेण रक्तं बहुशो हरेच्च ।। वातघ्ननिर्यूहपयोम्लभागैः सिद्धं शताख्यं त्रिवृतं पिबेद्वा । (Su.Sa.Chi.18/29-31)

Arbuda produced by Vāta should be fomented by applying warm poultice prepared from seeds of Karkäruka, Ervāruka, Nārikela, Priyāla, Pañcāñgula, similarly important poultices made from Mamsa (meat) or Vesavāra (mutton broth); the skilled physician should then, administer sudation through Nādi Sveda (steam coming out from tube), remove blood in more quantity (often) using the sucking horn. Then the patient is made to drink Trivrt Sneha (mixture of ghee, oil and muscle-fat) cooked a hundred times with the decoction of Vāta mitigating drugs, added with milk and sour liquids (Sauvīraka etc).[25]

Pittaja Arbuda

स्वेदोपनाहा मृदवस्तु कार्याः पित्तार्बुदे कायविरेचनं च ।।
विघृष्य चोदुम्बरशाकगोजीपत्रैर्भृशं क्षौद्रयुतैः प्रलिम्पेत् ।।
श्लक्ष्णीकृतैः सर्जरसप्रियङ्गपतङ्गरोधाञ्जनयष्टिकाद्वैः ।।
विस्ताव्य चारग्वधगोजिसोमाः श्यामा च योज्या कुशलेन लेपे ।।
श्यामागिरिह्वाञ्जनकीरसेषु द्राक्षारसे सप्तलिकारसे च ।।
घृतं पिबेत् क्लीतकसंप्रसिद्धं पित्तार्बुदी तज्जठरी च जन्तुः ।।
(Su.Sa.Chi.18/32-34)

In *Arbuda* produced by *Pitta*, sudation, applying warm poultices and purgation to the body should be administered mildly; the tumor should be rubbed with (rough) leaves of *Udumbara*, *Säka* and *Gojihvä* and then a fine paste of *Sarjarasa*, *Priyangu*, *Pattañga*, *Rodhra*, *Añjana* (*Srotoñjana*) *Vaṣṭika*, *Aragvadha*, *Gojihvā*, *Soma* and *Syāma* mixed with honey should be applied.

The patient of *Pitta Arbuda* and *Pittodara* should drink medicated ghee prepared with the juice (decoction) of *Syamā*, *Girīhvā* (*Svetasyanda*), *Añjanaki* (*Nīlāñjanikā Phala*), *Drakṣa* and *Saptalikā* (*Vavatiktā*) added with the paste of *Klītaka* (*Vaṣṭimadhu*).[26]

Kaphaja Arbuda

शुद्धस्य जन्तोः कफजेऽबुंदे तु रक्तेऽविसक्ते तु ततोऽबुंदं तत् ।। द्रव्याणि यान्यूर्ध्वमधश्च दोषान् हरन्ति तैः कल्ककृतैः प्रदिह्यात् ।। कपोतपारावतविङ्विमत्रैः सकांस्यनीलैः शुकलाङ्गलाख्यैः ।। मूत्रैस्तु काकादिनमूलिमश्रः क्षारप्रदिग्धैरथवा प्रदिह्यात् ।। (Su.Sa.Chi.18/35-36)

The patient of *Arbuda* produced by *Kapha*, should be administered purificatory therapies first; then bloodletting and next applied with a poultice prepared from drugs eliminating the *Dosas* by upward route (emetics) and downward route (purgatives); or a poultice prepared from excreta of dove and pigeon, *Kāmsya Nīla* (bronze slag), *Suka* (*Granthiparni*) and *Längalaka* (*Kalihārī*), root of *Käkādani* and *Gomūtra* should be applied warm on the tumor.[27]

निष्पाविपण्याककुलत्यकल्कैर्मासप्रगाढैर्दधिमस्तुयुक्तैः ।। लेपं विदध्यात् कृमयो यथाऽत्र मूर्च्छन्ति मुञ्चन्त्यथ मिक्षकाश्च ।। अल्पाविशष्टे कृमिभिक्षते च लिखेत्ततोऽग्निं विदधीत पश्चात् ।। यदल्पमूलं त्रपुताम्नसीसपट्टैः समावेष्ट्य तदायसैर्वा ।। (Su.Sa.Chi.18/37-38)

Niṣpāva, Pinyāka (molasses) and paste of Kulattha added with more of meat and water of curd (whey) made as a nice paste and be applied on the tumor so that flies shall swarm to it and Krimi (worms/maggots) develop there and eat away the tumor. When only a small remnant (of the tumor) remains after the worms have eaten, the area should be scraped and burnt by fire; or if the base (of the tumor) is small it can be kept encircled (for some days) with thin sheets of tin, copper, lead or iron.[28]

क्षाराग्निशस्त्राण्यसकृद्विदध्यात् प्राणानिहंसन् भिषगप्रमत्तः ।। आस्फोतजातीकरवीरपत्रैः कषायिमष्टं व्रणशोधनार्थम् ।। शुद्धे च तैलं विदधीत भार्गीविडङ्गपाठात्रिफलाविपक्रम् ।। यद्दच्छया चोपगतानि पाकं पाकक्रमेणोपचरेद्विधिज्ञः ।। (Su.Sa.Chi.18/39-40)

The physician should apply caustic alkali, fire (thermal cautery) and *Sastra* (sharp instruments) many times without any hesitation and not harming the strength of the person. Decoction of leaves of *Asphota*, *Jātī* & *Karavīra* is ideal to cleanse wound.

After it becomes clean, oil boiled with *Bhārīgi*, *Vidanga*, *Pāthā* and *Triphalā* be used (for healing). If the tumor becomes ripe on its own accord, then the physician well versed in procedure should treat it like a ripened tumor.[29]

Medo Arbuda

मेदोर्बुदं स्विन्नमथो विदार्य विशोध्य सीव्येद्गतरक्तमाशु । ततो हरिद्रागृहधूमरोध्रपतङ्गचूर्णैः समनः शिलालैः । व्रणं प्रतिग्राह्य मधुप्रगाढैः करञ्जतैलं विदधीत शुद्धे ।। (Su.Sa.Chi.18/41)

Arbuda produced by Medas (fat), should be fomented first, then cut open, cleaned of the blood and sutured quickly. Then the wound is sprinkled with powder of Haridrā, Grhadhūma, Rodhra, Pattañga, Manaśśilā and Ala; next Karañja Taila added with more of honey and should be applied to cleanse the wound.[30]

Arbuda Punarutpatti - Recurrance of Tumors/ Metastasis

सशेषदोषाणि हि योऽर्बुदानि करोति तस्याशु पुनर्भवन्ति । तस्मादशेषाणि समुद्धरेत्तु हन्युः सशेषाणि यथा हि विह्नः ।। (Su.Sa.Chi.18/42)

Those *Arbuda* (malignant tumors) in which remnants of *Dosha* (remnants of tumor tissue) remain, they develop again quickly; hence they (malignant tumors) should be excised/removed without leaving any residue; any residue left will kill the patient just like fire (a spark of fire developing into big fire and destroying the house).[31]

According to Ashtanga Hrdaya

Granthi Chikitsa

ग्रन्थिष्वामेषु कर्तव्या यथास्वं शोफवत् क्रिया । (As.Hr.Ut.30/1)

Granthi, which is not yet ripe, is to be treated like swelling.

बृहतीचित्रकव्याघ्यीकणासिद्धेन सर्पिषा ।। स्नेहयेच्छुद्धिकामं च, तीक्ष्णैः शुद्धस्य लेपनम ।

The patient, who is desirous of purificatory therapies, is to be administered oleation with ghee medicated with *Brhati, Citraka, Vyāghri* and *Kaṇā*. After purification, smearing with the paste of drugs with *Tīksna* (Sharp, Penetrating) quality is to be done.[32]

संस्वेद्य बहुशो ग्रन्थि विमृद्धीयात् पुनः पुनः ।। एष वाते विशेषेण क्रमः, पित्तात्रजे पुनः । जलौकसो हिमं सर्वं, कफजे वातिको विधिः ॥ (As.Hr.Ut.30/2-3) Granthi is to be fomented several times and then pressed again and again gently (by hand/fingers). This is procedure for *Granthi* caused by *Vata*. For *Granthi*, caused by *Pitta* and blood, leeches (bloodletting) and cold applications are to be made, while for those of *Kapha*, treatment of *Vätagranthi* is to be undertaken.[33]

तथाऽप्यपक्वं छित्त्वैनं स्थिते रक्तेऽग्निना दहेत् । साध्वशेषं, सशेषो हि पुनराप्यायते ध्रुवम् ।। (As.Hr.Ut.30/4)

If the *Granthi* has not suppurated even after the above procedures, it is to be excised and when the bleeding stops, cauterization (by fire) has to be done completely without leaving any particle; any such piece remaining definitely grows into a tumour again.[34]

मांसव्रणोद्भवौ ग्रन्थी यापयेदेवमेव च।

The *Granthis*, caused by muscle and wound are also to be managed in the same manner.

कार्य मेदोभवेऽप्येतत्तप्तैः फालादिभिश्च तम् ॥ प्रमृद्यात्तिलदिग्धेन छन्नं द्विगुणवाससा । शस्त्रेण पाटयित्वा वा दहेन्मेदसि सूधृते ।। (As.Hr.Ut.30/5-6)

Same treatment is to be followed in *Granthi* of fat also. The *Granthi* is to be covered with a two fold cloth smeared with the paste of sesamum (seeds). Then it is to be touched with heated metal plates or such others. Or the *Granthi* may be completely excised and the spot cauterized by fire.[35]

सिराग्रन्थौ नवे पेयं तैलं साहचरं, तथा। उपनाहोऽनिलहरैर्बस्तिकर्म सिराव्यधः ॥ (As.Hr.Ut.30/7)

Tumour, which is caused by veins, and is new, Sähacara Taila is to be given for drinking. Others, Upanāha (application of warm poultices) with drugs of Vätahara quality (subsiding Väta) and enema and cutting of vein (for letting out blood) are to be administered.[36]

Arbuda

अबुदि ग्रन्थिवत् कुर्यात् यथास्वं सुतरां हितम् ।

Arbuda is also to be treated like that of *Granthi*, according to the conditions very much suitably.

अजाशकृच्छिङ्ग्ग्रुमूललाक्षासुरस (लवणक्षार) काञ्जिकैः। वस्त्रबद्धैरुपस्वेद्य मर्दयित्वा प्रलेपयेत् । उपोदकापत्रपिण्ड्या छदैराच्छादितं घनम् । निवेश्य पहं बध्नीयाच्छाम्यत्येवं नवार्बुदम् ।। जीर्णं चार्कच्छदसुधासामुद्रगुडकाञ्जिकैः। प्रच्छाने पिण्डिका बद्धा ग्रन्थ्यर्बुदिवलायनी ॥ (As.Hr.Ut.30/1-3)

Arbuda of recent origin is cured by the following process - excreta of goat, root of Sigru, Läkşa, Surasa, Lavana and Kşära are tied in cloth and boiled in fermented gruel and with this fomentation is given to the tumor, which is covered with leaves of Upodaka and then bandaged. By this method Arbuda of recent origin subsides. If the tumor is chronic, it is to be covered with the leaves of Arka, Sudha, salt, jaggery and Kāñjika. Pracchāna is to be undertaken after tying at the calves and by this process the tumour dissolves.[37]

According to Charaka

Granthi Chikitsa

संशोधिते स्वेदितमश्मकाष्ठैः साङ्गुष्ठदण्डैर्विलयेदपक्वम् विपाट्य चोद्धृत्य भिषक् सकोशं शस्त्रेण दग्ध्वा व्रणविच्चिकित्सेत् ।। अदग्ध ईषत् परिशेषितश्च प्रयाति भूयोऽपि शनैर्विवृद्धिम् । तस्मादशेषः कुशलैः समन्ता- च्छेद्यो भवेद्वीक्ष्य शरीरदेशान् ॥ शेषे कृते पाकवशेन शीर्या- ततः क्षतोत्थः प्रसरेद्विसर्पः । उपद्रवं तं प्रविचार्य तज्ज्ञ- स्तैर्भेषजैः पूर्वतरैर्यथोक्तैः ॥ निवारयेदादित एव यत्ना- द्विधानवित् स्वस्वविधिं विधाय । ततः क्रमेणास्य यथाविधानं व्रणं व्रणज्ञस्त्वरया चिकित्सेत् । (Ch.Sa.Chi.12/82-85)

After applying cleansing measures (to the patient) the unsupported *Granthi* should be properly sedated and then pressed with stone, wood, stick or staff for its dissolution or disintegrations. (If suppurated or remains undissolved then) It (skin over the *Granthi*) should be incised with instrument and the *Granthi* along with its capsule should be removed and remanent cauterized. Further treatment should be just like wound. If smallest remanent is left cauterized, it will recur and increase gradually.

That is why the expert physician considering its location or body part should remove it from all around completely. However, if some remanent is left, it degenerates by suppuration and erysipelas is caused by wound spreads. The expert physician observing this complication should prevent it in very beginning carefully by applying respective procedures or therapies very properly and also use those described above. Then the wound should be treated quickly and systematically by specialist of wound treatment (surgeon) as per prescribed methods.[38]

General line of treatment

It is a *Kapha Vriddhi* in *Kapha Sthana* with *Rakthanubandam*.

Kashayas

Dose: 40ml b.d half an hour before food

- Guggulu Tiktaka Kashayam
- Ardhavilvam Kashayam
- Varunadi Kashyam
- Citraka Grantyadi Kashyam
- Punarnavadi Kashayam
- Saddharana Kashyam

Choorna Kalpana

Dose: 5qm b.d with honey after food

- Kakamachi Choornam
- Guggulu Pnchapala Choornam
- Narasimha Choornam

Vati Kalpana

Dose: 2 b.d after food

- Kanchanara Guggulu
- Triphala Guggulu
- Amrta Guggulu

Siddha Medicines

Dose: 250mg b.d with honey after food

- Tamrkattu chenduram
- Mehaarayana chenduram
- Navapasana chenduram
- Kanta chenduram
- Rasagandhi mezhugu (2-0-2) after food

Researches on effect of single drugs of Ayurveda in treating *Stanyarbuda*

Allium sativum Linn (Lashuna): Both water and lipid-soluble allyl sulfur compounds are effective in blocking a myriad of chemically induced tumors. Part of the protection from these compounds probably relates to a block in nitrosamine formation and metabolism.

Curcuma longa Linn (Turmeric)

Withania somnifera Dunal (Ashwagandha):

Antitumor and radio sensitizing effects of alcoholic root extract of W. somnifera and their modification by heat were studied in vivo on Sarcoma-180 grown on the dorsum of adult BALB/c mouse.

Emblica officinalis Gaertn (Amalaki): Plant-derived phenolic compounds manifest many beneficial effects and can potentially inhibit several stages of carcinogenesis. In an investigation, the efficacy of Emblica officinalis polyphenol fraction (EOP) on the induction of apoptosis in mouse and human carcinoma cell lineses and its modulatory effect on N-nitrosodiethylamine (NDEA) induced liver tumors in rats was studied.

Phenolic compounds and the major components from the fruit juice of EO, branches, leaves and roots showed stronger inhibition against B16F10 cell growth than against HeLa and MK-1 cell growth.

Zingiber officinale (Ginger): In a study it has been noted that ginger supplementation suppressed liver carcinogenesis by scavenging the free radical formation and reducing lipid peroxidation.

Other such drugs:

- Ocimum sanctum Linn (Tulasi)
- Tinospora cordifolia willd.Miers.Ex.hook (Guduchi)
- Aegle marmelos Linn conr. (Bilva)
- Moringa oleifera Linn (Shigru)
- Trigonella foenum graecum Linn (Methi)
- Azadirachta indica A.juss (Neem)
- Alstonia scholaris R.Br (Saptparna)
- Syzygium cumini Linn skeels (Jambu)
- Phyllanthus niruri sensu Hook F (Bhumiamalaki)
- Tribulus terrestris (Gokshura)
- Tephrosia purpurea Linn Pers (Sharapunka)
- Elettaria cardamomum Maton (Ela)
- Myristica fragrans Henlt (Jatiphala)
- Saraca asoka (Roxb) DC (Ashoka)
- Swertia chirata Buch Ham (Kiratathikta)
- Bauhinia variegate (Kanchanara)
- Momordica charantia Linn (Karavellaka)
- Syzygium aromaticum (Lavanga)
- Santalum album Linn (Sweta Chandana)
- Semecarpus anacardium Linn (Ballathak)
- Holoptelea integrifolia (Roxb) planch (Chirabilva)

- Abrus precatorius Linn (Gunja)
- Boerhavia diffusa Linn (Punarnava)
- Glycyrrhiza glabra Linn (Yashtimadhu)
- Oroxylum indicum Linn vent (Syonaka)
- Calotropis procera (Arka)

Modern Review

Breast[39]

The breast is a modified sweat gland.

Breast Cancer

- Breast cancer is when breast cells mutate and become cancerous cells that multiply and form tumors.
- Breast cancer typically affects women and people assigned female at birth (AFAB) age 50 and older, but it can also affect younger women.
- Healthcare providers may treat breast cancer with surgery to remove tumors or treatment to kill cancerous cells.
- About 80% of breast cancer cases are invasive, meaning a tumor may spread from your breast to other areas of your body.
- Men and people assigned male at birth (AMAB) may also develop breast cancer.

Types of breast cancer

Healthcare providers determine cancer types and subtypes so that treatment can be as effective as possible with the fewest possible side effects.

Ductal carcinoma in situ (DCIS): DCIS is the presence of abnormal cells inside a milk duct in the breast. DCIS is considered the earliest form of breast cancer. DCIS is non-invasive, meaning it hasn't spread out of the milk duct and has a low risk of becoming invasive. DCIS is usually found during a mammogram done as part of breast cancer screening or to investigate a breast lump.

Invasive (infiltrating) ductal carcinoma (IDC):

This cancer starts in your milk ducts and spreads to nearby breast tissue. It's the most common type of breast cancer in the United States.

Lobular carcinoma in situ (LCIS)

This breast cancer starts in the milk-producing glands (lobules) in your breast and does not spread into nearby breast tissue.

Invasive lobular carcinoma

- It is a type of breast cancer that begins in the milk-producing glands (lobules) of the breast.
- Invasive cancer means the cancer cells have broken out of the lobule where they began and have the potential to spread to the lymph nodes and other areas of the body.
- It's the second most common breast cancer in the United States.

Angiosarcoma

- Angiosarcoma is a rare type of cancer that forms in the lining of the blood vessels and lymph vessels.
- The lymph vessels are part of the immune system. The lymph vessels collect bacteria, viruses and waste products from the body and dispose of them.
- This type of cancer can occur at any place in the body.
- But most often occurs in the skin on the head and neck. Rarely, it may form in the skin on other parts of the body, such as the breast, or it may form in deeper tissue, such as the liver and the heart.
- Angiosarcoma can occur in areas that were treated with radiation therapy in the past

Less common breast cancer types include:

Triple-negative breast cancer (TNBC):

- It is a kind of breast cancer that does not have any of the receptors that re commonly found in breast cancer like estrogen, progesterone and human epidermal growth factor.
- This invasive cancer is aggressive and spreads more quickly than other breast cancers.

Inflammatory breast cancer (IBC):

- IBC is a form of breast cancer that causes breast swelling and skin changes.
- IBC happens when growth of cells forms in the breast tissue.
- The cells break away from where they started to grow and travel to the lymphatic vessels in the skin.
- The cells can block the vessels and cause the skin on the beast to look swollen.

- This skin on the breast might look red or purple, dimpled or pitted, like the skin of an orange (peau d'orange) and the nipple may be inverted (facing inwards).
- IBC is considered a locally advanced cancer. When a cancer is locally advanced, that means it has spread from where it started to nearby tissue and possibly to nearby lymph nodes.
- This rare, fast-growing cancer looks like a rash on the breast. IBC is rare in the United States.

Paget's disease of the breast:

- Paget's disease of the breast is a rare form of breast cancer.
- It starts on the nipple and extends to the dark circle of skin (areola) around the nipple.
- Paget's disease of the breast isn't related to Paget's disease of bone, a metabolic bone disease.
- Paget's disease of the breast occurs most often after age 50.
- Most people with the diagnosis also have underlying ductal breast cancer, either in-situ or less commonly invasive breast cancer.
- This rare cancer affects the skin of your nipple and may look like a rash. Less than 4% of all breast cancers are Paget's disease of the breast.

Phyllodes Tumor

- A phyllodes tumor is a rare type of tumor that develops in the connective tissue of the breast (the fatty tissue that makes up the volume of the breast).
- The connective tissue is the fibrous, supportive tissue that holds other tissues in place

Subtypes

Healthcare providers classify breast cancer subtypes by receptor cell status. Receptors are protein molecules in or on cells' surfaces. They can attract or attach to certain substances in your blood, including hormones like estrogen and progesterone. Estrogen and progesterone help cancerous cells to grow. Finding out if cancerous cells have estrogen or if cancerous cells have estrogen or progesterone receptors helps healthcare providers plan breast cancer treatment.

 ER-positive (ER+) breast cancers have estrogen receptors.

- PR-positive (PR+) breast cancers have progesterone receptors.
- HR-positive (HR+) breast cancers have estrogen and progesterone receptors.
- HR-negative (HR-) breast cancers don't have estrogen or progesterone receptors.

Symptoms

Some breast cancer symptoms are very distinctive. Others may simply seem like areas of the breast that look very different from any other area. Breast cancer may not cause noticeable symptoms either. But when it does, symptoms may include:

- A change in the size, shape or contour of the breast.
- A mass or lump, which may feel as small as a pea.
- A lump or thickening in or near breast or at underarm that persists throughout menstrual cycle.
- A change in the look of skin on the breast or nipple. the skin may look dimpled, puckered, scaly or inflamed. It may look red, purple or darker than other parts of the breast.
- A marble-like hardened area under the skin.
- A blood-stained or clear fluid discharge from your nipple.
- Pulling in of the nipple or pain in the nipple area

Causes

Breast cancer happens when breast cells mutate and become cancerous cells that divide and multiply to create tumors but not sure what triggers that change. However, research shows there are several risk factors that may increase the chances of developing breast cancer. These include:

Age: Being 55 or older.

Sex: Women and people AFAB are much more likely to develop condition than men and people AMAB.

Family history: If your parents, siblings or other close relatives have breast cancer, you're at risk of developing the disease.

Genetics: Up to 15% of people with breast cancer develop the disease because they have inherited genetic mutations. The most common genetic mutations involve the BRCA1 and BRCA2 genes.

Smoking: Tobacco use has been linked to many different types of cancer, including breast cancer.

Drinking beverages containing alcohol: Research shows that drinking beverages containing alcohol may increase breast cancer risk.

Having obesity.

Radiation exposure: people who had prior radiation therapy - especially in head, neck or chest - they are more likely to develop breast cancer.

Hormone replacement therapy: People who use hormone replacement therapy (HRT) have a higher risk of being diagnosed with the condition.

Complications

The most significant complication is metastatic breast cancer, breast cancer that spreads to other areas of your body, including brain, bones, liver and lungs. Studies show about 1 in 3 women and people AFAB who have early-stage cancer later develop metastatic breast cancer.

Diagnosis

Physical examinations and mammograms are useful for finding check signs of breast cancer. Following tests are also included for diagnoses of disease:

- Breast ultrasound.
- Breast magnetic resonance imaging (MRI) scan.
- Breast biopsy.
- Immunohistochemistry test to check for hormone receptors.
- Genetic tests to identify mutations that cause breast cancer

Stages of Breast Cancer

Cancer staging systems are used to plan treatment. Staging cancer also helps providers set prognosis, or what can be output after treatment. Breast cancer staging depends on factors like breast cancer type, tumor size & location & whether cancer has spread to other areas of body. Breast cancer stages:

Stage 0:

The disease is noninvasive, meaning it hasn't spread from breast ducts to other parts of breast.

Stage I:

There are cancerous cells in nearby breast tissue.

Stage II:

- The cancerous cells have formed a tumor or tumors. The tumor is either smaller than 2 centimeters across and has spread to underarm lymph nodes or
- larger than 5 centimeters across but hasn't spread to underarm lymph nodes.
- Tumors at this stage can measure anywhere between 2 and 5 centimeters across, and may or may not affect the nearby lymph nodes.

Stage III:

There is cancer cells in nearby tissue and lymph nodes. Stage III is usually referred to as locally advanced breast cancer.

Stage IV:

Cancer has spread from breast to areas like your bones, liver, lungs or brain.

Treatment

Surgery is the primary treatment for breast cancer.

Breast cancer surgeries include:

Breast reconstruction.

Combined treatment includes, surgery with one or more of the following treatments:

- Radiation therapy, including intraoperative radiation therapy (IORT).
- Hormone therapy, including selective estrogen receptor modulator (SERM) therapy.
- Targeted therapy.

Side effects of treatments:

Common chemotherapy and radiation therapy side effects include fatigue, nausea and vomiting.

Targeted therapy, immunotherapy and hormone therapy have similar side effects, including gastrointestinal issues like constipation and diarrhea.

Complications of breast cancer surgery:

All surgeries have potential complications, and breast cancer surgery is no exception. As you're considering your options, it's important to remember that surgery removes potentially lifethreatening cancer. In general, the risks of breast cancer outweigh the complications.

Some complications include:

- Infection at the surgical site.
- Blood clots that can happen after surgery.
- Nerve damage.

Prevention

Preventing of breast cancer may not be possible. But the risk of developing it can be reduced. Just as important, regular self-exams and mammograms can help detect breast cancer early on, when it's easier to treat.

There's no sure way to reduce breast cancer risk, but the American Cancer Society (ACS) has the following advice for all women and people AFAB:

- Get to and stay at a healthy weight
- Ask a healthcare provider for information on setting up healthy weight management.
- Eat a healthy diet: Some studies show a diet that includes vegetables, fruit, calcium-rich dairy foods and lean protein may reduce your risk of breast cancer. Avoiding red meat and processed meat may also reduce your risk.
- Physical activity: Studies show that regular physical activity lowers breast cancer risk.
- Avoid beverages containing alcohol: Research shows a link between breast cancer and alcohol. The American Medical Association recommends women and people AFAB limit alcohol to one drink a day.
- **Get screened:** Mammograms often detect tumors when they're too small to be felt.
- **Do regular self-exams:** Examining your breasts regularly helps to maintain breast health and may allow you to find breast cancer tumors.

Some women and people AFAB have an increased risk for breast cancer because family members have it or they inherited a genetic mutation. If that's the situation, the following things are to be considered:

- Genetic screening for breast cancer genes.
- Medication that may lower breast cancer risk like tamoxifen, raloxifene or aromatase inhibitors.
- Prophylactic (preventive) mastectomy.
- Frequent breast cancer screenings and physical examinations.

Conclusion

Breast cancer is the most common type of tumor in women in most parts of the world. Although stabilized in western countries, its incidence is increasing in other continents. Prevention of breast cancer is difficult because the causes are not well known. Ayurvedic perspectives on the development, treatment, side-effects and supportive care for breast cancer offer valuable insights. This article is a compilation of points utilizing multidisciplinary approaches for the prevention and treatment that would probably simultaneously or sequentially act on different molecular targets based on Samhitas and previous research articles. In addition to being the least effective and most expensive treatment options, targeted therapies are also associated with multiple adverse effects including fever, nausea, weight loss, hairloss and diarrhoea. Thus the multitargeted Ayurveda herbs described in different kinds of literature for breast cancer with Dushtasopha (malignant oedema), Dushtavrna (malignant wounds or ulcers), Dushtagranthi (malignant nodes), Dushtaarbuda (malignant tumors), Dushtavisarpa (malignant spreading cellulitis), Dushtaapachi or Gandamala (suppurative lymphadenitis) are needed for futuristic research to combat this deadly disease.

References

- 1. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 13 [Crossref][PubMed][Google Scholar]
- 2. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 14 [Crossref][PubMed][Google Scholar]
- 3. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 3 [Crossref][PubMed][Google Scholar]
- 4. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 4 [Crossref][PubMed][Google Scholar]
- 5. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 5 [Crossref][PubMed][Google Scholar]

- 6. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 6 [Crossref][PubMed][Google Scholar]
- 7. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 7 [Crossref][PubMed][Google Scholar]
- 8. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 17–18 [Crossref][PubMed][Google Scholar]
- 9. Sushruta. Sushruta Samhita, Nidana Sthana. Vol.
- 1. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 15–16 [Crossref][PubMed][Google Scholar]
- 10. Sushruta. Sushruta Samhita, Nidana Sthana. Vol. 1. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 11, Ver. 19–20 [Crossref][PubMed][Google Scholar]*
- 11. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 14–15 [Crossref][PubMed][Google Scholar]*
- 12. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 1 [Crossref][PubMed][Google Scholar]*
- 13. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 2–3 [Crossref][PubMed][Google Scholar]*
- 14. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 4a [Crossref][PubMed][Google Scholar]*
- 15. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 4b–5a [Crossref][PubMed][Google Scholar]*
- 16. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 5a–6a [Crossref][PubMed][Google Scholar]*

- 17. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 16–17 [Crossref][PubMed][Google Scholar]*
- 18. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 6b-7 [Crossref][PubMed][Google Scholar]*
- 19. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 8–9 [Crossref][PubMed][Google Scholar]*
- 20. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 14 [Crossref][PubMed][Google Scholar]*
- 21. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 29, Ver. 18 [Crossref][PubMed][Google Scholar]*
- 22. Charaka. Charaka Samhita, Chikitsa Sthana. Vol. 2. *Translated by Sharma PV. Varanasi: Chaukhambha Orientalia; 2014. Ch. 12, Ver. 87 [Crossref][PubMed][Google Scholar]*
- 23. Charaka. Charaka Samhita, Chikitsa Sthana. Vol. 2. *Translated by Sharma PV. Varanasi: Chaukhambha Orientalia; 2014. Ch. 12, Ver. 81 [Crossref][PubMed][Google Scholar]*
- 24. Charaka. Charaka Samhita, Chikitsa Sthana. Vol. 2. *Translated by Sharma PV. Varanasi: Chaukhambha Orientalia; 2014. Ch. 12, Ver. 86 [Crossref][PubMed][Google Scholar]*
- 25. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 29–31 [Crossref][PubMed][Google Scholar]*
- 26. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 32–34 [Crossref][PubMed][Google Scholar]*
- 27. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 35–36 [Crossref][PubMed][Google Scholar]*

- 28. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 37–38 [Crossref][PubMed][Google Scholar]
- 29. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 39–40 [Crossref][PubMed][Google Scholar]*
- 30. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. *Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 41 [Crossref][PubMed][Google Scholar]*
- 31. Sushruta. Sushruta Samhita, Chikitsa Sthana. Vol. 2. Translated by Murthy KRS. Varanasi: Chaukhambha Orientalia; 2016. Ch. 18, Ver. 42 [Crossref][PubMed][Google Scholar]
- 32. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 1 [Crossref][PubMed][Google Scholar]*
- 33. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 2–3 [Crossref][PubMed][Google Scholar]*
- 34. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 4 [Crossref][PubMed][Google Scholar]*
- 35. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 5–6 [Crossref][PubMed][Google Scholar]*
- 36. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 7 [Crossref][PubMed][Google Scholar]*
- 37. Vagbhata. Astanga Hridayam, Uttara Sthana. Vol. 3. *Translated by Murthy KRS. Varanasi: Chaukhamba Krishnadas Academy; 2014. Ch. 30, Ver. 1–3 [Crossref][PubMed][Google Scholar]*
- 38. Charaka. Charaka Samhita, Chikitsa Sthana. Vol. 2. *Translated by Sharma PV. Varanasi: Chaukhambha Orientalia; 2014. Ch. 12, Ver. 82–85 [Crossref][PubMed][Google Scholar]*

- 39. Mayo Clinic [Internet]. Rochester (MN): Mayo Foundation for Medical Education and Research; [cited 2025 Jun 17]. Available from: http://www.mayoclinic.org [Crossref][PubMed][Google Scholar]
- 40. Davidson S, Ralston SH, Penman ID, Strachan MWJ, Hobson RP. Davidson's Principles and Practice of Medicine. 23rd ed. Edinburgh: Elsevier; 2018. [Crossref][PubMed][Google Scholar]

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