

## FIBROADENOSIS BREAST AND TOPICAL APPLICATION OF AYURVEDA DANTYADI LEPA: A SINGLE CASE STUDY

\*Dr. Shedad Sachin Ladak, \*\*Dr. Roy Anuradha, \*\*\*Prof. Shiv Ji Gupta,  
\*\*\*\*Dr. Ruchi Chawla, \*\*\*\*\*Dr. Binay Sen

\*Junior Resident-3, Department of *Prasuti Tantra*, Faculty of *Ayurveda*, IMS BHU,  
Varanasi.

\*\*Associate Professor, Department of *Prasuti Tantra*, Faculty of *Ayurveda*, IMS BHU  
Varanasi.

\*\*\*Professor, Department of *Shalya Tantra*, Faculty of *Ayurveda*, IMS BHU, Varanasi.

\*\*\*\*Associate Professor, Department of Pharmaceutical Engg & Tech., IIT, BHU, Varanasi.

\*\*\*\*\*Assistant Professor, Department of *Dravyaguna*, Faculty of *Ayurveda*, IMS BHU,  
Varanasi.

### ABSTRACT

**Introduction:** Fibroadenosis, a benign breast condition, is characterised by nodular swellings associated with pain, often managed conservatively. This case report highlights the efficacy of an integrative Ayurvedic approach using Dantyadi Lepa, a topical herbal formulation, and oral medications in treating fibroadenosis. **Materials and Methods:** The study was conducted in our OPD, A 32-year-old female patient with a one-year history of right breast nodular swelling and pain, exacerbated premenstrually, was diagnosed with bilateral fibroadenosis based on clinical and ultrasound findings. Treatment included Dantyadi Lepa for local application and Kanchanara Guggulu orally, with regular follow-ups to monitor clinical and sonographic improvements. **Case presentation:** The patient presented with a tender, non-mobile mass in the right breast measuring 5 x 2 cm, with no systemic symptoms or significant medical history apart from 2 prior caesarean sections. Ultrasound confirmed fibrocystic tissue

proliferation in both breasts, with the right breast showing a prominent lesion of 4.1 x 1.08 cm. **Clinical Findings:** The patient reported progressive improvement over six months of

Article Received on  
17 January 2025,

Revised on 06 Feb. 2025,  
Accepted on 27 Feb. 2025

DOI: 10.20959/wjpr20255-35637



\*Corresponding Author

Dr. Shedad Sachin Ladak

Junior Resident-3,  
Department of Prasuti  
Tantra, Faculty of  
Ayurveda, IMS BHU,  
Varanasi.

treatment. Pain, cyst size, and nodularity were significantly reduced, culminating in the complete resolution of symptoms. A follow-up ultrasound revealed no abnormalities, confirming the therapeutic efficacy. **Treatment plan and outcome:** The therapeutic regimen included Dantyadi Lepa, which was initially applied twice daily, followed by once daily, and Kanchanara Guggulu, which was administered orally. The treatment leveraged Ayurvedic principles, targeting Kapha and Vata imbalances with formulations possessing lump-reducing and scraping properties. **Conclusion:** This case underscores the potential of Ayurvedic treatments, particularly Dantyadi Lepa, in managing fibroadenosis effectively. Further studies are warranted to explore the broader applicability of this integrative approach.

**KEYWORDS:** *Stana-granthi*, Fibroadenosis, *Dantyadi Lepa*, *Kanchanara Guggulu*.

## INTRODUCTION

Fibroadenosis, a common benign breast condition, is characterised by the presence of nodules and associated pain. It is often managed through conservative treatment, but this case report explores the integration of *Ayurvedic* medicine into the treatment protocol.

**Materials and Methods: Place of Study:** Department of Prasuti Tantra, OPD-24 of SSH BHU, Varanasi.

**Patient Information:** The patient, XYZ, a 32-year-old female, was consulted on 04/08/2023. She is married and has undergone two prior caesarean sections. She has no other significant medical history. The patient reported being in good health, with no known allergies or chronic conditions. She maintains a moderately active lifestyle and follows a mixed diet.

**Chief Complaint:** The patient presented with complaints of nodular swelling and pain in the right breast, persisting for the past year. The pain was described as intermittent, exacerbated during the premenstrual phase, and associated with tenderness.

**History of Present Illness:** The nodular swelling in the right breast was first noticed approximately one year ago. Initially small and painless, the swelling gradually increased in size over time. Pain developed after six months, coinciding with the premenstrual period. The patient reported no nipple discharge, skin changes, or systemic symptoms such as fever or weight loss. She also denied any history of trauma or prior interventions for the condition.

**Past Medical History:** The patient has a history of typhoid fever in 2010, which was treated successfully with no long-term complications. She underwent two caesarean sections for the delivery of her children, both of which were uneventful. There is no history of diabetes, hypertension, or thyroid disorders. She has not undergone any previous surgeries apart from the caesarean sections and has no history of breast-related conditions.

**Additional Information:** The patient's menstrual history reveals regular cycles of 28-30 days, with moderate flow lasting 4-5 days. She reported mild dysmenorrhea but no significant irregularities. There is no family history of breast or ovarian cancer. The patient does not consume alcohol or tobacco. Her psychological health is stable, although she expressed concern and anxiety regarding her current breast condition.

**Clinical Findings:** Physical examination revealed a non-mobile mass measuring approximately 5 x 2 cm was identified in the right breast at the 11-12 o'clock position, with tenderness noted upon palpation. The overlying skin appeared normal, with no discolouration, dimpling, or peau d'orange changes. No nipple discharge or retraction was observed. The contralateral breast was unremarkable on examination.

**Differential Diagnosis:** The differential diagnosis for fibroadenosis of the breast includes fibroadenoma, which presents as a mobile, non-tender mass; breast cysts, which are fluid-filled sacs often associated with hormonal changes; phyllodes tumour, a rare fibroepithelial lesion that may be benign or malignant; and malignant breast lesions such as invasive ductal carcinoma, which may present with a fixed, irregular mass and associated skin or nipple changes. Other considerations include mastitis or abscess in cases with inflammation and tenderness, and fat necrosis, which may mimic malignancy on clinical examination.

**The diagnostic assessment:** The ultrasound findings dated 04/08/2023 confirm the presence of bilateral fibroadenosis. The imaging revealed fibrofatty and fibroproliferative tissue in both breasts, which is characteristic of this condition. Notably, the right breast exhibited a prominent proliferation of fibrocystic tissue in the upper outer quadrant, measuring 4.1 x 1.08 cm. There was no evidence of axillary lymphadenopathy, further supporting the diagnosis of benign fibroadenosis without any signs of malignancy or lymphatic involvement. The impression from the ultrasound distinctly indicated bilateral fibroadenosis.

**Diagnosis:** Taking into account the patient's medical history, findings from a thorough clinical examination, and detailed radiological assessments, the diagnosis was established as bilateral fibroadenosis. The clinical evaluation revealed characteristic features consistent with this condition, while the radiological findings, including the ultrasound dated 04/08/2023, confirmed the presence of fibrofatty and fibroproliferative tissue in both breasts. Additionally, the right breast showed a significant proliferation of fibrocystic tissue in the upper outer quadrant, measuring 4.1 x 1.08 cm, with no evidence of axillary lymphadenopathy. These combined findings conclusively supported the diagnosis of bilateral fibroadenosis.

### Therapeutic intervention: Treatment Plan

- The patient was initially treated with an oral and local application as per *Ayurvedic* preparation.
- **Medications Prescribed:**
  - *Dantyadi Lepa* for L/A twice daily for 2 months f/b once daily for 4 months
  - *Kanchanara Guggulu* 250 mg (two times a day)

### Follow-up and Outcome

The monthly treatment progress of the patient using *Dantyadi Lepa*, *KanchanaraGuggulu*.

Date	Treatment	Breast symptoms	Notes
04/08/2023	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	Initial assessment. Pain, cyst size, and nodularity a present.	Treatment started.
04/09/2023	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	Mild reduction in pain and cyst size. Nodularity slightly decreased.	Continued treatment as prescribed
04/10/2023	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	Moderate reduction in pain and cyst size. Further decrease in nodularity.	Positive response to treatment observed.
04/11/2023	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	Significant reduction in pain and cyst size. Nodularity is much improved.	Continued improvement, advised to maintain treatment.
04/12/2023	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	Minimal pain, further reduction in cyst size, nodularity nearly absent.	Substantial improvement noted
04/01/2024	<i>Dantyadi Lepa</i> + <i>Kanchanara Guggulu</i>	The pain was almost gone, the cyst size was small, and nodularity was resolved.	Treatment showing excellent progress
04/02/2024	No treatment was given	No pain, cyst size minimal, no nodularity.	Significant improvement.

The patient was reviewed on 04/08/2023 with regular 1-month follow-ups in between this period. The reports indicated an improvement in symptoms with continued treatment. The right breast showed significant improvement with a reduction in pain, size of cyst, and nodularity.

**Ultrasound After Treatment (03/04/2024):** A follow-up ultrasound conducted after treatment showed no obvious sonographic abnormalities, indicating a significant reduction or resolution of the previously noted fibroadenosis. **Impression:** - No obvious sonographic abnormalities.

## DISCUSSION

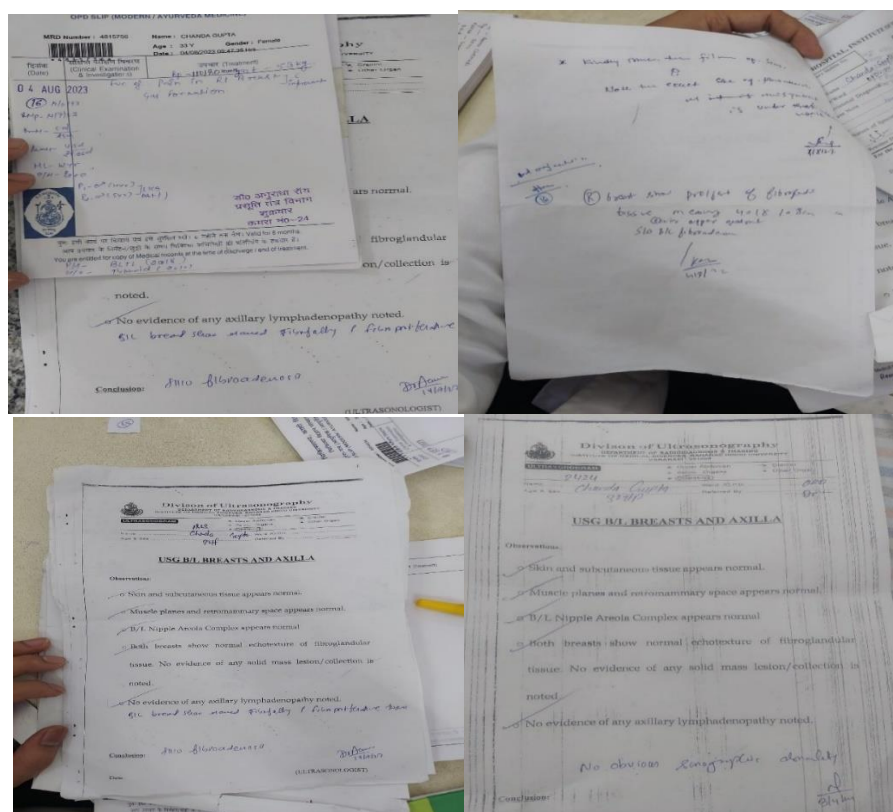
This case underscores the potential benefits of a holistic Ayurvedic approach, incorporating both oral and local treatments, in managing benign breast conditions such as fibroadenosis. Specifically, the use of *Dantyadi Lepa*, a traditional Ayurvedic formulation, has demonstrated significant promise in addressing fibroadenosis, a condition characterized by an imbalance of *Kapha* and *Vata* doshas affecting the *MamsaDhatu* (muscle tissue). The key ingredients of *Dantyadi Lepa*—*Danti*, *Chitraka*, *Arkaksheera*, *Snuhiksheera*, *Bhallataka*, *Guda*, and *Kasisa*—possess therapeutic properties such as *Granthi Hara* (lump-reducing) and *Lekhana* (scraping), which are vital for breaking down fibrous lumps, reducing their size, and enhancing local blood circulation. The sharp and hot qualities of this herbal paste contribute to balancing the doshas, alleviating inflammation, and promoting tissue regeneration. Consequently, *Dantyadi Lepa* proves to be an effective treatment option for fibroadenosis and related conditions. Additionally, other Ayurvedic interventions, tailored to the patient's specific dosha imbalance, played an integral role in the patient's overall recovery, highlighting the importance of a comprehensive and individualized treatment plan in Ayurvedic medicine.





## CONCLUSION

The successful management of fibroadenosis, in this case, suggests that a combined approach, utilizing both oral treatments and local applications such as *lepa* as prescribed in *Ayurvedic* medicine, can be highly effective. This integrative strategy shows promise in addressing the complexities of benign breast conditions. To validate these findings and potentially expand the treatment's applicability, further studies are recommended to explore the broader use of this *Ayurvedic* approach in managing similar conditions.



## REFERENCES

1. Sharma PV. *Susruta Samhitha*. Reprint. Varanasi: Chaukhambha Bharati Academy, 2010; 11.P.217.
2. Dr. Sharma RK. *Agnivesa's Carakasamhitha*. Reprint Varanasi: Chowkhambha Sanskrit Series office, 2012; Volume IV. P.138.
3. Salimani, R., V, M. K., Ballal, V., Prasuti Tantra, in, Roga, S., & Udupi, S. (2021). An effect of dantyadi lepa in the management of fibroadenoma of breast. *World journal of pharmaceutical Research* *Www.Wjpr.Net*10, 1192. <https://doi.org/10.20959/wjpr202112-21628>
4. D.S lucas, *Dravyaguna Vignana*, Study of Dravya-Materia Medica, Volume 2nd,

- Varanasi Chaukambha Orientalia, 2012.
5. J.L.N. Sastry, Dravya Guna Vijnana, Volume II, Chaukhambha Orientalia, Varanasi, Reprint, 2014.
  6. Guray, M., & Sahin, A. A. (2006).benign breast diseases: classification, diagnosis, and management. *The Oncologist*, 11(5): 435-449. doi:10.1634/theoncologist.11-5-435.
  7. Carty, N. J., Carter, C., Rubin, C., & Ravichandran, D. (1995). Management of fibroadenosis of the breast. *The Breast*, 4(3): 146-149. doi:10.1016/0960-9776(95)90012-8.
  8. Morrow, M., & Schnitt, S. J. (2011). Current management of fibroadenomas. *Current Problems in Surgery*, 48(5): 319-357. doi:10.1067/j.cpsurg.2011.01.003.
  9. Bhat S M. 8. In: (eds.) SRB'S Manualof Surgery. 4thed. New delhi: Jayapee brothers Medical Publishers (p) LTD, 2013.