

Lesson 10: Clinical warning signs - CAUTION U, red flags

1. Why This Lesson Is Critical

For an Ayurvedic clinician interested in oncology, the most important safety skill is the ability to recognise **when a symptom might be cancer** and must **not** be managed as routine vāta vyādhi, arśa, āmlapitta, prameha, raktapradara etc.

Missing red flags leads to:

- Delayed diagnosis
- Progression from curable to incurable stages
- · Loss of the window for surgery or curative chemo/RT
- Avoidable suffering and loss of trust

This lesson will help you:

- Memorise and understand the CAUTION U warning signs
- Recognise system-wise red flags
- Decide when to urgently refer for modern investigations
- Avoid common Ayurvedic practice mistakes that delay cancer diagnosis

2. CAUTION U - Classic Cancer Warning Signs

Mnemonic: CAUTION U

- C Change in bowel or bladder habits
- A A sore that does not heal
- **U** Unusual bleeding or discharge
- T Thickening or lump in breast or elsewhere
- I Indigestion or difficulty swallowing
- O Obvious change in wart or mole
- **N** Nagging cough or hoarseness
- **U** Unexplained weight loss (plus other systemic symptoms)

We will go through each letter with:

- What it means
- Possible cancers
- What not to do as an Ayurvedic doctor
- What investigations/referrals are needed

3. C - Change In Bowel Or Bladder Habits

3.1 Suspicious Bowel Changes

Watch for:

- New-onset constipation or diarrhoea persisting >3-4 weeks
- Alternating constipation and diarrhoea in adults with no acute infection
- Change in stool calibre (pencil-thin, ribbon-like)
- Sense of incomplete evacuation (tenesmus)

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· Persistent abdominal bloating with altered bowel movements in middle-aged or older patients

Possible underlying cancers:

- Colorectal cancer
- Rectal cancer
- Ovarian or pelvic cancers compressing bowel

What not to do

- Do not label this only as "vāta prakopa", "grahaṇī", or "ām" and keep giving churnas and virechana for months.
- Do not treat all rectal bleeding as only "arśa/piles" without further evaluation.

What you should do

- Detailed history: duration, blood/mucus, weight loss, family history, anaemia, pain pattern.
- Examination: abdominal exam; digital rectal exam if you are trained and comfortable.
- Refer for:
 - Colonoscopy / sigmoidoscopy
 - o Stool occult blood test where appropriate
 - Ultrasound / CT abdomen as advised

3.2 Suspicious Bladder Changes

Watch for:

- Increased frequency, urgency or hesitancy persisting without infection
- Burning or pain with blood in urine
- Recurrent "UTIs" in older men or women without clear cause
- Nocturia with pelvic discomfort and weight loss

Possible underlying cancers:

- Bladder cancer
- Prostate cancer
- Pelvic organ tumours compressing urinary tract

What not to do

• Do not keep treating as "mutrakrcchra" only with alkalis and mutra-virechaniya dravyas.

What you should do

- Urine routine and culture
- Ultrasound KUB and pelvis
- Urologist referral; PSA and further work-up in men with suspicious symptoms

4. A - A Sore That Does Not Heal

4.1 Suspicious Ulcers And Wounds

Watch for:

- Any oral ulcer (tongue, cheek, lip, floor of mouth) not healing within 2-3 weeks, especially in tobacco users
- Non-healing ulcer on skin, especially sun-exposed areas or old scars
- Ulcer around genital or perianal region with induration or bleeding

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• Chronic wound with raised, hard edges and contact bleeding

Possible underlying cancers:

- Oral squamous cell carcinoma
- Skin cancers (basal cell, squamous cell, melanoma)
- Carcinoma of cervix, vulva, penis, anal canal
- Malignancy in chronic scars (Marjolin's ulcer)

What not to do

- Do not keep applying lepa, oil, honey, herbal pastes alone for months.
- Do not repeatedly burn/cauterise suspicious lesions with kṣāra/agnikarma without biopsy.

What you should do

- Any ulcer not healing in 2-3 weeks, especially with hardness, irregular margins or bleeding, must be biopsied.
- Refer to ENT/dental surgeon/dermatologist/surgical oncologist for examination + biopsy ± imaging.

5. U - Unusual Bleeding Or Discharge

5.1 Suspicious Bleeding

Watch for:

- Post-menopausal bleeding in any amount
- Intermenstrual bleeding in women >35-40
- Bleeding after sexual intercourse
- · Rectal bleeding (fresh blood or black tarry stool)
- Blood in urine without stones/infection
- Coughing up blood (haemoptysis)

5.2 Suspicious Discharges

Watch for:

- Foul-smelling, blood-tinged vaginal discharge in peri/post-menopausal women
- Unilateral bloody nipple discharge
- Persistent foul discharge from a chronic wound or sinus

Possible underlying cancers:

- Cervical, endometrial, vulvar, vaginal cancers
- Colorectal and anal cancers
- Bladder, kidney cancer
- Lung cancer
- Breast cancer
- Skin/soft tissue malignancies

What not to do

- Do not treat post-menopausal bleeding just as "raktapradara" with astringent herbs for months.
- Do not assume all rectal bleeding is piles.

What you should do

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- For abnormal uterine bleeding:
 - o Per speculum and pelvic examination
 - o Pap smear, transvaginal USG, endometrial sampling as indicated
- For rectal bleeding:
 - Proctoscopy and colonoscopy in appropriate age/risk group
- · For haematuria:
 - o Urologist evaluation, imaging and cystoscopy as needed
- For haemoptysis:
 - o Chest imaging, pulmonologist/oncologist referral

6. T - Thickening Or Lump In Breast Or Elsewhere

6.1 Suspicious Lumps

Watch for:

Breast

- o New lump, especially hard, irregular, non-tender
- Fixed to skin or underlying tissue
- o Nipple retraction, dimpling, peau d'orange skin, or nipple discharge

Lymph nodes

- Neck, axilla, groin nodes that are:
 - Firm, non-tender, progressively enlarging
 - Persisting >3-4 weeks

• Soft tissue/muscle

- Deep, enlarging mass >2-3 cm
- o Fixed, painful or painless but progressive

Possible underlying cancers:

- Breast cancer
- Lymphomas
- Metastatic nodes
- Sarcomas
- · Thyroid or salivary gland malignancies

What not to do

- Do not treat a breast lump for months as "stana-vṛddhi" or "stana-granthi" with only lepa and kaṣāya.
- Do not repeatedly massage/manipulate suspicious lumps.

What you should do

- Refer urgently for:
 - o Clinical breast exam, ultrasound, mammography
 - FNAC or core needle biopsy
- For other lumps:
 - Appropriate imaging (USG, CT/MRI)
 - $\circ\,$ Tissue diagnosis (FNAC/biopsy) via surgeon/oncologist

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7. I - Indigestion Or Difficulty Swallowing

7.1 Suspicious Upper GI Symptoms

Watch for:

- Progressive difficulty swallowing solids, later liquids
- Sensation of food "sticking" in throat or chest
- Persistent indigestion or epigastric pain associated with weight loss or anaemia
- Early satiety, nausea, vomiting over weeks-months
- Recurrent vomiting not explained by simple gastritis

Possible underlying cancers:

- Esophageal cancer
- Gastric cancer
- Pancreatic cancer
- Proximal small bowel tumors

What not to do

- Do not keep labelling long-standing dyspepsia with weight loss as only "āmlapitta" or "agnimāndya" and treat with churnas forever.
- Do not give repeated virechana/vamana without prior endoscopy in patients with alarm features.

What you should do

- For dysphagia or alarm features:
 - Upper GI endoscopy
- For significant upper abdominal pain with systemic features:
 - o USG abdomen, and CT as per physician/oncologist advice

8. O - Obvious Change In Wart Or Mole

8.1 Suspicious Skin Changes

Watch for:

- Increase in size of mole/wart
- Irregular, notched, or blurred borders
- Colour change: darker, multiple colours, or loss of uniformity
- Bleeding, crusting, or oozing without trauma
- Non-healing, crusted lesions on sun-exposed skin

Possible underlying cancers:

- Melanoma
- Squamous cell carcinoma
- Basal cell carcinoma

What not to do

- Do not keep burning/cauterising changing moles with kṣāra or home remedies.
- Do not assume all pigmented lesions are harmless.

What you should do

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- Dermatology/oncology referral
- · Dermatoscopy and excisional/incisional biopsy as advised

9. N - Nagging Cough Or Hoarseness

9.1 Suspicious Respiratory Symptoms

Watch for:

- Cough persisting >3-4 weeks, not responding to usual treatment
- Cough plus weight loss, chest pain, breathlessness or haemoptysis
- Persistent hoarseness for >3 weeks, especially in smokers or heavy voice users
- New-onset wheeze or breathlessness in older age without clear cause

Possible underlying cancers:

- Lung cancer
- Laryngeal cancer
- Tracheal or bronchial tumors
- Metastatic lung involvement

What not to do

- Do not keep treating as "tāmaka śvāsa" or "kāsa" for months with only kaṣāya and churnas.
- · Avoid dhoomapana or irritant inhalations in patients with chronic unexplained cough.

What you should do

- Chest X-ray as initial screening in persistent cough with risk factors/red flags
- CT chest, bronchoscopy, ENT examination for hoarseness as per specialist advice

10. Final U - Unexplained Weight Loss And Systemic Red Flags

This last **U** is for a cluster of systemic warning signs.

10.1 Systemic Red Flags

Watch for:

- Unexplained weight loss:
 - $\circ~$ 5–10% body weight over 6 months without dieting
- Persistent low-grade or high-grade fever without clear infection
- Night sweats soaking clothes
- Extreme fatigue not explained by lifestyle alone
- Unexplained anaemia
- · Recurrent or unusual infections

Possible underlying cancers:

- Many solid tumors in advanced stages
- Leukemias and lymphomas
- Myeloma and other marrow malignancies
- Disseminated metastases

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What not to do

 Do not merely call this "ojas-kṣaya", "pāṇḍu", or "vāta-vyādhi" and give only rasayana/brimhana without ruling out serious disease

What you should do

- Baseline investigations:
 - o CBC, ESR, basic biochemistry
 - Chest X-ray, ultrasound abdomen
- Refer to physician/haematologist/oncologist if abnormalities or strong clinical suspicion exist

11. Extra Red Flags By Age And Sex

11.1 In Women

Be especially alert to:

- Any post-menopausal bleeding
- New breast lump, nipple change or discharge
- Persistent pelvic pain, bloating, early satiety, increasing abdominal girth
- Persistent abnormal vaginal discharge, especially foul or blood-tinged

11.2 In Men

Watch for:

- Change in urinary stream, hesitancy, nocturia in older men (prostate evaluation)
- Testicular lumps or asymmetry in younger men
- · Chronic back pain with weight loss plus urinary/neurologic symptoms (possible vertebral metastasis)

11.3 In Children And Adolescents

Red flags:

- Persistent, unexplained fever
- Pallor, bruising, petechiae
- Bone pain or limping
- Rapidly enlarging lymph nodes
- Abdominal mass or distension
- Headache with early morning vomiting, progressive

Any of these deserve paediatric evaluation; do not dismiss as "bāla-vāta" or "mandāgni" only.

12. How An Ayurvedic Clinician Should Respond

12.1 General Approach

- Suspect early, refer early.
- When in doubt, it is safer to **over-refer** than under-refer.
- Document clearly:
 - o Symptoms and duration
 - Your findings

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Advice given (investigations, referrals)

Never discourage:

- Biopsy
- Endoscopy
- Imaging
- Oncologist consultation

12.2 How To Explain To Patients

Examples of phrases you can use:

- "These symptoms need further tests to rule out serious causes, including cancer."
- "Ayurveda emphasises early diagnosis and timely yukti; today, that includes using modern tests."
- "If reports are normal, we will be relieved and can confidently continue Ayurvedic treatment."
- "If something serious is found, early detection gives maximum chance of cure. I will support you throughout."

12.3 Connection To Kriyakāla

- Many CAUTION U signs appear at:
 - Vyakti (clear manifestation)
 - Bheda (complications/advanced stage)
- Some may begin in late Sthāna Saṃśraya.
- Ignoring these signs allows disease to progress through Kriyakāla until chances of cure are lost.

13. Common Mistakes To Avoid

- $\bullet\,$ Treating chronic red-flag symptoms for months with only samana and rasayana.
- Naming all rectal bleeding "arśa", all dyspepsia "āmlapitta", all cough "kāsa", without investigations.
- Reassuring young patients too quickly; young age does not guarantee freedom from cancer.
- Advising patients to skip or stop modern diagnostics/treatment for the sake of "pure Ayurveda".
- Overestimating your diagnostic capacity; underusing modern tools.

14. Key Take-Home Points

- 1. CAUTION U is a simple memory aid for major cancer warning signs and must be internalised by every clinician.
- 2. Any **persistent or progressive** symptom from the CAUTION U list needs careful evaluation and usually modern investigations.
- 3. Ayurvedic labels (vāta vyādhi, arśa, āmlapitta, raktapradara, etc.) should not be used to bypass appropriate cancer work-up.
- 4. Your role is:
 - $\circ\,$ To recognise red flags early
 - o To strongly recommend and document modern investigations
 - o Then to offer rational Ayurvedic support based on a confirmed diagnosis.
- 5. Early recognition and referral can be the difference between a small, operable Arbuda and a widespread, incurable disease.

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15. Review Questions

- 1. Expand **CAUTION U** and give one clinical example for each letter.
- 2. Why is it dangerous to label all rectal bleeding as only "piles"? Which investigations should be considered?
- 3. Describe the features of a suspicious breast lump and how your management differs from simple mastalgia.
- 4. How will you differentiate a simple mouth ulcer from a potentially malignant oral ulcer in a tobacco user?
- 5. Outline your approach for a 52-year-old woman with post-menopausal bleeding from an integrative (Ayurveda + modern) perspective.
- 6. A 45-year-old male smoker presents with nagging cough and weight loss. Describe your stepwise plan, including modern investigations and your Ayurvedic role.
- 7. How do CAUTION U signs relate to the Kriyakāla stages of Sthāna Saṃśraya, Vyakti, and Bheda?

End of Lesson 10

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