



GULMA REVISITED: A CRITICAL ANALYSIS AND INTERPRETATIVE REVIEW

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Abstract: Gulma is a complex clinical entity described in Ayurveda, characterized primarily by palpable¹ or non-palpable abdominal masses associated with pain, distension, and functional disturbances. Classical texts conceptualize Gulma not as a distinct structural disease but as a dynamic pathological process arising from vitiation and obstruction of Doshas-predominantly Vata- within the koshtha and its associated Srotas². This review critically analyses the classical descriptions of Gulma across major Ayurvedic treatises, including its etiology (hetu), pathogenesis (Samprapti), clinical features (lakshana), types (bheda), and therapeutic principles (Chikitsa). Emphasis is laid on the interpretative challenges in correlating Gulma with contemporary biomedical diagnoses such as gastrointestinal motility disorders, inflammatory masses, functional abdominal pain syndromes, and certain gynaecological or neoplastic conditions. The article highlights the conceptual depth of Gulma as a functional-pathological continuum rather than a purely anatomical mass, underscoring the importance of individualized dosha-based assessment. Through critical appraisal of classical commentaries and modern research perspectives, this review aims to provide a refined understanding of Gulma, as the topic is vast, in this article interpretation of Gulma is limited to GI related neoplastic and malignant abdominal conditions, facilitating rational clinical diagnosis special emphasis on staging (avastha), therapeutic decision-making based on prognosis, and future research integration between Ayurveda and modern medicine.

Index Terms - Gulma, Abdominal lumps, Tumours, Elevated mass, Inflammatory conditions.

1.INTRODUCTION

Gulma is Vata pradhana udara vyadhi has been named based on its Aakriti (shape)³. It is characterized by pain as most important symptom and palpable lump as most important sign. Gulma is diseases entity which is caused due to aggravation and encapsulation of Vata Dosha (Kupita Anila Moodatwa), which does not give clue about its site of origin (Nigoodha sthana) which spreads widely like shrubs (Gulmavat Vishalatwat)⁴. It covers various gastro-intestinal and gynaecological diseases, but its diagnosis becomes difficult, due to its complex clinical presentation. Hence, it's essential to understand gulma in a

comprehensive way for accurate and easy diagnosis. It is merely compared with abdominal lump with different names like Tumours, Lumps, Oma's, Cysts, Fibroid, Molar/Pseudopregnancy, Inflammatory condition like Abscess and Hernias etc. Any type of pain with palpable mass which occur in any quadrant of abdomen may create a suspicion of Gulma.

2.AIMS AND OBJECTIVES

Critical analysis and interpretation of the disease Gulma with possible correlation in the light of contemporary science.

3.METHODOLOGY

This conceptual study is based on literature review of classical information, published research work, e- journals/ article data, websites and modern literature. The possible correlation has been made between collected information and has been presented in a systemic way.

4.CONCEPTUAL FRAMEWORK OF GULMA

Classical treatises conceptualize Gulma as a Dosha-dominant pathological process, primarily involving Vata, with variable association of Pitta and Kapha, leading to localized or diffuse abdominal manifestations. The absence of suppuration, fixed growth, or progressive tissue destruction distinguishes Gulma from Granthi and Arbuda.

Gulma is a clinical manifestation where there is no clarity of dosha dushya sammurchana. However there is difference of opinion about Dhatugatatwa in gulma based on akrutavastuparigraha, site specific classification and staging of the disease.

4.1 VYADHI ADHISHTANA

Koshta is the principal seat. It includes the stomach, intestines, bladder, liver, spleen, heart, caecum, and lungs. Pittaja and Kaphaja Gulma are confined to the stomach, whereas Vataja Gulma may also involve other Koshta structures such as the bladder. When suppuration occurs within the abdomen, it is termed Antarmargaja (internal) Gulma; if it enlarges and projects outward, it is called Bahirmargaja (external) Gulma. Morphologically, Gulma presents as nodular or coiled masses of varying shapes—elongated, round, or broad. Under Vedana Adhishtana, its manifestation is confined to five regions: heart, umbilicus, bladder, and both flanks.

4.2 GULMA- SAMANYA NIDANA AND SAMPRAPTI (ETIOPATHOGENESIS)^{5,6}.

Classical Nidana	Ayurvedic Interpretation	Contemporary Correlation	Scientific Reasoning
Ruksha, Shita, Laghu Ahara *Refrigerated foods, over roasted nuts / dals and Maida products *Processed and Red meat, Deep fried food articles. *Ati Ushna / Dagdha ahara/ Shuli mamsa (Barbecued meat, Burnt tandoori items, any high temperature cooking forms) *Viruddha Ahara (Fish + milk Meat + dairy excess Heavy meals with alcohol) *Dushta paryushita anna (Mouldy grains, Contaminated food and water, Poorly stored food) *Navamadya (Alcohol)	It aggravates Vata → intestinal spasm, irregular peristalsis → Vataja Gulma Guru ahara weaken Agni → produce Ama → Kapha accumulation → obstruction in abdomen → Gulma. Atyushnam balam hanti Aggravate Pitta and Rakta → tissue damage → inflammatory Gulma. Leads to Ama formation and Rakta dushti → chronic metabolic disturbance → Gulma or Arbuda. It directly produces toxic Ama → tissue degeneration → abnormal mass formation. Aggravates Pitta → Vitiates Rakta → Weakens Agni → Leads to Gulma. (especially Pittaja type).	Low lubrication, poor hydration and Low-fibre. Constipation, altered bowel motility. Produces N-nitroso compounds Causes oxidative stress, Alters gut microbiota, Increases colorectal cancer risk HCAs, PAHs and Acrylamide causes DNA adduct formation, Gene mutations leads Tumour initiation. Increase gut dysbiosis, Promote metabolic endotoxemia, Induce chronic inflammation Aflatoxin exposure: Causes p53 gene mutation, leads to hepatocellular carcinoma which Presents as liver mass Alcohol metabolism → acetaldehyde (Group1carcinogen) Causes - Liver cirrhosis, Hepatic carcinoma and Gastric tumours	Chronic constipation → faecal stasis → prolonged toxin exposure → mucosal mutation → colon tumour. Chronic heavy digestion burden + inflammatory metabolites → mucosal irritation → polyp → tumour → palpable mass. Repeated intake → chronic inflammatory response → dysplasia → abdominal neoplasm. Chronic low-grade inflammation is a known promoter of tumour growth. Direct carcinogenic toxin → liver tumor → palpable abdominal lump. Chronic inflammation + fibrosis → malignant transformation → abdominal mass.

Alpashana / Prमितashana/ Kuposhana (inadequate diet / nutrition)	Dhatu kshaya → Vata aggravation	Malnutrition-related gut weakness	Reduced smooth muscle tone and impaired peristalsis
Vishamashana (irregular meals)	Agnimandya → Ama → Vata prakopa	Functional dyspepsia, IBS	Disruption of circadian rhythm of gastric motility, altered migrating motor complex
Upavasa (excess fasting)	Agni fluctuation; Vata increase	Gastric hypersensitivity, bloating	Irregular gastric emptying and visceral hypersensitivity
Ati-vyayama (excess exercise)	Depletion and Vata aggravation	Autonomic imbalance; exercise- induced GI symptoms	Sympathetic overactivity reduces splanchnic circulation
Ati-maithuna (excess sexual activity)	Oja kshaya → Vata increase	Fatigue-associated dysmotility	Depletion states predispose to autonomic dysfunction
Ratri jagarana (night vigil)	Disturbs Vata and Agni. Manasika chanchalata	Circadian rhythm disruption, IBS flare. Reduced melatonin Increased oxidative stress → Chronic inflammation.	Sleep deprivation alters gut-brain axis and serotonin regulation
Vega-dharana (suppression of flatus/faeces/Arthava)	Apana Vata obstruction	Functional constipation, pelvic floor dyssynergia	Chronic suppression reduces rectal sensitivity and coordination.
*Hormonal pills (Oestrogen – Progesterone formulation)	Arthava vaha srotodusti	Irregular cycles, dysmenorrhoea, endometriosis.	Prolonged use causes risk of cervical, breast, endometrial cancer
*Acid suppressants - Proton Pump Inhibitors.	Disturbs vata	Low acid allows abnormal bacterial proliferation → fermentation → gas retention → abdomen distension.	Bloating, Gas accumulation, Altered gut motility, SIBO, Constipation or diarrhoea

Ati-yana (excess travel)	Vata aggravation through motion and irregularity	Traveler's bowel irregularity, exacerbation IBS	Stress + dietary irregularity → gut dysmotility
Chinta, Bhaya, shoka (stress, fear, grief)	Vata disturbance via manovaha srotas	Brain–gut axis disorders, IBS	HPA axis activation → altered motility and visceral sensitivity
Agnimandya	Improper digestion → Ama formation	Dysbiosis, SIBO	Undigested substrates promote abnormal fermentation
Ama	Toxic metabolic accumulation, srotorodha	Inflammatory mediators; microbial toxins	Low-grade mucosal inflammation alters motility
Dhatu Kshaya	Structural weakness; Vata dominance	Sarcopenia; chronic illness–related gut weakness	Reduced muscular strength and autonomic imbalance

Gulma does not always mean a solid tumor. In many contexts, it refers to a localized, deep-seated abdominal lump that may be functional, structural, inflammatory, or obstructive. The key word is granthi-sadrushya gatha (mass-like entity), not necessarily neoplastic. Functional disorders themselves do not directly cause tumours. However, chronic stasis and inflammation are recognized risk factors for structural pathology⁷.

- Chronic inflammatory bowel disease increases cancer risk
- Long-standing obstruction can cause ischemic damage
- Persistent dysbiosis promotes pro-inflammatory metabolites
- Oxidative stress contributes to mucosal DNA damage

In Ayurvedic terms, prolonged Vata prakopa with ama and srotorodha may gradually shift from functional disturbance to structural pathology such as granthi or arbuda. Thus, we can interpret Gulma as a spectrum:

Stage 1 – Functional dysmotility (reversible)

Stage 2 – Persistent spasm or faecal accumulation (functional obstruction)

Stage 3 – Chronic inflammation or fibrosis (semi-structural mass)

Stage 4 – True pathological growth (rarely, tumour-like conditions)

4.3 SVATANTRA AND PARATANTRA GULMA

In the pathogenesis of all types of Gulma, Vata plays a central role and is primarily located in the pakvashaya. In Vataja Gulma, aggravated Vata alone is sufficient to produce the disease independently; hence, it is termed Svatantra Gulma. In contrast, when Gulma arises in the principal sites of Pitta or Kapha, Vata depends on these associated doshas for manifestation. Such forms are therefore described as Paratantra (Parashrayi) Gulma.

4.4 PAKA IN GULMA

Aspect	Sushruta Samhita Dalhana Commentary ⁸	Ashtanga Samhita ⁹ Arunadatta commentary	Charaka Samhita & Chakrapani ¹⁰
Nature of Gulma formation	Develops internally like a bubble in water	Not a true granthi (tumor), primarily a dosha-sanghata, localised pain and hardness, dominated by vata dosha	Accepts non-tissue-based Gulma initially
Involvement of Dhatus	No involvement of Mamsa and Rakta Dhatus This applies mainly to Vataja Gulma	No involvement of dathu	Gulma may be akrutavastuparigraha (not involving tissues)
Occurrence of Paka	Generally does not undergo paka. Other Gulma types with raktadi dhatu involvement may undergo paka	Generally does not undergo paka. Some under go paka after involve of Pitta and Rakta dhatu	No paka when akrutavastuparigraha
Reason for non-suppurative	Absence of Mamsa and Rakta Specific to Vata dominance	Absence of Rakta dathu involvement	Lack of tissue attachment
Condition for paka	Not described. Possible when Rakta and other dhatus are involved	Possible when involvement of pitta and rakta dathu	Occurs when Gulma becomes krutavastuparigraha (localized in tissues)
Relation to Vidradhi	Vidradhi is shighrapaki due to Pitta–Rakta. Supports transformation concept	Shigravidhahitwat vidradhi itabhidiyate.	Tissue-based Gulma behaves like Vidradhi
Final classification	Non-suppurative Gulma. Some Gulma may suppurate	Differentiated gulma from vidradi based on paka	Suppurative condition should be called Vidradhi, not Gulma

4.5 GULMA PURVARUPA^{11,12}

Arochaka (loss of appetite), Avipaka (dyspepsia) Atopa (Abdominal rumbling), Vidhaho bhuktasya (burning sensation after intake of food) adhmana (flatulence), agnivaishmya (disturbed metabolism) Udgara bahulya (excessive belching), puresha bandha (constipation), annadwesh/ annabhilasha (dislike towards food or not willing to eat), antravikujana (sounds in the abdomen-increased intestinal motility) are the features which indicate the occurrence of gulma in future.

4.6 GULMA SAMANYARUPA¹¹

Aruchi (anorexia), krchra vinmutravata (difficulty in passing faeces, urine and flatus), antravikujana (sounds in the intestine), anaha (flatulence), urdhwavata (over belching) are the features seen in all types of gulma.

4.7 CLASSIFICATION OF GULMA

ACHARYA	NUMBER	TYPES
CHARAKA	5	Vataja, Pittaja, Khapaja, Raktaja, Nichaya
SUSHRUTA	5	Vataja, Pittaja, Khapaja, Raktaja, Kshataja
BHELA	5	Vataja, Pittaja, Khapaja, Sannipataja, Lohitaja
MADHAVA BHAVAPRAKASHA KASHYAPA	5	Vataja, Pittaja, Khapaja, Sannipataja, Raktaja
HARITA	5	Yakruta Gulma - Hrudaypradeshastha Ashthila - Kukshipradeshastha Granthi - Nabhiparadeshastha Kandavivrdhaka - Bastipradeshastha Pliha Gulma - Udara Madhyavarti
VAGBHATA	8	Vataja, Pittaja, Khapaja, Raktaja, Sannipataja, Vatapittaja, Pittakaphaja, Vatakaphaja
SHARANGDHAR	8	Vataja, Pittaja, Khapaja, Raktaja, Sannipataja, Vatapittaja, Pittakaphaja, Vatakaphaja

4.8 GULMA-VISHESHA VIJNANA**> VATAJA GULMA^{13,14,15}**

Nidana: The causative factors include excessive intake of Ruksha annapana (dry food and drinks; Ex-Over roasted nuts, Refrigerated food), Vishama and Atimatra vicheshtana (excessive and irregular physical activity), Vegavinigraha (suppression of natural urges), Shoka (grief), Abhighata (trauma), Asneha purve vaman virechana (purification without snehapana), Atimala-kshaya (excessive depletion such as overuse of purificatory therapies), and Nirannata (fasting), Vishamashana (inadequate food intake).

Lakshana: Characteristic features include Vid-Vata sanga (retention of faeces and flatus), gala-vaktra-shosha (dryness of throat and mouth), shyava varna (blackish-reddish discoloration), shishira jvara (intermittent fever often with nocturnal sweating), and pain may be seen in usual sites like Hrud, Kukshi, Parshva, Amsa, and Shiras.

Interpretation and correlation in contemporary science: Migratory abdominal pain, variable site and shape, constipation, abdominal distension, dryness, and association with psychological stress—closely resemble functional gastrointestinal disorders (FGIDs), particularly Irritable bowel syndrome (IBS), functional dyspepsia, Intestinal Colic and Spastic Bowel Conditions, Visceral Neuropathy and Dysautonomia.

Modern gastroenterology recognizes that abnormal gut motility, altered enteric nervous system signalling, visceral hypersensitivity, and dysregulation of the brain–gut axis play a central role in IBS. Etiological factors are known to disturb autonomic nervous system balance, leading to altered peristalsis and gas retention—findings that parallel Koshtagata vata and Vid-Vata sanga. The variability in pain, location, and presentation aligns with the non-structural and fluctuating nature of functional disorders, where symptoms lack a fixed anatomical lesion. The multisite pain involving abdomen, chest, flanks, scapular region, and head reflects central sensitization, a phenomenon well-documented in chronic functional pain syndromes.

➤ **PITTAJA GULMA**^{13,14,15}

Nidana: Excessive intake of Kaṭu (pungent), Amla (sour; Ex- Pickels), Tikshna/Ushna/Vidhahi (Spices), and Ruksha food articles, Krodha (anger), Atimadyapana (excess alcohol consumption), Arkasevana (excessive exposure to sunlight), Amabhighata due to Vidagdha jirna, trauma and Rakta dushti contribute to the development of Pittaja Gulma.

Lakshana: Prominent features include Jvara (fever), Pipasa (excessive thirst), Vadana and Anga raga (reddish discoloration of face and body), shulam mahajjiryate bhojane ca (severe pain during digestion), Sveda (profuse sweating), Vidaha (burning sensation), and Vranavat sparshsahatva (marked tenderness with intolerance to touch resembling an ulcer).

Interpretation and correlation in contemporary science: Characteristics of Pittaja Gulma strongly suggests an inflammatory and hypermetabolic pathology. These features correlate with acid-peptic disorders (gastritis, peptic ulcer disease), localized inflammatory masses, localized enteritis or colitis, and inflammatory bowel diseases (IBD). Excess intake of spicy, sour, hot foods, alcohol consumption, emotional anger, and heat exposure are well-established contributors to gastric acid hypersecretion, mucosal injury, oxidative stress, and inflammatory mediator release.

Severe pain during digestion mirrors postprandial ischemia or acid-induced mucosal irritation, while Vranavat sparshsahatva parallels localized tenderness due to tissue inflammation or ulceration. The Ayurvedic concept of Rakta duṣṭi may be correlated with systemic inflammation, microcirculatory dysfunction, and cytokine-driven tissue injury, which are central to modern inflammatory pathologies.

➤ **KAPHAJA GULMA**^{13,14,15}

Nidana: Excessive consumption of Shita (cold; Cold beverages), Guru (heavy; Ex- Panner, cheese, Ice cream shakes), and Snigdha (unctuous; Ex- Jelly candies, Shrikhanda) food, Acheṣṭana (lack of physical activity), Sampurana (overeating), and Divasvapna (daytime sleep) are the principal etiological factors.

Lakshana: Clinical features include Staimitya (sensation of heaviness or being covered with a wet cloth), Shita jvara (mild fever with chills), Gatra-sada (lassitude), Kasa (cough), Aruci (loss of appetite), Gaurava (heaviness), Shaityata (coldness on touch), Ruja-alpata (mild pain), and a Gulma that is Kathina (hard) and Unnata (elevated).

Interpretation and correlation in contemporary science: Features correspond to hypometabolic, proliferative, or storage-type abdominal conditions. Modern correlations include benign abdominal tumours, fibrotic masses, lipomas, chronic inflammatory sequelae, organomegaly, and metabolic tissue deposits. Sedentary lifestyle, overeating, fatty diet, and daytime sleep are recognized risk factors for obesity, insulin resistance, dyslipidaemia, fatty infiltration, and impaired lymphatic drainage, all of which contribute to slow, painless mass formation.

The hardness, elevation, and minimal pain reflect low-grade cellular proliferation or fibrosis rather than active inflammation, while staimitya and gaurava parallel oedematous states and sluggish metabolism. Coldness to touch and mild fever suggest reduced local circulation and diminished inflammatory response, consistent with Kapha dominance.

➤ **RAKTAJA GULMA IN FEMALE^{13,14,15}**

Nidana: Raktaja Gulma is caused by nidanas that predominantly aggravate Vata and vitiate Rakta. In females, Vegadharana (suppression of natural urges) due to Paratantryata (dependence), Avaisharadyata (ignorance), and Satatam upacharanurodhat (continuous service to others) leads to chronic Vata prakopa (psychosomatic stress and lifestyle-related autonomic imbalance). Intake of Vata-prakopaka dravyas (dry, cold, light foods) / Ahita bhojana (unwholesome diet causing metabolic and inflammatory disturbances) soon after abortion, delivery, or during menstruation (post-partum hormonal imbalance), and faulty regimens during Rutukala such as fasting, intake of Ruksha ahara, or fear (nutritional deficiency, psychological stress, hypothalamic–pituitary axis disturbance) further aggravate Vata. These factors result in Avarana of arthava (obstruction to menstrual blood flow or endocrine dysfunction), ultimately leading to Raktaja gulma.

Lakshana: Due to Arthava avarana, Arthava-rupa raktaja gulma manifests as Ekapiṇḍa rupa (a solitary mass without differentiation, comparable to uterine or pelvic mass), associated with Ruja and Shula (pelvic or abdominal pain), Daha (burning sensation suggestive of inflammatory pathology), and uniform Spandana occurring at long intervals (irregular pulsations due to vascular/neuromuscular activity). Amenorrhea is commonly present (menstrual suppression or obstruction), and although the condition mimics pregnancy in appearance and symptomatology, it lacks organized movements, foetal parts, and foetal heart sounds. The psychological misinterpretation of Gulma as Garbha reflects psychosomatic influence similar to pseudocyesis. In Dhatu-rupa raktaja gulma, occurring in both males and females, lakshanas resemble Pittaja gulma along with features of Raktatisara (gastrointestinal bleeding, anaemia, inflammatory bowel pathology), indicating dushta rakta involvement.

Interpretation and correlation in contemporary science: Molar pregnancy (carneous mole and hydatidiform mole) initially presents with amenorrhea and features resembling early pregnancy however, due to obstruction to menstrual flow and possible infection, the patient may develop fever, foul vaginal discharge, vomiting, abdominal pain, and appear more ill, with absence of fetal parts and fetal heart sounds. In Cryptomenorrhea, menstrual blood is formed but cannot escape because of obstruction in the genital tract such as imperforate hymen, vaginal septum, or cervical stenosis, leading to hematometra, hematosalpinx, periodic lower abdominal pain, and a uniformly enlarged uterus; it can be differentiated from pregnancy by abdominal examination revealing a uterine mass rather than a fetus. In Pseudopregnancy, psychological factors create signs and symptoms mimicking pregnancy-including amenorrhea, abdominal enlargement, weight gain, and morning sickness-despite the absence of conception. All these conditions may be compared to Raktaja Gulma in women, where obstruction to arthava leads to confusion with true pregnancy.

Dhatu Rupa Raktaja Gulma- The dhaturupa raktaja gulma occurs in both male and female. Clinical presentations of iron deficiency anaemia and of occult blood in the stool in both sexes mandates a search for an occult gastrointestinal tract lesion. One such example is haemorrhagic colonic diverticulum. It is the most common cause of haematochezia in patients of > 60 years, yet only 20% of patients with diverticulosis will have GI bleeding. It also presents with fever, anorexia, left lower quadrant abdominal pain and obstipation. Other possible obstructive conditions such as cysts or tumours, uterine fibroids, adenomyosis, intrauterine adhesions, and endometriosis can also be understood through the concept of raktaja gulma. These conditions block menstrual flow, cause pelvic masses, inflammation, and chronic or cyclical pain. Endometriosis, in particular, involves misplaced endometrial tissue causing pain and swelling, which is similar to disturbed blood collecting at abnormal sites as described in Ayurveda. Overall, raktaja gulma explains not just physical masses but also functional, inflammatory, and

psychological conditions that create pregnancy-like symptoms without true pregnancy, showing how well classical Ayurvedic concepts can be understood using modern medical knowledge.

5. DISCUSSION

Gulma represents one of the most conceptually profound disease constructs in Ayurveda. Classical descriptions portray it not merely as a structural abdominal lump but as a dynamic pathological continuum primarily rooted in Vata derangement within the kosta. The fundamental mechanism- Kupita Anila Mudhatva (aggravated and obstructed Vata) indicates disturbed movement and functional imbalance rather than an immediate tissue-based lesion. In contemporary terms, this closely correlates with abnormalities in gastrointestinal motility, autonomic dysfunction, altered enteric nervous system signalling, and dysregulation of the brain-gut axis.

The Ayurvedic concepts of Ama and Srotorodha provide further interpretative clarity. Chronic low-grade inflammation, microbial dysbiosis, fermentation-related gas retention, and oxidative stress are well-recognized contributors to functional and structural gastrointestinal pathology. From this perspective, Gulma may be understood as a staged progression from reversible dysmotility and functional obstruction to chronic inflammation, fibrosis, and structural mass formation. This mirrors modern understanding that persistent inflammation and metabolic disturbance can predispose to organic disease.

Dosha-based classification strengthens clinical relevance. Vataja Gulma aligns with functional gastrointestinal disorders characterized by variable pain, constipation, distension, and stress association. Pittaja Gulma reflects inflammatory and hypermetabolic states such as gastritis, peptic ulcer disease, and localized enteritis, marked by burning sensation, fever, and tenderness. Kaphaja Gulma corresponds to slow-growing, firm, minimally painful masses including benign tumors, fibrotic lesions, and metabolic deposits. Raktaja Gulma uniquely bridges gynaecological and gastrointestinal pathology, explaining obstructive menstrual disorders, inflammatory pelvic masses, and haemorrhagic intestinal conditions through the lens of Rakta dushti and Vata avarana. Importantly, Gulma does not invariably denote neoplasia. Rather, it encompasses functional, inflammatory, obstructive, and psychosomatic abdominal conditions, demonstrating Ayurveda's integrative and anticipatory understanding of complex abdominal disorders.

6. CONCLUSION

Gulma, as described in classical Ayurveda, represents a multidimensional clinical entity rooted in Vata dysregulation with variable association of Pitta, Kapha, and Rakta. It is not confined to a single anatomical diagnosis but reflects a functional-pathological continuum ranging from reversible dysmotility to chronic inflammation and, in select cases structural mass formation.

Modern biomedical correlations reveal striking parallels with functional gastrointestinal disorders, inflammatory bowel diseases, benign and malignant abdominal masses, gynaecological obstructive conditions, and psychosomatic syndromes. The classical differentiation between non-suppurative Gulma and tissue-based pathology anticipates contemporary distinctions between functional disorders and structural disease.

This critical analysis underscores that Gulma should not be narrowly equated with tumor but appreciated as a sophisticated clinical model describing disturbed movement, obstruction, inflammation, and tissue response within the abdominal domain. The Ayurvedic framework encourages early intervention, individualized doshic evaluation, and prevention of disease progression principles that align with modern preventive and integrative medicine.

Future interdisciplinary research exploring gut motility, microbiota, neuroendocrine pathways, inflammatory mediators, and psychosomatic interactions may further illuminate the biomedical correlates of Gulma. Such integrative inquiry holds promise for advancing evidence-based Ayurvedic practice while enriching contemporary understanding of complex abdominal disorders.

7. REFERENCES

1. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Chikitsa Sthana 5/7.
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Sutra Sthana 11/48–49.
3. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya and Nyayacandrika Panjika of Gayadasacharya on Nidanasthana. Acharya VJT, Acharya NR, editors. Introduction by Sharma PV. Varanasi: Chaukhambha Orientalia; 2023. Uttara Tantra 42/4.
4. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Chikitsa Sthana 5/19
5. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Chikitsa Sthana 5/4–5.
6. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Nidana Sthana 3/6.
7. Harrison's Principles of Internal Medicine. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 21st ed. New York: McGraw Hill; 2022.
8. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya and Nyayacandrika Panjika of Gayadasacharya on Nidanasthana. Acharya YJT, Acharya NR, editors. Varanasi: Chaukhambha Orientalia; Jaikrishnadas Ayurveda Series No. 34. Nidana Sthana 9/31–33.
9. Vagbhata. Ashtanga Hridayam. With the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Kunte AM, Navare KR, editors. Paradakara HS, editor. Varanasi: Chaukhambha Orientalia; reprint ed. Jaikrishnadas Ayurveda Series No. 52. Nidana Sthana 11/3, 11/38, 11/55, 11/57.
10. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Chikitsa Sthana 5/40–44
11. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya and Nyayacandrika Panjika of Gayadasacharya on Nidanasthana. Acharya VJT, Acharya NR, editors. Introduction by Sharma PV. Varanasi: Chaukhambha Orientalia; 2023. Uttara Tantra 42/9–14.
12. Agnivesha, Charaka, Dridhabala. Charaka Samhita. With Ayurveda Dipika commentary of Chakrapani Datta. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2023. Nidana Sthana 3/15.
13. Agnivesa. Charaka Samhita. Revised by Charaka and Dridhabala. With Ayurveda-Dipika commentary of Chakrapanidatta. Acharya YJT, editor. Varanasi: Chaukhambha Orientalia; 2023. Chikitsa Sthana 5/7–18
14. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya and Nyayacandrika Panjika of Gayadasacharya on Nidanasthana. Acharya YJT, Acharya NR, editors. Varanasi: Chaukhambha Orientalia; Jaikrishnadas Ayurveda Series No. 34. Uttaratanttra 42/9–13.
15. Vagbhata. Ashtanga Hridayam. With the commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri. Kunte AM, Navare KR, editors. Paradakara HS, editor. Varanasi: Chaukhambha Orientalia; Jaikrishnadas Ayurveda Series No. 52. Nidana Sthana 11/41–48.