



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)

- 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
 - 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 “mutrakṛcchra” 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



- 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

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

6. T - Thickening Or Lump In Breast Or Elsewhere

6.1 Suspicious Lumps

Watch for:

- **Breast**
 - New lump, especially hard, irregular, non-tender
 - Fixed to skin or underlying tissue
 - 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
 - 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:
 - Clinical breast exam, ultrasound, mammography
 - FNAC or core needle biopsy
- For other lumps:
 - Appropriate imaging (USG, CT/MRI)
 - Tissue diagnosis (FNAC/biopsy) via surgeon/oncologist

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:
 - 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



- 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 dhoomapāna 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:
 - 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



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:
 - 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:
 - Symptoms and duration
 - Your findings

- 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 Samśraya**.
- Ignoring these signs allows disease to progress through Kriyakāla until chances of cure are lost.

13. Common Mistakes To Avoid

- Treating chronic red-flag symptoms for months with only śamana 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:
 - To recognise red flags early
 - To strongly recommend and document modern investigations
 - 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.



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 Saṁśraya, Vyakti, and Bheda?

End of Lesson 10