

Original Article

Comprehensive Review Of Arbuda W.S.R To Malignant Diseases

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Abstract:

The rapid global spread of cancer and other malignant diseases is alarming and calls for a multifaceted approach to research in order to develop new treatment strategies. It has existed since the Vedic era; thus, it is not a recent phenomenon. Ancient Ayurvedic literature does not clearly explain the illness because it is so common and can affect any part of the body; rather, the substance is distributed throughout the body. All of the literature, including Brihatrayee and Laghytrayi, were critically examined in order to uncover every detail and elaborate the condition in terms of kinds, aetiology, pathogenesis, prodromal symptoms, symptoms, consequences, and treatment. This helped to provide a conceptual basis for the disease and further illuminate the way for developing newer techniques and newer *dravya* to deal with the terrible entity.

Keywords: Malignant, cancer, Ayurveda, Arbuda, Asadhya

Introduction:

The word "cancer" refers to a wide range of illnesses in which aberrant cells proliferate out of control and have the ability to infect neighbouring tissues or travel through the blood and lymphatic systems to other areas of the body. These aberrant cells can develop into tumours, which are lumps of tissue, and are also referred to as malignant tumours.¹ The number of cancer cases in India is expected to increase in 2024, and tobacco-related malignancies, such as those of the mouth, lungs, and head and neck, continue to be particularly common.²

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Cancer referred as 'Apacita' in Atharvaveda where Sun and Moon rays are employed for its treatment.³ Garuda Purana advised Svedana chikitsa (fomentation) with Snuhi and Gandirika.⁴

Malignant disorders are presented in Ayurveda in a different aspect. Although the term "cancer" may be new to Ayurveda, clinical characteristics similar to cancer have been discussed under the title of Arbuda.⁵ In addition, there may be a correlation between several ideas such as Asadhya vrana, Sannipatika asadhya conditions, Granthi, Apachi, Vidradhi, Shotha, and Dushi visha (which may be connected to carcinogens). Gulma is seen as swelling found in deeper structures, Arbuda as surface swelling, and Asadhyavrana as persistent, non-healing ulcers.

ARBUDA (NEOPLASIA) (~Major neoplasm):

Etymological derivation: The word Arbuda is derived from the root "Arb" that has been suffixed with "Vich" (*lingadivarga*), which results in the root "Abba." "Udach" (*Uda+Ina+Nga*) is then added to get the word *Arbuda*. Arbuda is made up of the root word "Arbb," which means to kill, hurt, or approach, and the verb "Udeti," which means to elevate or ascend.

Definition: According to Sushruta, Arbuda is "doshas having vitiated in any part of the body and afflicting body tissues. *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."

This definition appears to be strongly linked to tumours in modern science.⁶ Without providing a precise definition, Charaka proposed that it was a complication of *Vatarakta*.⁷

Types of Arbuda: Variations in Dosa, Dhātu, prognosis, place or organ, and chronicity are all linked to the same disease.

According to predominance of Dosha and Dushya:

- Arbuda and Granthi are comparable in site, aetiology, clinical symptoms, and participation of dosha and *dushya*, according to Charaka, who also suggested that they have the same six categories as Granthi, which is identical to Sushruta's classification.⁸
- Sushruta, *Vagbhataadvaya*, *Madhav Nidana*, *Bhavaprakasha*, *Sharangadhara* and *Yogaratanakara* stated it to be of 6 types viz. *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Mamsaja* and *Medoja*;
- *Bhela* indicated 5 types *Vataja*, *Pittaja*, *Kaphaja*, *Mamsaja* and *Medoja*;
- *Harita* told 4 types *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*.
- *Tridoshaja arbuda* is also mentioned in reference to *Nasa- Karna- Shiro roga*.
- *Madhav* introduced *dwidoshaj* variety which is *sadhya*.

On the basis of dhātu:

- *Medoja- Mamsaja- Raktarbuda* implying involvement of fatty, muscular and blood tissue.
- *Asthi arbuda* is incurable, according to *Bhavaprakasha*, however another statement shows that *Asthi* (bone) can cause swelling similar to Arbuda, which is called *Adhyasthi* rather than

Asthyarbuda. *Asthyarbuda* may also be regarded as *Asthikshaya* localised to a specific location that resembles pathological fracture or osteoclastic alterations.

On the basis of *Sadhya Asadhyata*:

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

According to chronicity of disease:

When talking about disease therapy, *Vagbhat* categorised it as *Navya & Jeerna arbuda*.

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) 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.

Samprapti (Pathogenesis): Ayurveda has its own distinct ideas, where the character or phenomenon of the disease—which is unique to each patient and dependent on treatment—is given greater weight than nomenclature. Any *anukta vyadhi's samprapti* can be created for each patient based on the *guna* and *karma* of *tridosha* and the *agni* or *Pitta* that are present in every single cell that is in charge of the body's digestion and metabolism. At the cellular level, vitiated *pitta* causes micro-inflammatory changes that disrupt the cellular components of *Agni* resulting in poorly formed tissue. Because *agni* and related tissue are inversely proportionate, a reduced state of *dhatwagni* (a disordered metabolism) leads to excessive tissue growth.⁹

Metastasis, aberrant cell proliferation, and increased metabolic activity of malignant growth are all attributed to *Vata*, *Pitta*, and *Kapha*, respectively. Since vitiated *Vata* is the primary cause of *Koshavibhajan* in Ayurvedic embryology, abnormal cellular development may also be attributed to it. According to Ayurveda, the majority of illnesses, including *Arbuda*, are caused by *agni* malfunction, which results in the

production of Ama (free radicals and metabolic waste products), which is directly linked to the patient's *vyadhikshamatva*. Cancer is therefore a *tridosha* condition characterised by weakened immunity and disordered *agni*. According to Johnson (1979), carcinogenesis begins ten to fifteen years earlier, in accordance with the *shatkriyakal* idea. A variety of carcinogens cause mutagenesis alterations and the release of their vitiated chemicals and enzymatic components in the body by stimulating cells at the gene level (*Sanchayavastha*) and interacting with cells to induce vitiation of certain doshas (*Prakopavastha*).¹⁰ Such dormant cells are altered at a specific location by stimulating substances, which results in the development of cancer (*Sthan sanshraya & srotorodh*) (*poorvarupa* i.e. prodromal symptoms). According to current science, involvement of particular places is due to distinct cell receptors, and

according to Ayurveda, *kha vaigunya*. Following *vyakti*, which exhibits *roopa* (symptoms), comes *bheda*, which involves the development of *dwirarbuda* and *adhyarbuda* (distant & regional metastases). According to a thorough examination of Ayurvedic literature, Shopha and Granthi are the two first stages that precede the development of Arbuda; the former is a distant precursor, while the latter is an immediate precursor that shares some characteristics with Arbuda. According to the Paka formation, it belongs to the *Vidradhi* and *Vrana* group. Arbuda may not suppurate, according to Sushrut and Bhoja, but *anjananidana* thinks abscess formation and incurability in its latter phases. Granthi and Arbuda were described by Charaka as being somewhat related to surgery in *Shotha Chikitsa* Adhyaya because of their shared basic clinical characteristics, such as oedema.¹¹

Table 1: Stages of development of Arbuda and their analogous terms¹²

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

Table 2: Samprapti ghataka of Arbuda

Parameter	Arbuda
Dosha	Tridosha with predominance of Kapha
Dushya	Mamsa, Rakta, Meda
Srotus	Mamsa-Meda-Raktavaha
Srotodushti	Sanga, Siragranthi
Agni	Jatharagni manda & visham, Dhatwagni manda
Rogamarga	Bahya & Abhyantara

Adhishthana	Anywhere in body
Pratyatma linga	Mamsopachayam shopham
Upadrava	-

Role of Vata in pathogenesis of Arbuda-

In explaining the pathophysiology of *Gulma*, Sushruta believed that disordered Vata was a major factor in the onset of any growth. He claimed that, similar to how bubbles form in water, *vata* independently forms new growths inside a tissue, growing to such an extent that it is difficult to locate the origin or root and typically does not have the tendency to suppurate. The same was acknowledged in the Bhavaprakash commentary, albeit there was some little suppuration and soreness.

Vyana vayu is primarily in charge of *Rakta dushti* and neoplastic alterations in cases of leukaemia and *raktarbuda*. Up to 50–60% of instances of acute myeloid leukaemia (AML) include chromosomal abnormalities, and Ayurveda holds that *vata dosha* is the cause of all congenital abnormalities.

Role of Pitta in pathogenesis of Arbuda-

Madhav, Bhavaprakash, and Sharangdhar mentioned that *Rakta* and *Mamsa* were also involved in *Arbuda* in general. It is possible to speculate that vitiated pitta covering *vayu* makes it worse.

Role of Kapha or Meda in pathogenesis of Arbuda-

The non-suppurative of *Arbuda* is caused by the predominance of *Kapha* and *Meda*, which stabilises or fixes and knots doshas with one another.

Nidana (Etiology): With the exception of *Mamsarbuda*, no specific aetiology has been mentioned. Charaka and Vagbhata described the illness in detail under *Shopharoga*, and they all agreed that their

etiological components were comparable, proving a link between inflammation and neoplasia. In contrast to Sushruta, who included *Arbuda* in *Rakta-Mamsa and Medoja vikara*, Charaka said that the etiological factors, site, shape, Dosha, and Dushya of *Arbuda* were comparable to those of *Granthi* and included it in *Mamsa pradoshaja vikara*. Additionally, Sushruta and *Laghutrayee* noted how *Granthi*'s clinical characteristics and causal elements were comparable. *Laghutrayee* followed the same. Hence, it can be concluded that *Nidana* of *Arbuda* are similar to that of *Shopharoga* & *Granthi*. *Harita* enlisted suppression of natural urges or jumping or an ulcer (either physical or accidental) as some of the causes.

Purvarupa: The only one who spoke out against it was Vagbhata, who claimed that the swelling (*Granthi*), which is less than *Arbuda*'s, should be considered its *Purvarupa*.

Rupa: The clinical characteristics of *arbuda*, according to Sushruta, Vagbhata, *Madhav Nidana*, *Bhavaprakash*, and *Yogratnakar*, are comparable to those of their respective *Granthi*s. However, only *Vataja*, *Pittaja*, *Kaphaja*, and *Medoja arbuda*, according to *Dalhana* and *Gayadasa*, display this resemblance. As a result, Sushruta and Vagbhata gave a unique description of *Rakta* and *Mamsarbuda*. Furthermore, despite *Tridosha*'s involvement, Sushruta claimed that *Arbuda* was not suppurated due to the predominance of *Kapha* and *Meda*.

One of the complications of Arbuda listed is Pandu.¹³ *Granthi* is defined as an abnormal glandular development (in the form of a tiny, spherical, erect, knotted swelling) within or of any organ or body tissue that resembles water bubbles due to aggravated dosha vitiating *Mamsa*, *Rakta*, *Kapha*, and *Meda*. The symptoms of a malignant ulcer (*asadhya vrana*) include swelling and itching, too much hard or soft, too much elevated or depressed, and too much warm or cold. Veins or tendons covering the ulcer's upper surface are visible in cases of deeper tissue involvement, as are foul-smelling muscles. Its characteristics usually resemble those of basal cell or squamous cell carcinoma. Chronic ulcer inflammation brought on by persistent bacterial activity might also trigger malignant transformation.

Management:

Consists of *Prakritisthapan* (maintenance of health), *Rasayan* (restoration to normal/immunomodulation), *Naishthiki* (spiritual approach), *Lakshanika* (symptomatic), and *Roganashini* (including *Dhatvagni chikitsa*, i.e., correction of metabolic defects); or *Bhaishajya* (striving to break *Dosha-dushya Samurchana* through various Herbo mineral products and enhancing the immune system) and *Shalya chikitsa* (*Shashtra karma*, i.e. surgical procedure, such as *Chedana*, *Lekhana*, *Visravana*, and *Aharana*, and *Anushastra karma*. Only in cases of advanced cancer or when no other treatment is effective is surgical management recommended; Sushruta recommended *Amshansh samuddharan*, which entails total excision with root and cauterisation of any surviving cells. If left

unchecked, exacerbated dosha will trigger a fast recurrence of Arbuda. Since *Nidana parivarjan* only causes cancer to begin, it is helpful for prevention but not for treatment. There are several native uses, such as oil, *lepa*, *upanaha*, and *swedana*. *Vata kapha shamak*, *Pitta virechaneeya*, *Medonashak*, *Yakritottejak*, *Raktashodhak*, *Srotoshodhak*, *Ojovardhak*, *Balya*, *Medhya*, *Rasayan*, *Deepan*, *Pachan*, *Vatanuloman*, *Manda- Sheeta- Snigdha- gunayukta* & anti-inflammatory *dravya* should be employed.

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.

Apathya: Milk, curd, meat, *Masha* (Black phaseolus), sugarcane and its products; *madhura* (sweet), *amla* (sour), *guru abhishyandi* (hard to digest) food.¹⁵

Discussion:

The ancient literature contains descriptions and identifications of malignant disorders, such as tumours. The topic of cancer is mentioned multiple times in traditional Ayurvedic teachings. The most specific name for malignant cancer is Arbuda, while *Dwirarbuda* denotes the spread of cancer from one area of the body to another. It appears that *Vata-Kapha pradhana tridosha* is the source of *Samprapti* of tumour growth. The improper division of cells is caused by Vata, while the unchecked development and support of cells is caused by Kapha. In Kapha, benign tumours are typically more common.

However, Pitta is also vitiated in cancers, and the illness takes on the characteristics of *Sannipatika*. *Medas*, *Mamsa*, and *Rakta* are the *Dhatus* most frequently impacted. The end outcome is a benign cancer that grows slowly. *Arbudas* are spherical, slowly growing masses that are fixed with deeper structure. They can arise anywhere on the body, normally do not suppurate, and occasionally cause pain. *Rakta* and *Mamsa* may be involved. The Doshic theory forms the basis of *Arbuda*'s etiopathogenesis. Even though *Arbuda* is the result of vitiated "Doshas," *Kapha* has been given the most weight in practically all Ayurvedic writings. According to *Sushruta*, an excess of *Kapha* prevents *Arbuda* from suppurating, which is thought to be a common and crucial component of all bodily growth.

Conclusion:

Therefore, it would seem reasonable to assume that the body's excess of vitiated *Kapha* could be the cause of cancer's onset. With *Vata*, *Pitta*, and *Kapha* predominance's, respectively, *Rakta*, *Mamsa*, and *Meda* are the *dhatu*s involved in *Arbuda*. The term "*Adhyarbuda*" or "*Dwirarbuda*" implies that cancers have returned and spread to distant locations. *Avarnagna*, *Amapachana*, *Dhatuposhana*, *Vyadhi balavirodhi rasayana*, *Arbudagna*, and *Panduhara* are the appropriate methods for treating *Arbuda*.

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