

CRACKED NIPPLE – A CONCEPTUAL STUDY¹Dr. Prashat Patil, ^{2*}Dr. Pooja Chougule

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ABSTRACT

Cracked nipple, also known as nipple fissure, is one of the most common and distressing problems among lactating women, characterized by linear or superficial breaks in the nipple epithelium. It causes pain during breastfeeding, bleeding, and secondary infection, often resulting in feeding difficulties and early weaning. In Ayurveda, this condition can be correlated with Stanavedhana, Stanakukshi Vrana, or Vata-Pittaja Vrana involving Stanyavaha srotas. The condition arises due to Vata and Pitta vitiation, leading to Rukshata (dryness), Daha (burning), Vedana (pain), and Sphutana (cracks). This conceptual study aims to elaborate the understanding of cracked nipple through Ayurvedic and modern perspectives and to propose preventive and curative management based on classical principles and modern breastfeeding practices.

KEYWORDS: Cracked nipple, Stanavedhana, Vata-Pittaja vrana, Lactation, Stanyavaha srotas, Ayurveda, Breast fissure, Postnatal care.

INTRODUCTION

Breastfeeding is a natural and vital process ensuring optimal nutrition, immunity, and bonding between mother and child. Despite its physiological importance, lactating women often encounter problems that interfere with effective breastfeeding. Among them, cracked nipple is a common but underestimated condition. It causes severe discomfort, leading to

improper suckling, reduced milk output, and sometimes cessation of breastfeeding, thereby affecting infant health.

Modern science attributes cracked nipple primarily to improper latching techniques, dry skin, or infections like *Candida albicans*. In Ayurveda, although the term cracked nipple is not explicitly mentioned, similar conditions are described under *Stana roga*, *Stanavedhana*, and *Vrana* of *Stanakukshi pradesha*. The condition reflects a Vata-Pittaja predominance affecting *Sanyavaha srotas*. Understanding this condition through both classical and modern frameworks provides a holistic approach for management and prevention.

AIMS AND OBJECTIVES

- To conceptualize the condition of cracked nipple from Ayurvedic and modern perspectives.
- To analyze the Nidana (etiological factors), Samprapti (pathogenesis), and Lakshana (clinical features).
- To explore Ayurvedic and modern management strategies for cracked nipple.
- To emphasize preventive and nursing care to support lactation.

MATERIALS AND METHODS

This study is a conceptual review based on critical analysis of classical Ayurvedic texts — Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhaishajya Ratnavali, Vrana Chikitsa Adhyaya — along with recent publications, clinical guidelines on breastfeeding (WHO, 2020), and modern obstetric and nursing references. Correlations were established between Ayurvedic descriptions and modern pathological findings.

Review of Literature

Ayurvedic Concept

Cracked nipple can be conceptually correlated with *Stanavedhana* (pain due to Vata prakopa), *Stanakukshi Vrana* (fissure or ulceration in the nipple region), and *Ruksha Vrana* (dry wound). The condition is primarily Vata-Pittaja in nature involving *Sanyavaha srotas*.

Nidana (Etiological Factors)

Ayurvedic causes include *Ruksha ahara vihara* (dry diet), *Apatarpana* (malnutrition), *Atyashrama* (overexertion), *Dustha stanya* (vitiated milk), and poor hygiene. Modern causes include improper latching, dry skin, infections (*Candida*, *Staphylococcus*), and tight clothing.

Samprapti (Pathogenesis)

Vata aggravation leads to dryness and cracks (Sphutana), while Pitta causes inflammation and burning (Daha). The disturbed Stanyavaha srotas result in pain and inflammation. Dosha: Vata-Pitta; Dushya: Rasa, Mamsa; Srotas: Stanyavaha; Srotodushti: Sanga, Vimargagamana; Adhithana: Stanakukshi pradesha.

Lakshana (Clinical Features)

- Pain and tenderness at nipple (Vedana)
- Linear fissure or crack, sometimes bleeding
- Burning sensation (Daha)
- Dryness and crust formation
- Difficulty in breastfeeding
- Swelling or mild discharge in severe cases

Modern View

In modern medicine, cracked nipple is defined as a superficial linear fissure or erosion in the nipple skin or areola, often painful and prone to infection. Repeated trauma from improper suckling causes microfissures, moisture exposure leads to maceration, and infection worsens inflammation.

MANAGEMENT

The management involves Ayurvedic and modern approaches, aiming at healing, pain relief, maintaining lactation, and preventing infection.

Ayurvedic Management

Principles: Vata-Pittahara, Sneha and Ropana chikitsa, Stanya rakshana, and Vrana ropana. Local therapies include Sneha application (Jatyadi ghrita, Tila taila), Lepa (Yashtimadhu, Manjistha with Madhu), and Pichu dharana with medicated oils. Internal therapies involve Shatavari kalpa, Vidaryadi ghrita, and Drakshadi leha for nourishment and healing.

Modern Management

Modern management emphasizes correction of latch, application of lanolin ointment or expressed breast milk, warm compresses, and antifungal/antibacterial treatment if infection is present. Use of nipple shields and analgesics may be advised for temporary relief.

DISCUSSION

Cracked nipple arises from both mechanical trauma and doshic imbalance. In Ayurveda, Vata causes fissures and pain, Pitta causes inflammation. Sneha and Ropana chikitsa address both symptoms and root causes. Combining Ayurvedic local and systemic treatments with modern hygienic measures provides optimal healing and prevents recurrence.

CONCLUSION

Cracked nipple, though localized, significantly affects lactation and maternal comfort. Ayurvedic principles provide a holistic framework emphasizing doshic correction and natural healing. Integration with modern lactation care ensures safe, effective, and sustained management.

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