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Ayurvedic Management of Granulomatous Mastitis: A Case Report

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Abstract

Granulomatous mastitis is an uncommon, benign yet chronically progressive inflammatory disorder of the breast, characterized by recurrent abscess formation, sinus tract development, induration, pain, and frequent recurrence. The condition often poses a diagnostic dilemma due to its close resemblance to carcinoma breast and tubercular mastitis. Conventional management strategies including antibiotics, repeated incision and drainage, corticosteroids, immunosuppressive therapy, and surgical excision frequently result in incomplete resolution, recurrence, and significant adverse effects.

From an Ayurvedic standpoint, granulomatous mastitis can be comprehensively understood under the spectrum of Stana Sopha, StanaVidradhi, DushtaVrana, and NadiVrana, wherein vitiated Kapha and Pitta Doshas along with Rakta and Mamsa Dhatu Dushti play a pivotal role. Impaired Agni, presence of Ama, obstruction of Rasavaha and Raktavaha Srotas, and chronic Srotorodha lead to suppurative pathology in breast tissue.

This case report presents a 44-year-old female diagnosed with left-sided granulomatous mastitis, unresponsive to antibiotics and anti-tubercular therapy and complicated by hepatic intolerance. The patient was managed exclusively with Ayurvedic principles including Shamana Chikitsa and Jalaukavacharana (leech therapy) over a period of four months. Complete clinical resolution was achieved and radiological confirmation through MRI demonstrated absence of abscess or active granulomatous inflammation.

This case highlights the efficacy of classical Ayurvedic treatment principles in managing chronic inflammatory breast disorders and emphasizes the role of Rakta-Kapha-Pitta Shamana, Sopha-Vidradhi Chikitsa, and RaktaMokshana in preventing recurrence and restoring tissue homeostasis.

Keywords: Granulomatous Mastitis, StanaVidradhi, Stana Sopha, Jalaukavacharana, DushtaVrana, Ayurveda.

Introduction

Granulomatous mastitis is a rare, benign inflammatory condition of the breast with an unpredictable clinical course and high recurrence rate [1]. It predominantly affects women of reproductive age but may also occur during the perimenopausal period [2]. Clinically, the disease presents with painful breast lumps, erythema, induration, abscess formation, sinus tracts, nipple retraction, and skin ulceration [3]. The condition often mimics carcinoma breast and tubercular mastitis both clinically and radiologically, leading to misdiagnosis and aggressive interventions [2, 4].

Despite extensive research, the precise etiopathogenesis of granulomatous mastitis remains elusive. Various hypotheses have been proposed including autoimmune reactions, hormonal imbalance, trauma, microbial infection, and immune dysregulation [5, 11]. Conventional medical management primarily relies on prolonged antibiotic therapy, repeated incision and drainage, corticosteroids, methotrexate, and surgical excision⁶. However, these approaches frequently result in incomplete healing, chronic sinus formation, disfigurement, and systemic adverse effects [7].

Ayurveda, with its holistic and stage-specific approach to disease, offers a comprehensive framework for understanding

and managing such chronic inflammatory conditions. Granulomatous mastitis can be correlated with Stana Sopha in its initial inflammatory stage and StanaVidradhi in the suppurative stage [8, 12]. If inadequately treated or repeatedly incised, it progresses to DushtaVrana and NadiVrana, leading to chronicity and recurrence [9, 13].

Acharya Sushruta has elaborately described the pathogenesis, stages, and management of Sopha, Vidradhi, and Vrana, emphasizing the importance of treating inflammation at the appropriate stage to prevent suppuration and sinus formation [14]. Ayurvedic treatment focuses on correction of Agni, elimination of Ama, pacification of vitiated Doshas, purification of Rakta, and restoration of Dhatu Samya, thereby offering a curative and recurrence-preventive approach [15].

Ayurvedic Review of Literature

Stana Roga in Ayurveda

The breast (Stana) is considered a specialized structure predominantly composed of MamsaDhatu, nourished by Rasa and Rakta Dhatu, and functionally influenced by KaphaDoshas [6]. Acharya Sushruta describes that the Dhmanis supplying the breast remain constricted during childhood and open

during the reproductive age, making women more susceptible to breast disorders during this period⁸. Vitiation of Doshas circulating through these open channels predisposes to various StanaRogas⁹.

Stana Sopha

Sopha is defined as a localized or generalized swelling caused by vitiation of Doshas. Acharya Sushruta describes Sopha as the root cause of all suppurative conditions:

*“Sarvevidradhayahsopha-pūrvakāh”^[14]

Sopha is classified into three stages^[14]:

- i). **AmaSopha**: Unripe, hard, painful swelling
- ii). **PachyamanaSopha**: Maturing inflammation with burning sensation and pain
- iii). **PakwaSopha**: Suppurated swelling containing pus

In granulomatous mastitis, all three stages may coexist in different regions of the breast, making management challenging and prognosis Krichra-Sadhya^[13].

StanaVidradhi

Vidradhi refers to a deep-seated abscess involving Dhatus. StanaVidradhi is classified under BahyaVidradhi and primarily involves Rakta and MamsaDhatu^[9]. KaphaDosha is responsible for pus formation, Pitta causes inflammation and suppuration, and Vata contributes to pain and spread^[12].

Repeated trauma, incision, or improper drainage aggravates Vata, leading to chronicity and sinus formation^[13].

DushtaVrana and NadiVrana

When Vidradhi ruptures either spontaneously or surgically and fails to heal properly, it results in Vrana. Improper management, persistent Dosha Dushti, and presence of Amaconvert it into Dushta Vrana^[14]. Further neglect or repeated insult leads to formation of NadiVrana, characterized by chronic discharging sinus tracts^[13].

Acharya Sushruta has emphasized that untreated or improperly treated Sopha and Vidradhi invariably lead to Nadi Vrana^[14].

Granthi and Arbuda – Differential Understanding

Granulomatous mastitis must be differentiated from Granthi and Arbuda. Granthi is Kapha-dominant, well-circumscribed, and slow-growing, whereas Arbuda is deep-rooted, firm, painless, and progressively enlarging^[16]. Granulomatous mastitis, though presenting with induration, is inflammatory, painful, and suppurative, aligning more closely with Vidradhi rather than Arbuda^[12].

Ayurvedic Correlation of Granulomatous Mastitis

Based on symptomatology and disease progression, granulomatous mastitis can be understood as:

- Kapha-Pitta PradhanaStana Sopha
- Progressing to StanaVidradhi
- Complicated by DushtaVrana and NadiVrana
- Associated with Ama, Manda Agni, RaktaDushti, and Srotorodha^[8, 9, 15]

Thus, the management must include:

- Agni Deepana and AmaPachana
- Sopha-Vidradhi Hara Chikitsa
- RaktaShodhana
- VranaShodhana and Ropana
- RaktaMokshana (Jalaukavacharana) in selected cases^[14, 17]

Rationale for Jalaukavacharana

Acharya Sushruta has described Jalaukavacharana as the safest and most effective method of RaktaMokshana in Pitta-RaktaDushti conditions, particularly in delicate organs such as breast^[17]. It alleviates inflammation, pain, burning sensation, and promotes rapid healing by removing vitiated blood locally^[18].

Need for Ayurvedic Approach

Conventional management often addresses symptoms rather than underlying Dosha-Dhatu imbalance, leading to recurrence^[6, 7]. Ayurveda, by correcting the root pathology and restoring tissue equilibrium, offers a sustainable solution in chronic inflammatory breast disorders^[15].

Aim of the Case Report

The present case report aims to:

- Elucidate the Ayurvedic understanding of granulomatous mastitis
- Highlight the role of Shamana Chikitsa and Jalaukavacharana
- Demonstrate radiologically confirmed resolution
- Establish the scope of Ayurveda in managing chronic, recurrent breast disorders

Ayurvedic Samprapti (Pathogenesis)

Granulomatous mastitis, when viewed through the Ayurvedic lens, represents a complex, chronic, Kapha-Pitta pradhana Samprapti involving Rakta and Mamsa Dhatu, with associated Ama, Manda Agni, and Srotorodha. The disease evolution follows a classical progression from Stana Sopha to StanaVidradhi, subsequently complicated by DushtaVrana and NadiVrana in recurrent and improperly managed cases^[19].

Nidana (Etiological Factors)

Based on patient history and Ayurvedic principles, the probable Nidanans include:

- **AharaNidana**
 - Guru, Snigdha, AbhishyandiAhara
 - Excessive intake of Kapha-varadhaka diet
- **ViharaNidana**
 - Divaswapna
 - Avyayama
- **ManasikaNidana**
 - Ati-chinta, Bhaya, Shoka (stress +++)
- **AgantujaNidana**
 - Repeated surgical incision and drainage causing Vataprakopa
- **Beeja-Dosha / Sahaja Factor**
 - Family history of breast carcinoma (maternal)

These Nidanans collectively result in Agni Mandya, leading to AmaUtpatti, which circulates through Rasavaha and RaktavahaSrotas and localizes in the StanaPradesha, a Kapha-dominant organ^[20].

Dosha–DushyaSammurchana

- **Dosha:**
 - Kapha (Granthi, Sopha, Pus formation)
 - Pitta (Daha, Paka, RaktaDushti)

- Vata (Vedana, spreading nature, chronicity)
- **Dushya:**
 - Rasa
 - Rakta
 - Mamsa
- **Srotas Involved:**
 - Rasavaha
 - Raktavaha
 - Mamsavaha
- **Agni:**
 - JatharagniMandya
 - DhatvagniMandya
- **Ama:**
 - Present (AlpaSamaJihva, chronic inflammation)
- **UdbhavaSthana:**
 - Amashaya
- **SancharaSthana:**
 - RasavahaSrotas
- **Adhishthana:**
 - Stana (left breast)
- **VyaktiSthana:**
 - StanaPradesha with abscess and sinus formation

This Dosha-DushyaSammurchana culminates in Ama-sahitaKapha-Pitta Dushti, leading to AmaSopha, which progresses sequentially to Pachyamana and PakwaSopha, ultimately manifesting as Vidradhi ^[21].

Table 1: Samprapti Ghataka

Samprapti Ghataka	Description
Dosha	Kapha-Pitta Pradhana, Vata Anubandha
Dushya	Rasa, Rakta, Mamsa
Srotas	Rasavaha, Raktavaha, Mamsavaha
Agni	Jatharagni & Dhatvagni Mandya
Ama	Present
UdbhavaSthana	Amashaya
Adhishthana	Stana
Vyadhi Swabhava	Chirakari
Sadhyata	Krichra-Sadhyata

Nidana Panchaka

Hetu (Causative Factors)

- Kapha-varadhakaAhara-Vihara
- Chronic stress
- Repeated surgical trauma
- Improper management of Sopha

Purvarupa (Prodromal Features)

- Mild pain and heaviness in breast
- Induration
- Localized swelling

Rupa (Clinical Features)

- Painful breast lump
- Recurrent abscess
- Sinus formation
- Skin thickening
- Non-healing wounds

Upashaya

- Partial relief with drainage
- Temporary relief with medications

Anupashaya

- Antibiotics
- Anti-tubercular therapy
- Repeated incision and drainage

Case Report

Patient Information

- **Name:*******
- **Age:** 44 years
- **Gender:** Female
- **Occupation:** Housewife
- **Marital Status:** Married

Chief Complaints

- Recurrent pain and swelling in left breast
- Discharging sinus
- Non-healing wound despite repeated interventions

History of Present Illness

The patient was apparently healthy until she developed pain and swelling in the left breast, which gradually progressed to abscess formation. She underwent multiple incision and drainage procedures. Despite repeated courses of antibiotics, the condition recurred. She was empirically started on anti-tubercular therapy, after which she developed generalized pruritus and hepatic dysfunction, leading to discontinuation of therapy. Due to persistent symptoms and psychological distress, she approached at Ayurvishwa Ayurveda Panchakarma clinic & Swaayu cancer care for Ayurvedic management.

Past Medical History

- No diabetes mellitus or hypertension
- No history of tuberculosis
- No autoimmune disorders

Family History

- Mother diagnosed with breast carcinoma

Table 2: Ashtavidha Pariksha

Parameter	Finding
Nadi	KaphaAdhikya with Balakshaya
Mutra	Prakruta
Mala	Prakruta
Jihva	AlpaSama
Shabda	Prakruta
Sparsha	Ushna
Drik	Prakruta
Akruti	Sthula

Table 2: Dashavidha Pariksha

Parameter	Finding
Prakruti	Kapha-Pitta
Vikruti	Kapha-Pitta
Sara	Mamsa Sara
Samhanana	Madhyama
Pramana	Ati-Sthula (112 kg)
Satmya	Madhyama
Satva	Madhyama
Ahara Shakti	Avara
Vyayama Shakti	Avara
Vaya	Madhyama

Investigations Before Treatment

- Ultrasonography showed no malignancy
- Systemic features suggestive of metabolic and inflammatory imbalance
- Recurrent abscess clinically evident

After Treatment

MRI breast revealed:

- No active abscess or collection
- Minimal residual scar/granulomatous tissue
- Reactive axillary lymph node
- No suspicious or malignant lesion

Radiological findings confirmed complete resolution of active disease [22].

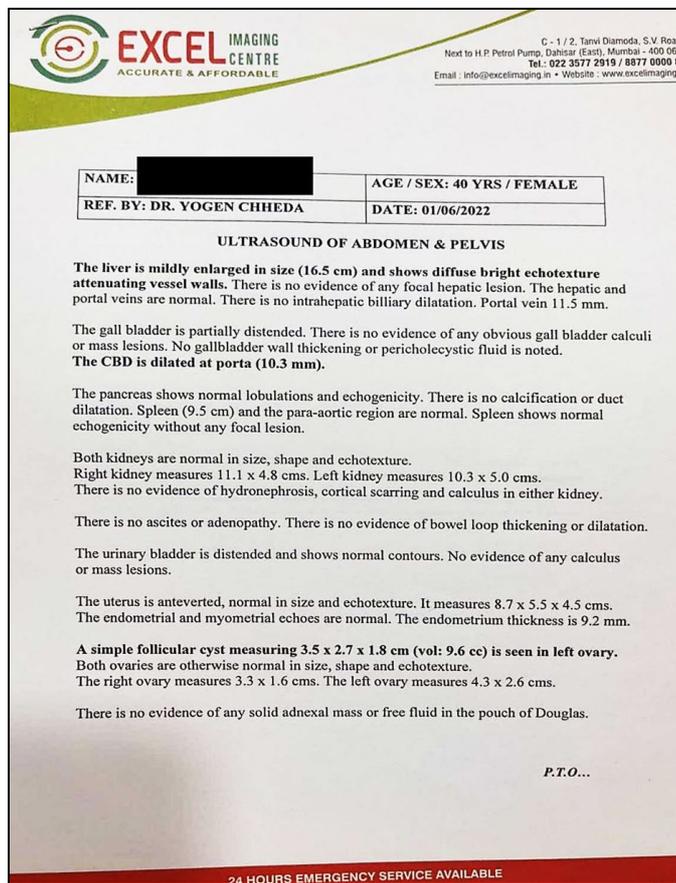


Fig 1: Before Treatment

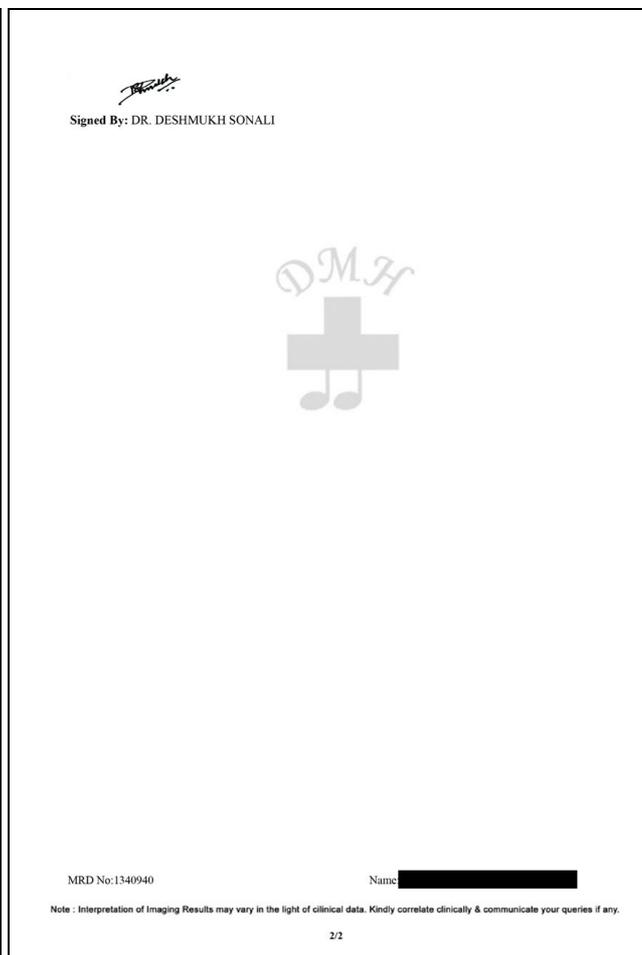
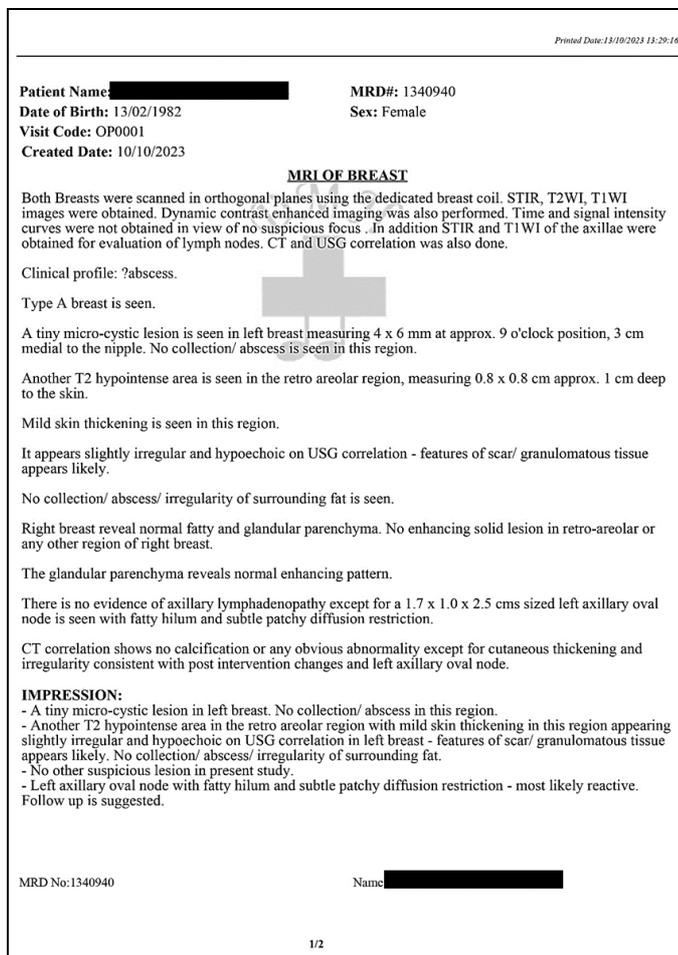


Fig 2: After Treatment

Ayurvedic Diagnosis

- **StanaVidradhi**
- **Kapha-Pitta Pradhana Dushta Vrana**
- **Ama-sahita Rakta-Mamsa Dushti**

Chikitsa Siddhanta (Overview)

Based on Samprapti and Avastha, the following principles were adopted:

- Agni Deepana & AmaPachana
- Kapha-Pitta Shamana
- Rakta Shodhana
- Sopha-Vidradhi Hara Chikitsa
- RaktaMokshana by Jalaukavacharana
- VranaRopana
- Recurrence Prevention

Chikitsa Siddhanta (Principles of Management)

Based on detailed Samprapti, Avastha, and Dosha–Dushya involvement, the treatment strategy was formulated following classical Ayurvedic principles of Sopha–Vidradhi–Vrana Chikitsa, with emphasis on Kapha-Pitta Shamana, Rakta Shodhana, AmaPachana, and Vrana Ropana [23].

Acharya Vagbhata emphasizes that treatment should be planned according to the stage of inflammation:

“Amapakvaavasthāyāmyathākramamchikitsāvidhīyate” [24]

In the present case, coexistence of inflammatory swelling, abscess, and sinus indicated Chirakari Vyadhi with Krichra-Sadhyata, necessitating a multi-modal approach.

Detailed Treatment Protocol and Rationale

Total Duration: 4 Months

1. Agni Deepana & Ama Pachana

The presence of Manda Agni, AlpaSamaJihva, and chronic inflammation suggested Ama involvement. Therefore, medicines having Tikta-Kashaya Rasa, Laghu-RukshaGuna, and Ushna Virya were selected.

- **SukshmaTriphala- Dose 1-0-1**
 - **Rasa:** Kashaya, Amla
 - **Guna:** Laghu, Ruksha
 - **Virya:** Ushna
 - **Vipaka:** Madhura
 - **Karma:** AmaPachana, Kleda Shoshana, Vrana Shodhana [25]

Triphala is well documented for its anti-inflammatory, antioxidant, antimicrobial, and wound healing properties, making it ideal for chronic suppurative disorders [26].

2. Kapha-Pitta Shamana & Granthi-Hara Chikitsa

Kanchanar Guggulu- Dose 1-0-1

- **Rasa:** Tikta, Kashaya
- **Guna:** Laghu, Ruksha
- **Virya:** Ushna
- **Vipaka:** Katu
- **Karma:** Granthi-Arbuda-Apachi-Hara [27]

Kanchanar Guggulu is the drug of choice in Granthi, Apachi, and Glandular swellings, acting by resolving Kapha-MedaDushti and reducing fibrotic tissue.

3. Rakta Shodhana & Shotha-Hara Chikitsa

Amruta Guggulu- Dose 1-0-1

- **Karma:** RaktaShodhaka, Shotha-Hara, Vedana-Sthapana [28]

Guduchi (*Tinospora Cordifolia*) is a potent Rasayana, Tridoshaghna, and immunomodulator, beneficial in chronic inflammatory and autoimmune conditions [29].

4. Dhatu Poshana & Ojo-varhdhana

Makardhwaja vati-(30 mg)-0-0-1

Makardhwaja acts as:

- Balya
- Ojovardhaka
- Rasayana

It improves tissue strength, immunity, and healing response, particularly in Balakshaya and chronic debilitating diseases [30].

5. Manasika Bhava Chikitsa

Chronic stress (Chinta +++) was an important contributing factor.

- Brahmi 2 gm
- Sutshekhar Rasa 2 gm
- MauktikBhasma 2 gm (All ingredients mixture for a month) 1-0-1

These drugs pacify Rajo-TamoGuna, stabilize Manas, and indirectly correct Agni and Dosha imbalance [31].

Jalaukavacharana (Leech Therapy)**Classical Reference**

Acharya Sushruta has described Jalaukavacharana as the safest method of RaktaMokshana, especially in Pitta-RaktaDushti and delicate organs like breast [32].

“Pittaraktapradhaneshujalaukashresthah”

Procedure Details

- **Number of sittings:** 5
- **Leeches per sitting:** 5
- **Interval:** 15 days for 3 months.

Ayurvedic Mode of Action

- Removes DushtaRakta
- Relieves Daha, Shotha, Vedana
- Breaks Srotorodha
- Facilitates VranaRopana

Modern Correlation

Leech saliva contains:

- **Hirudin:** Anticoagulant
- **Bdellins & Eglins:** Anti-inflammatory
- **Hyaluronidase:** Improves tissue permeability

These substances enhance microcirculation, reduce inflammation, and promote healing [33].

Observations and Results

- Progressive reduction in pain and swelling
- No fresh abscess formation
- Complete healing of sinus
- Improvement in sleep and appetite
- No adverse drug reactions
- MRI confirmed absence of active disease [34]

Discussion

Granulomatous mastitis represents a chronic inflammatory immune-mediated pathology. Modern medicine lacks a standardized treatment protocol and often resorts to steroids or surgery, both associated with recurrence and morbidity^[35]. Ayurveda addresses the root cause by correcting Agni, eliminating Ama, pacifying Dosha, and restoring DhatuSamya. The use of Jalaukavacharana directly addresses RaktaDushti, which is pivotal in inflammatory breast disorders.

This case demonstrates that Ayurvedic multimodal therapy can not only resolve active disease but also prevent recurrence, thereby improving quality of life.

Conclusion

Granulomatous mastitis, though rare and challenging, can be effectively managed through Ayurvedic principles when diagnosed and treated appropriately. Shamana Chikitsa combined with Jalaukavacharana provides a safe, effective, and sustainable solution without adverse effects. This case strengthens the evidence for Ayurveda in managing chronic inflammatory breast disorders and highlights the need for larger clinical studies.

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