

Cancer in Ayurveda: A Classical and Philosophical Review

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Cancer remains one of the most challenging health issues globally, yet perspectives on its origin and management vary widely across medical systems. Ayurveda, the classical system of Indian medicine, offers a unique theoretical and philosophical framework for understanding cancer-like conditions. While Ayurveda does not use a term exactly equivalent to “cancer,” ancient texts describe analogous disease entities such as **Granthi** (localized nodule or cyst) and **Arbuda** (tumor or neoplasm), which correspond to benign and malignant growths respectively. Both Charaka Samhita and Sushruta Samhita (circa 700 BCE) discuss *granthi* and *arbuda* as non-healing swellings that can be either inflammatory or non-inflammatory, depending on which **Dosha** (humoral bio-energy) predominates. These descriptions strikingly align with modern clinical features of tumors. For instance, Sushruta defines *arbuda* as a firm, immovable, deep-seated mass that is slow-growing (*chira-viddhi*), non-suppurative (does not readily form pus), and can be fatal if unchecked. Charaka, on the other hand, remarks that *granthi* (nodule) and *arbuda* (tumor) are essentially similar in terms of location, causes, shape, doshic involvement, and affected tissues – differing mainly in size and severity.

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This review article delves into the classical Ayurvedic conception of cancer, drawing from the Brihat Trayi (the great triad of Ayurvedic literature: Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya) to explore descriptions of tumor-like conditions and their pathogenesis. It will outline how Ayurveda explains the development of such conditions through derangement of *Doshas* (Vata, Pitta, Kapha), *Dhatu*s (tissues), and *Dhatu-agni* (tissue metabolism). We will also discuss traditional therapeutic approaches, emphasizing not only surgical and herbal interventions but also the often-overlooked **Sattvavajaya Chikitsa** (psychotherapeutic measures) and **Daivavyapashraya Chikitsa** (spiritual or divine therapies) especially in the context of karmically-rooted or severe diseases. Additionally, the Ayurvedic view on immunity (*Ojas*) in tumor suppression, the role of long-term **Rasayana** (rejuvenation therapy), and philosophical reflections on the origin and progression of cancer (including concepts of karma and congenital factors) will be examined. This theoretical exposition aims to provide researchers in the Ayurvedic field with a comprehensive classical and philosophical foundation for understanding cancer, distinguishing it from purely clinical or experimental

discussions.

(In this article, Sanskrit terms are italicized and followed by English translations in parentheses for clarity. A summary table of key Ayurvedic terms and their modern parallels is provided below for reference.)

Ayurvedic Terms and Modern Parallels

To facilitate understanding, **Table 1** summarizes key Ayurvedic concepts related to cancer and their approximate modern parallels or meanings:

Ayurvedic Term	Meaning / Modern Parallel
Granthi	Literally “knot”; a localized nodule or cyst (benign tumor). Encapsulated growth with defined borders (<i>sakosha</i>), often corresponding to benign neoplasms.
Arbuda	Literally “mass” or “swelling”; a tumor (often malignant). A large, deep-rooted, firm growth without capsule, analogous to malignant neoplasm or cancerous tumor.
Dwirarbuda / Adhyarbuda	Secondary or multiple tumor; recurrence or metastasis. <i>Dvi-arbuda</i> denotes a second tumor at another site, while <i>adhyarbuda</i> is an overgrowth on a primary tumor, conceptually similar to metastasis or satellite tumor (often deemed incurable in Ayurveda).
Gulma	A palpable mass in the abdomen (distinct from arbuda); often a hard fixed lump due to Vata, sometimes compared to tumors or complex abdominal masses (could include fibroids or tumors in modern terms).
Apaci	Chronic swelling, especially of lymph glands (e.g. cervical nodes). Corresponds to conditions like scrofula or tubercular lymphadenitis; the term was used by some authors to describe metastatic glandular spread (context-specific).
Dosha (Vata, Pitta, Kapha)	Functional bio-energies governing physiology and pathology. Imbalance leads to disease. In tumors: Kapha’s excess causes growth/mass, Pitta adds inflammation or suppuration, Vata contributes to irregular growth and pain.
Dhatu	Tissue element (seven types: rasa-plasma, rakta-blood, mamsa-muscle, meda-fat, asthi-bone, majja-marrow/nerve, shukra/artava-reproductive). Tumors are often rooted in mamsa, rakta, or meda dhatus, similar to tissue of origin in oncology (muscle tumors, blood tumors, adipose tumors, etc.).
Dhatu-agni	Metabolic “fire” of each tissue responsible for proper formation. Impaired dhatu-agni leads to malformation or excess of that tissue. Conceptually akin to cellular metabolic regulation; hypo-function may result in accumulation or atypical growth (e.g. low <i>mamsa-agni</i> allowing a muscle tumor).

Ayurvedic Term	Meaning / Modern Parallel
Ojas	Vital essence of the body, source of vigor and immunity. Parallels the concept of immune strength or systemic resistance (<i>vyadhikshamatva</i>). Strong ojas prevents disease proliferation; ojas depletion (e.g. by chronic illness or stress) corresponds to immune compromise in cancer patients.
Rasayana	Rejuvenation therapy; use of tonics, nutritives, and behavioral regimes to promote longevity, immunity, and tissue repair. Comparable to immunotherapy or adjunct nutrition in oncology – improves quality of life and recovery by boosting <i>Ojas</i> and resilience.
Satvavajaya Chikitsa	Psychic therapy or mind-control treatment. Literally “victory over the mind” – involves controlling the mind from unwholesome influences, counseling, meditation, etc. Parallel to modern psychotherapeutics or counseling for mental health support in illness.
Daivavyapashraya Chikitsa	Spiritual/divine therapy. Use of <i>daiva</i> (faith or divine influence) to heal, including mantra recitation, prayer, rituals, wearing healing gems, fasting, and atonement practices. Analogous to faith healing, meditation, or spiritual support in integrative care.
Prarabdha Karma	The portion of past karma manifesting in the present life. In Ayurveda, congenital or inexplicable illnesses are attributed to <i>poorva-janma krita</i> (deeds of a past life). Comparable to the idea of genetic fate or predisposition, though rooted in metaphysics rather than DNA.
Asadhya	Incurable or terminal condition. Many advanced <i>arbudas</i> , especially those that ulcerate (malignant ulcers) or occur in vital organs (<i>marma</i>), are classified as <i>asadhya</i> (beyond cure), much as stage IV cancers are considered beyond definitive cure in modern medicine.

Table 1: Key Ayurvedic terms related to cancer-like conditions and their modern parallels/interpretations.

Classical Descriptions of Tumor Conditions in Ayurveda

Ayurvedic literature provides detailed accounts of **granthi** and **arbuda**, which are the two primary categories encompassing tumor-like swellings. These terms appear in contexts ranging from surgical treatises to discussions of swellings (*shopha* or *shvayathu*) in medical compendia. Below we review how these conditions are characterized in major classical texts:

- Sushruta Samhita:** Acharya Sushruta – regarded as the father of ancient surgery – devotes an entire chapter (Nidana Sthana 11) to *Granthi*, *Arbuda*, and related swellings. Sushruta explicitly differentiates the two: *granthi* is described as a *benign tumor* (often encapsulated and smaller), whereas *arbuda* is a *malignant tumor*, more dangerous and aggressive. The text defines *granthi* as a round, elevated, knot-like swelling caused by vitiated Vata, Pitta, and Kapha doshas affecting the muscle (*mamsa*), blood (*asrik* or *rakta*), and fat (*meda*) tissues. The classical verse states: “Vata, pitta, and other doshas, vitiating the muscle and blood and further tainting the fat (with Kapha), produce a rounded, elevated, firmly knotted swelling – this is termed *granthi*”*. *Granthis* are

generally smaller, can be mobile and may or may not be painful. Sushruta lists multiple types of *granthi* based on predominating dosha or tissue, including **vataja**, **pittaja**, **kaphaja granthi** and those arising from specific tissues (*raktaja*, *mamsaja*, *medoja*, etc.). For example, a *mamsaja granthi* (muscle-origin nodule) is said to be large and painless (*anarti*), whereas a *medoja granthi* (fat-origin nodule) is very smooth/unctuous (*snigdhatama*) and movable. Importantly, Sushruta indicates prognosis by certain features: if a *granthi* is **painless, fixed, large, or located at a vital spot (marma)**, it is deemed *incurable* (to be “avoided”). This aligns with modern indicators of malignancy (e.g., a hard, fixed, painless mass especially near vital structures has poor prognosis). *Arbuda*, by contrast, is portrayed as a bigger, more deep-rooted tumor mass. Sushruta’s definition of *arbuda* emphasizes its grave nature: “a firm, round, immobile and mildly painful large swelling, deep-seated with extensive roots, slowly growing and non-suppurating”. The term *analpa-moola* (“having not small roots”) conveys the deep infiltration of the tumor. Sushruta notes that an *arbuda* usually does not suppurate or ulcerate easily due to dominance of Kapha and Meda (phlegm and adipose tissue) creating a dense, solid mass. Another classical verse explains: “Owing to excess of Kapha and fat, the stability of doshas, and the cohesive nature of the mass, *arbudas* naturally do not undergo suppuration”. This is a prescient observation – malignant tumors often resist suppuration and do not “ripen” like abscesses. However, if an *arbuda* *does* ulcerate (develop an open, oozing wound) and spreads, Sushruta warns that it becomes exceedingly aggressive and such a condition (*samprasruta arbuda*, i.e., ulcerated, metastatic cancer) is **asadhya** (untreatable). Additionally, an *arbuda* arising in a *marma sthana* (vital organ or critical location) is also considered incurable. Sushruta categorizes *arbudas* by tissue/site as well – e.g. **Mamsarbuda** (muscle tumor), **Raktarbuda** (blood tumor), **Medoarbuda** (fatty tissue tumor), etc.. A *raktarbuda* involving blood and vessels may bleed easily on contact, reminiscent of angiogenic tumors like hemangiomas or certain sarcomas. A *mamsarbuda*, often linked to chronic trauma in a muscle, is described as a stony hard, fixed, painless mass that is incurable (paralleling some deep-seated fibrosarcomas). Sushruta also describes phenomena like **Dviarbuda** and **Adhyarbuda** – the former referring to a second tumor occurring alongside the first, and the latter to a tumor developing on top of another tumor. These terms essentially capture the concept of **metastasis or recurrent tumor growth**; the text acknowledges that an *arbuda* can spawn additional tumors and explicitly states such conditions are extremely difficult to cure.

- **Charaka Samhita:** Charaka’s compendium is more medicine-oriented (internal medicine) and less surgical, yet it too addresses *granthi* and *arbuda*. In *Charaka Chikitsa Sthana* (Chapter on *Shvayathu* or general swellings), Charaka discusses the management of *granthi* and *arbuda* together. He observes that there is fundamentally “no significant difference between *granthi* and *arbuda* with respect to site, etiology, morphology, dosha involvement, and dushya (afflicted tissues)”. Therefore, Charaka suggests that **tumors (arbuda) should be treated on the lines of nodules (granthi)**, employing similar principles. This indicates that in Charaka’s view, *arbuda* is essentially a larger or more severe form of *granthi*. Nevertheless, Charaka does hint at a distinction in surgical context: he prescribes that when excising a *granthi*, the surgeon must remove it “along with its capsule (*sakosha*)” to prevent recurrence. By inference, Charaka notes that an *arbuda* lacks such a capsule (being more invasive). This is remarkably similar to modern surgical oncology’s recognition that benign tumors often have encapsulation, while malignant ones do not, making the latter harder to excise completely. Indeed, Charaka explicitly states that *granthi* is encapsulated whereas *arbuda* is not, and emphasizes complete removal of the sac in *granthi* excision. Charaka also classifies swellings by their nature – distinguishing common inflammatory swellings (*sotha*) from neoplastic swellings. He places *granthi* and *arbuda* under the broad category of *shopha* (swellings), but considers *arbuda* a more serious complication, even mentioning it in the context of *Vatika* disorders like **Vata-rakta** (gouty arthritis) where chronic vitiation

can lead to arbuda formation as a complication.

- **Ashtanga Hridaya:** Acharya Vagbhata's Ashtanga Hridaya, synthesizing Charaka and Sushruta, also covers granthi and arbuda in its Uttara Sthana. Vagbhata reiterates much of Sushruta's descriptions, listing granthi and arbuda types and their diagnostic features. For example, Ashtanga Hridaya (Uttarasthana 29) describes signs of *granthi* and *arbuda* and Uttarasthana 30 outlines their treatment (surgical excision, cauterization, etc.). Vagbhata concurs that granthi can eventually progress in severity to become arbuda if not resolved. He also underscores the involvement of all three doshas with a predominance of Kapha in these growths, and warns that tumors in vital organs or with extensive spread portend a poor prognosis (requiring palliation rather than aggressive treatment).

In summary, classical texts consistently portray **Granthi** as a smaller, circumscribed swelling (often benign) and **Arbuda** as a larger, infiltrative tumor (often malignant). Both are caused by doshic imbalance and dhatu vitiation, with Kapha's role being central to the mass formation (owing to its guru (heavy) and sthira (stable) qualities that promote growth). The ancient descriptions astutely capture key oncological concepts: encapsulation vs. invasion, benign vs. malignant behavior, metastasis (*adhyarbuda*), and prognostic signs (ulceration, fixation, size, vital structure involvement). This classical nosology, albeit in pre-modern terminology, demonstrates Ayurveda's recognition of cancer-like diseases over two millennia ago.

Ayurvedic Pathogenesis (Samprapti) of Tumorigenesis

From an Ayurvedic standpoint, the pathogenesis (*samprapti*) of *granthi* and *arbuda* is rooted in a complex interplay of disturbed doshas and susceptible dhatus. The development of a tumor is not seen as an isolated local event, but as a systemic dysregulation manifesting in a specific site. Key elements of the Ayurvedic explanation include the involvement of all three doshas (tridosha), the role of dhatu agni (tissue metabolism), and the accumulation of unprocessed nutrients or toxins (*ama*) leading to aberrant growth.

Dosha Involvement: *Arbuda* and *granthi* are considered **tridoshaja vyadhi** (diseases involving all three doshas), although they may be classified by the predominant dosha for descriptive purposes (*vataja*, *pittaja*, *kaphaja* *arbuda*, etc.). Kapha dosha is usually primary in tumor formation, as its *snigdha* (unctuous), *guru* (heavy), *sthira* (stable) qualities foster the accumulation of mass and a slow, insidious course. Vata dosha, with its *chala* (mobile) and *ruksha* (dry, degenerative) nature, contributes to irregular growth patterns, rapid spread (metastasis corresponds to vata's mobility) and the pain often associated with tumors (pain is a classic vata symptom). Pitta dosha, being *ushna* (hot) and *tikshna* (sharp), adds inflammatory changes, ulceration, and discharge when tumors become aggressive or suppurate. Ayurvedic texts provide specific symptom profiles: for instance, a **Pittaja granthi/arbuda** will be reddish or yellowish, hot to touch, inflamed, and prone to suppurate or bleed when punctured. A **Vataja tumor** might be hard, irregular in shape, dark or blackish, with severe piercing pain. A **Kaphaja tumor** would be pale or whitish, cold, solid, slow-growing, and painless but heavy or firm to touch. In practice, mixed dosha presentations occur, but the dominance of Kapha gives tumors their substantive mass, while Vata and Pitta modulate the growth's behavior (rate of growth, pain, tendency to ulcerate, etc.).

Dhatus and Srotamsi (Tissues and Channels): The derangement of doshas alone does not cause a tumor unless there is involvement of dushyas (dhatus or bodily tissues that become vitiated). The primary dhatus implicated in granthi/arbuda are **Mamsa (muscle/flesh), Rakta (blood), and Meda (adipose tissue)**. This corresponds well with common tissue origins of many tumors (connective tissue, blood-forming tissues, fat, etc.). Sushruta explicitly mentions that vitiated doshas "*afflict the mamsa and ask (blood), and especially the medas mixed with Kapha*", resulting in granthi. Thus, a locale of beefy muscle or fatty tissue polluted by morbid doshas becomes the seedbed for

a neoplasm. Other dhatus can be secondarily involved or become the site of specific tumor types (e.g., **Asthi granthi** could be a bony tumor like osteoma; **Vridhhi** in *shukra* dhatu could correspond to testicular swelling, etc.), but classically *mamsa*, *rakta*, *meda* are the most “tumorigenic” tissues. The concept of **Srotodushti** (pathology of channels) is also pertinent: doshas and unprocessed substances clog the subtle channels of the body. In tumor formation, there is typically **srotorodha** (obstruction of channels) leading to localized pooling of doshic force and *dushya*, much like a river getting dammed and creating a stagnant pond. For example, blocked blood channels (*rakta srotas*) with accumulating Kapha could precipitate a *raktarbuda* (a vascular tumor). Concurrently, any weakness or deformity in the tissue matrix (e.g., an old injury site in muscle, chronic inflammation site) provides a *kshetra* (field) prone to growth. Ayurveda’s emphasis on the “soil” (the internal environment) parallels modern ideas of the tumor microenvironment or immune surveillance – if the tissue environment is vitiated and weak, abnormal growths find fertile ground to develop.

Role of Agni and Ama: *Agni*, the metabolic fire, operates at multiple levels – from the main digestive fire to the specific dhatu-agni that governs assimilation in each tissue. A core Ayurvedic tenet is that impairment of agni leads to formation of *ama* (toxic, unprocessed byproducts) which initiate disease processes. In the context of neoplasia, one can conceptualize that a loss of proper metabolic control at the tissue level (*dhatu-agni mandya*) results in improper tissue regeneration – cells may proliferate without full functional maturity, yielding a mass of dysfunctional tissue. Classical texts do not explicitly use modern cellular terms, but the concept is evident: **when *mamsa-dhatu-agni* is weak**, the nourishment to muscle tissue is faulty, potentially causing an overgrowth or lump of poorly formed flesh (*mamsa granthi*). Similarly, hypo-function of *meda-dhatu-agni* could allow surplus fatty tissue to accumulate into lipomatous tumors. Charaka’s pathology of *gulma* (a type of abdominal mass) even describes undigested material and *vayu* accumulating in a specific site to form a palpable mass, which is comparable to a tumor forming due to metabolic and circulatory aberration. *Ama* plays a role as a carcinogenic factor in Ayurvedic thinking: it is a pro-inflammatory, clogging substance that can provoke doshas and weaken immunity. Chronic *ama* in the system, from long-term digestive issues or incompatible diet (*viruddha ahara*), is said to precipitate diseases including obstinate swellings. Modern interpreters often liken *ama* to concepts of free radicals, chronic toxins, or metabolic waste that can trigger cellular damage and uncontrolled growth, although this parallel is conceptual.

Six Stages of Disease and Cancer: An interesting application of Ayurveda’s *shat kriya kala* (six stages of disease development) can be made to cancer progression. According to this model:

1. *Sanchaya* (accumulation) – doshas accumulate in a tissue (e.g., local excess Kapha in breast or muscle) without overt symptoms, analogous to initial cellular hyperplasia.
2. *Prakopa* (aggravation) – the doshic imbalance increases, possibly initiating a small benign growth (could parallel **in situ** changes or localized neoplasm). Some authors equate this to transformation of primary growths into more active tumors.
3. *Prasara* (spread) – doshas overflow their locale and begin to spread; this could correspond to the tumor breaching its boundaries or early metastasis.
4. *Sthana Samsraya* (relocation/seat) – rogue doshic entities settle in new locations; secondary tumors establish (complete metastasis with secondary growths).
5. *Vyakti* (manifestation) – the disease becomes fully clinically manifest; in cancer this is when clear signs and symptoms appear and diagnosis is made.
6. *Bheda* (differentiation/destruction) – the final stage with complications, where the nature of the tumor is fully expressed (e.g., histopathological differentiation, or in Ayurveda, the point of irreversibility).

This correspondence, though not explicitly stated in classical texts for *arbuda*, shows that Ayurvedic theory can accommodate a stepwise progression model that resembles modern understanding of multistage carcinogenesis. The key takeaway is that **Ayurveda sees tumorigenesis as a gradual process of systemic imbalance crystallizing into a local lesion**, which then potentially disseminates. It is not an external invader but a misbehavior of the body's own constituents, driven by diet, lifestyle, and sometimes deep-seated *adrishta* (unseen karmic factors). Causes cited in texts include indulgence in heavy, fatty foods (which increase Kapha and meda), chronic irritation or injury (a cause for *mamsarbuda* per Sushruta), suppressed metabolic fires, and even psychological factors like stress or grief (which disturb Vata and Pitta, indirectly affecting immunity and cellular harmony).

In summary, the Ayurvedic pathogenesis of cancer-like conditions centers on **doshic imbalance (especially Kapha)** colluding with susceptible **dhatus** (esp. *mamsa*, *rakta*, *meda*) and faltering **agni**, leading to a progressive accumulation that eventually manifests as a tumor. This understanding provides multiple entry points for intervention – by balancing doshas, rekindling agni, clearing ama, strengthening dhatus, and unblocking srotas, the progress of a *granthi* or *arbuda* can theoretically be halted or reversed in early stages.

Classical Therapeutic Approaches to Granthi and Arbuda

Ayurvedic treatment of tumor-like conditions traditionally involves a combination of **Yuktivyapashraya Chikitsa** (rational therapy employing herbs, surgery, diet, etc.), **Satvavajaya Chikitsa** (mind-focused therapy), and **Daivavyapashraya Chikitsa** (spiritual measures). The classical texts, being frank about prognosis, advise aggressive measures for treatable tumors and palliative or spiritual support for intractable cases. Here we outline the therapeutic principles from the classical perspective:

Yuktivyapashraya (Rational Therapies: Herbal, Surgical, Dietary)

Surgical Management (Shalya Tantra): Sushruta, as a surgeon, provides a clear protocol for managing accessible *granthi* or *arbuda*. For *granthi* (and smaller external *arbudas*), he advises preparatory measures of cleansing and softening the tumor: purification of the body (*shodhana*) followed by local fomentation (*svedana*) to bring the swelling to a quasi-suppurative or softened state. Then, the surgeon should excise the mass with a blade, **“removing it completely with its capsule (sakosha)”**, and cauterize the base with fire or alkali (*agni* or *kshara dana*) to destroy any residual tissue. After excision and cautery, the wound is treated like any post-surgical ulcer. This procedure is essentially akin to modern surgical resection with clear margins and postoperative wound care, highlighting the importance Ayurveda placed on complete removal to prevent recurrence. In the case of *arbuda*, which often lacks a capsule and can be deep, Sushruta still suggests surgical removal if the tumor is in an operable location and the patient is strong. He describes specific surgical techniques for different *arbudas* (for instance, excising a fleshy growth vs. aspirating a fluid-filled cystic tumor). However, if an *arbuda* is large, deeply rooted, or situated in a critical location (like the abdomen or chest), classical surgeons recognized the limits of what could be safely attempted. They caution that *arbudas* in *marma sthana* (vital areas) should not be touched with the knife due to the risk and low success rate. This is consistent with the notion of inoperable tumors in modern oncology. Additionally, Sushruta discusses treating any ulcerating tumor surface with local pastes (*pradeha* or *lepa*) of healing herbs and using **caustics (kshara)** if the growth is infiltrative and small – an ancient form of chemical cauterization. Notably, in Sushruta's classification, *arbuda* is one of the surgical conditions where he enumerates that if it meets the signs of incurability, surgery should be avoided and only palliative measures given.

Internal Medicines (Herbal Remedies): Both Charaka and Sushruta mention internal medication primarily for supporting therapy or when surgery is not indicated. Ayurvedic pharmacotherapy for tumors would include herbs and

formulas that:

- **Pacify aggravated doshas:** e.g. bitter herbs for Kapha-Pitta tumors (Turmeric, Neem, Guduchi), or warming carminatives for Kapha-Vata lumps (Trikatu – ginger, black pepper, long pepper).
- **Resolve inflammatory swelling (shothahara) and scrape out excess tissue (lekhana):** e.g. *Kanchanar Guggulu* is a classical polyherbal formula indicated for glandular swellings like goiter and tumor, containing astringent bark (Kanchanar) along with Guggulu (*Commiphora mukul*) which “scrapes” excess growths.
- **Detoxify the body (ama-pachana) and support agni:** herbal formulations with ingredients like pippali (*Piper longum*) and chitrak (*Plumbago zeylanica*) are given to improve metabolic function so that the body can correct the rogue tissue growth.
- **Rasayana herbs:** which we detail later, to boost immunity and strength during the treatment.

While classical texts do not list anti-cancer herbs per se, they describe treating *granthi/arbuda* in lines similar to treating non-healing ulcers or chronic swellings. For instance, *Triphala* (a trio of myrobalan fruits) and *guggulu*-based preparations are often recommended for their anti-inflammatory and absorptive action. *Manjishtha* (*Rubia cordifolia*) is a blood-purifying herb useful in raktaja tumors. *Varanadi kvatha*, a decoction of Kapha-reducing herbs, is indicated in some texts for fatty growths. Also, purgation (*virechana*) therapy is recommended especially in **Pittaja arbuda** to expel the excess bile and reduce inflammation, and bloodletting (*raktamokshana*) is advised in **Raktarbuda** to relieve engorgement of blood. Sushruta’s treatment guidelines for “cancerous growths” by dosha include: mild sweating and blood-letting for vatic tumors, purgation and herbal pastes for pittic tumors, and emesis or strong alkali application for kaphic tumors – showing a tailored approach depending on doshic predominance.

Diet and Lifestyle (Pathya): Ayurveda places heavy emphasis on *ahara-vihara* (diet and regimen) in managing any chronic disease. For arbuda, a Kapha-pacifying diet is generally indicated: light, easily digestible food, mostly warm and spicy-bitter in taste to counteract the heaviness of Kapha. Fats and excessive sweet or salty foods are restricted since they could “feed” the growth (interestingly analogous to modern advice to limit certain factors that promote tumor growth). Fasting or *langhana* therapy in a controlled manner might be employed to stoke agni and starve the tumor of excess nutrition, so to speak. Lifestyle would be tailored to avoid stress and injury to the affected part, ensure proper sleep (to support ojas), and include yoga or breathing exercises to calm the mind and balance vata. Classical texts also advise various cleansing rituals – like regular purgation or emesis – to keep doshas from accumulating again.

In current practice, many Ayurvedic physicians integrate these classical principles when co-managing oncology cases: e.g., using herbal supplements for improving digestion and liver function during chemotherapy, or applying leech therapy to relieve congestion in a tumor site, etc. The rational therapies primarily aim to **remove or reduce the tumor burden (via surgery or herbs) and correct the underlying dosha/dhatu imbalance to prevent recurrence.**

Sattvavajaya Chikitsa (Mind-Body Medicine)

Sattvavajaya, which means “conquest of the mind,” is one of the three pillars of Ayurvedic therapeutics. It involves harnessing the patient’s mental and emotional resilience to aid in healing. In the context of severe or chronic diseases like cancer, *sattvavajaya chikitsa* plays a crucial role in managing the psychological stress and improving the will to fight the illness. **Charaka Samhita** defines *sattvavajaya* as restraining the mind from unwholesome engagements and thoughts (“*withdrawal of mind from ahita arthas*”). Practically, this encompasses techniques akin to modern psychotherapy, stress management, and behavioral therapy.

For a cancer patient in Ayurveda, *sattvavajaya* might include:

- **Counseling and Education:** The Vaidya (physician) offers guidance to reduce fear and anxiety, bolstering the patient's courage (*sattva*) to undergo treatments. Just as contemporary oncology acknowledges counseling as key, ancient texts too implied the need to keep the patient's mind optimistic and informed (though delivered in the idiom of that era). Charaka mentions using **dhi (intellect), dhairya (patience/courage), and atma-adhyaya (self-reflection)** to strengthen the mind's resolve.
- **Meditation and Mantra Japa:** Focusing the mind on healing visualizations, prayers, or the repetition of mantras is a method to divert the mind from pain and despair. This overlaps with *daivavyapashraya* when using mantras, but even devoid of the religious aspect, the meditative repetition can have a calming, centering effect which is *sattvavajaya*.
- **Emotional Support and Company:** Classical texts advise keeping the patient in a pleasant environment, with supportive family/friends, hearing positive narratives (like scriptures or uplifting stories). The aim is to alleviate *mana dosa* (mental faults) of rajas (agitation, anger) and tamas (depression, darkness) and enhance *sattva* (clarity, positivity). This is remarkably similar to modern ideas of creating healing environments and positive mindset for patients.
- **Spiritual counseling:** Even outside formal ritual, discussing concepts like the nature of life, encouraging acceptance, and finding meaning in suffering can help patients mentally cope with severe disease. In Ayurveda's integrative view, mental calm and spiritual acceptance can significantly influence the progression of a disease by modulating stress hormones and immunity (what we might today call psychoneuroimmunology).

In summary, *Sattvavajaya chikitsa* addresses the **psychological dimension** of cancer care. It acknowledges that diseases like *arbuda* are not only battles in the body but also in the mind. A strong, *sattvic* mind can improve treatment adherence, pain tolerance, and possibly even outcomes by reducing detrimental stress responses. Charaka notes that many diseases worsen with **Chinta (anxiety), Shoka (grief), and Bhaya (fear)** – emotions common in cancer patients – hence managing these through *sattvavajaya* is vital to holistic treatment.

Daivavyapashraya Chikitsa (Spiritual & Faith-based Therapy)

The third arm of Ayurvedic therapy, *Daivavyapashraya*, literally means “taking recourse to the divine.” It involves invoking spiritual or unseen forces to aid healing and is recommended particularly for conditions that are **karmaja** (arising from past karma) or when human efforts alone seem insufficient. Cancer, especially aggressive or congenital cases, often falls into the category of illnesses that challenge the limits of ordinary treatment, thus inviting a role for *Daiva* (faith, providence) in management.

Classical sources list a variety of *daivavyapashraya* methods, including:

- **Mantra:** Recitation of specific mantras (sacred sounds/phrases) for healing. For tumors, healers might use mantras of deities associated with health (like the Vishnu or Shiva shanti mantras) or verses from Atharva Veda intended to reduce swellings. The vibrational effect of mantras and the faith they invoke can have a placebo and calming effect, potentially influencing recovery.
- **Ausadhi (Spiritual herbs):** Interestingly, the term *ausadhi* under *daivika* context refers to herbs used in rituals or with mantra sanctification, rather than regular pharmacotherapy. Certain plants might be made into an amulet or holy concoction blessed for the patient.

- **Mani (Talismans/Gems):** Wearing specific gemstones or amulets is advised to harness positive cosmic energies. For example, a cancer patient might wear a consecrated sapphire or emerald as per astrological prescription, aiming to mitigate malignant influences (*this crosses into medical astrology, which was often intertwined with Ayurveda*).
- **Mangala, Bali, Homa:** Propitiatory ceremonies like worship (*mangala*), offering sacrifices (*bali*), and fire oblations (*homa*) are performed to appease any cosmic or spiritual factors believed to be causing the illness. In a philosophical sense, these can be seen as rituals to correct any disharmony at the level of fate or metaphysical elements. For the patient, these rituals often provide psychological comfort – a sense that higher powers are being enlisted to fight the disease.
- **Prayaschitta (Atonement) and Upavasa (Fasting):** If the disease is viewed as resulting from sins or moral trespasses (whether in this life or a past life), doing penance or charitable acts is suggested to earn merit that may offset the karmic burden. Fasting and pilgrimages (*gamana*) to holy places also fall under this, aiming to purify one's consciousness and implore divine grace for healing.
- **Swastyayana and Pranipata:** Swastyayana means performing rituals for well-being, and pranipata means surrendering or prostrating to divine will. In practice, a patient might be encouraged to surrender the outcome to God (cultivating an attitude of *prasad buddhi*, acceptance of whatever results), which can paradoxically reduce mental agony and thus improve quality of life.

Importantly, engaging in *daivavyapashraya* is not portrayed as contradictory to rational treatment – it is complementary. Charaka and others mention all three modalities (*yukti, sattva, daiva*) as valid approaches. In dire illnesses (like metastatic cancer), even if medical interventions are ongoing, simultaneous prayer or ritual can provide solace and hope. Ayurvedic philosophy recognizes that **human medicine has its limits, and beyond that, one leans on the cosmic order or divine intervention**. Moreover, by attributing some diseases to past-life karma (as discussed in the next section), it logically follows that spiritual remedies addressing the soul's journey would be relevant. Many Ayurvedic practitioners today, while focusing on herbs and diet, will still advise patients to keep faith, chant healing mantras, or follow their spiritual beliefs for inner strength.

In summary, *Daivavyapashraya chikitsa* serves the **spiritual and existential needs** of the patient. It can be seen as an ancient form of *integrative therapy*, acknowledging prayer and faith as part of healing. For karmically-rooted or severe diseases, where the outcome is uncertain or unfavorable, these practices help patients find peace, courage, and sometimes a sense of meaning in their experience. This holistic inclusion of the spiritual dimension differentiates Ayurvedic cancer care philosophy from a purely biomedical approach and resonates with modern movements of mind-body-spirit medicine.

Ojas, Immunity, and Rasayana Support

A cornerstone of Ayurvedic thought on chronic disease, including cancer, is the concept of **Ojas** – the vital essence that sustains life and immunity. Ojas is often described as the quintessence of all *Dhatu*s, the ultimate extract of digested nutrition that endows a person with strength, vigor, and resistance to illness. In modern terms, Ojas correlates with robust immune function, vitality, and homeostatic resilience. Ayurveda holds that when Ojas is depleted or disturbed (*ojokshaya* or *ojovyapat*), one becomes susceptible to degenerative and serious diseases.

In the case of *arbuda* (cancer), we can interpret that the disease process both results from weakened Ojas and further drains Ojas, creating a vicious cycle. A healthy person with abundant Ojas (strong immunity) would in theory be able to detect and correct rogue cell growth early (modern analogy: immune surveillance destroying nascent cancer cells). But if Ojas is impaired – due to factors like chronic stress, malnutrition, excessive doshic imbalance, or prior illness –

this surveillance may fail and a tumor can take root. Once cancer is established, the prolonged illness, the tumor's metabolic drain, and aggressive treatments (if any) all **diminish Ojas** significantly, manifesting as fatigue, weight loss, opportunistic infections, and poor healing capacity (analogous to cachexia and immune suppression seen in advanced cancer). Ayurvedic texts might describe a late-stage arbuda patient as having *Alpa Ojas* – low vitality, characterized by lusterless skin, anxiety, weakness, loss of enthusiasm, and susceptibility to other diseases.

To address this, Ayurveda emphasizes building and protecting Ojas as part of cancer management. This is where **Rasayana therapy** becomes crucial. *Rasayana*, one of the eight branches of Ayurveda, focuses on rejuvenation, longevity, and fortification of bodily tissues and Ojas. Rasayana treatments can be **herbal preparations, dietary regimens, or special health routines** aimed at replenishing the body's essence. In the context of supporting a cancer patient, rasayanas act as immunomodulators, adaptogens, and restorative tonics.

Some classical Rasayana approaches relevant to tumor care are:

- **Herbal Rasayanas:** Certain herbs are famed for their Ojas-enhancing and anti-cancer properties. For example, *Ashwagandha* (*Withania somnifera*) is a medhya rasayana (mind tonic) and general adaptogen that improves strength and is being researched for its anti-tumor effects. *Guduchi* (*Tinospora cordifolia*) is another rasayana that boosts immune function and digestion, often given to patients with chronic fever or debility (modern studies suggest it has immunostimulatory effects). *Amalaki* (*Phyllanthus emblica*, or Indian gooseberry), the primary ingredient of Chyawanprash (a famous jam-like rasayana formulation), is rich in antioxidants (vitamin C, etc.) and described in Ayurveda to prevent aging and restore tissues. In oncology terms, these rasayana herbs can help mitigate side effects of chemotherapy/radiation and improve the patient's baseline health. Indeed, modern integrative research shows rasayanas can reduce treatment toxicity and enhance quality of life. For instance, Brahma Rasayana has shown to increase lymphocyte counts in cancer patients undergoing therapy.
- **Dietary Rasayana:** Nutrition is key to maintaining Ojas. A diet that is fresh, sattvic (pure), and rich in *ojaskar* foods (those that boost ojas) is advised. This includes milk (if digestible), ghee (clarified butter, in moderate amounts for nourishment), almonds and nuts, dates, nourishing broths, etc. However, this must be balanced with the need to keep agni strong; thus easily digestible nutrient-dense foods are chosen. Emaciation is combated with small, frequent intake of nutritious foods like *laghu paka* (lightly spiced soups), while avoiding junk, leftovers, or overly processed items that may aggravate doshas or create ama.
- **Behavioral and Regimen Rasayana:** Charaka describes **Achara Rasayana**, a rasayana of conduct – essentially suggesting that positive behaviors and a balanced lifestyle have rejuvenative effects. For a cancer patient, this might translate to practices like waking at brahma muhurta (early dawn) for meditation, exposure to early morning sunlight, maintaining a cheerful attitude, listening to calming music or Vedic chants, etc., all of which subtly improve mental and physical resilience. Adequate rest and avoiding energy-depleting activities is also part of this. Gentle yoga and breathing exercises (pranayama) can be considered a form of rasayana in that they reduce stress (thus protecting Ojas) and improve circulation and digestion.

The **long-term** aspect of rasayana is worth emphasizing. Unlike acute treatments, rasayana is typically done in a sustained manner – months or even years – to rebuild the system. In post-surgical or post-chemotherapy phases, Ayurvedic care would especially focus on rasayana to help the body recover and to prevent recurrence. For example, after removal of an arbuda, a patient might be given *Chyawanprash* (a multi-herb jam) each morning, *Suvarna bhasma* (gold ash in minute doses, a reputed immunomodulator) with milk, and advised to follow seasonal regimens (ritucharya) to gradually restore strength.

Ojas and rasayana also tie into the concept of **Vyadhikshamatva** – the body’s natural resistance to disease. A strong vyadhikshamatva means either diseases do not occur or if they do, they are mild. Many rasayana herbs in modern studies show antioxidant, anti-inflammatory, and immune-enhancing effects, which likely underlie their ability to increase this disease resistance. For a disease like cancer which often recurs or spreads, enhancing the host’s defense (immune system) is crucial. Ayurveda, through Ojas theory, inherently targets this by rasayana therapy. Ancient practitioners observed that patients who were given rasayanas had better appetite, mood, and survival in chronic illnesses, even if the disease itself was not completely curable – essentially an early recognition of palliative care and quality-of-life improvement.

In conclusion, **Ayurvedic management of cancer puts a substantial focus on supporting the patient’s internal vitality (Ojas)**, not just attacking the tumor. Rasayana therapies provide a theoretical and practical framework for what we today call adjunctive care or survivorship care – maintaining nutrition, immunity, and mental health alongside direct treatments. By nurturing Ojas, Ayurveda aims to keep the patient as strong as possible, so that the person’s own body can co-fight the disease and tolerate necessary interventions. This holistic support can be particularly valuable in long-drawn illnesses like cancer, aligning well with modern integrative oncology approaches that incorporate nutrition, supplements, and mind-body practices to complement conventional treatment.

Karma and the Philosophical Perspective on Disease

Ayurveda is not just a medical system but a philosophy of life, deeply rooted in the Indic world-view that includes concepts of karma (action and its consequences) and rebirth. When grappling with the question of “Why me?” that often arises in serious illnesses like cancer, Ayurvedic philosophy offers an explanatory model that goes beyond immediate causative factors. It invokes the idea of **Daiva** – a term roughly translating to fate or divine will, which is often interpreted as the fruition of past karmas. In classical texts, diseases are categorized by their causes into three broad types: **Adhyatmika** (pertaining to self, often including karmic causes), **Adhibhoutika** (external/material causes like injuries or infections), and **Adhidaivika** (cosmic or unseen causes like seasons, planetary influences, or divine factors). Cancer can involve components of all three, but congenital or early-life cancers, and those unexplainable by lifestyle, are typically viewed through the karmic lens.

Prarabdha Karma and Disease: *Prarabdha* karma is that portion of one’s accumulated karma which is activated in the present lifetime, essentially setting up certain life circumstances including birth conditions, longevity, and predispositions to diseases. Ayurveda, especially in texts like Charaka Samhita Sharira Sthana and Sushruta Samhita Sharira Sthana, acknowledges that some diseases are due to the **atma dosha or atma karma** – defects or baggage carried by the soul from previous existences. For example, Charaka states that congenital blindness, deafness, and other birth anomalies can be due to “deeds of the past life” (*poorva-janma-krita paapa*, i.e. sins or actions of previous births). Sushruta adds that unrighteous acts (*adharma*) can lead to afflictions even if one does everything right in the current life. Applying this to cancer: when a young child or infant develops cancer (which tragically happens in conditions like retinoblastoma, leukemia, etc.), Ayurveda would say there is a **karmaja component** – it cannot be explained by diet or environment of this life alone, so it must be *prarabdha* karma manifesting as disease. This is referred to as a type of *adhidaivika vyadhi*, meaning caused by *daiva* (fate). Such diseases often fall under the category of *Asadhya* (incurable) because one is essentially living out a karmic consequence that must run its course (much like how certain genetic conditions cannot be “cured” but only managed).

This karmic perspective, rather than fostering helplessness, is meant to guide the approach: if a disease is **Daiva-krita** (born of fate), then purely physical measures might not suffice; one should incorporate **Daivavyapashraya** (spiritual remedies) to seek grace or mitigation. It also engenders a sense of acceptance – not fatalism, but a

philosophical acceptance that alleviates the psychological burden. In Indian culture, telling a patient or family that an illness may be due to *prarabdha* karma can sometimes help them come to terms with it and focus on what can be done in the present (including spiritual practices), rather than dwelling on “why this happened.”

Disease Origin in Ayurvedic Metaphysics: Beyond karma, Ayurveda attributes disease to three primary causes on a philosophical level:

1. **Prajnaparadha** (failure of intellect or “crime against wisdom”) – knowingly or unknowingly violating the natural laws (such as unhealthy diet or habits) which leads to doshic imbalance. For many lifestyle-related cancers (like smoking leading to lung cancer), this concept is very apt; it’s essentially an ancient way of saying personal choice and errors in judgment cause disease.
2. **Asatmyendriya Samyoga** (improper use of senses) – overuse, underuse, or misuse of senses, which can be extended to mean any interaction with the environment that is not harmonious (for example, exposure to carcinogenic substances could fall here). This cause speaks to environmental and occupational factors for cancer.
3. **Parinama (or Kala)** – the effect of time and transformation. This includes aging (which is itself a risk factor for cancer as DNA mutations accumulate) and seasonal or climatic impacts. In the context of cancer, one could say the longer one lives (time factor), the more chance for cell mutations (wear and tear of time) – an interpretation aligning with *kala*. Or cosmic radiation, seasonal depressions, etc., subtly affecting health.

Cancer’s origin can usually be mapped to a combination of these factors. For example, take a patient with liver cancer: *Prajnaparadha* might be chronic alcohol use (intellectual error), *Asatmyendriya samyoga* could be consumption of chemically adulterated food, and *Parinama* is the decades over which these acts occurred leading to cumulative damage, plus perhaps a genetic/karmic predisposition. Thus, Ayurveda’s metaphysics provides a multi-layered causation model, much like the multi-factorial causation understood today.

Philosophical Progression of Cancer: As a disease progresses, Ayurveda often frames it in terms of weakening of the connection between the body, senses, mind, and soul. In later stages of *arbuda*, not only is the body devastated, but mental clarity and sense acuity may decline (a result of both the disease and treatments). Ayurveda would say *ojas* is being extinguished and the *atma* (soul or conscious principle) is preparing to disengage if death is approaching. This is an important perspective: it encourages care focused on consciousness and comfort when cure is no longer possible. It resonates with hospice philosophy – keeping the patient pain-free, mentally at peace, and spiritually comforted for the eventual transition.

To facilitate a graceful progression, Ayurveda might recommend specific rites (like *Mahamrityunjaya japa*, a mantra for liberation from suffering), ensuring the patient has sattvic impressions (like listening to scriptures or being in a calm environment) to aid a conscious and peaceful end-of-life experience. The emphasis is on the **quality of life and death** – seeing death not as a failure, but as a natural progression when *prarabdha* is exhausted. The Katha Upanishad analogy of the body as a chariot and the soul as the rider is sometimes invoked: when the chariot is worn out beyond repair, the rider will step off and find a new vehicle (i.e., move to the next existence). This spiritual reframe can be consoling to patients and families dealing with terminal cancer.

Rebirth and Continuity: With belief in rebirth, even incurable disease is not the end of the story. Ayurvedic philosophy would encourage that whatever spiritual progress or healing of karma one can do in this life (through devotion, charity, etc.) will carry over to the soul’s next journey. This gives a sense of purpose even in the face of terminal illness: the patient can still work on inner healing, forgiveness, love, and other virtues, which from an Ayurvedic/dharmic perspective are ultimately more enduring than the physical body.

From a **researcher's standpoint**, these philosophical insights might seem intangible compared to biochemical pathways. However, they influence how Ayurvedic practitioners design treatment plans and interact with patients. Modern research increasingly acknowledges that factors like stress, mood, social support, and spirituality can significantly affect cancer outcomes (e.g., via psycho-neuro-immunological pathways). Ayurveda inherently includes these dimensions, attributing them to *sattva* (mind) and *atma* (soul) factors. By understanding this, researchers can appreciate why Ayurvedic case reports or literature often mention things like the patient's emotional state or spiritual practices as part of treatment. It's a truly holistic model addressing **body, mind, and spirit** – all three are engaged in both the origin and healing of cancer.

Conclusion

Ayurveda's classical and philosophical review of cancer – as outlined in this article – demonstrates a profound holistic understanding that remains relevant today. Ancient clinicians observed tumor behavior, classified it systematically as *granthi* or *arbuda*, and employed a wide-ranging approach: surgical removal when possible, herbal and detox therapies to correct underlying imbalances, and importantly, psychological and spiritual support to nurture the patient's inner strength. They emphasized the restoration of balance at every level of existence, from cellular metabolism (*agni*) to mental harmony (through *sattvavajaya*) and spiritual equanimity (through *daivavyapashraya*). This multi-pronged strategy mirrors modern integrative oncology, which combines surgery, chemotherapy, and radiation with nutrition, mind-body medicine, and palliative care.

A key contribution of Ayurveda is the notion that diseases like cancer do not arise from one root cause but from a convergence of imbalances – diet and lifestyle indiscretions (*prajnaparadha*), environmental exposures (*asatmya* interactions), time/ageing (*parinama*), and sometimes inscrutable fate (*daiva*). Accordingly, the **management is equally multidimensional**, aiming to remove the tumor, detoxify the body, rebuild strength (*ojas*), and heal the psyche. For researchers, this means that exploring Ayurvedic interventions for cancer should not be limited to looking for single “anti-cancer herbs.” Instead, the value may lie in **adjunct therapies** that improve quality of life, immunity, and perhaps the body's innate ability to contain cancer. There is growing scientific interest in *rasayana* herbs for reducing chemotherapy side effects, in yoga and meditation for stress reduction in cancer care, and in understanding how a patient's outlook and faith might influence recovery. These areas strongly resonate with Ayurvedic principles.

Furthermore, Ayurveda's philosophical paradigm offers a compassionate framework to deal with suffering and mortality. By integrating concepts of karma and the continuity of the soul, it provides meaning and context to what otherwise seems like random tragedy. This can be empowering for patients – to focus on what can be controlled (one's current actions, mindset, and spiritual practices) even if the disease itself cannot be fully controlled. In palliative scenarios, such a perspective helps shift the goal from “cure at all costs” to **healing in a deeper sense** – achieving comfort, closure, and spiritual peace.

In closing, the classical Ayurvedic view of cancer enriches our understanding by bridging the material and metaphysical. It reminds us that treating cancer is not only about eradicating tumor cells, but also about **treating the person** who has the cancer – attending to their body, mind, and spirit. While modern medicine excels in the physical management of cancer, Ayurveda contributes timeless wisdom on caring for the whole being. The synergy of these could pave the way for truly holistic oncology care. As research progresses, revisiting the ancient texts may inspire novel hypotheses – for example, investigating immunological markers of *Ojas*, or studying the impact of mantra meditation on patient immunity. Such inquiries might validate and expand the Ayurvedic insights shared in this review.

By viewing cancer through the classical Ayurvedic lens, we appreciate that it is not merely a pathological aberration but also a call to restore equilibrium in life. This integrative understanding, rooted in millennia-old knowledge, continues to offer guidance for practitioners and solace for patients navigating the complex journey of cancer.

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