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A Case Study On Breast Abscess Management In Ayurveda

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ABSTRACT: -

A breast-abscess is an accumulation of purulent substantial within the breast parenchyma that develops as a result of mastitis. As a complication, breast abscesses occur in 3-11 percent of mastitis patients, with a reported frequency of 0.1-3 percent among breastfeeding mothers. Breast-abscess is linked to *Stana Vidradhi* and *Stana Shopha Avastha* in Ayurveda (*Aamavasta*, *Pachyamaana avasta*, *Pakwavasta*). This research was done on a single patient. A 28-year-old married woman came in *Shalya Tantra* OPD , Dr.Sarvepalli Radha krishana Rajasthan Ayurveda University, Jodhpur, with a complaint of pain and abscess in her right breast for the past 2-3 months. On examination abscess was obtained in right lower outer quadrant of breast , around 4-5 cm in size. Patient was advised to use *Dashaanglepa* externally application followed by *Jatayadi Taila* externally applied. Internally *Triphala Guggulu* 2 tablet thrice a day with leukewarm water after food & *Aragvadhikashayam*(10ml) with equal amount of water. Internal drugs were continued till the curing of wound that is up to 2weeks. Reduction of pain and healing of wound were ongoing from 4th day onwards, granulation tissue ongoing forming from 8th day onwards and mouth was closed on 12th day.

Thus we can settle from the study that this Ayurveda regimen plays an actual role in management of breast- abscess.

Keywords: Breast abscess, *Stana Vidhradhi*, *Triphala Guggulu*, *Aragvadhikashayam*



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INTRODUCTION

In current textbooks, the breast is seen as an auxiliary organ. In females, it is referred to as *Bahirmukha Srotasa*.^[1] According to *Acharya Sushruta*, *Stana* is the *Moolasthan* of *Shukravaha Srotasa*.^[2] Abscess, inflammation, fibroadenoma, cancer, and other disorders might damage it. Although parenchymal contagion of the mammary glands is a rare antepartum problem, it is expected that one-third of breast-feeding mothers may acquire it.^[3] An abscess is a swelling region within bodily tissue that contains purulent material. Underprivileged nursing, motherly exhaustion, and a cracked nipple are all risk factors for mastitis.^[4] Breast abscesses can be lactational or non lactational. Lactational or non lactational breast abscesses are both possible. Lactational abscesses, on the other hand, are more common in reproductive-aged females; non-lactational abscesses, on the other hand, are more common in pre-menopausal females, overweight patients, and smokers than in the general populace. *Staphylococcus aureus* is most common cause of mastitis and abscess. According to Ayurveda, the *Dhamanis* in the breast are greatly restricted or tapering in childhood, preventing vitiated *Doshas* from spreading and causing imbalance, and so the females do not agonize from breast diseases. In motherhood age (pregnancy or lactation period) due to natural dilatation of *Dhamanis*, vitiated *Doshas* can reach there and cause *Stana Roga*

(breast disease).^[5] In the modern medical system breast abscess is usually treated under antibiotics and anti inflammatory drugs, USG Guided percutaneous drainage or surgical Incision and Drainage But, this can be treated through the external and internal application of *Vranashodhna* and *Ropana* drugs . Bacteria (typically from the infant's mouth) are prone to acquire access through cracks or fissures in the nipple surface in lactational mastitis. Lactational abscesses are most commonly found around the breast's periphery. An infection elsewhere can occasionally cause hematogenous spread. Early infection is often limited to a single segment of the breast; spread to another segment is a late indication. Wound healing requires the use of drugs with *Shodhana* and *Ropana* properties. As a result, such medications were employed in the current case study.

Due to natural dilation of *Dhamanis* during childbearing age (pregnancy or breastfeeding time), vitiated *Doshas* might reach there and induce *Stana Roga* (breast disease). [5] Breast abscesses are commonly treated with antibiotics and anti-inflammatory medicines, as well as USG-guided percutaneous drainage or surgical incision and drainage in today's medical system. However, this can be cured by using *Vranashodhna* and *Ropana* medicines both externally and internally. Bacteria (typically from the infant's mouth) are prone to acquire entrance through cracks or fissures in the nipple surface in lactational mastitis. Lactational

abscesses are most commonly found around the breast's periphery. Hematogenous spread can occur when an infection occurs elsewhere. Early infection in the breast is usually limited to a single segment; expansion to another segment is a late symptom. Wound healing requires drugs with *Shodhana* and *Ropana* characteristics. As a result, such medicines were used in the current case study.

MATERIAL AND METHODS

A 28-year-old postnatal lady came in *Shalya Tantra* OPD, Dr. Sarvepalli Radhakrishana Rajasthan Ayurveda University, Jodhpur, in 2021 with complains of intermittent pain and an abscess in her right breast. Her most recent delivery took place two months ago. She has been solely breastfeeding her baby since then. She was believed to have had an irritation in her right breast that subsequently turned into an abscess. When she arrived at the OPD. The patient was instructed to use *Vranashodhna* and *Ropana* medications both externally and internally.

Vitals: B.P.- 120/70 mm of Hg; P.R.- 98/min ; Temperature- 99.0 F ; Resp. Rate- 18/min

On breast examination, the *Stana Vidhrdhi* was found to be located in the inner lower quadrant of the right breast (not including areolar region) .

Samprapti Ghataka

Dosha: Vata (Pain), Pitta (Paka), Kapha (Puya)
^[6]*Dushya:* Rakta, Mamsa ^[7]*Srotas:* Rakta, Mamsa
Srotodushti: Sanga Dhamani:
Stanyavaha Adhishthan: Stana

Drugs For seven days, the patient was given the following regimen:

1. *Triphala Guggulu* (*Triphala Guggulu*) 2 tabs three times a day

2. Internally, take 10 ml of *Aragvadhadikashayam* twice a day with equal amounts of water.

3. *Dashanga Lepa* for 30 minutes once a day, covering the entire *Vrana*.

4. Local application *Jatyadi Taila* Several times a day.

The patient was followed up on every two to three days. Within seven days, the *Vrana* had almost completely healed. Internal medications and *Jatyadi Taila* were given until the wound healed, which could take up to two weeks. During this time, the patient was told to immediately discontinue breastfeeding from the afflicted breast and use a breast pump for milk outlet.



Before treatment



After treatment

DISCUSSION

Triphala Guggulu: This notion is found in *Yogaratanakara Vidradhi Chikitsa Adhyaya*, [8] *Sharangdhara Samhita Madhyama Khanda*, *Saptam Adhyaya*[9], and *Bhaishajya Ratnawali Vranashothadhikaara*[10] Among the ingredients are *Triphala* (a mix of fruits from *Terminalia chebula* Retz., *Terminalia bellerica* Roxb., and *Emblica officinalis*), *Maagdhi* (*Piper longum* Linn.), and *Shuddha Pura* (*Balsamodendron mukul Hook.ex Stocks*). *Kleda Paka Srava Gandha*, *Pakwa Vidradhi Shotha Literature* mentions *Yukta Vrana*, *Bhagandara*, *Gulma*, *Shotha*, and *Arsha* as hints. Because of the *Vata Shamaka*, *Shothahara*, *Vatanulomaka*, *Vedanasthapana*, *Kledahara*, *Deepana*, *Amahara*, and *Vrana Shodhana-Ropana* characteristics. *Triphala Guggulu* is one of the most effective oral therapies for *Vrana* control.

Aragvadhadi kashayam : In *Ashtangahridaya Sutrastan*, it is described under *Sodhanadigana*. [11] *Aragvadhadi* (*Cassia fistula*) is the major ingredient of *Aragvadhadi Kashayam*. *Charak* considers it to be the principal *Shodhana* drug and names it *Aragvadhadiyadyaya* according to *Sutrasthan*. *Aragvadhadi* is referenced in the *Sushrutasamhita Sutrasthana*, and this medication is characterised as having *Vranashodhana* properties. *Indrayava*, *Patali*, *Kakatika*, *Nimba*, *Amruta*, *Madhusrava*, *Sruvavriksha*, *Pata*, *Bhunimba*, *Saireyaka*, *Patola*, *Karanja* are some of the other constituents. *Madhura rasa*, *mrudu*, *guru*, and *snigdha guna*, *sheeta virya*, *madhura vipaka* are all found in *Aragvadhadi*. It has antimicrobial, antipyretic, antibacterial, and anti-inflammatory activities, according to pharmacological testing. *Cassia fistula* alcoholic extract had significant antibacterial action against *Escherichia coli*. The antibacterial action of alcoholic extract could be

related to the presence of alkaloids and tannin. [12]

Dashanga Lepa: *Sharangdhara Samhita Uttara Khanda*, *Ekadasha Adhyaya* mentions this formulation. [13] It is made up of eleven medicines. *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* (*S (Pavonia odorata* Willd.). It is utilised in *Visrapa*, *Visha*, *Visphota*, *Shotha*, and *Dushtavrana* by combining it with one-fifth part *Ghrita*. It relieves all symptoms of inflammation.

Jatyadi Taila: The *Sharangdhara* is a Hindu deity. This formulation is mentioned in *Samhita Madhyama Khanda*, *Navama Adhyaya*, *Bhavaprakasha*, and *Bhaishajya Ratnawali Vranashothadhikaara*. [14] *Nimba* (*Azadirachta indica*, A.Juss), *Patola* (*Trichosanthes dioica* Roxb.), *Karanja* (*Pongamia glabra* Vent.), *Siktha*, *Mulethi*, *Kushtha*, *Haridra*, *Daruharidra*, *Katuki*, *Manjishtha*, *Padmaka*, *Lodhra*, *Harit*[15]. Examples are *Naadivrana*, *Nakhadantakshatavrana*, and *Dushta Vrana*. The bulk of the components of *Jatyadi Taila* are *Shothahara*, *Vedanasthapana*, and *Ropaka*, all of which are necessary for wound healing.

CONCLUSION

Ayurveda offers a full treatment by not only relieving symptoms of disease but also improving the patient's entire health. As illustrated in this case report, breast abscess may be easily and efficiently treated utilizing the Ayurvedic *Vranopchaara* described in ancient texts. Herbal and herbomineral medications are useful in treating all stages of *Vidradhi* (abscess). However, more studies using statistical data are needed to confirm this with greater certainty.

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