

AYURVEDIC MANAGEMENT OF STHANA VIDRADI (LACTATIONAL BREAST ABSCESS) A CASE REPORT**Dr. Hafsa P. Ahamed*¹ and Dr. Sahl M.²**

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ABSTRACT

Lactational breast abscess is an accumulation of pus in an area of breast and frequently develops as a result of inadequately treated infectious mastitis. Between 5% and 11% of lactating women will develop a breast abscess usually within one month of postpartum. It is initially localised to one segment of the breast, but if left untreated can spread to affect the whole breast which will affect the woman both physically and mentally. Milk stasis and cracked nipple may contribute to the development of mastitis first by making it vulnerable to the organisms like *staphylococcus aureus*. In Ayurveda, mastitis and breast abscess can be correlated with *Sthana shodha* and *sthana vidradi* respectively. In the present case report, a 28 year old postnatal woman came to the hospital with complaints of severe pain, inflammation and pus discharge from left breast. The patient was treated with ayurvedic medicines which are *shodha hara*, *vrana hara* and *vrana shoshaka*. The abscess was cured completely within a week without the aid of

any antibiotics.

KEYWORDS: *Lactational breast abscess, Mastitis, Sthana shodha, Sthana vidradi.*

INTRODUCTION

Most breast abscesses develop as a complication of lactational mastitis. The occurrence of breast abscesses among breastfeeding mothers varies, affecting approximately 0.4% to 11% of cases.^[1] Although breast abscesses are more frequently seen in lactating women, they can

also develop in non-lactating individuals. When a non-lactating patient presents with symptoms of a breast abscess, it is crucial to rule out more serious conditions such as breast cancer.^[2] Breast abscesses are most commonly seen in women of childbearing age, with an average age of occurrence around 32 years. In contrast, non-lactating breast abscesses affect a broader age group, with peak incidence occurring in the fourth decade of life.^[3] The most common causative microorganism is *Staphylococcus aureus*, and *methicillin-resistant Staphylococcus aureus* (MRSA) is becoming an increasing problem.^[4]

Several factors increase the risk of developing a lactational breast abscess, including advanced maternal age at delivery, a gestational period exceeding 41 weeks, mastitis, first-time motherhood, employment outside the home, marital status, breastfeeding challenges in the hospital, and cracked nipples. Diagnosis is primarily clinical and can be confirmed through an ultrasound scan when available.^[5,6]

The term “sthana roga” refers to breast disorders, including breast abscesses, and is mentioned in classical texts such as the Sushruta Samhita, Madhava Nidana, and Bhavaprakasha. Acharya Vagbhata briefly describes breast abscesses alongside general external abscesses, while the Charaka Samhita discusses abscesses in the Sutra Sthana. Acharya Kashyapa refers to breast abscess as “sthanavajra” or “sthanakilaka” instead of “stanavidradhi.” Despite variations in the etiological factors, the clinical features remain largely similar. Acharya Sushruta identifies common causes of both general abscesses and breast disorders, classifying them as Vataja, Pittaja, Kaphaja, Sannipataja, and Abhigataja. In addition, Acharya Vagbhata introduces a sixth category, Raktaja. Acharya also notes that breast abscesses can occur in pregnant and breastfeeding mothers.^[7] Acharya Dalhana describes pregnant women as lactating and postpartum women as non-lactating. He explains that when a baby's incisor teeth emerge, sucking can cause minor breast injuries, leading to the formation of a small ulcer that may develop into a breast abscess.^[8]

In Ayurveda, a breast abscess can be associated with *Stana Vidradhi* and the different stages of *Stana Shopha*—namely *Aama*, *Pachyamana*, and *Pakwa*. When the abscess ruptures, it may correspond to *Stana Vrana*, which can be classified as *Nija* or *Aagantuja*, and further as *Shuddha* or *Dushta Vrana* based on the involvement of *Doshas*.^[9] A wound is a disruption or break in the surface, which typically heals through inflammation, wound contraction, epithelialization, and granulation tissue formation. Medications with *Shodhana* (purification)

and *Ropana* (healing) properties play a crucial role in wound healing. In the present case study, such drugs were utilized to promote recovery.

PATIENT INFORMATION

The patient, Mrs. xyz, is a 24-year-old married woman from Mangalore. She has completed her high school education and is a housewife. She is a postnatal woman with two live children, presents with severe pain, redness, swelling, and pus discharge from the left breast for the past week.

History of presenting complaints

An apparently normal postnatal lady (P2L2) presented to the OPD who normally delivered 3 and half weeks back and was exclusively breast feeding to her baby. But since one week she gradually developed nipple crack and inflammation over the left breast. Due to pain she stopped lactation and didn't take any medication. Gradually she developed painful erythematous fluctuant swelling in the lower inner quadrant of the left breast along with nipple discharge. So she consulted for better management.

Personal History

- ▶ Diet- Mixed
- ▶ Sleep – disturbed
- ▶ Appetite : Normal
- ▶ Bowel – Regular, once in a day
- ▶ Micturition – Regular

CLINICAL FINDINGS

The patient was moderately built, with a body mass index (BMI) of 24.5 kg/m². On inspection of both breasts, an erythematous, fluctuant swelling of less than 1.5 cm was observed over the lower inner quadrant of the left breast, with no lump or visible mass. The nipple was everted, and the areolar and axillary tail appeared normal. On palpation, there was a localized rise in temperature, along with hardness and tenderness in the left breast. Upon expression, pus discharge mixed with milk was noted from the left nipple.

DIAGNOSTIC ASSESSMENT

Breast Ultrasound (17/04/22)

1. Hypoechoic collection present

2. Features suggestive of a breast abscess. A breast ultrasound conducted on 17/04/22 revealed a hypoechoic collection, with findings suggestive of a Lactational breast abscess.

Blood tests

Test Name	Value
WBC	14,000/mm ³
Erythrocyte Sedimentation Rate (ESR)	35mm/hr

The CBC test showed that there is a raise in WBC and ESR levels suggestive of infections.

THERAPUTIC INTERVENTIONS

Internal medications

SL-NO	Medicine	Dose
1	Gandhaka rasayana tablet	2 BD, After food
2	Kaishora guggulu	1 Bd, After food
3	Guggulu Panchapala Choorna	1 tsp with honey , twice daily
4	Amritharishtam + Punarnnavasavam	20 ml ,Twice daily ,After food

External treatment

Treatment procedure	Duration	Details
Lepana with Marmani Gulika	3 days	2 tablets made into a paste with warm water and applied over the abscess.
Kshalana with Aragwadadi Kashaya	3 days	Cleaning of the affected area using Aragwadadi Kashaya.

Suppuration occurred within 3 days and Jathyadi taila was applied locally for vrana ropana for 4 days

- Internal medications were advised to continue for 4 more days.
- Advised to empty the affected breast frequently by using breast pump or by gentle massaging.

OUTCOME

The abscess was healed within one week of treatment

Blood tests were repeated and the WBC count and ESR came to normal values.

Follow up

- Shathadhoudha ghritha was advised to apply for treating skin discoloration and to attain normal skin texture.

DISCUSSION

Amritharishta: Amritharishta is a classical Ayurvedic fermented formulation known for its potent pitta hara, shodha hara, rasayana, and Aama pachana properties. It is primarily used in the treatment of fever, infections, and inflammatory conditions, making it beneficial in managing lactational breast abscess. It is prepared using Guduchi (*Tinospora cordifolia*) as the main ingredient, along with other herbs such as Dashamoola (a combination of ten roots) to reduce inflammation and pain, Shunthi (Ginger) for its antimicrobial and digestive stimulant properties, Triphala (Haritaki, Vibhitaki, and Amalaki) to aid in detoxification and healing, and Dhataki (*Woodfordia fruticosa*), which acts as a natural fermenting agent and enhances bioavailability.

Kaishora Guggulu: Kaishora Guggulu is a safe and effective herbal remedy for managing lactational breast abscess. It reduces inflammation, promotes healing, and prevents recurrence. It is widely used in conditions involving suppuration, infections, and inflammatory disorders, making it beneficial in the management of lactational breast abscess. This drug helps reduce inflammation by alleviating redness, swelling, and pain in the affected breast. It aids in suppuration and drainage by facilitating the natural expulsion of pus, preventing further complications. Additionally, it promotes wound healing by enhancing tissue regeneration and preventing the recurrence of abscess formation. Furthermore, it purifies the blood and removes toxins, acting as a systemic detoxifier to address the root cause of infection and inflammation.

Gandhaka rasayana tablet: Gandhaka Rasayana is a potent Ayurvedic formulation known for its antimicrobial, anti-inflammatory, wound-healing, and immune-boosting properties. It is primarily composed of purified Sulphur (Shuddha Gandhaka), which undergoes repeated processing with herbal extracts to enhance its therapeutic efficacy. As it possesses krimi hara, vrana hara, shodha hara and raktha shodhaka properties, it fastens ropana of vrana.

Guggulu Panchapala choorna: The formulation consists of five main ingredients (*Panchapala*), each playing a crucial role in the management of lactational breast abscess. Guggulu (*Commiphora mukul*) acts as an anti-inflammatory and antimicrobial agent while promoting wound healing. Pippali (*Piper longum*) functions as an immune booster, enhances digestion, and aids in detoxification. Shunthi (*Zingiber officinale*) helps reduce pain and swelling while improving circulation. Maricha (*Piper nigrum*) exhibits antibacterial properties, assists in the digestion of toxins (*Ama*), and improves metabolism. Lastly, Hingu

(*Ferula asafoetida*) is a potent antimicrobial that relieves inflammation and facilitates pus maturation and drainage.

Marmani Gulika: When applied as a Lepana (topical paste) over the affected breast, it helps in reducing pain, swelling, and pus formation, making it an effective treatment for lactational breast abscess. Its anti-inflammatory action helps reduce redness, pain, and swelling in the affected breast. With antibacterial and antimicrobial effects, it effectively controls infection by eliminating pathogenic bacteria, particularly *Staphylococcus aureus*, which is commonly responsible for breast abscess. It also aids in pus maturation and drainage, facilitating the natural suppuration and expulsion of pus, thereby preventing complications. Additionally, its pain-relieving (Vedana-Shamana) property alleviates tenderness and discomfort associated with abscess formation. Lastly, its wound-healing (Vrana Ropana) benefits accelerate tissue repair and prevent the recurrence of abscess formation.

Aragwadadi Kashaya: Used for Kshalana (washing the affected breast area) to cleanse the abscess, prevent secondary infections, and promote healing. Aragwadha (*Cassia fistula*) acts as a potent antibacterial and antifungal agent, aiding in pus maturation and drainage. Nimba (*Azadirachta indica*) possesses strong antimicrobial properties, helping to detoxify the blood and promote wound healing. Patola (*Trichosanthes dioica*) exhibits anti-inflammatory effects, effectively reducing swelling and redness. Guduchi (*Tinospora cordifolia*) functions as an immunomodulator, enhancing healing and preventing recurrent infections. Haridra (*Curcuma longa*) serves as a natural antibacterial and anti-inflammatory agent, supporting tissue regeneration and overall wound healing.

Jathyadi thaila - Jathyadi Taila is beneficial in conditions such as Naadivrana, Nakhadantakshatavrana, and Dushta Vrana. Most of its ingredients possess Shothahara (anti-inflammatory), Vedanasthapana (pain-relieving), and Ropaka (healing) properties, which are essential for effective wound recovery. Herbs like Nimba and Daruharidra exhibit antibacterial properties and actively support wound healing. This formulation is particularly effective in both Shodhana (cleansing) and Vrana Ropana (wound healing) processes.

Shathadhoudha ghritha: As a wound-healing (Vrana Ropana) agent, Shthadhoudha ghritha enhances tissue repair and regeneration, accelerating the healing process. With antibacterial and antimicrobial effects, it helps prevent secondary infections in open wounds and

abscesses. Additionally, its moisturizing and emollient qualities ensure adequate hydration of the wound site, preventing excessive dryness and scarring

CONCLUSION

- Ayurveda provides a comprehensive cure by not only alleviating the symptoms of illness but also enhancing the overall health of the patient. This case report demonstrates that breast abscess can be effectively and efficiently managed using Ayurvedic Vranopachara (wound management) principles as described in classical texts. It also throws light on minimizing the usage of antibiotics and other conventional methods which possess side effects especially when the mother is breast feeding. Unlike antibiotics, which may lead to antibiotic resistance, gut microbiome disruption, and side effects, Ayurvedic medicines detoxify the body, balance Doshas, and promote natural healing without causing harm to beneficial gut bacteria. Herbal applications like Jatyadi Taila, Marmani Gulika Lepana, and Shatadhouta Ghrita effectively reduce pain, swelling, and pus formation, ensuring faster wound healing while maintaining skin integrity and preventing scarring. By strengthening immunity and addressing the root cause, Ayurveda provides a sustainable and side-effect-free alternative to antibiotics in managing lactational breast abscesses.

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