WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.453
Volume 14, Issue 21, 1765-1771. Review Article ISSN 2277–7105

ARBUDA (AYURVEDA TUMOR): CLASSICAL NOSOLOGY AND MODERN ONCOLOGIC CONCORDANCE

Dr. Neha Arya[1]*, Prof. Dr. Vidushi Tyagi[2]

*[1]Ph.D. Scholar, P.G. Department of Rasa Shastra Evam Bhaishajya Kalpana, Institute for Ayurved Studies & Research, Faculty of Ayurveda, Kurukshetra.

[2]Professor & Chairperson, P.G. Department of Rasa Shastra Evam Bhaishajya Kalpana, Institute for Ayurved Studies & Research, Faculty of Ayurveda, Kurukshetra.

Article Received on 05 October 2025,
Article Revised on 25 Oct. 2025,
Article Published on 01 Nov. 2025,

https://doi.org/10.5281/zenodo.17541650

***Corresponding Author**

Dr. Neha Arya

Ph.D. Scholar, P.G. Department of Rasa Shastra Evam Bhaishajya Kalpana, Institute for Ayurved Studies & Research, Faculty of Ayurveda, Kurukshetra.

How to cite this Article: Dr. Neha Arya1*, Prof. Dr. Vidushi Tyagi2 (2025) ARBUDA (AYURVEDA TUMOR): CLASSICAL NOSOLOGY AND MODERN ONCOLOGIC CONCORDANCE. "World Journal of Pharmaceutical Research, 14(21), 1765–1771.

ABSTRACT

Arbuda, described in *Ayurveda* as a deep-rooted, gradually enlarging, and non-suppurative swelling, represents one of the earliest conceptualizations of tumor pathology. This review explores the classical nosology of *Arbuda* as delineated by ancient *Ayurvedic* authorities and examines its concordance with modern oncologic understanding. Drawing upon primary *Ayurvedic* sources including the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hrudaya*, and *Madhava Nidana*, along with contemporary oncology literature, the study highlights that *Arbuda* is a *Tridosha* disorder with predominant *Vata–Kapha* involvement, which primarily affects *Mamsa*, *Rakta*, and *Meda Dhatu*. The characteristic features—fixity, chronic progression, and lack of suppuration—closely correspond to the clinical behavior of both benign and malignant neoplasm. The Ayurvedic concept of *Shad Kriyakala* offers an interpretive parallel to the sequential stages of carcinogenesis and metastasis recognized in modern pathology. The study concludes that the classical *Ayurvedic* framework of *Arbuda* provides a coherent pathophysiological model that can inform integrative cancer prevention, diagnosis, and management strategies.

KEYWORDS: *Arbuda*, *Ayurveda*, Integrative Oncology, *Tridosha*, Tumor.

INTRODUCTION

The concept of *Arbuda* occupies a distinct place in Ayurvedic pathology as a deep-seated, progressive, and non-suppurative growth indicative of severe *Dosha-Dhatu* derangement. Its earliest mention in the *Atharvaveda* and detailed exposition in later classical treatises reflect an advanced understanding of localized and systemic proliferative disorders. The Ayurvedic model explains Arbuda as a manifestation of disturbed *Vata–Kapha* dynamics within *Mamsa*, *Rakta*, and *Meda Dhatus*, leading to abnormal tissue proliferation and fixation. The clinical and pathological characteristics of *Arbuda* show close resemblance to neoplastic conditions recognized in modern oncology. Examining this traditional concept through contemporary biomedical perspectives allows a deeper appreciation of Ayurveda's comprehensive approach to tumor genesis, progression, and management.

AYURVEDIC REVIEW

National AYUSH Morbidity and Standardized Terminologies Electronic Portal (NAMASTE Portal), Ministry of AYUSH, the disease Arbuda (S.No-1064, NAMC Code- E-2) has been described as follows

S. No	NAMC-Code	Condition/Section	Short Definition	Long Definition	Reference
1064	EE-2	अर्बुदः	Tumor	The disorder is characterized by अत्यगाध - मांसोच्छ्रयः [deep rooted, elevation of मांस], चिरवृद्ध्यपाकः(मांसपिण्डः) [slowly growing and non-suppurating swelling], मन्दरुजः(मांसपिण्डः) [slightly painful swelling], महान्तमनल्पमूलम् (मांसपिण्डः) [broad and deep rooted swelling], वृत्तः (मांसपिण्डः) [round swelling], स्थिरः(मांसपिण्डः) [fixed swelling]	Ca.Ci.12/87; Su.Ni.11/13; Su.Ci.18/30; Ah.U.29/24; Ma.Ni.38/18; Ma.Ni.38/19; Sha.Pu.7/61; Bp.Ma.44/18-19

HISTORICAL OVERVIEW

Vedic literature (e.g., *Atharvaveda*) alludes to *Arbuda* and its management. The *Brihattrayi* and *Laghutrayi* describe *Hetu* (causative factors), *Lakshana* (signs), and *Anekavidha Upakrama* (multi-modal treatment). *Sushruta* defines *Arbuda* as a circular, fixed, slightly painful, large, broad-based, slow-growing, non-suppurating mass arising where vitiated *Doshas* afflict *Mamsa*—a clinicopathologic picture consonant with tumor biology. *Charaka* mentions *Arbuda* in the context of *Vata-Rakta* complications, while *Madhava* emphasizes combined *Mamsa-Rakta* involvement, often evolving from *Shotha* (edema/swelling) into *Arbuda* over time.[2,6,9,10]

NIDANA (Etiological Factors)

Ayurveda frames carcinogenesis as *Tridosha* disequilibrium precipitated by diet, behavior, environment, and trauma with *Mamsavaha Strotodushti*. Representative contributors include:

- *Vatakara*: excessive mental stress, sleep deprivation, incompatible/dry foods, cold and stale diets, smoking, and incompatible combinations (*Viruddha Ahara*).
- *Pittakara*: frequent *Amla-Lavana-Katu* foods, fried/spicy meals, heavy caffeine, anger, chemical/metal exposure (e.g., lead), thermal/UV radiation.
- *Kaphakara*: obesity, inactivity, heavy/fatty foods; certain viral burdens (e.g., HPV, HBV/HCV, EBV) discussed in modern terms.

From a biomedical lens, multi-hit carcinogenesis integrates genetic susceptibility, mutagens, radiation, oncogenic infections, hormonal milieu, immune surveillance failure, and proliferative signaling.[1,7,8]

SAMPRAPTI (Pathogenesis)

Classical authors broadly concur on the following cascade:[4,6,9,10]

1. *Dosha Udbhava* & *Strotodushti*: *Tridosha* aggravation with primary *Vata-Kapha* dominance impairs *Jatharagni* and *Dhatvagni*, deranging *Mamsa*/*Rakta*/*Meda*.
2. *Dhatu Avarodha* & *Sthanasamshraya*: In a susceptible tissue niche (*Khavaigunya*), *Vitiated Doshas* lodge in *Mamsa* and *Rakta*, initiating a deep-rooted, firm mass that resists suppuration.
3. *Shad-kriyakala* alignment

- *Sanchaya* / *Prakopa*: oxidative/mutational stress rises; *Vata* drives deregulated division (oncogenic up-promotion/tumor-suppressor inhibition—an interpretive bridge), Kapha sustains mass effect.

- *Prasara*: dissemination via blood, lymph, serosal planes (transcoelomic) mirrors metastatic spread.
- *Sthanasamshraya* → *Vyakti*: tissue-specific manifestation and full clinical expression.
- *Bheda*: complications/oncologic emergencies (e.g., neutropenic sepsis, tumor lysis), heralding advanced disease.

PURVARUPA AND RUPA

Purvarupa: Premonitory signs are not specifically enumerated for *Arbuda* in the classics; clinically, some cancers are silent until late.

Rupa (Cardinal Features): *Vrutta*, *Sthira*, *Mandaruja*, *Mahantam*, *Analpamulam*, *Chiravriddhi*, *Apaka* (rounded, fixed, slightly painful, large, broad-based, slow-growing, non-suppurative).[6]

Modern red-flag symptom mnemonic (for public health alignment): C-A-U-T-I-O-N—change in habits, non-healing sore, unusual bleeding, thickening/lump, dysphagia, mole change, persistent cough/hoarseness.[7]

DHATU-SITE AND LOCALIZATIONS

Sushruta recognizes *Raktaja*, *Mamsaja*, *Medoja Arbuda* and lesions of bone (*Adhyasthi*). Site-specific entities include eyelid (*Vartmarbuda*), ear (*Karnarbuda*), nose (*Nasarbuda*), palate (*Talvarbuda*), lip (*Oshtharbuda*), throat (*Galarbuda*), oral cavity (*Mukharbuda*), and head/brain (*Shirarbuda*).[2,4,6]

CONDITIONS WITH MALIGNANT BEHAVIOR (Ayurvedic Correlates)

Several *Asadhya* entities exhibit malignant analogues: *Mamsaja Oshtha* (exophytic lip lesions), *Alasa* (deep tongue mass with fetor and destructive growth suggestive of salivary tumors), and *Mamsa Kacchapa* (hard-palate mass), *Galaudha* (obstructive oropharyngeal growth compromising deglutition/airway). Classical phenomenology parallels modern head–neck oncology patterns.[2,6]

DIAGNOSIS AND STAGING (Integrative View)

Ayurvedic: *Dosha-Dhatu-Strotas* appraisal, *Rupa* conformation, *Kriyakala* staging, and *Roga-Marga* mapping.

Biomedical: History-exam followed by imaging (X-ray, CT, MRI, PET), radionuclide scans, targeted labs, and tissue diagnosis (FNAC/core/excisional biopsy). Staging follows cancer-specific systems (e.g., TNM) and directs therapy.[7,8]

UPADRAVA AND METASTASIS

Acharya Sushruta notes *Pandu* as an *Upadrava* of *Raktarbuda* (chronic blood loss). *Adhyarbuda/Dvirarbuda* reflects recurrence and multiplicity—intelligible today as second primaries or metastases. Metastatic biology—hematogenous, lymphatic, and transcoelomic spread—aligns with *Vata*-driven *Prasara* lodging at *Khavaigunya* sites.[4,6,9]

SADHYASADHYATA (PROGNOSIS)

Tradition broadly places *Vataja, Pittaja, Kaphaja, Medoja Arbuda* as potentially *Sadhya* (manageable) when localized/benign-behaving, and *Raktaja, Mamsaja* and *Tridoshaja* advanced lesions as *Asadhya* (poor prognosis).[2,6,9]

Clinical prognosis today depends on histology, stage, molecular profile, performance status, and treatment access.

MANAGEMENT

11.1 Ayurvedic Principles

Given the overlap of *Arbuda* with *Granthi*, management follows *Avaranaghna*, *Amapachana*, *Dhatu-Poshana*, *Vyadhi-Balavirodhi-Rasayana*, *Arbudaghna*, and *Panduhara* measures, alongside *Shodhana* and *Shastrakarma/Anushastra-Karma* where indicated. Involvement of *Mamsa/Meda* prompts *Mamsa-Meda-Vyadhi* protocols (e.g., *Lekhana, Medohara* strategies) with vigilant post-procedural rasayana for host support.[2,6,9,10]

11.2 Biomedical Modalities (for integrative context)

- Local: Surgery, Radiotherapy
- Systemic: Cytotoxic chemotherapy, endocrine therapy, targeted/immunotherapeutic

While effective, several are immunosuppressive, underscoring the rationale for rasayana-based adjuvant care in symptom relief, host resilience, and survivorship—within evidence-based, ethically integrated care pathways.[1,7,8]

DISCUSSION

Classical descriptions portray *Arbuda* as a *Vata-Kapha-Pradhana Tridoshaja* disorder with variable *Pitta* participation—remarkably consistent with the dichotomy of proliferative drive (*Vata*) and mass/structural accretion (*Kapha*), with *Pitta's* involvement signaling aggressive, ulcerative, or inflammatory behavior. Primary *Dhatu* implicated—*Mamsa*, *Rakta*, *Meda*—mirror stromal, vascular, and adipocellular microenvironments pivotal in tumor ecology. The *Shad Kriyakala* lens offers a heuristic parallel to multistep oncogenesis, progression, and metastasis, supporting preventive actions (diet–lifestyle *Nidana-Parivarjana*), early detection, rational surgical clearance, and host-centric rasayana support. Integrative oncology frameworks can legitimately engage these classical insights without diluting oncologic standards of care.

CONCLUSION

Arbuda in Ayurveda encapsulates a sophisticated view of tumor biology: deep-seated, fixed, slow-growing, typically non-suppurative masses rooted in *Tridosha* and *Dhatu* derangements, with coherent explanations for dissemination and recurrence. When mapped to modern oncology, it furnishes pragmatic entry points for prevention, timely referral, surgical decision-making and supportive rasayana-based care. Continued philological rigor alongside clinical and translational research can further define evidence-based integrative protocols.

REFERENCES

1. Stewart BW, Wild CP. World Cancer Report 2020. Geneva: WHO, 2020.
2. Bhishagratna KL. Sushruta Samhita, Nidana Sthana. 2nd ed. Varanasi: Chaukhamba Sanskrit Office, 2002; 86.
3. Sharma PV. Charaka Samhita (with critical notes). Vol. 1–4. Varanasi: Chaukhamba Orientalia, 1981–1995; 544.
4. Bhishagratna KL. Sushruta Samhita, Vol. 2 (Eng. Trans.). Varanasi: Chaukhamba Sanskrit Series Office, 1991; 571.
5. Murthy KRS. Sushruta Samhita. Varanasi: Chaukhamba Orientalia, 2005.
6. Jadava ji TA (Ed.). Sushruta Samhita with Nibandha-Sangraha Commentary. 9th ed. Varanasi: Chaukhamba Orientalia, 2007; 104. (Hindi).
7. Sen R. Principles and Management of Cancer – A Practical Guide. New Delhi: B.I. Publications, 2004; 95.
8. Mohan H. Textbook of Pathology. 5th Ed. New Delhi: Jayvee, 2005; 230.

9. Sharma PV. *Sushruta* Samhita, Nidana Sthana. Varanasi: Chaukhamba Sanskrit Series, 2004; 1: 533.
10. Bhishagratna KL. *Sushruta* Samhita, Nidana Sthana 11/15. 2nd ed. Varanasi: Chaukhamba Sanskrit Series Office, 2002; 84–90.