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A Case Report On *Ayurvedic* Management Of *Stana Vidradhi* (Lactational Breast Abscess)

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ABSTRACT:

A breast abscess is a localized collection of purulent material within the breast parenchyma that usually occurs as a complication of mastitis. Mastitis is a relatively common breast condition which means inflammation of breast tissue which may or may not result from infection. It mostly affects the reproductive aged women. Breast abscesses as a complication; develop in 3-11% of women with mastitis, with a reported incidence of 0.1-3 % in breastfeeding women. In *Ayurveda*, breast abscess may be correlated with *Stana Vidradhi*, *Stana Shopha Avastha* (*Aama*, *Pachyamaana*, *Pakwa*). When the breast abscess ruptures, then it may be correlated with *Stana Vrana* that can be *Nija* and *Aagantuja* or *Shuddha* and *Dushta Vrana* according to *Dosha* involvement. In the present case report, a 28 years aged postnatal woman came to NIA, *Prasuti Tantra* and *Stri Roga* OPD with complaints of intermittent pain and pus discharge from right breast. On breast examination, the *Stana Vrana* was found to be located in the inner lower quadrant of the right breast (not including areolar region). The management was carried out with *Triphala Guggulu*, *Kaishore Guggulu* 2 tab thrice a day orally and local application with *Dashanga Lepa* once a day, *Jatyadi Taila* 2-3 times a day. The abscess was healed completely within a week without giving any systemic antibiotics. Hence, we can say that *Ayurveda* can play a major role in the management of breast abscess.

Keywords: Breast abscess, *Dashanga Lepa*, *Stana Vidhradhi*, *Stana Vrana*, *Triphala Guggulu*,

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INTRODUCTION

Breast is considered as an accessory organ in modern texts. But in *Ayurveda* it has given due importance. *Stana* also called as *Payodhara* is one of the 56 *Pratyanga*.^[1] It is considered as *Bahirmukha Srotasa* in the females.^[2] *Acharya Sushruta* has mentioned *Stana* as *Moolasthan* of *Shukravaha Srotasa*.^[3] It can be affected by various diseases like abscess, inflammation, fibroadenoma, fibrocystic disease, malignancy etc. Parenchymal infection of the mammary glands is a rare antepartum complication but is estimated to develop in up to a third of breast feeding women.^[4] A swollen area within body tissue, containing purulent material is called an abscess. A breast abscess is a localized collection of purulent material within the breast parenchyma that usually occurs as a complication of mastitis. Mastitis is a

relatively common breast condition which means inflammation of breast tissue which may or may not result from infection. Risk factors for mastitis are poor nursing, maternal fatigue and cracked nipple.^[5] It mostly affects the reproductive aged women. Breast abscesses as a complication; develop in 3-11% of women with mastitis, with a reported incidence of 0.1-3 % in breastfeeding women.^[6]

Breast abscesses may be lactational or non-lactational. Lactational abscesses are more common in reproductive aged women on the other hand; non-lactational abscesses are frequent in premenopausal women, obese patients and smokers than in general population. The main organism responsible for mastitis and abscess is *Staphylococcus aureus*. Treatment regimens generally include antibiotics, USG Guided

percutaneous drainage or surgical Incision and Drainage. In lactational mastitis, it is likely that bacteria (often originating from the mouth of the infant) gain entry via cracks or fissures in the nipple surface. Once the primary defenses are breached, organisms have an ideal culture environment in nutrient (lactose) rich maternal milk leading to rapid replication and bacterial dispersion. If Left untreated, mastitis may cause tissue destruction resulting in an abscess. Lactational abscesses tend to be located in the peripheral breast. Occasionally spread is hematogenous from an infection elsewhere. Early infection is usually localized to a single segment within the breast, extension to another segment is a late sign. The pathological process is similar to any acute inflammatory event, although the nature of the lactating breast architecture; with its loose parenchyma and stagnation of milk in an engorged segment may allow the infection to spread quickly both within the stroma and through the milk ducts.^[7]

According to *Ayurveda*, in childhood the *Dhamanis* residing in the breast are very constricted or narrowed due to which vitiated *Doshas* cannot travel or spread there to cause imbalance, thus the girls don't suffer from breast disorders. In childbearing

age (pregnancy or lactation period) due to natural dilatation of *Dhamanis*, vitiated *Doshas* can reach there and cause *Stana Roga* (breast disease).^[8]

In *Ayurveda*, breast abscess may be correlated with *Stana Vidradhi*,^[9] *Stana Shopha Avastha* (*Aama*, *Pachyamaana*, *Pakwa*). When breast abscess ruptures, it may be correlated with *Stana Vrana* that can be *Nija* and *Aagantuja* or *Shuddha* and *Dushta Vrana* according to *Dosha* involvement.^[10] A wound is a discontinuity or break of the surface. It is generally healed by inflammation, wound contraction, epithelialisation and granulation tissue formation. Drugs having *Shodhana* and *Ropana* qualities are essential for wound healing. Thus in present case study, such drugs were used.

MATERIAL AND METHODS

In the present case report, a 28 years aged postnatal woman came to NIA, *Prasuti Tantra* and *Stri Roga* OPD in 2018 with complaints of intermittent pain and pus discharge from right breast since last 1 week. Her last delivery was conducted 8 months back. Since then she was exclusively giving breastfeeding to her baby. She was said to be healthy and asymptomatic somewhat before her first

visit in hospital. Then she suddenly developed inflammation of right breast and later on the inflammation got converted into abscess. When she came to OPD, abscess was ruptured. Pus discharge and tenderness were present in the right breast with signs of inflammation.

Past medical and surgical history was not significant.

Vitals:

B.P.- 110/80 mm of Hg

P.R.- 98/min

Temperature- 99⁰ F

Resp. Rate- 18/min

On breast examination, the *Stana Vrana* was found to be located in the inner lower quadrant of the right breast (not including areolar region) with pus discharge and signs of inflammation like local raised temperature and tenderness.

Samprapti Ghataka

Dosha: Vata (Pain), Pitta (Paka), Kapha (Puya)^[11]

Dushya: Rakta, Mamsa^[12]

Srotas: Rakta, Mamsa

Srotodushti: Sanga

Dhamani: Stanyavaha

Adhishthan: Stana

Drugs

The patient was given the following regimen for 7 days:

1. *Triphala Guggulu* 2 tab thrice a day
2. *Kaishore Guggulu* 2 tab thrice a day
3. *Dashanga Lepa* with *Panchamansha Ghrita- Pralepa* for 30 minutes covering the whole *Vrana* once a day.
4. *Jatyadi Taila*- local application 2-3 times a day.

The follow up of patient was after every 2-3 days. The *Vrana* was almost healed within seven days. Internal medicines and *Jatyadi Taila* were given for further 1 week. During this period, the patient was instructed to stop breast feeding from the affected breast immediately and to use breast pump for milk outlet.



Before Treatment



After Treatment

DISCUSSION

Triphala Guggulu: This formulation is given in *Yogaratanakara Vidradhi Chikitsa Adhyaya*,^[13] *Sharangdhara Samhita Madhyama Khanda, Saptam Adhyaya*^[14] and *Bhaishajya Ratnawali Vranashothadhikaara*.^[15] The ingredients are *Triphala* (a combination of fruits of *Terminalia chebula Retz.*, *Terminalia bellerica Roxb.*, and *Emblica officinalis*), *Maagdhī* (*Piper longum Linn.*), *Shuddha Pura* (*Balsamodendron mukul Hook.ex Stocks*). The indication mentioned in texts is *Pakwa Vidhradhi, Kleda Paka Srava Gandha Shotha Yukta Vrana, Bhagandara, Gulma, Shotha, Arsha*.

Owing to *Vata Shamaka, Shothahara, Vatanulomaka, Vedanasthapana, Kledahara, Deepana, Amahara, and Vrana Shodhana-Ropana* properties, *Triphala*

Guggulu is one of the best oral remedies for *Vrana* management.

Kaishore Guggulu: This formulation is mentioned in *Sharangdhara Samhita Madhyama Khanda, Saptama Adhyaya*.^[16] The ingredients are *Triphala*, *Amrita* (*Tinospora cordifolia Miers*), *Trikatu* (*Zingiber officinale Rosc.*, *Piper nigrum Linn.* and *Piper longum Linn.*), *Vidanga* (*Embelia ribes Burm.*), *Danti* (*Boliospermum montanum Muell-Arg.*), *Trivrita* (*Operculina turpethum Silva Manso*). The indication mentioned in texts according to different *Anupana* is *Kushtha, Tridoshaja Vatarakta, Vrana, Gulma, Prameha, Pramehapidaka* etc.

Dashanga Lepa: This formulation is mentioned in *Sharangdhara Samhita Uttara Khanda, Ekadasha Adhyaya*.^[17] It consists of ten drugs. The ingredients are *Shirisha,*

Madhuyashti (*Glycyrrhiza glabra* Linn.), *Tagara* (*Valeriana wallichii* DC.), *Raktachandana* (*Pterocarpus santalinus* Linn.f.), *Ela*, *Jatamansi*, *Haridra* (*Curcuma longa*, Linn.), *Daruharidra* (*Berberis aristata*, DC.), *Kushtha* (*Saussurea lappa*, C.B Clarke), *Baalaka* (*Pavonia odorata* Willd.). By mixing with one fifth part of *Ghrita*, it is used in *Visrapa*, *Visha*, *Visphota*, *Shotha*, *Dushtavrana*. It alleviates all features of inflammation.

Jatyadi Taila: This formulation is mentioned in *Sharangdhara Samhita Madhyama Khanda, Navama Adhyaya, Bhavaprakasha, Bhaishayja Ratnawali Vranashothadhikaara*.^[18] The ingredients are *Jaati* (*Jasminum grandiflorum* Linn.), *Nimba* (*Azadirachta indica*, A.Juss), *Patola* (*Trichosanthes dioica* Roxb.), *Karanja* (*Pongamia glabra* Vent.), *Siktha*, *Mulethi*, *Kushtha*, *Haridra*, *Daruharidra*, *Katuki*, *Manjishtha*, *Padmaka*, *Lodhra*, *Haritaki*, *Neelautpala*, *Tutha*, *Sarivabeeja*^[19]. Uses

are *Naadivrana*, *Nakhadantakshatavrana*, *Dushta Vrana*. Most of the ingredients used in *Jatyadi Taila* are *Shothahara*, *Vedanasthapana* and *Ropaka*, which are important requirements of healing a wound. The ingredients like *Nimba* and *Daruharidra* are antibacterial and promote wound healing. It is useful in *Shodhana* and *Ropana* of *Vrana*.

CONCLUSION

Ayurveda gives the absolute cure by not only relieving the symptoms of illness but also by improving the general health of patient. Through the present case report, it is clear that breast abscess can be easily and effectively managed with the *Ayurvedic Vranopchaara* mentioned in classical texts. All stages of *Vidradhi* (abscess) like *Aama*, *Pachyamaana* (unripe) and *Pakwa* (Ripen stage) are being treated effectively with herbal and herbomineral drugs. But to prove this with greater assurance further studies with statistical data need to be conducted.

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