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Review Article

DRIVING MEANINGFUL CHANGE FOR COHESIVE GRASP OF BREAST CARCINOMA THROUGH INTEGRATIVE AYURVEDIC PRINCIPLES

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ABSTRACT

Breast carcinoma is the most prevalent malignancy among women worldwide, accounting for nearly one-fourth of all female cancers. It remains a leading cause of cancer-related mortality, particularly in developing countries. **Objective:** To review the epidemiological, pathological, diagnostic, and therapeutic aspects of breast carcinoma and to explore the integrative potential of Ayurvedic principles, particularly *Sthana Arbuda*, in its management. **Methods:** An extensive literature review was conducted using databases such as PubMed, WHO reports, AYUSH Research Portal, and classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita* and *Bhavaprakasha*. The focus was on publications from 2010–2024 discussing breast carcinoma, its subtypes, current treatment modalities and Ayurvedic interventions. **Results:** Breast carcinoma exhibits significant heterogeneity in clinical behaviour and prognosis. Molecular classification- Luminal A, Luminal B, HER2-enriched, and Triple Negative- guides current treatment strategies. Conventional management involves surgery, chemotherapy, radiotherapy, hormonal and targeted therapy. Ayurvedic literature correlates breast carcinoma with *Sthana Arbuda*, attributing it to *Tridosha* imbalance and *Mamsa–Rakta–Meda* vitiation. Ayurvedic management emphasizes *Shodhana* (purification), *Shamana* (palliative therapy), and *Rasayana* (rejuvenation) approaches using formulations such as *Kanchanara Guggulu*, *Varunadi Kashaya, Shivagutika, Guduchi*, and *Ashwagandha*. Integrative approaches show potential for symptom relief, enhanced immunity, minimize recurrence and improves quality of life. **Conclusion:** Early detection, personalized multimodal therapy, and integration of Ayurvedic *Rasayana* principles may enhance treatment outcomes and minimize recurrence in breast carcinoma. Further clinical and translational research is warranted to validate the synergistic role of Ayurvedic interventions alongside modern oncology.

INTRODUCTION

Breast carcinoma is one of the most common malignancies affecting women globally and continues to be a major public health concern. According to the World Health Organization (WHO), it represents approximately 24% of all female cancers and is the leading cause of cancer-related mortality in women. Breast cancer arises due to uncontrolled proliferation of breast epithelial cells, forming malignant tumors that can invade adjacent tissue or metastasize to distant organs.

Historically, descriptions of breast cancer date back to 1600 BCE in the Edwin Smith Papyrus. described it as a hard, immovable lumps in the breast.[1] The term karkinos (Greek for “crab”) was introduced by Hippocrates to describe the disease’s infiltrative nature.[2] Modern understanding evolved through the works of William Harvey, John Hunter, and William Halsted, who introduced radical mastectomy in 1894,[3] marking a major advancement in surgical oncology.

Epidemiology and Incidence

- Global incidence: Accounts for one in four female malignancies worldwide.

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- Gender: 99% of cases occur in women; 1% in men.
- Peak age: 50–64 years.
- Trends: Increasing global incidence (from 1.68 million in 2012 to 2.26 million in 2022). [4]
- India-specific: Urban incidence 1 in 22; rural incidence 1 in 60 women. [5]
- Mortality: Higher in low- and middle-income countries due to late-stage detection.

AIM AND OBJECTIVES

Aim

To comprehensively review the clinical presentation, diagnostic modalities, and therapeutic management of breast carcinoma, while exploring integrative approaches rooted in Ayurvedic understanding (*Sthana Arbuda*).

Objectives

- To analyze the etiopathogenesis, classification, and clinical spectrum of breast carcinoma.
- To review diagnostic tools- clinical, imaging, and pathological.
- To evaluate Ayurvedic interpretations and management strategies.
- To highlight the potential for integrative and personalized treatment.

Methodology

A systematic literature review was performed using PubMed, ScienceDirect, Google Scholar, AYUSH Research Portal, and classical Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Bhavaprakasha*). The search included studies published between 2010 and 2024.

1. Etiopathogenesis and Pathophysiology [6][7]

The development of breast carcinoma is multifactorial, involving genetic, hormonal, environmental, and lifestyle factors.

- Genetic: BRCA1/BRCA2, TP53, PTEN mutations.
- Hormonal: Early menarche, nulliparity, late menopause, and prolonged hormone exposure.
- Lifestyle: High-fat diet, alcohol, obesity, and sedentary habits.
- Cellular changes: Accumulation of mutations leads to uncontrolled proliferation, evasion of apoptosis, angiogenesis, and invasion.

Mode of spread

1. Local spread
2. Intraductal spread
3. Lymphatic spread
4. Hematogenous spread
5. Intracelomic spread

Clinical Evaluation

Clinical evaluation remains the cornerstone of early detection. It involves thorough history-taking, inspection, and palpation.

History

- Duration, progression, and nature of the lump.
- Associated symptoms - nipple discharge, pain, or retraction.
- Family history of breast or ovarian carcinoma.
- Hormonal exposure (OCPs, HRT).

Inspection

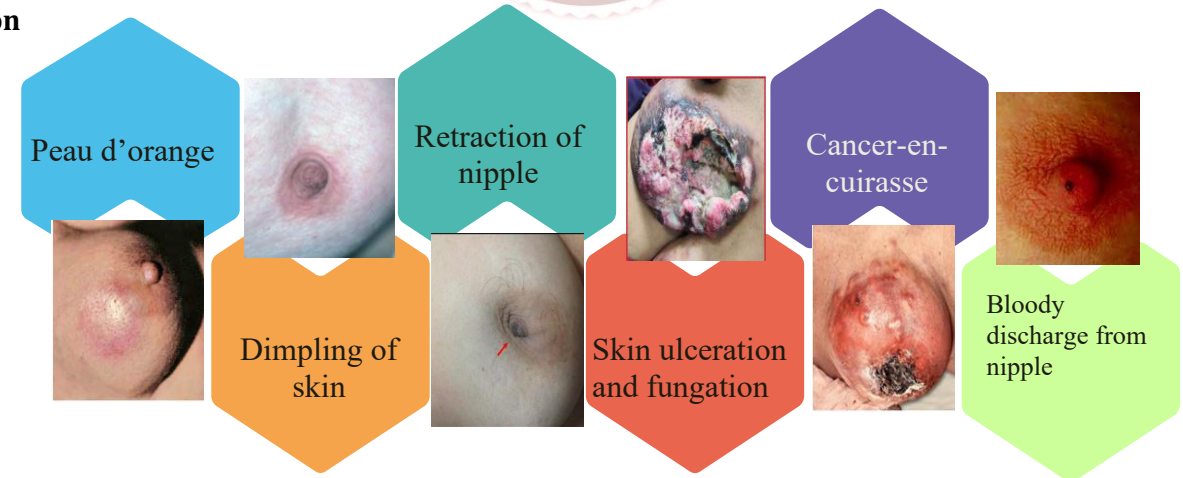

Figure 1: On inspection findings

Palpation

- Hard, irregular, immobile mass (often in the upper outer quadrant).
- Axillary and supraclavicular lymph nodes.
- Fixation to chest wall or skin.

Table 1: Systemic examination

System	What to Examine
CNS	Vision, reflexes, coordination
Respiratory	Breath sounds, percussion
Cardiovascular	Heart rate, added sound, JVP
GI	Liver palpation, ascites
MSK	Bone pain, tenderness
Other	Vaginal examination +per abdomen- to detect Krunkenberg's tumor of the ovary, peritoneal metastasis.

Early detection during clinical breast examination (CBE) can identify lesions as small as 1cm- improving survival by up to 30–40%.

Table 2: showing Differential diagnosis for Carcinoma of breast [8-13]

DD	Exclusion Based on Symptoms	Exclusion Based on Investigations & Clinical Examination
Fibro adenosis	Cyclical mastalgia, nodular feel bilaterally	USG: Cystic changes or dense tissue
Traumatic fat necrosis	History of trauma - Firm, irregular, painless mass, Skin dimpling or retraction (symptoms of CA) only seen	Mammography: oil cyst, coarse calcification - FNAC: Fat globules
Tuberculosis of breast	Chronic sinus or ulcer over breast - Axillary lymphadenopathy, weight loss, anemia	FNAC: Granulomatous inflammation with caseation - Positive Mantoux or GeneXpert
Mastitis	Pain, redness, swelling, fever Lactational history	USG: Localized abscess if pus forms, leukocytosis
Antibioma	Improperly treated abscess - Cold, painless mass with no systemic symptoms	USG: Hypoechoic mass - FNAC: sterile pus
Galactocele	Painless, soft-to-firm mobile lump in lactating woman - Positive aspiration of thick, milky fluid - No infection signs	USG: Cystic lesion with debris
Mondor's disease	Painful cord-like induration under skin - History of trauma/surgery/tight clothing	Doppler: superficial vein thrombosis
Cystosarcoma Phyllodes	Rapidly enlarging, mobile, painless lump - Firm with smooth lobulated surface	USG/Mammography: solid, well-defined mass - Core biopsy: stromal hypercellularity

Diagnostic Investigations (Triple Assessment)

A definitive diagnosis is achieved through the Triple Assessment Protocol, combining clinical, radiological, and pathological evaluation.

1. **Clinical Examination** – First step for lesion characterization.
2. **Imaging**
   - Ultrasound (USG): Preferred in women <35 years; differentiates cystic vs solid masses.

- Mammography: Gold standard; detects microcalcifications and architectural distortion, women > 35 years.
- MRI Breast: Highly sensitive in dense breast tissue and post-surgical follow-up.
- PET-CT: Evaluates metastasis, recurrence and treatment response.

3. Pathological Confirmation

- **FNAC/Core Needle Biopsy:** Determines malignancy type.
- **Immunohistochemistry (IHC):** ER, PR, and HER2 receptor testing for molecular classification.

Table 3: Molecular Classification [14]

Subtype	ER	PR	HER2	Prognosis
Luminal A	+	+	–	Best
Luminal B	+	+/–	+/–	Moderate
HER2-enriched	–	–	+	Aggressive
Triple Negative	–	–	–	Poorest

This classification determines therapy selection, including hormonal, targeted, or chemotherapy-based regimens.

Conventional Management

- Surgery: Breast Conservation Surgery (BCS), Modified Radical Mastectomy (MRM).
- Radiation Therapy: Postoperative or palliative.
- Chemotherapy: Anthracycline/taxane-based regimens.
- Hormone Therapy: Tamoxifen, Letrozole for ER/PR+ tumors.
- Targeted Therapy: Trastuzumab, Pertuzumab for HER2+.
- Immunotherapy: Pembrolizumab for TNBC.

Ayurvedic Correlation - *Sthana Arbuda*

Samprapti* (Etiopathogenesis) of *Sthana Arbuda [15]

Nirukti* of *Arbuda: अर्ब्ब + उद् रोगविशेषः । मांसकीलः ।

Definition of *Arbuda*

गात्रप्रदेशे क्वचिदेव दोषाः सम्मूर्च्छिता मांसमभिप्रदूष्य ।
वृत्तं स्थिरं मन्दरुजं महान्तमनल्पमूलं चिरवृद्ध्यपाकम् ।।१३।।
कुर्वन्ति मांसोपचयं तु शोफं तमर्बुदं शास्त्रविदो वदन्ति ।१४। Su.Ni11/13

Swelling occurring anywhere in the body due to the vitiation of *Tridosha* and *Mamsa Dhatu* presents as a circular, localized, larger lesion that is deep-rooted, associated with dull pain, and shows slow progression, without undergoing *Paaka* (suppuration) is called as *Arbuda.*

Since swelling present in the *Sthana* it is named as *Sthana Arbuda*.

Nidana Sevana
↓
Tridosha Prakopa (Kapha ↑ *Pitta* ↑ *Vata* ↑*)*
↓
Rasavaha Srotodushti
• *Sanga* (obstruction) • *Srotorodha* • *Ati-pravritti / Sravana* • *Vimargagamana*
↓
Rasa Dhatu Dushti and *Uttara Uttara Dhatu Poshana Vaishamya*
↓
Mamsa Dhatu Dushti (Kapha–Mamsa predominance)
↓
Mamsa-Ati Vriddhi (abnormal proliferation)
↓
*Sthana Samshraya (*localized *Khavaigunya)*
↓
Formation of *Sthana Arbuda*

Table 4: Clinical features of *Arbuda* [16]

Type of *Arbuda*	Subjective Features (Symptoms felt by patient)	Objective Features (Signs observed clinically)
Vataja Arbuda	*Toda, Bheda* – Piercing, cutting pain	*Kṛṣnavarna* – Blackish discoloration, *Amṛdur-basti-rivatataḥ* – Stretched, tense, firm swelling, *Asram-accham* – Thin blood discharge
Pittaja Arbuda	*Dandahyate, Dhupyati, Cushyate, Papacyate,* *Prajvalativa*– Intense burning sensation as if smoked, sucked, or scorched; *Ushnata* *Anubhuti*– Feeling of heat; moderate *Vedana*– Pain	*Rakta Sapitah*– Reddish-yellow coloration; *Pittad-bhinnah Sravet Uṣnam Atiiva ca Asram* – Hot, vitiated blood oozing on bursting
Kaphaja Arbuda	*Sheetata Anubhuti* – Feeling of cold; *Alpa-ruja* – Slight/minimal pain; *Ati-kanduḥ* – Excessive itching; *Cirabhivṛddhi* – Very slow growth	*Avivarna* – No discoloration; *Pashanavat* – Stone-hard swelling; *Shukla-ghana Puya-srava*– Thick white purulent discharge
Medoja Arbuda	*Alpa-ruja*– Minimal pain; *Guruta* – Feeling of heaviness; *Ati-kandu* – Excessive itching	*Snigdha* – Oily/shiny appearance; *Pinyaka-sarpi Pratimam Meda Sravati*- Fatty/oily discharge resembling oil-cake; *Mahan (Gambhira-mula)*- Large, deep-rooted mass
Raktaja Arbuda	*Mamsa-pindam Mamsankurai Achitam Ashu-vrddhim*– Fleshy mass with projections, rapidly growing	*Pradushta Rudhira*– Vitiated blood; *Sirasu Sampidya Sankocya Sravati Ajasram Rudhiram* - Continuous bleeding of vitiated blood on pressing; considered *Asadhya* - Incurable
Maṃsaja Arbuda	*Avedanam* – Painless; *Snigdhata Anubhuti* – Smooth/oily feel	*Mahan* – Large deep-rooted mass; *Ashmopamam* – Rock-hard; *Acalyam*– Immobile; *Anan ya-varnam*– Irregular/mixed coloration; *Asadhya* – Difficult to cure

Types of *Arbuda*

- *Vataja Arbuda*: Correlates with invasive and painful types (e.g., TNBC).
- *Pittaja Arbuda*: Correlates with inflammatory carcinoma.
- *Kaphaja Arbuda*: Represents slow-growing, encapsulated forms.
- *Medoja Arbuda*: Luminal B type
- *Raktaja Arbuda*: Angiosarcoma/Vascular breast tumors
- *Mamsaja Arbuda*: Invasive Ductal Carcinoma (IDC) or Invasive Lobular Carcinoma (ILC)

"The *Vata, Pitta, Kapha, Medoja, Raktaja, and Mamsaja* types are not merely classifications but also reflect sequential stages in the progression of the *Arbuda.* As the pathology deepens from *Vata* up to *Mamsa* involvement, the condition becomes progressively more severe. Once the disease reaches the *Raktaja* and *Mamsaja* stages, it is considered ***Asadhya*** (incurable) due to deep-seated tissue involvement."

Concept of *Adhya Arbuda* and *Dvirarbuda* [16]

Reoccurrence, Metastatic and Multifocal Breast Tumor

साध्येष्वपीमानि विवर्जयेत्तु |
सम्प्रस्रुतं मर्मणि यच्च जातं स्रोतःसु वा यच्च भवेदचाल्यम् ||१९||
यज्जायतेऽन्यत् खलु पूर्वजाते ज्ञेयं तदध्यर्बुदमर्बुदज्ञैः |
यद्द्वन्द्वजातं युगपत् क्रमाद्वा द्विरर्बुदं तच्च भवेदसाध्यम् ||२०|| Su. Ni. 11

Table 5: Description of the *Shloka*

Ayurvedic Term	Meaning	Prognosis
Samprasruta Arbuda	Spread/infiltrated tumor	Poor
Marma-sthita Arbuda	Tumor in vital areas	Poor
Srotas-sthita Arbuda	Tumor inside major channels	Poor
Achalyam Arbuda	Fixed, immobile mass	Poor
Adhyarbuda	New tumor on an existing tumor	Difficult
Dvirarbuda	Two tumors simultaneously or sequentially	Incurable

Table 6: Ayurvedic Management principles

Vataja Arbuda	*Upanaha, Nadi Sweda, Raktavasechana* with *Shringa, Traivruth Sneha* with *Vatahara Dravyas*
Pittaja Arbuda	*Snehana, Mridu Swedana, Mridu Virechana, Gharshana, Upanaha, Pittahara Siddha Ghritapana*
Kaphaja Arbuda	*Shodhana (Vamana) Rakta avasechana with Alabu, Upanaha* with *Vamaka & Virechaka Dravyas*, Maggotification- with *Nishvapa, Pinyaka, Kulatha, Dadhi, Mamsa* applied over *Arbuda,* allows growth of flies and worms, will consumes the tissues, remanent treated by *Kshara Agni Shastra Karma*
Medoja Arbuda	*Swedana, Vidarana*
Mamsaja Arbuda	*Asadhya*
Raktaja Arbuda	*Asadhya*

Table 7: Stagewise Integrated Approach of *Stana Arbuda*

Stage	Ayurveda	HBOT	Ozone Therapy	Why / Benefits
Early stage	*Shodhana /Shamana* /both and *Shastra Karma*	Recommended [17]	Recommended[18]	Healing, immune support, reduce hypoxia
Stages 3–4	Palliative + *Rasayana* therapy	Useful	Useful [19]	Pain relief, wound healing, oxygenation
Tumor regression support	*Paneeya Kshara, Rasoushadhis*	Adjunctive	Adjunctive	Improve treatment response
Advanced pain	*Agnikarma, Jalaukavacharana Vidhakarma, Vidhhagnikarma, Ayurvedic* rectal suppository, *Ayurveda* transdermal patches. 	Adjunctive	Adjunctive	Reduces chronic and neuropathic pain

Yogas [20]

Table 8: Different *Yogas*

Rasa	*Arbudahara rasa, Nityanand rasa, Tamragarbha pottali, Hemagarbha pottali, Vajra bhasma*
Taila	*Karanja taila, Bharangyadi taila, Karpooradi taila, Sahacharadi taila*
Rasayana	*Ballataka rasayana, Chitraka rasayana Shilajatu, Lashuna, Pippali Hareetaki, Guggulu*
Kashayas	*Gulgulu tiktakam Kashaya, Varanadi kashaya* *Patola-katurohinyadi kashaya, Nimbadi Kashaya, Manjishtadi kashaya*
Lehyas	*Agastya rasayana, Brahma rasayana, Chyavana prasha* *Amirtha bhallathaka rasayana*
Gutikas	*Kanchanara, Triphala guggulu, Shiva gulika, Manasa mitram gulika Tantu pashan gulika, Arogyavardhini vati*

Table 9: Showing patent *Ayurvedic* medicines

Patent *Ayurvedic* Medicines	Tablet Turmeric plus, Capsule cruel, *Ayush Rasayana, Gomutra arka,* Tablet *Shilajit*, Shakti drops, Giloy *Ghanawati, Sukshma triphala vati,* Capsule Immunod

Table 10: *Pathya* and *Apathyas*

Pathyas [21]	***Apathyas***
• *Purana Ghrita* • *Go ksheera* • Supernatant part of *Dadhi* • *Takra* • *Rakta shaali* • *Yava* • *Mudga yusha* • *Maricha* • *Lashuna*	• Processed meats (sausages, hot dogs, bacon) • Charred or grilled meats • Packaged chips & fried snacks • Refined sugar • Artificial food coloring • Microwave popcorn (with butter flavoring) • Canned foods (esp. acidic ones like tomatoes) • Reheated oils (reused deep-frying oil) • Pickled/salted foods (in excess) • High-alcohol beverages • Sugary drinks • Deodorants • Smoking

Clinical Integration and Future Prospects [22]

Integrative oncology combining Ayurvedic *Rasayana* therapy with modern treatments offers potential benefits such as:

- Reduced side effects of chemotherapy and radiotherapy.
- Improved immune function and tissue recovery.
- Better mental resilience and quality of life.

Emerging fields like nano Ayurveda and phytochemical -based formulations (e.g., Curcumin nanoparticles, *Swarna Bhasma*) demonstrate promising results in laboratory and early-phase trials for enhanced cytotoxicity and bioavailability.[23]

CONCLUSION

Breast carcinoma continues to be a global health challenge with rising incidence and significant psychosocial impact. Early clinical evaluation, triple assessment, and molecular profiling are crucial for accurate diagnosis and personalized therapy. Integration of Ayurvedic approaches- particularly *Sthana Arbuda* management through

Shodhana, Shamana, and *Rasayana*- offers potential complementary benefits in symptom relief, immunity enhancement, and recurrence prevention.

Adopting a tailored, evidence-based, and integrative approach that bridges modern oncology and Ayurveda may transform patient outcomes and support sustainable cancer care in the future.

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