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 Vidradhi, Stana Vrana, Triphala Guggulu,
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 Moolasthana 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 lacational 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- 99°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
Adhishtan: 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.
DISCUSSION

**Triphala Guggulu:** This formulation is given in Yogaratnakara Vidradhi Chikitsa Adhyaya, Sharangdhara Samhita Madhyama Khanda, Saptam Adhyaya and Bhaishayja Ratnawali Vranashothadhikaara. The ingredients are Triphala (a combination of fruits of Terminalia chebula Retz., Terminalia belerica Roxb., and Emblica officinalis), Maagdhi (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. The ingredients are Triphala, Amrita (Tinospora cordifolia Miers), Trikatu (Zingiber officinale Rosc., Piper nigrum Linn. and Piper longum Linn.), Vidanga (Embelia ribes Burn.), 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. 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, Dushtavrina. 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, Manjishta, Padmaka, Lodhra, Haritaki, Neelautpala, Tutha, Sarivabeija.[19] Uses are Naadivrana, Nakhadantakshatavrina, 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 Vranopchaa 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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