



AYURVEDIC MANAGEMENT OF STHANA GRANTHI W.S.R FIBROCYSTIC BREAST DISEASE- CASE STUDY

Dr. Maheshwari Danappagoudar^{1*}, Dr. Shravani P.² and Dr. Savita S. Patil³

¹PG Scholar, Dept. of Prasuti Tantra and Stree Roga, ²PG Scholar, Dept. of Prasuti Tantra and Stree Roga,

³Professor and HOD of Dept. of Prasuti Tantra & Stree Roga,
Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka.



*Corresponding Author: Dr. Maheshwari Danappagoudar

PG Scholar, Dept. of Prasuti Tantra and Stree Roga, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka.

Article Received on 24/10/2023

Article Revised on 14/11/2023

Article Accepted on 03/12/2023

ABSTRACT

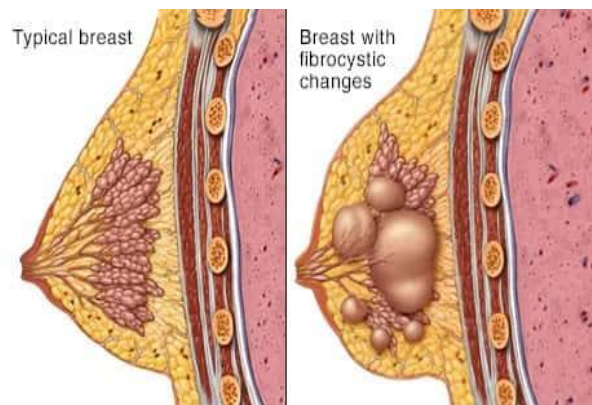
Fibrocystic breast disease is the most common benign lesion. It is generally observed between 20-50 years of age. Incidence rate of Fibrocystic disease in India is 4.3%. The exact etiology is unknown. It may be due to altered estrogen progesterone ratio or relative decrease in progesterone or else the breast tissues are more sensitive to prolactin. Stress factor may at times be related. In Ayurvedic classics there is no direct reference of *Sthana Granthi*, *Acharya Charaka's* explanation of *Granthi (Mamsaja granthi of Sthana)* can be correlated to *Sthana Granthi*. All *Granthis* (nodular or glandular swellings) of all parts of the body due to vitiation of the *Dosha* and *Dhatu's*. So, in the present study, a patient with fibroadenoma was successfully treated by Ayurvedic management. **Case Study:** A female patient aged 33 years diagnosed as *Sthana Granthi*, treated with *Virechana* followed by *shaman chikitsa*, after the treatment her Pain and *Granthi* size reduced markedly.

KEYWORDS: *Sthana Granthi*, Fibroadenoma, *Virechana* and *Shamana Chikitsa*.

INTRODUCTION

Fibrocystic breast disease is the most common type of breast disease in reproductive period of women. Certain hormonal factors influence the function, evaluation and treatment of this disease. Benign breast disease is a common term used for various non-malignant lesions of breast, such as mastalgia, tumour and nipple discharge. These benign lesions are not associated with increased risk for malignancy. However, it associates with a 50% risk of developing breast cancer under certain histopathological and clinical circumstances. A palpable mass during clinical evaluation is evident in both benign and malignant breast diseases. The clinical findings include symptoms such as pain, dimpling of the skin (Peau d'orange), thickening and nipple discharge. Mammograms and ultrasound are most common investigative tools to assess these clinical findings.

The main components of the breast are prone to fibrocystic changes during hormonal fluctuations. These components include the stroma, ducts, and lobules of the breast. During the reproductive age, glandular breast tissue has a direct relation to cyclical surges of plasma levels of oestradiol and progesterone.



ETIOLOGY

The etiology of benign breast disease has demonstrated a strong clinical association with women receiving oestrogen and anti-oestrogen treatment. The prevalence of benign breast lesions in postmenopausal women receiving oestrogens and progestins for over eight years is increased by 1.7 fold. During the Women's Health Initiative study (WHI), the combined use of oestrogen and progestin correlated with a 74% risk of benign breast disease. The use of anti-oestrogens led to a 28% reduction in the prevalence of benign proliferative breast disease.

HISTOPATHOLOGY

There is a limited pathological consensus regarding the histopathological appearance of benign breast disease.

The main features are an extracellular matrix of collagen, peri canalicular patterns of stromal cells with the presence of florid epithelial hyperplasia.

During the menopausal phase, fibroadenomas involute, which affects dense collagen stroma and atrophic glands.

Cystic changes derive from the terminal duct lobular unit (TDLU). Due to the expansion of the efferent ductules of the TDLU, cysts form as a result of fluid accumulation in these structures. The lining appears flat with a myoepithelial layer present.

EVALUATION

Benign cysts are typically mobile within the glandular breast tissue, chest wall, and skin and are rubber-like in texture. Except for inflammatory type cysts, discomfort and tenderness experienced by a patient are either absent or mild. Most patients present with multiple cysts upon further clinical and diagnostic evaluation.

Various subtypes of cysts are known, including hyperplastic fibrous cysts, adenosis, and papillomatosis. These types of cysts are usually found in the upper outer quadrants of the breast, as well as in the central margins. The texture upon evaluation ranges from a firm texture to multiple sub centimetre cysts.

Triple testing is a combination consisting of clinical examination, imaging and excision biopsy. This is essential for all women with a clinical finding, such as a discrete palpable mass.

Nodularity in young women less than 30 years of age may have management with clinical surveillance and short-term follow-up examination in 2 to 3 months. An investigation may be necessary if the lump has changed on review or if, at the initial presentation, there is a new change in her breasts. Nodularity or thickening that is asymmetric in women over the age of 30 years, further investigation utilizing mammography and ultrasound is warranted.

Short-term follow-up is an important part of the management of nodularity so that the progression in size of a mass of nodularity or other associated findings (e.g., skin or nipple changes) is detected.

FNA allows a cytopathologist to evaluate cellular material. However, the amount of material retrieved during FNA procedures being sufficient for diagnosis is non-successful in 35 to 47% of non-palpable lesions. A core biopsy is then the recommendation.

The estimated prevalence of fibrocystic breast changes in women over their lifetime varies and it depends on family history of cancer.

SCREENING STRATEGY

- Breast self-examination- Every month
- Clinical examination- Annually.
- Screening mammography- Every 2 years.
- Breast mammography- Every 2 years
- Breast ultrasound by 5-7.5 MHZ transducer
- Xeromammography and Film screen- sensitive technology with 90% percent of accuracy.

CASE REPORT

This case is 33years old female married, came to OPD of Prasuti Tantra and Stree Roga department, SSCASR with complaints of Pain in the both breast since 3years Pain was on and off, pain aggravates before getting cycles. Also c/o burning sensation, especially during night time.

❖ *Adhyatana Vedana Vruttanata*

Patient was apparently normal 3 years back. Later, there was change in work pattern like sedentary life style increased intake of nonvegetarian diet (4 days/week). From last 3 years she started noticing mass per breast after around 6 months she started feeling pain in both breast intensity of pain increased gradually, pain use to be more before getting her cycles but there was no change in the size of the mass. She had taken treatment on OPD basis but symptoms didn't subside hence got admitted for the management of the same.

❖ *Kula Vruttanata:*

Maternal- Breast cancer +
Paternal – HTN+

❖ *Vayaktika Vruttanata*

Ahara : Mixed diet
Diet : 3 times a day (Irregular intervals)
Non vegetarian – 4 days/week
(Chicken, beef)
Vihara : Sedentary life,
Bowel : Once a day / constipated
Sleep : Sound sleep (7-8 hours), Day sleep- 2-3days/week
Micturition : 5 -6 times /day (No pain/burning sensation)
Agni : Mandagni
Koshtha : Krura Koshtha
Habit : Nil
Allergy : Nil

Menstrual history

Age of Menarche: 13 years of age
LMP : 01/09/2022
MC: 3-4days/ 25-28day

Amount

Day 1: 2 pads- 70% soakage
Day 2-3: 2pads- 100% soakage
Day4 :1 pad- spotting

Color: Red
Foul smell- Absent
Clots- Absent

OBSTETRIC HISTORY

P1 L1 A0 D0
L1- Male-8years
Mode of delivery- LSCS
Indication for LSCS- Fetal distress
Pregnancy- Developed Hypothyroidism, on Thyronorm 25mcg
Lactation history- Not fed the baby for first 20days of delivery, because baby was in NICU, then she continued feeding for 1 ½ yrs.
Periods started after 6 months of delivery.

❖ ASHTASTHANAPAREEKSHA

Nadi	Vata-Kapha/ 82 bpm
Mutra	Prakruta
Mala	once a day, constipated
Jihva	Ishatlipta
Shabdha	Utpatti & Grahana- Prakruta
Sparsha	Anushnasheeta
Druk	Prakruta
Akruti	Madhyama

❖ DASHAVIDHAPAREEKSHA

Prakriti	Pitta-Kapha
Vikruti	Vata-Kapha
Sara	Madhyama
Satwa	Avara
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Mishrarasa satmya
Ahara Shakti	Abhyavarana shakti – Madhyama Jarana shakti – Avara
Vyayama Shakti	Madhyama
Vaya	Madhyama

NIDANA PANCHAKA

Nidana :	Aharaja : Mamsa prakopaka Ahara Viharaj : Diva Swapna, sedentary life
Poorvarupa:	Mass in both the breast
Roopa :	Mass per breast associated with pain
Samprapti:	Due to Nidana → kapha- pitta dushti ↓ Rakta, mamsa dushti ↓ Sthana samshraya in Sthana ↓ Mass and pain in Sthana ↓ Sthana granthi

LOCAL EXAMINATION

BREAST EXAMINATION: Bilateral mass felt, mobile-
Rt- Upper lateral quadrant. Lt- Upper medial and lateral quadrant. Skin change
Tenderness- mild +
Left Axillary lymphadenopathy +
No discharge from the nipple

P/A EXAMINATION

Palpation : Soft, No Organomegaly

Auscultation : BS+

NECK EXAMINATION:

Cervical lymph nodes –NAD

Acanthosis Nigricans – Absent

No Thyroid gland enlargement.

PER RECTAL:

2 external hemorrhoids at 3 & 7 o clock position.

Diagnostic Assessment

Hematology :

Urine Microscopy :

Hemoglobin–12gm%

Pus Cells – 1-3hpf

WBC – 8400 cells/cumm

Epi cells – 1-2hpf

RBC Count- 5.1 million/ cumm

Alb - Absent

Platelets – 2.7Lakhs/cumm

RBS- 97 mg/dl

TSH: 2.64 mIU/L

► USG Breast

RIGHT BREAST- 3.0X 1.8 cms

LEFT BREAST- 1.9X 0.8 cms

IMPRESSION

- Fibro adenosis of both breasts
- Lymph node seen in left axilla

VYADI VINISHAYA: STHANA GRANTHI

Treatment

NAME OF TREATMENT	MEDICINE		DAYS
Classical Virechana	Purvakarma		
	1. Deepana Pachana	Tab. Agnitundi Vati 2 BD Avipattikara churna 2tsf HS	3 days
	2. Snehapana	Guggulu tiktaka ghrita - 40, 80 & 120ml	3days
	3. Sarvabga Abhyanga & Bhashpa Sweda	Prasarini Taila	2 days
	Pradhana Karma	Trivrut lehya 70gms & Triphala Kashaya 100ml (18vegas)	
	Paschat Karma	Samsarjana krama	5 days

DISCHARGE MEDICATIONS

1. Tab Kanchanara guggulu 1-0-1 (After food)
2. Dashanga lepa for External application x twice a day
3. Varunaadi Kashaya 2tsf -0-2tsf with equal water (After food)
4. Triphala churna 0-0-1tsf with warm water x 2 month

DISCUSSION

Developed each breast consists of 15 to 20 sections called lobes. They are arranged like a petals. Each lobe has many smaller structures called lobules. These end in dozens of tiny bulbs that can produce milk. The lobes, lobules and bulbs are all linked by thin tubes called ducts.

Acharya Sushruta, Vagbhata, Bhavamishra and Yogaratanakara opine that Sthana rogas will be absent in Kanya due to constriction of Dhamani's of breast however natural dilatation of orifices of these Dhamani's of Pregnant and puerperal woman, the doshas can reach there, thus they are susceptible for breast disorders.

In Ayurveda, Sthana is also considered as seat of all types of Shotha, Vruna, Granthi and Arbudhas. Samprapti Laxana and Chikitsa of all these conditions is similar as described for these diseases of any other body parts hence they are many in numbers.

शोफास्तु गात्रावयवाश्रिता ये ते स्थानदूष्याकृतिनामभेदात्
अनेकसङ्ख्याः कतिचित्त्व तेषां निदर्शनार्थं गदतो निबोध||
Ch.Chi:12/74.

According to Acharya Sushruta, the name Granthi is because of the appearance "Granthi, Sthirah...". Main clinical feature is swelling and protuberance. Chakrapani named "Granthi" to denote glandular and nodular swelling. Acharya Charaka while explaining Chikitsa, Granthi along with Kosha, that can be considered as Cyst.

AYURVEDIC APPROACH AND ITS MODE OF ACTION

Deepana Pachana: Agnimandya is considered as root cause of all diseases. Before giving Shodana procedure Jatharagni to be corrected.

VIRECHANA

Virechana is the second most therapy in the sequence of Panchakarma. It is most widely used because of its simplicity and elimination of Dosha in more quantity with less stress to the body. Granthi is considered as Bahudoshaja vyadhi, Virechana helps in elimination of Dushita Dosha along with Dushita Rakta in the body.

SNEHAPANA

Gugguku Tiktaka Ghrita is Kaphavata shamaka, Agni deepaka, is indicated Vidradi, Gulma, Arbuda. etc.

Kanchanara guggulu is having ingredients Kanchanara, Amalaki, Haritaki, Bibhitaki, Pippali, Shunti, Maricha, Varuna, Ela, Twak and Tamala patra and does Does Kapha vata shamaka hence indicated in Arbuda, Granthi, Vruna, Gulma, Kushta, Bhagandhara. Dashanga lepa ingredients are Shirisha, Yashtimadhu, Tagara, Chandana, Ela, Jatha Mamsa, Haridra, Daruharidra, Kushta, Hriversa and indicated in Visarpa, Kushta, Jwara, Shotha. Varunadi Kashaya also acts as Kapha Vata Shamaka, anti lipase and anti oxidant and indicated in Mandagni, Sirashoola, Gulma, Antharvidhradhi, All kapha Medo Vikaaras like Arbuda, granthi.

Varunaadi Ghrita & Kanchanara guggulu are the Preparations helps for the proper functioning of the Lymphatic system, elimination of inflammatory toxins. Kanchanara is very useful in extra growth or tumors and helps in reducing the size of breast lump.

PATHYA-APATHYA IN STHANA ROGA

PATHYA: Rakta shaliYava, Mudga, Patola, Shigru, Guggulu, Shilajatu.

APATHYA: Milk & milk products, Ikshu, Pulses (except mudga), Adhika mahura & Amla rasa, Adhika mamsa sevana, Divaswapna, Ratri jagarana, Vega dharana.

CONCLUSION

Sthana Granthi is one of the common diseases occurring in most reproductive aged women. As in this case study patient has family history of breast cancer, treatment choice is *Shodhana* followed by *Shamana chikitsa* in order to eliminate vitiated Doshas and to prevent reoccurrence. After 1st follow up Pain in breast reduced by 50% and repeat USG showed reduction in breast lump of both the breasts. Patient is advised to stop *Nidana sevana* also advised the importance of *Pathya apanya*, *Dinacharya* to prevent reoccurrence.

Patient perspective

The patient was satisfied with the treatment as she had considerable improvement in her symptoms.

Financial support and sponsorship.

Nil.

Conflicts of interest: **There are no conflicts of interest.**

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