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EFFICACY OF CONSERVATIVE AYURVEDIC TREATMENT IN STANA GRANTHI W.S.R TO BENIGN BREAST DISEASE: A CASE STUDY

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ABSTRACT

Introduction: Benign breast disease (BBD) is a condition characterized by the presence of non-cancerous lumps or changes in the breast tissue. Although BBD is not life-threatening, it can cause significant discomfort and anxiety for women. *Ayurveda*, a traditional Indian system of medicine, offers various treatment options for BBD that are aimed at reducing inflammation and promoting overall breast health. **Diagnosis and intervention:** Diagnosis was made on basis of presenting symptoms and breast sonography which showed multiple fibrocystic lesions in bilateral breast (BIRADS-2). Patient was treated with oral medication only for a month after which sonography was repeated. Patient was prescribed *Kanchnaar Guggulu, Guggulu Tikhtakashaya and Nimbaamritasavam* all three of these medicines are Ayurvedic preparations exhibit anti-inflammatory, antioxidant, antibacterial, immunomodulatory, antimitotic and cytotoxic effect. **Result:** After one month of treatment patient was asymptomatic and after repeating the investigation the breast tissue was found to be normal and without any fibrocystic lesions (BIRADS-1) **Conclusion:** Benign breast disease can be managed conservatively through *Ayurvedic* oral medication and *Sthanik* Chikitsa successfully. It relieves patient from the fear of surgery and may also reduce the anxiety and stigma involving breast carcinoma.

KEYWORDS: *Ayurveda*, Benign Breast Disease, Fibroadenosis, *Stana Granthi.*

INTRODUCTION

More than 90% women presenting to a gynaecologist for breast issues will have benign breast disease (BBD). A heterogeneous condition consisting of a large number of pathophysiological lesions of the different components of the breast (stromal, epithelial, vascular or adipocytes). Fibroadenosis of breast is characterised by an increase in either number or size of glandular components usually involving the lobular units and is oestrogen dependent.

Despite being classified as "benign," the illnesses covered in this article can be very painful for the patient. A specialist breast clinician frequently enjoys the advantage of being able to calm patients' fears with only one visit to the breast department. To help in early identification of breast cancer and improve patient outcomes, one-stop breast clinics were created to guarantee that patients with concerning symptoms are treated right away. The majority of people with benign breast diseases can be reassured, and just a few will need surgery to help with definitive diagnosis or as a last resort when conservative measures have failed.

Granthi can be equated with all types of small in size glandular or nodular swelling developing mostly due to benign tumors and cysts. There is no direct reference for *Stana Granthi* in *Ayurveda*. But *Mamsaja Granthi* occurs in *Stana* (breast) is having close resemblance with fibroadenosis of breast.

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.[1]

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 subcentimeter cysts.[2]

Nipple discharge is associated with ductal ectasia, intraductal papilloma, or in rare instances, carcinoma.

Table 1: BIRADS scoring.

BIRADS	Category Condition
BIRADS	0 Incomplete assessment needs additional evaluation
BIRADS	1 Normal
BIRADS	2 Benign
BIRADS	3 Probably benign (2% of fewer chances of malignancy)
BIRADS	4 Suspicious (2- 95% chances of malignancy)
BIRADS	5 Malignant (> 95% chances of malignancy)

Case Details

A 42 year old female came to Outpatient department with complaints of

1. Bilateral breast pain since 3 months
2. Swelling in right breast since 3 months
3. Generalised weakness since 1-2 months.

Past History of Illness: No relevant history

Family history: history of pulmonary carcinoma (mother and father both)

Obstetric History: $G_3P_2A_1L_2$

G_1 –P_1 Male child, FTND, 21 years old – alive and healthy

G_2 – A_1 spontaneous abortion 18 years back

G_3 – P_2 Male child, FTND, 13 years old – alive and healthy

Menstrual History

1. Regularity- Regular
2. Character- Painful
3. Quality- Clots present
4. Color-Dark red color
5. Quantity- Moderate

General Examination

Height	162cm	Weight	80kg
BP	110/78 mmhg	Pulse	92/min
Temperature	Afebrile	Faces	Normal
Pallor	Absent	Icterus	Absent
Cyanosis	Absent	Clubbing	Absent

1. **CVS-** Normal cardiac sounds, no added murmurs
2. **Respiratory-** bilateral airway entry clear
3. **CNS-** patient is conscious and oriented to person, place and time

4. **GIT-** Soft, non-tender, no organomegaly

Local Examination

1. **Breast**- no clinically palpable lump, no lymphadenopathy
2. **P/S**- cervix parous OS, no abnormal discharges, no erosion
3. **P/V**- uterus anteverted, normal size, non-tender and freely mobile, no adnexal mass.

Investigations

Breast Usg

Both breast parenchyma shows mildly heterogeneous fibro-fatty glandular appearance with few (2 to 3) small cystic lesions noted within largest of size 9.2 x 7.0 mm in right breast and 1-2'o clock position around 3 cm away from nipple; largest in left breast of size 13.4 x 12.7 mm at 3'o clock position.

The Study Reveals

Few prominent venous channels noted within breast parenchyma.

No focal solid mass lesion seen.

No e/o any micro-calcifications seen.

No abnormal dilated ducts seen, nipple areola and retro-areolar region appears normal.

Skin and sub-cutaneous tissue appears normal. No dilated vessels seen.

No axillary lymphadenopathy seen.

IMPRESSION: Mild heterogeneous breast parenchyma with few small cystic lesions as described in bilateral breast-suggestive of Fibrocystic disease of breast/Fibroadenosis-BIRADS- 2

1. Hb- 11.6 gm%
2. ESR- 11 mm/hr
3. Kidney Function Test- within normal limits
4. Lipid profile- within normal limits
5. Thyroid profile- normal range of T_3, T_4 and TSH
6. Urine routine – Normal

Diagnosis: Stana Granthi

Oral Medications

S. NO.	MEDICINE	DOSAGE	DURATION
1.	*Guggulu Tikta Kashaya*	15 ml + 50 ml water BD before food	For 1 month
2.	*Kanchnaar Guggulu*	2 tablets BD with kashaya	
3.	*Nimbamritasava a. h. chi. 21*	15 ml + 50 ml water BD after food	

RESULTS

Right Breast

1. **Pre-mammary Zone**: Normal in echogenicity. No focal lesion is seen.
2. **Mammary Zone:** Anterior Mammary fascia is intact and regular. Fibroglandular tissue is normally visualized. No conspicuous solid nodule is seen. Nipple and areolar region appear normal. Ducts are normally oriented and dilated.
3. **Retro-mammary Zone:** Appears normal.
4. **Axillary Region:** No significantly enlarged lymph node is seen.

Left Breast

1. **Premammary Zone**: Normal. No focal lesion is seen.
2. **Mammary Zone**: Anterior Mammary fascia is intact and regular. Fibroglandular tissu is normally visualized. No conspicuous solid nodule is seen. Nipple and areolar region appear normal. Ducts are normally oriented and dilated.
3. **Retromammary Zone:** Appears normal.
4. **Axillary Region**: No significantly enlarged lymph node is seen.

Impression: grossly normal scan (BIRADS-1).

DISCUSSION

Benign breast disease is one of the most commonly prevalent disorders in a gynaecological setup, to some extent it may cause stigma in the patient and may also arise the fear of breast carcinoma as most people are unaware regarding the same.

By using *Ayurvedic* preparations we can treat the benign breast disease and save the trouble of unnecessary surgical interventions in such cases.

Kanchnaar guggulu

Kanchanara guggulu has all the necessary properties such as ingredients of this formulation like Kanchanara, Shunti, Maricha, Pippali, Varuna and Ela possess Deepana, Pachana property, Shunti, Maricha, Pippali, Varuna, Ela and Patra acts as Vata-Kapha hara, Varuna

acts as shotha hara and krimighna, guggulu and Haritaki possess Lekhana property and Shunti, Vibhitaki having Bhedana property helps to get rid of the cardinal symptoms of Mamsaja Granthi.[3]

Powerful decongestants such as Kanchanara, Triphala are most of the important constituent plants of this formulation or their phytochemicals have demonstrated magnificent anti-carcinogenic properties.

Kanchnar guggulu exhibited a cytotoxic effect by inhibiting cell division (antimitotic) and reducing cell proliferation. These results substantiate its potential for the treatment of cancer and support its traditional use in the treatment of cancer.[4]

The preliminary phytochemical studies of Kanchanara Guggulu, confirmed the presence of constituents such as Flavonoids, Steroids, Sterols, Carbohydrates, Alkaloids, Glycosides, Saponins, Phenolic Compounds, Tannins, Proteins and Amino Acids.[5]

Guggulu Tikta kashayam

All the identified compounds had been reported as antioxidant, anti-inflammatory, analgesic, antipyretic, nephroprotective, anticholinesterase, antiarthritic, antispasmodic, antibacterial and immunostimulant.

Some of the identified compounds are

i. **Carvone**: Antispasmodic,[6] Antioxidant and free radical scavenging[7]
ii. **Guggulusterone VI :** Anti-inflammatory and Antiarthritic,[8] Anti-inflammatory[9]
iii. **Ar-Curcumene:** Anti-inflammatory, Antioxidant,[10] Anti-inflammatory, Antinociceptive[11]
iv. **Cedrol:** Inhibits oxidative stress and inflammation,[12] Reduces inflammation in Rheumatoid arthritis[13]
v. **Beta-caryophyllene:** Anti-inflammatory and analgesic effect on different inflammatory conditions,[14] Attenuates oxidative stress and neuroinflammation[15]
vi. **Thunbergol:** Anti-inflammatory, Antioxidant,[16] Nephroprotective,[17]
vii. **Valencene:** Inhibits inflammatory signalling process mediated by NF-kB. Antipyretic[18] and Anti-Inflammatory.

Nimbamritasavam

Mentioned in Vata Vyadhi Chikitsa Adhyaya of Ashtang Hridya Chikitsasthan it has been indicated for the disease like Kushtha, Nadivrana, Arbuda, Gandamala etc.

Guduchi, Nimba and other constituents of nimbamritasavam poseess the anti-inflammatory, antipyretic, antibacterial, immunomodulatory activities. Also pacifies Vata and Kapha.

CONCLUSION

According to *Ayurvedic* guidelines, BBD is caused by a *Dosha* imbalance in the body and can be treated with herbs, dietary adjustments, and lifestyle changes. *Haridra, Ashwagandha, Guggulu*, and *Shatavari* are popular *Ayurvedic* medicines for BBD because of their anti-inflammatory and hormone-balancing qualities. Patients can also be advised to make dietary modifications such as avoiding coffee, sugar, and spicy foods and eating more fruits and vegetables. *Ayurveda* offers promising options for managing BBD; however, it is extremely important to consult a qualified practitioner as well as collaborate with a healthcare provider to ensure proper diagnosis and monitoring of any changes in the breast tissue, and women with BBD can take an *Ayurvedic* approach to their health and well-being. *Ayurveda* may complement current medical treatments and give a comprehensive approach to BBD management. Women with BBD can take control of their health and well-being by using *Ayurvedic* medication and therapies to alleviate the symptoms of this ailment.

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