



CASE REPORT

Ayurvedic management of non-lactational breast abscess - Case Report

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Abstract

A breast abscess is a localised collection of purulent material within the breast, most commonly affecting women aged between 18 and 50 years. A breast infection can be lactational or nonlactational, of which the lactational variety is the most common. Modern science recommends antibiotic therapies and surgical interventions for treating breast abscesses. In *Ayurveda*, a disease having clinical features similar to breast abscess is described as *Stanavidradhi*. A 38-year-old woman developed a breast abscess during Ayurvedic inpatient treatment for her joint problems. This was successfully managed by Ayurvedic therapy within five days, instead of conventional antibiotics and other invasive interventions. *Guggulutiktakamkashayam*, *Punarnavadi-kashayam*, *Tab Triphalaguggulu*

and *Tab Biogest* were used as internal medicines, and *Thilakalkalepa* and *Jathyadighritham* for external use over the abscess.

Introduction

Female breast lesions often cause considerable concern due to the high incidence of cancer among adults. Breast lesions are broadly classified as benign or malignant. Common causes of benign breast lesions include fibrocystic disease, fibroadenoma, intraductal papilloma, and abscess. An abscess can be defined as a localised collection of purulent material within the breast, which results from infection of the breast tissue(1)and are characterised by erythema, induration, warmth and tenderness to palpation, at the site of palpable mass or area of fluctuance. Purulent discharge at the nipple or site of fluctuance and reactive axillary adenopathy may be associated with this. Women between 18 and 50 years of age are most commonly affected by breast abscess.

A breast infection can be lactational or nonlactational, puerperial or non puerperial, the lactational variety is the most common. The infrequent non-lactating infections can be divided into those occurring centrally in the periareolar region and those affecting the peripheral breast tissue. (2). Periareolar abscesses in nonlactating women are usually accompanied by a sinus tract that communicates with the nipple. This abnormal tract represents the source of the initial invasive infection and, if left unattended, may

be the nidus for recurrence. Peripheral non-lactating breast abscesses are commonly associated with co-morbid conditions such as diabetes, rheumatoid arthritis, steroids, granulomatous lobular mastitis, and trauma. Modern science recommends antibiotic therapies and surgical interventions for treating breast abscesses. The recurrence rate of breast abscess is high (39-50%), and studies have shown even greater rates of recurrence in women who undergo fine-needle aspiration.(3)

A nipple discharge is another common breast problem among females; over 80% will have an episode during their fertile years and may prone a periductal breast abscess if infected. A physiological nipple discharge is bilateral, benign, and usually white, green, or yellow in colour. It involves multiple ducts and is associated with nipple squeezing. Some causes of physiological nipple discharge are hypothyroidism and medication side effects.(4) Pathologic nipple discharge(PND) is defined as a clear, serous, or bloody secretion (not green or milky), spontaneous, discharging from a single duct, and unilateral. It is frequently caused by a benign lesion, such as intraductal papilloma (s) (35–56% of cases) or ductal ectasia (6–59%), but an underlying malignancy can be present in a percentage of cases reported being variable from 5 to 33%. A detailed clinical history, physical examination, mammography, ultrasound, discharge cytology, galactography, MRI, and ductoscopy remain vital components of the management of patients with discharge from the breast.(5)

Ayurvedic literature describes clinical features similar to breast abscesses as *stanavidradhi*. *Acharya Susruta* classified *vidradhi* into *Bahya Vidradhi* and *Abhyantara Vidradhi*. According to him, *stanaroga lakshanas* are the same as those of *BahyaVidradhi*. A *stanaroga* is a result of the vitiation of *vatadidoshas*, which further vitiates *rakta* and *mamsa* (6) producing, a troublesome swelling, slowly bulging up, rooted deep, painful, round or wide. The principles of *vidradhichikitsa* and *vranachikitsa* are advised by the acharyas. The *vranasopha chikitsa* that can be adapted here are *pralepa* and *pradeha*, and *parisheka*. Furthermore, acharyas strictly contradict upanaha and swedana, and sastra karma is done after suppuration, sparing lactiferous ducts, areolas, and nipples. Lactational breast abscesses require emptying the breast. *Jalukavacharana* is advised by *Bhavamisra*, *Vangasena*, and *Yogaratanakara*.

Patient information

A 38-year-old multiparous woman working as a software developer, presented with complaints of a painful pus-filled lump on lower, medial quadrant of the left breast for 2 days and nipple discharge from both breasts for 3–4 years, to the Department of *Prasutitantra & Streeroga*, Government Ayurveda College, Tripunithura. According to the patient, 4 years ago she noticed a mild pain in her both breasts. As part of the self-breast examination, she squeezed her breasts, and nipple discharge were found in both breasts. The discharge was greenish-yellow in colour. She became anxious and consulted an allopathic physician and took antibiotics. Breast pain and nipple discharges were reduced. Following the physician's advice, she stopped squeezing her breasts further.

She got admitted in our hospital on 06/12/21 for treatment of her knee joint pain, low back ache, and neck pain. Based on her personal history, she had good appetite and used to take mixed diet, and had sound sleep which was disturbed since last two days due to pain over breast. She has constipated bowels and no addictions. On *Prakrithi* assessment she was found to have *kaphapitha prakrithi*. Considering her menstrual history, she was having a 28–31-day cycle with a bleeding duration of 3 days. The amount of bleeding was observed to be two pads/day with no clots but associated with mild lower abdominal pain. Her obstetrical history was P2 L2 A0 and her last childbirth was 8 years ago. Both children were delivered normally.

She was given *Rasnerandadikashayam*(90 ml bid), *Shaddharanamgulika* (2 tab bid), *Punarnavasavam* (30 ml bid), *Murivenna* (local E/A), and *Udwartanam* with *Kolaku-lathadi Choornam* for her joint complaints. A blood analysis done on 17/12/21 showed Hb 12 gm%, ESR 35 mm/1st hr, FBS 90 mg%, T. Cholesterol 142 mg%, HDL 38 mg%. Total WBC count of 11100 cells/cumm.

During *Udwartanam*, she started developing pain in both breasts and yellowish-watery nipple discharge from both breasts again. For that, on 21/12/21 she consulted the department of *Prasutitantra* and *Streeroga*, Government Ayurveda college hospital, Tripunithura.

Breast examination findings on 21/12/21 noted were (Table 1.)

Date	Complaints	Examinations	Findings	Treatment
21/12/2021	Pain on bilateral breasts	Inspection	No abnormality detected	<i>Guggulutiktakamkashayam</i> 90ml twice daily before food
	Yellowish watery nipple discharges from both breasts	Palpation	Discharge on squeezing + + (Yellowish watery from B/L Breasts)	<i>Sooryaprabhagulika</i> , 1 tablet twice daily after food

21/12/2021

Mass	No mass felt,	<i>Triphalachoornam with water</i> for external application (Ilepana)
Tenderness	Grade 1 (B/L)	
Lymph node enlargement, (Axillary / supraclavicular)	Not enlarged	

USG findings on 22/12/2021 normal for both the breasts.

She was undergoing *abhyanga (whole body)* procedure from 22/12/21 to treat her joint pain. On 30/12/21, she again came to our OPD (Table 2.)

stop treatments involving heat application. On 31/12/21 around 11 am, the abscess was found to be ruptured and drained spontaneously. To heal the wound, she was advised to apply *lepa* of *Tilachoornam* and *Ksheera* along with *Jatyadighruta* thrice a day for 3 days. (Table 3.)

Table 2.

30/12/21	A pus-filled lump on her left breast.	Inspection		An abscess in lower inner (medial) quadrant of left breast	<i>guggulutiktakamkashayam</i> and <i>punarnavadikashayam</i> 60 ml for thrice a day
	Increased pain	Palpation	Discharge	++ (Yellowish green from B/L Breasts)	<i>Triphalaguggulu</i> 2 tablets for thrice a day
	Yellowish green discharges on bilateral breasts		Mass	Induration +, nodular	Tablet Biogest one for thrice a day
			Tenderness	Grade 2 (++)	<i>lepa</i> on left breast with <i>kalka</i> made from <i>tila choorna</i> and <i>ksheera</i> for three or four times a day
			Lymph node enlargement (Axillary / supraclavicular)	Not enlarged	Advised to stop any heat application over body and avoid hot spicy pungent food items.

Table 3.

31/12/2021	Pain reduced	Inspection		Abscess ruptured	
			Breast tenderness	Breast tenderness – Grade 1	<i>Guggulutiktakamkashayam + Punarnavadikashayam</i> 60 ml (3 times/day) before food
		Palpation	Discharge from abscess	+	
1/1/2022	Breast pain – Got reduced	Palpation	Discharge from nipple	+	<i>Tab Triphalaguggulu-2</i> tab thrice a day after food
					Biogest tab 1 tab thrice a day after food
					Thriphla kwatha for khalana and Thilakalka with <i>Jatyadighrutam lepa</i> for three times a day
2/2/2022	Breast pain - Mild	Inspection	Wound	Healing wound	
		Palpation	Breast pain –reduced	Breast tenderness – Grade 1	Continue all the medicine
3/2/2022	Breast pain - Mild			Nipple discharge – reduced	
				Breast tenderness – Grade 1	Continue all the medicine
3/2/2022	Wound healed completely		Wound healed completely	Completely healed wound	Continue – <i>Guggulutiktakamkashayam + Punarnavadikashayam</i> stop tablets, avoid heat application over chest area
			Breast pain - Absent	Breast tenderness- Nil	<i>Pathyahara</i> from hospital, avoid pungent hot spicy food items

The treatments given on 30/12/21 were *Guggulutiktakamkashayam* and *Punarnavadikashayam* 60 ml 3times per day, *Triphalaguggulu* 2 tablets for thrice a day, Tablet Biogest one for thrice a day and a *lepa* on left breast with *Tilachoornam* and *Ksheera* . Also, an advice was given to

On 03/01/22, the wound was completely healed and all medicines were stopped except for the *Guggulutiktakam kashayam* and *Punarnavadi kashayam*. She was advised to continue pathyahara. She was discharged from the hospital on 24/1/2022, after completing treatments for joint pain.

She was advised no to apply heat over chest area, and was followed up for three more months and was devoid of any breast complaints.

Discussion

Breast abscess is a major concern for women in the reproductive age group and is treated with antibiotics or by incision and drainage in modern medicine. Most patients do not want to take these antibiotics due to their long-term side effects and recurrence risk, and they also fear having to undergo any invasive procedures. A breast abscess can be correlated with *Stanavidradhi* in *Ayurveda*. According to *Acharya Susruta*, vitiated *doshas* reach the breast and vitiate *rakta* and *mamsa*, resulting in *Stanaroga* or *Stanavidradhi*. Treatments such as *Tridosasamana*, *Vranasodhana*, and *Vranaropana* can be tried for *Stanavidradhi*. In this case, *Udwarthanam* followed by whole body *Aabhyanga* with hot oil might be a *sannikrishtanidana* for vitiated *doshas* to get localised in the breasts where there is *srothovaignya* present already. *Guggulutiktakamkashayam*, *Punarnavadi kashayam*, *Triphalaguggulu*, biogest tab, *lepa* with *tilakalka* in *ksheeram* along with *Jatyadighrutam* were used in this case. The properties of these drugs include *Vranasodhana*, *Vranaropana*, *Soolahara*, and *Sothahra*.

Probable mode of action of medicines

Guggulutiktakam kashayam

Guggulutiktakam kashayam is mentioned under *vatavyadhichikitsa* in *Ashtangahrudaya*(7). It contains drugs such as *guggulu*, *nimba*, *amrutha*, *vrusha*, *patola* etc. This *Kashaya* is indicated for *vidradhi*, *nadivrana*, *soola* etc. *Guggulu*, *Vidanga*, *haridra* and *vatsaka* have antimicrobial properties. *Patola* has *vranaropana* property. *Kushta*, *kana* and *maricha* have anti-inflammatory properties. *Ethanol extract of Guggulu*(8), *embelin of Vidanga* (9), and *curcumin of haridra*(10) are found to have antimicrobial properties.

Punarnavadi kashayam

Punarnavadi kashayam is mentioned in *sahasrayogam*(11) and as indicated in *sopha* & *soola*. The yoga contains *punarnava*, *nimbatwak*, *patola*, *guduchi*, *haritaki* etc. *Nimba*, *Haritaki* and *Daruharidra* have antimicrobial activity. *Neem* contains different active phytoconstituents such as alkaloids, glycosides, terpenoids, steroids and tannins exhibiting antimicrobial property(12)

Triphalaguggulu

Triphalaguggulu is mentioned in *Yogaratanakara* under *vidradhichikitsa*(13). It contains *haritaki*, *amalaki*, *vibhitaki*,

Krushna, *guggulu* and *ghruta*. *Haritaki* and *krushna* have anti-inflammatory property. *Guggulu* and *amalaki* have antimicrobial properties. *Triphala* is well known for its ability to heal wounds.(14) It soothes the inflamed mucous layer and helps control further infection spread. *Guggulu* is one of the best-known anti-inflammatory drugs in *Ayurveda*. *Triphalaguggulu* is a well-known combination in wound healing.

Jatyadighrutam

Jatyadighrutam is mentioned in *Ashtangahrudaya-Uttarasthana-Vranapratisedham*(15). It contains *Jati*, *Nimba*, *Patola*, *Naktamala*, *Sikta*, *Yashtimadhu*, *Harida*, *Daruharida*, *Manjishtha*, *Katurohini*, *Haritaki*, *Tutthaka*, *Sariva* and *Sesame oil*. *Nimba*, *Haridra*, *Daruharida* and *Haritaki* have antimicrobial activity. *Yoshtimadhu* has a soothing and healing effect on skin lesions when applied topically. *Patola* and *Sikta* have *VranaRopana* properties. *Copper sulphate*, or *Tuttha*, is known for its wound healing properties.

Tila choornam and ksheera

Lepa of tila choornam and ksheera is mentioned in *Ash-tangasangraha uttarasthana* (16) It is indicated in *daha* and *soolayukta vranasotha*. *Tila* is *twachya* and “*vrane lepana-pathyam*” according to *Susrutaacharya*. *Sesamum indicum* has antioxidant property. Thus, it may help in wound healing. It also exhibits anti-microbial property.

Conclusion

When it comes to diseases related to the breast, most women may have difficulty in seeking treatment, however, they are extremely concerned about this. Breast abscess is a condition where there is localized collection of purulent material within the breast. It is correlated with *stanavidradhi* in *Ayurveda*. The high recurrence rate of breast abscess requires prolonged treatment with antibiotics that are associated with long-term side effects. In this scenario, *Ayurveda* may be able to provide a better treatment alternative with fewer side effects. This is not only for abscess management but also for preventing recurrence.

Annexures

1. *Tila* properties- *Susruthasamhita sootrasthana*- 46th chapter

Rasa- Kashayamadhuratikta

Guna- Sangrahi, Snigdha, Guru

Virya- Ushna

Vipaka- Madhura

Karma- Vranelepanapathya, Agni medhajanana, twachya, Kesya, Vatahara

2. Biogest tablet – Kerala Ayurveda Pharmacy

SI No	Ingredients	Indications
1	Guggulu	Chronic recurrent infections
2	Punarnava	Wounds, boils
3	Amla	Common acute infections
4	Haritaki	Sinusitis, Tonsilitis
5	Bibhitaki	
6	Kokilaksha	
7	Sariba	
8	Chayilyam	

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