



**International Journal of Biology, Pharmacy
and Allied Sciences (IJBPAS)**

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

THERAPEUTIC POTENTIAL OF BILWADI GUTIKA IN BREAST CANCER –A BRIEF REVIEW

RANJEETHA K^{*1}, CHAITRA H², ANAGHASHREE S³ AND MADHUSUDHAN V⁴

- 1: PG Scholar, Department of Agada Tantra, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, Hassan, Karnataka, India
- 2: HOD and Professor Dept of Agada Tantra, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, Hassan, Karnataka, India
- 3: PG Scholar, Department of Agada Tantra, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, Hassan, Karnataka, India
- 4: PG Scholar, Department of Agada Tantra, Sri Dharmasthala Manjunateshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

***Corresponding Author: Dr. Ranjeetha K: E Mail: ranjeethak40@gmail.com**

Received 25th June 2025; Revised 6th Aug. 2025; Accepted 26th Oct. 2025; Available online 1st Sept. 2026

<https://doi.org/10.31032/IJBPAS/2026/15.9.9819>

ABSTRACT

Introduction: Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body. Breast cancer is the most common malignancy in women in the developing countries and the second commonest malignancy in women in India. In 2020, there were 2.3 million people diagnosed with breast cancer and 68500 deaths globally. Now a days due to Increasing Age, Inherited Genes (most well-known gene mutations are BRCA1 and BRCA2.), Radiation Exposure, Obesity, Early Menstruation or Late Menopause, Postmenopausal Hormone Therapy, drinking alcohol, physically inactive, long-term Use of Oral Contraceptives, Diet rich in fat, Smoking are some of the causes which are known to cause breast cancer. Despite the fact that contemporary science has developed powerful anticancer medications like cisplatin, and other conventional methods like surgery, radiation therapy, hormonal therapy and palliative therapy, causing many negative side effects. **Methodology:** *Agada Tantra* is a specialized branch of *Ayurveda* which deals with the management of toxicity

with numerous formulations. *Bilwadi gutika* is one such formulation mentioned in classics in *Ashtanga Hridaya* in *Sarpa Visha pradhishedha adhyaya*. It is an herbal formulation containing 13 ingredients in equal quantity and Goat's urine used as *Bhavana dravya* (Liquid media for trituration) **Result:** *Bilwadi Gutika*, may offer supportive care in cancer management, by playing a valuable role in reducing toxicity, managing inflammation, and supporting the immune system during conventional cancer therapies like chemotherapy and radiation. **Discussion:** Its detoxifying and restorative properties align with the needs of cancer patients who face significant side effects from aggressive treatments.

Keywords: Cancer, Breast cancer, Conventional methods, *Bilwadi gutika*

INTRODUCTION-

Cancer is a disease in which some of the body's cells grow uncontrollably and spread to other parts of the body [1]. Factors such as life style, level of physical activity, food, personal hygiene, and environmental pollution are the major causing factors of cancer. Every person nowadays is constantly exposed to a variety of harmful compounds, the majority of which are cancer-causing [2]. According to World Health Organization, more than 80% of people in developing countries depend on traditional Medicine for their primary health needs [3]. Breast cancer is the commonest malignancy among women globally and is the leading cause of cancer [4]. In 2020, there were 2.3 million people diagnosed with breast cancer and 68500 death globally [5]. It has been estimated that by 2022, 287850 new cases have been reported representing about 15% of cases and 43,250 death cases representing 7.1% among all death cases [6]. Every four minutes, a woman is diagnosed with breast cancer, and

every 15 minutes, a woman dies from breast cancer in India [7]. One in 28 Indian women is likely to develop breast cancer during her lifetime. It is more (1 in 22) for urban women than the rural group (1 in 60) [8]. Based on the clinical features such as Lump of mass present in breast which is hard, Irritation of breast, Hard swelling, Pain, Deeply rooted, Discharge from the nipple with suppuration, Tenderness, Redness, Chest pain and Haemoptysis, Bone pain tenderness [9]. Now a days due to Increasing Age, Inherited Genes (most well-known gene mutations are BRCA1 and BRCA2.), Radiation Exposure, obesity, Early Menstruation or Late Menopause, Postmenopausal Hormone Therapy, Drinking alcohol, Long Term Use of Oral Contraceptives, Smoking are some of the causes which are known to cause breast cancer [10].

Risk factors

Hormonal Factors: [11]

- **Estrogen Exposure:** Prolonged exposure to estrogen, either due to early menarche, late menopause, or hormone replacement therapy (HRT), increases breast cancer risk. Estrogen stimulates the growth of breast cells, and long-term exposure can lead to mutations in DNA.
- **Pregnancy and Breastfeeding:** Women who have their first child after age 30 or who do not have children at all are at a higher risk. On the other hand, breastfeeding reduces the risk by lowering estrogen levels and facilitating the shedding of breast tissue.
- **Alcohol Consumption:** Alcohol raises estrogen levels and can contribute to the development of breast cancer. Even moderate alcohol intake has been linked to an increased risk.
- **Physical Activity:** Lack of physical activity is associated with a higher risk of breast cancer due to its effect on weight gain, hormonal balance, and immune system regulation.

Proliferative Breast Disease (PBD): [14]

Proliferative Breast Disease (PBD) increases the risk of breast cancer, with different types carrying varying levels of risk. Usual Ductal Hyperplasia (UDH) raises the risk 1.5 to 2 times due to increased, though normal-looking, cell growth in the breast ducts. Atypical Ductal Hyperplasia (ADH) and Atypical Lobular Hyperplasia (ALH) both elevate the risk 4 to 5 times, as these involve abnormal cell growth that resembles early cancerous changes in the ducts and lobules, respectively. Lobular Carcinoma in Situ (LCIS) presents a 7 to 12 times higher risk since it involves abnormal cells in the lobules that have a strong potential to become invasive cancer. Sclerosing Adenosis and Radial Scars increase the risk by 1.5 to 2 times due to benign tissue overgrowth and structural changes that can indicate a higher likelihood of malignancy.

Genetic Factors: [12]

- **BRCA1 and BRCA2 Mutations:** Women who inherit mutations in the BRCA1 and BRCA2 genes have a significantly higher risk of developing breast cancer. These genes typically help repair damaged DNA, and mutations can lead to uncontrolled cell growth.
- **Family History:** A strong family history of breast cancer can indicate the presence of inherited genetic

Lifestyle Factors: [13]

- **Diet and Obesity:** High-fat diets and obesity, especially after menopause, increase breast cancer risk by elevating estrogen levels produced by adipose tissue.

Regular monitoring is recommended for individuals with these conditions to manage breast cancer risk

Environmental Factors: [15]

- **Radiation Exposure:** Exposure to radiation, particularly at a young age, can increase the risk of breast cancer by causing DNA mutations in breast cells.
- **Endocrine Disruptors:** Chemicals like bisphenol A (BPA) found in plastics can mimic estrogen and promote the growth of breast tissue, increasing cancer risk.

Mechanisms of Breast Cancer Development: [16]

Breast cancer arises from genetic and epigenetic changes that alter cell behavior, allowing for uncontrolled growth and invasion. The following are key mechanisms involved in breast cancer development:

Hormonal Influence on Cell Proliferation:

Estrogen and progesterone play crucial roles in stimulating breast tissue proliferation. Breast cancers that are estrogen receptor-positive (ER+) depend on estrogen for growth. When estrogen binds to its receptor on breast cells, it activates signaling pathways that promote cell division. Over time, repeated cycles of cell proliferation can result in mutations, leading to cancer.

• **DNA Damage and Repair Deficiency:**

Normal cells have mechanisms to repair damaged DNA, such as the BRCA1 and BRCA2 pathways. When these pathways are disrupted (either through inherited mutations or acquired alterations), cells are more likely to accumulate DNA errors. These mutations can lead to the activation of oncogenes (e.g., HER2) or inactivation of tumor suppressor genes (e.g., p53), promoting the development of breast cancer.

• **Chronic Inflammation:**

Inflammatory processes can promote cancer development by releasing cytokines and growth factors that stimulate cell proliferation and survival. Chronic inflammation, whether due to obesity, infection, or other factors, is linked to a higher risk of cancer through mechanisms such as oxidative stress, which damages cellular DNA.

- **Angiogenesis and Metastasis:** As a tumor grows, it requires more oxygen and nutrients, leading to the activation of angiogenesis (formation of new blood vessels). Vascular endothelial growth factor (VEGF) is often upregulated in breast cancer cells, allowing them to recruit blood vessels to support tumor growth. This also

facilitates metastasis, the process by which cancer cells spread to distant organs like the lungs, bones, and liver. Breast cancer cells can break through the basement membrane, invade surrounding tissues, and enter the bloodstream or lymphatic system.

- **Epigenetic Modifications:** In addition to genetic mutations, epigenetic changes such as DNA methylation and histone modifications can alter gene expression without changing the DNA sequence itself. For example, hypermethylation of tumor suppressor genes can silence them, contributing to unchecked cellular growth.
- **Immune Evasion:** The immune system plays a key role in identifying and destroying abnormal cells. However, cancer cells can develop mechanisms to evade immune detection, such as downregulating antigen presentation or creating an immunosuppressive microenvironment. Some breast cancers overexpress proteins like PD-L1, which inhibit immune responses and allow tumors to grow unchecked.

Treatment- [17]

Depending on the type and stage of cancer, patients are treated with either traditional therapies (such as surgery, chemotherapy, and radiation therapy)

or newer forms of treatment (such as immunotherapy, targeted therapy, hormone therapy, gene therapy and photodynamic therapy. Surgery is the process of removing cancer by doing operation and it is generally used only when cancer is localized. Radiation therapy uses high doses of radiation to shrink or kill cancer cells. On the other hand, chemotherapy is an effective and widespread way of cancer treatment in which one or more chemotherapeutic or alkylating agents are used.

Cisplatin:

Cisplatin, a key chemotherapy drug, causes DNA damage and triggers apoptosis but faces challenges like severe side effects (nephrotoxicity, ototoxicity) and drug resistance [18].

Resistance mechanisms include enhanced DNA repair, drug inactivation, altered transport, and apoptosis evasion, limiting its effectiveness in cancer treatment [19].

Oxidative Stress: Cancer cells' high metabolism raises ROS levels, activating growth pathways and preventing apoptosis. Cisplatin generates ROS, causing lipid peroxidation and malondialdehyde (MDA) production, which supports cancer cell damage and metastasis [20].

Calcium Signaling: Cisplatin induces apoptosis through calcium-dependent pathways, activating caspase-3 and ER

stress marker Grp78/BiP. In MCF-7 cells, Ca^{2+} levels increase dose-dependently, suggesting treatment variability [21].

Apoptosis Induction: Cisplatin triggers apoptosis via ROS generation, DNA cross-links, calcium disruption, and ER stress, collectively activating apoptotic pathways [22].

Gene Expression Modulation: Cisplatin alters gene expression by forming DNA cross-links, activating damage response pathways, and affecting cell cycle and apoptosis genes. It also induces inflammation and epigenetic changes, influencing long-term gene expression [23].

Cisplatin causing toxicity-

Cisplatin, while effective for cancer treatment, can cause significant toxicity in normal cells. Major concerns include nephrotoxicity leading to acute kidney injury, ototoxicity causing hearing loss, and hematologic toxicity resulting in anemia and increased infection risk. It can also induce peripheral neuropathy, gastrointestinal

issues like severe nausea, and electrolyte imbalances [24].

METHODOLOGY:

Agada Tantra is a specialized branch of *Ayurveda* which deals with the management of toxicity with numerous formulations. *Bilwadi gutika* is an herbal preparation explained in *Astanga hrudaya* [25]. It is having many chemical constituents which are proven to have anticancer potentials which includes, antioxidant activity, inhibition of cancer cell growth, induction of apoptosis, antitumor activity, cancer cell cytotoxicity, etc. without harming normal cells [26]. In this article, a comprehensive pharmacological review is done to understand the anticancer potentials of ingredients of *Bilwadi Gutika*. It is an herbal formulation containing 13 ingredients in equal quantity and Goat's urine used as *Bhavana dravya* (Liquid media for trituration) [27].

Ingredints of Bilwadi Gutika:[28]

Table 1: Ingredints of Bilwadi Gutika

S. No.	Drug	Botanical Name	Part Used
1	Bilwa	<i>Aegle marmelos</i> Corr	Moola (Root)
2	Surasa	<i>Ocimum sanctum</i> Linn	Pushpam (Inflorescence)
3	Karanja	<i>Pongamia pinnata</i> Merr	Phala (Fruit)
4	Natam	<i>Valeriana wallichii</i> DC	Moola (Root)
5	Surahwam	<i>Cedrus deodara</i> Roxb)	Kanda sara (Heartwood)
6	Haritaki	<i>Terminalia chebula</i> Retz	Phala (Fruit)
7	Vibitaki	<i>Terminalia bellirica</i> Roxb	Phala (Fruit)
8	Amalaki	<i>Emblia officinalis</i> Gaertn	Phala (Fruit)
9	Pippali	<i>Piper longum</i> Linn	Phala (Fruit)
10	Maricha	<i>Piper nigrum</i> Linn	Phala (Fruit)
11	Shunti	<i>Zingiber officinale</i>	Kanda (Rhizome)
12	Haridhra	<i>Curcuma longa</i> Linn	Kanda (Rhizome)
13	Daruharidhra	<i>Berberis aristata</i>	Kanda sara (Heartwood)
14	Basta mutra		

RESULTS:**Probable mode of action of *Bilwadi gutika***

Bilwadi Gutika is an *Ayurvedic* formulation traditionally used for various health conditions, including digestive disorders and cancer. Its probable mode of action includes antioxidant activity that helps reduce oxidative stress by combating elevated reactive oxygen species (ROS) levels commonly found in cancer cells. Additionally, the formulation may possess anti-inflammatory effects that inhibit tumor progression and support overall health. *Bilwadi Gutika* may also enhance immune function, allowing the body to better fight cancer cells and infections. By promoting digestive health, it improves nutrient absorption, indirectly supporting cancer treatment. Some components may trigger apoptotic pathways in cancer cells, leading to programmed cell death, while others may directly inhibit the proliferation of cancer cells or disrupt key signaling pathways involved in cancer progression

The predominant rasas of *Bilwadi Gutika* are *Tikta* (36%), *Katu* (32%) and *Kashaya* (29%), predominant *Gunas* are *Laghu* (44%), *Ruksha* (26%) and *Teekshna* (11%), predominant *Virya* is *Ushna* (85%) and predominant *Vipaka* is *Katu* (71%). Majority of ingredients (61%) have *Kapha vata* hara properties.

Probable mode of action of *Aja mutra*-

Aja Mutra (goat's urine) in *Bhavana Samskara* helps in improving the bioavailability by increasing the solubility, cellular penetration, and absorption of active phytochemicals. Its alkalinity, detoxifying properties and its ability to enhance membrane permeability and transport processes make it an effective medium for enhancing the potency of *Bilwadi Gutika*. These processes together help ensure that the medicinal compounds are more efficiently absorbed, retained, and utilized by the body for therapeutic benefit.

Table 2: Drug Properties

DRUGS	PROPERTIES
<i>Bilwa, Surahwa, Karanja, Nata, Haritaki, Maricha, Haridra, Daruharidra</i> [29]	vishagna
<i>Amalaki, Haritaki and Bilwa</i> [31]	immunostimulant

- The *Laghu, Ruksha and Teekshna guna* makes the drug potent in action and helps for speedy action of the drug [30].

Bilwadi Gutika is having chemical constituents like Tannic acid, Marmelosin, Ascorbic acid, Stearic acid, Linoleic acid,

Karanjin, Pongapin, Valtrate, Linarin, Atlantone, Himachalol, Taxifolin, Chebulagic acid, sorbitol, Gallic acid, Ellagic acid, Ethyl gallate, Zingiberene, Gingerol, Piperine, Piperidine, Piperlongumine, Pipernonaline, Curcumin,

Camphene, Berberine, Berbamine, etc. which are proven to have different effect against cancer cells, which includes antioxidant activity, inhibition of cancer cell growth, induction of apoptosis, antitumor activity, cancer cell cytotoxicity, etc. and many were harmless to normal cells [32].

DISCUSSION:

All ingredients are proven to have selective cytotoxic activity against cancer cells through various mechanisms like, Cell cycle arrest Targeting Growth Signaling Pathways DNA Synthesis Inhibition Increase in caspase 3 activity Inhibition of Telomerase Activity Modulation of Growth Factors Increase in ROS (reactive oxygen species), Bax - intrinsic pathway Downregulation of Bcl 2, Antioxidant Activity. TRAIL (tumor necrosis factor-related apoptosis-inducing ligand) to induce Apoptosis. So the formulation might have caused cancer cell death by its synergistic action [33].

ACKNOWLEDGEMENT:

I'm thankful to all my co-authors who have supported and guided me in this article and I'm also thankful to God without whose consent nothing is possible

REFERENCES

- [1] Cancer [Internet]. World Health Organization; [cited 2023 Jul 12]. Available from: <https://www.who.int/health-topics/cancer>

- [2] Ukey VJS. Critical review on scope of Ayurveda in cancer. International Journal of Scientific Development and Research. 2020;5(4):4.
- [3] Craig WJ Am.J.Clin.Nutr. 1999; 70: 491
- [4] Mehrotra R, Yadav K. Breast cancer in India: Present scenario and the challenges ahead. World Journal of Clinical Oncology [Internet]. 2022 [cited 15 September 2022];13(3):209-218. <http://ncbi.nlm.nih.gov/pmc/articles/PMC8966510/>
- [5] [Internet]. who. 2022 [cited 15 September 2022]. Available from: <https://www.who.int/newsroom/factsheets/detail/breast-cancer>
- [6] Cancer of the breast (female) - cancer stat facts [Internet]. SEER. [cited 2022 Oct 3]. Available from: <https://seer.cancer.gov/statfacts/html/breast.html>
- [7] <https://news.abplive.com/science/breast-cancer-is-most-common-cancer-in-india-138-million-cases-diagnosed-annually-estimated-incidence-by-2030-abpp-1644363>
- [8] <https://cytecare.com/blog/breast-cancer/statistics-of-breast-cancer/> [cited 2024 March 12]

- [9] <https://www.indiancancersociety.org/breastcancer/index.html>?[cited 2024 MARCH 12]
- [10] https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm#:~:text=Women%20who%20have%20inherited%20changes,risk%20of%20getting%20breast%20cancer.[cited 2024 MARCH 12]
- [11] Beral V, Banks E, Reeves G, Bull D. Breast cancer and hormone-replacement therapy: the Million Women Study. *The Lancet*. 2003 Oct 18;362(9392):1330-1.
- [12] Greene MH. Genetics of breast cancer. In *Mayo Clinic Proceedings* 1997 Jan 1 (Vol. 72, No. 1, pp. 54-65). Elsevier.
- [13] Irigaray P, Newby JA, Clapp R, Hardell L, Howard V, Montagnier L, Epstein S, Belpomme D. Lifestyle-related factors and environmental agents causing cancer: an overview. *Biomedicine & Pharmacotherapy*. 2007 Dec 1;61(10):640-58.
- [14] Dupont WD, Page DL. Risk factors for breast cancer in women with proliferative breast disease. *New England Journal of Medicine*. 1985 Jan 17;312(3):146-51.
- [15] Welp EA, Weiderpass E, Boffetta P, Vainio H, Vasama-Neuvonen K, Petralia S, Partanen TJ. Environmental risk factors of breast cancer. *Scandinavian journal of work, environment & health*. 1998 Feb 1;3-7.
- [16] Feng Y, Spezia M, Huang S, Yuan C, Zeng Z, Zhang L, Ji X, Liu W, Huang B, Luo W, Liu B. Breast cancer development and progression: Risk factors, cancer stem cells, signaling pathways, genomics, and molecular pathogenesis. *Genes & diseases*. 2018 Jun 1;5(2):77-106.
- [17] https://www.cancer.gov/types/breast/patient/breast-treatment-pdq#_185 [cited on march 21 2024]
- [18] Ghosh S. Cisplatin: The first metal based anticancer drug. *Bioorganic chemistry*. 2019 Jul 1;88:102925.
- [19] Prabhakaran P, Hassiotou F, Blancafort P, Filgueira L. Cisplatin induces differentiation of breast cancer cells. *Frontiers in oncology*. 2013 Jun 3;3:134.
- [20] Sakallı Çetin E, Nazıroğlu M, Çiğ B, Övey İS, Aslan Koşar P. Selenium potentiates the anticancer effect of cisplatin against oxidative stress and calcium ion signaling-induced intracellular toxicity in MCF-7 breast cancer cells: involvement of the TRPV1 channel. *Journal of Receptors and Signal Transduction*. 2017 Jan 2;37(1):84-93.

- [21] Hodeify R, Siddiqui SS, Matar R, Vazhappilly CG, Merheb M, Al Zouabi H, Marton J. Modulation of calcium-binding proteins expression and cisplatin chemosensitivity by calcium chelation in human breast cancer MCF-7 cells. *Heliyon*. 2021 Jan 1;7(1).
- [22] Zhao Y, Jing Z, Li Y, Mao W. Berberine in combination with cisplatin suppresses breast cancer cell growth through induction of DNA breaks and caspase-3-dependent apoptosis. *Oncology Reports*. 2016 Jul 1;36(1):567-72.
- [23] Mokhtari MJ, Akbarzadeh A, Hashemi M, Javadi G, Mahdian R, Ghasemi S, Kamiab AR, Hoseineian Z, Chiani M, Taghavi MS. Cisplatin Induces Up-Regulation of KAI1, a Metastasis Suppressor Gene, in MCF-7 Breast Cancer Cell Line. *Tropical Journal of Pharmaceutical Research*. 2012;11(4):523-9.
- [24] Waissbluth S, Daniel SJ. Cisplatin-induced ototoxicity: transporters playing a role in cisplatin toxicity. *Hearing research*. 2013 May 1;299:37-45.
- [25] Murthy KRS. translator of Sushruta samhitha, nidhana sthana granthi-apachi-arbudha-galaganda nidanam. Chapter 11, 2010th ed. Vol. 1. varanasi: chaukhambha orientalia; 2010., p:534
- [26] Ravishankar K, Alex L, Bharathi AS Hussain G, Akbersha A. Comprehensive review on anticancer potentials of ingredients of bilwadi gutika. *World journal of pharmacy and pharmaceutical sciences*. 2022 AUG;11:2057-2075.
- [27] Paradkar.H.S.S, editor. Commentry sarvangasundara of Arunadatta on Astangahridaya of laghuvagbhata, uttarasthan; vishapratishedeeyam chapter :35, verse 49-53, Varanasi: chaukhamba sanskrita sansthan, 2016:p 905-906.
- [28] Hegde P, Harini A. A text book of Dravyagu a vijnana vol 1. New Delhi: Chaukhambha Publications, 2011; pg.no-188
- [29] Paradkar. H.S.S., editor. Commentry sarvangasundara of Arunadatta on Astangahridaya of laghuvagbhata, uttarasthana; sarpavisha pratishedadyayam chapter: 36, verse 84-85, Varanasi: chaukhamba Sanskrit sansthan, 2016: p 913
- [30] Hegde P, Harini A. A text book of Dravyagu a vijnana vol 1. New Delhi: Chaukhambha Publications; 2011;
- [31] U. Shubha *et al*: A Review on Bilwadi Gutika. *International Ayurvedic Medical Journal* {online} 2017 {cited August, 2023}

- Available from: 2017 {cited August, 2023}
http://www.iamj.in/posts/images/upload/501_506.pdf. Available from:
http://www.iamj.in/posts/images/upload/501_506.pdf.
- [32] Kamal GC, Gururaj CH. A review on Bilwadi Agada and its indications. World J. Pharm. Pharm. Sci. 2021; 10: 338-47
- [33] U. Shubha *et al*: A Review on Bilwadi Gutika. International Ayurvedic Medical Journal {online}
- [34] Turrini E, Sestili P, Fimognari C. Overview of the anticancer potential of the “king of spices” *piper nigrum* and its main constituent piperine. Toxins. 2020 Nov 26;12(12):747.