

Research Article



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Ayurvedic Therapeutic Approach to Breast Fibroadenoma (Stanagranthi): A Single Case Analysis

¹Dr. Yashi Joshi ² Dr. Priyanka Hajare ³ Dr. Varsha Jadhao

¹Final year PG Scholar ² Assistant Professor ³HOD & Professor

P.G Department of *Prasuti Tantra Evum Stri Roga*,

Mansarovar Ayurvedic Medical College Hospital and Research Center, Bhopal (M.P)

Corresponding Author: Dr. Yashi Joshi

PG Scholar, P.G Department of *Prasuti Tantra Evum Stri Roga*, Mansarovar Ayurvedic Medical College Hospital and Research Center, Bhopal (M.P)

Email – yashijoshi03@gmail.com

Abstract

Introduction- Fibroadenoma are among the most prevalent benign breast tumors, considerably impacting public health. An essential factor in the aetiology of fibroadenoma is hormonal imbalance. In *Ayurveda*, Fibroadenoma can be co-related to *Stangranthi*. *Ayurveda* offers various treatment options for *Stangranthi* which intended to reduce pain, inflammation and promote breast health. **Material and Methods-** A 31 year old married female came to the Out Patient Department of Mansarovar Ayurvedic Medical College, Hospital and Research Centre Bhopal with complain of Feeling of Lump in left breast with pain since 2 year, Pain of breast radiating towards left hand since 2 year, Pain exaggerated with hand movement since 1year. The diagnosis was made on the basis presenting symptoms and Ultrasonography. The patient was treated with *shamana* and *sthanika chikitsa*. **Results** – The patient got sympatomatic relief with ayurveda medication and after repeating the investigation the breast tissue was found normal. **Discussion-** *Stanagranthi* is considered a manifestation of *Kapha-Vata* vitiation with *Rakta* and *Mamsa Dhatu Dushti*, leading to abnormal *granthi*, *Srotorodha* and *Agni Mandya*. The *Ayurvedic* approach focuses on balancing *Kapha-Vata Doshas* through *Shamana* and *Sthanik Chikitsa*. Here we have specifically selected drugs that possesses *Shothahara*, *Lekhaniya*, *Vedanasthapaka*, and *Tridosahara* properties along with local therapy. These combined actions have proven beneficial in the effective management of *Sthanagranthi*. **Conclusion-** *Ayurveda* provides a comprehensive framework to understand and manage fibroadenoma. Above management effectively manage this condition, reduce recurrence, and improve overall breast health.

Keywords- *Shothahara*, *Srotoshodhana*, *Antimitotic*, *BI-RADS*

Introduction- Breast fibroadenomas, common benign conditions, exhibit distinct clinical and histopathological features. These are benign breast lumps resembling marbles, composed of a mixture of glandular (epithelial) and fibrous (stromal) tissue beneath the skin. The typical

presentation is in a woman of reproductive age with a mobile palpable breast lump. Due to their hormonal sensitivity, fibroadenoma commonly enlarge. Breast fibroadenoma is a painless, unilateral, benign tumor that presents as a solid lump. It commonly occurs in women between the ages of 14 and 35ⁱ. They are typically moveable, well-defined, firm or rubbery lumps. Simple fibroadenoma generally carry no increased risk of breast cancer, whereas complex fibroadenoma may pose a slightly higher risk due to certain microscopic features like cysts or sclerosing adenosis. The lesions are well-defined and well-circumscribed clinically, with normal overlying skinⁱⁱ. It is symptomless being accidentally discovered by self palpation. On palpation, an uniform, firm, mobile, painless and well-defined mass is felt. Commonly they are bilateralⁱⁱⁱ. Depending on histological predominance, fibroadenomas are labelled pericanalicular or intracanalicular when a particular pattern occupies 90% of the tumor mass; otherwise, they are referred to as mixed type^{iv}.

Fibroadenomas can be stimulated by estrogen and progesterone. These tissues contain receptors for both estrogen and progesterone^v. Some fibroadenomas also have receptors and respond to growth hormone and epidermal growth factor^{vi}. Hormonal dynamics, notably the influence of estrogen and progesterone, are pivotal contributors to the development of fibroadenomas. Hormonal fluctuations during critical life stages, including puberty, pregnancy, and the menstrual cycle, have been linked to an increased risk of fibroadenomas^{vii}. Management of fibroadenomas in contemporary medicine involves surgical options such as lumpectomy and excisional biopsy, as well as less invasive techniques like cryoablation for targeted tumor destruction.

Two conditions described in *Samhitas*, *granthi* and *arbuda* are close to that of lump, but detailed breast-related descriptions of these diseases are not available in the classics of *Ayurveda*^{viii}. *Granthi* is a general term for any tiny glandular or nodular swelling that is primarily caused by benign tumors and cysts. *Ayurveda* has no direct mention of *Stana Granthi*. However, *Mamsaja Granthi*, which is seen in *Stana* (breast), closely resembles breast fibroadenoma.

According to *Ayurveda*, due to abnormal vitiation of *Dosha* and *Dushya* may cause excessive abnormal growth of cells which may develop in any part of the body, these types of growths are multiple in numbers, because of their different locations in the body and clinical features, they are named and classified into different types. These all types of growth are called "*Granthi*" Acharya Charaka explained these types in the chapter of "*Shotha*"^{ix}. There are many types of *Granthi*, but the *Granthi* present in the *Stana* is "*Mamsaja Granthi*"^x

***Samprapti*^{xi}**- The vitiated vata reaches blood vessels and vitiates *kapha*, *rakta* and *pitta*. These *kapha*, *rakta* and *pitta* being vitiated and increased in their amount due to vitiating causative factors obstruct the path of *vayu*. This obstructed *vayu* moves and spreads leading to raised swelling or *Granthi*.

Samprapti Ghatak-

Dosha: *Vata pradhan Tridoshaja*

Dushya: *Mamsa, Rakta and Meda*

Srotas: *Rasa, Rakta*

Sroto dushti prakar: *Sang & Vimargaman*

Adhishtan: *Twacha-mamsa-madhye*

Prodromal signs Stangranthi are Ushma, Davthu, Siranamayam, Aayaam and Guruta.

BI-RADS^{xii} (breast imaging- reporting and data system) is a risk assessment and quality assurance tool developed by the American college of radiology. It applies to mammography, ultrasound and MRI. It's given in a score of 0 to 6.

Category	Definition	Explanation
0	Incomplete.	This result means the radiologist may have seen a possible abnormal area, but they need further images to evaluate it, like a diagnostic mammogram or an ultrasound.
1	Negative.	This result means the radiologist didn't find a significant abnormality on the images.
2	Benign (noncancerous) finding.	This result means that the radiologist found a benign (noncancerous) area in your breast, like benign cysts, lymph nodes or fibroadenomas
3	Probably benign finding.	The findings in this category have a greater than 98% chance of being benign (noncancerous). But as it's not proven to be benign, the radiologist wants to monitor it to be sure it doesn't change over time.
4	Suspicious abnormality.	This result means a finding(s) isn't normal and has suspicious features suggesting it could be cancer.
5	Highly suggestive of malignancy.	The term "malignancy" refers to the presence of cancerous cells. This result means the findings look like cancer and have at least a 95% chance of being cancer.
6	Known biopsy-proven malignancy.	Radiologists use this result for findings on a mammogram or MRI that've previously been biopsied and are a known cancer.

Table no. 1

Case Presentation

A 31 year old married female came to the Out Patient Department of Mansarovar Ayurvedic Medical College, Hospital and Research centre, Bhopal with complain of – Feeling of Lump In left breast with pain since 2 year, Pain of breast referring to left hand since 2 year, Pain exaggerated with hand movement since 1year and Irregular menses since 2 years. The patient's obstetric history reveals G2P2L2 with a history of two full-term normal vaginal deliveries. She delivered a male child two years ago through a ventouse-assisted vaginal delivery. The menstrual history reveals the last menstrual period (LMP) on 01/09/2024, lasting for 2–3 days, with a cycle interval of approximately 2 months and no associated pain and clots.

Past history of Illness- Taken Tab Efem 1000mg, Diclofenac since last 1 year.

Clinical Findings-

The patient was moderately built, with a height of 160 cm, weight 58 kg, and a BMI of 21 kg/m². Vital signs were within normal limits: blood pressure – 120/80 mmHg; pulse rate – 78/min. She was afebrile on touch, with no pallor or edema. Bowel and bladder habits were normal. However, she reported a low appetite.

Per Abdominal Examination: No tenderness was elicited.

Breast Examination:

Left Breast:

On inspection, prominent veins were noted over the upper outer quadrant. The nipple appeared normal, and there was no discharge. On palpation, a mobile, tender mass measuring approximately 2–3 cm was felt in the upper outer quadrant, with a palpable duct extending from the nipple towards the axilla, corresponding to the 1 o'clock position.

Right Breast:

Soft and non-tender, with no abnormal findings.

Ashtavidha Pariksha

The Patient presented with *Vata-Pittaj Nadi*, *Samyak Mala-Mutra-Sparsha*, *Shabda was spashtha*, *Drik was Prakrit*, *Aama Jivha* and *Madhyama Akriti*.

Dashavidha Pariksha

On *Prakriti* assessment, she was *Kapha-vata prakriti* with *Madhyama bala*, *Kaphaj Vikriti*, and *Madhyama vaya*. Her *Sara*, *Samhanana*, *Pramana* and *Satmya* were *Madhayama*. She was of *Pravara satva* with *Avara ahara shakti* and *Madhyama Vyayama shakti*.

DIAGNOSTIC ASSESSMENT

Based on USG findings dated 3/10/24, the patient was diagnosed with Mild B/L retroareolar duct ectasia, with few of the duct showing inspissated secretions. This is suggestive of a typically benign finding corresponding to BIRADS 2.

THERAPEUTIC INTERVENTION

The patient was given *Shamana chikitsa* along with *Sthanik chikitsa*. She was advised *Kanchanara guggulu* (500 mg) twice after food; *Varunadi kashaya* (20 mL) twice before food, *Kumariasava* 15 ml OD and *Dashang Lepa* with *sukhoshna Tila Taila* for local application for 20 minutes. Patient was advised to apply warm compression.

Follow up – After 10 days, Patient again came for follow up in OPD with symptomatic relief in her previous complains. She was advised to follow medications for next 15 days.

Date	Complain	Treatment
5/10/2024	❖ Feeling of Lump in left breast with pain since 2 year. ❖ Pain of breast referring to left hand since 2 year. ❖ Pain exaggerated with hand movement since 1year.	1. <i>Kanchanar Gugguul</i> – 1BD 2. <i>Varunadi Kashaya</i> – 20 ml BD 3. <i>Kumariasava</i> – 15 ml OD 4. <i>Dashang Lepa</i> with <i>sukhoshna Tila Taila</i> for local application. BD for 20 minutes.

15/10/2024	❖ Relief in pain of left hand ❖ Relief in pain of breast ❖ Relief in feeling of hard lump	1. <i>Kanchanar Guggulu</i> – 1BD 2. <i>Varunadi Kashaya</i> – 20 ml BD 3. <i>Kumariasava</i> – 15 ml OD 4. <i>Dashang Lepa</i> with <i>sukhoshna Tila Taila</i> for local application. BD for 20 minutes
12/11/2024	❖ Relief in pain of breast ❖ Relief in feeling of hard lump ❖ Mild pain in left hand and feeling of swelling in arm (on/off)	1. <i>Kanchanar Guggulu</i> – 1BD 2. <i>Varunadi Kashaya</i> – 20 ml BD 3. <i>Kumariasava</i> – 15 ml OD 4. <i>Dashang Lepa</i> with <i>sukhoshna Tila Taila</i> for local application BD for 20 minutes. 5. <i>Godanti Bhasma</i>- 250 mg BD
16/12/2024	❖ Relief in all previous complains	All medicines was continued for next 2 month, then stopped.

Table no. 2

Patient continued treatment for 3 months (3.10.24 to 15.1.25) & got symptomatic relief in her breast related problems. Menstrual cycle become regular from December 2024. Patient was advised to stop medications in February 2025 and patient was observed for next 3 month (February to May 2025), in drug free period for reoccurrence of any symptoms. But it was reported that patient had no complain related to breast & her menstruation.

Pathya- Ahara- Protein-rich diet (Split Green gram, Soya bean), Sesame, Black gram, Plenty of fluids, Seasonal fruits and vegetables.

Vihara- Surya Namaskar, Breathing Exercise, Brisk Walk (30min).

Apathya- Ahara- Oily fried food, Spicy food, Non-veg, Potato and Brinjal, Junk foods.

Vihara- Day sleep, Night vigilance (awake).

Follow-up and Outcome

Breast Examination

Base line Finding	Mid point result	End Point Result
3/10/24	15/10/24	12/11/24
Inspection- A prominent veins were noted over the upper outer quadrant.	Inspection- Swelling – Absent in left breast Nipple – Normal Discharge- Absent	Inspection- Swelling – Absent in left breast Nipple – Normal Discharge- Absent

Swelling – present in left breast Nipple – Normal Discharge- Absent Palpation – Left Breast- A mobile, tender mass measuring approximately 2–3 cm was felt in the upper outer quadrant, with a palpable duct extending from the nipple towards the axilla, corresponding to the 1 o'clock position Right Breast- Soft and non-tender	Palpation – Left Breast- Mass + (1cm approx.), mobile in upper outer quadrant Mild Tenderness Right Breast- Soft and non-tender	Palpation – Left Breast- Soft and non-tender Right Breast- Soft and non-tender
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Table no. 3

Observation and Result

Within two weeks of treatment, there was a noticeable decrease in the size of the lumps, and symptoms such as discomfort, swelling, and pain subsided. After one month of treatment, patient noted noteworthy improvements. It was discovered that the mentioned management was more satisfying and effective without complications.

Discussion

Breast masses can be classified in a wide spectrum of aetiologies with malignant and benign diagnoses. Invasive ductal carcinoma is the most common malignant lesion whereas fibroadenoma is the most common solid benign breast lesion. Fibroadenomas are often detected incidentally in the clinic as painless, palpable, and mobile masses. Approximately 10–20% of fibroadenomas are present as multiple or bilateral masses^{xiii}.

DCIS stands for Ductal Carcinoma In Situ. DCIS is a non-invasive or pre-invasive form of breast cancer, where abnormal cells are found in the lining of the breast milk ducts, but have not spread outside the ducts into the surrounding breast tissue. In this case, ductal ectasia was found as duct were filled with the secretion. While DCIS itself is not life-threatening, it can develop into invasive breast cancer if left untreated. Studies suggest that between 14-53% of DCIS may progress to invasive cancer over a period of 10 or more years^{xiv}.

According to the pathogenesis of *Granthi*, a rounded protuberant, knotty, or glandular hard swelling known as *Granthi* is produced when morbid *Tridoshas*, vitiate *Rakta*, *Mamsa*, and *Meda* are combined with *Kapha*. The etiopathogenesis, clinical manifestations, and management of this condition are the same as those of any other body parts.

Granthi present in *Stana* can be compared with *Mamsaja Granthi* due to similar pathology and clinical features. So as in *samprapti* of *Granthi*, *Vata* and *Kapha* dominating *Tridosha* are involved, *Vata-Kaphahara* medications are required. Since *Rakta*, *Mamsa*, and *Meda* are

Dushyas involved in *stanagranthi*, drugs with *Raktashodhak*, *Lekhana*, *Bhedana*, *Deepana*, and *Pachana* qualities ought to be chosen. By using *Ayurvedic* preparations such as *Kanchanar Guggul*, *Varunadi kwatha* and *Dashanga lepa* we can treat the benign breast disease and save the trouble of unnecessary surgical interventions in such cases.

Kanchanar Guggulu

Kanchanara Guggulu, as described in *Sharangadhara Samhita (Madhyama Khanda)*, is an effective Ayurvedic formulation for managing *Granthi* (such as fibroadenoma) due to its *Vata-Kapha* balancing, *Lekhaneeya*, and anti-inflammatory actions. Ingredients like *Varuna* act as *Shothahara* and *Krimighna*, while *Guggulu* and *Haritaki* support tissue reduction through *Lekhana*. *Shunthi* and *Vibhitaki*, with their *Bhedana* properties, help break down abnormal growths. The oleoresin in *Guggulu* contributes to its strong anti-inflammatory and anti-arthritis effects. Altogether, *Kanchanara Guggulu* aids in reducing the size and preventing further progression of fibroadenoma.

Pharmacological Action, In Simple in vitro models, *Kanchanar guggulu* exhibited cytotoxic effects through its antimitotic and antiproliferative action which help in reducing the size^{xv}.

Varunadi Kwatha

The ingredients of the formulation help pacify *Kapha Dosha* through their *Ruksha Guna*, *Katu Vipaka*, and *Ushna Virya*, contributing to their *Lekhana* action. Their *Vatanulomana*, *Shothahara*, and *Mutrala* properties aid in reducing pain and localized swelling (*Sthanika Shotha*). The *Deepana* action enhances *Agni*, preventing *Ama* formation at the digestive level. Herbs like *Gokshura*, *Varuna*, *Yavakshara*, and *Pashanbheda* act as effective diuretics due to their *Sheeta Virya* and *Madhura Rasa*. Collectively, the *Bhedana*, *Kaphahara*, and *Mutrala* properties of the formulation support the reduction of fibroadenoma size.

Pharmacological Action, Monocytes/macrophages are key mediators of inflammation and release proinflammatory cytokines such as TNF- α and IL-1 β . The *Varanadi Kashayam* shows the inhibitory effects on monocyte to macrophage differentiation and release of proinflammatory cytokines, TNF- α and IL-1 β which helps in the reduction of fibroadenoma and inflammation^{xvi}.

***Dashang Lepa*^{xvii}**

The drugs in *Dashanga Lepa* possess *Shothahara*, *Vedanasthapaka*, *Dahashamana*, and *Tridosahara* properties, making them effective in managing *Stanagranthi*. Most ingredients have *Katu* and *Tikta Rasa*, aiding in *Srotoshodhana*, while some with *Sheeta Veerya* help alleviate *Vata Dosha*. Additionally, *Katu*, *Tikta*, and *Kashaya Rasa* contribute to *Rakta Shodhana*, and the *Ruksha Guna* helps reduce local swelling (*Shotha*) at the disease site.

Pharmacological Action, Phytochemical analysis of *Dashanga Lepa* powder revealed the presence of alkaloids, glycosides, flavonoids, tannins, phenolics, carbohydrates, saponins, phytosterols, and triterpenes. when applied topically, provides analgesic, anti-inflammatory, and antimicrobial effects by reducing prostaglandin synthesis. Phytosterols like β -sitosterol enhance immune function by boosting T-cell count and also possess anti-inflammatory activity^{xviii}.

Kumaryasava

Kumaryasava being ushna veerya and having Agni pravarthaka gunas. It is indicated in shukra and arthava dusti. Agni vardhana guna helps to induce menstruation and supporting Rasa and Rakta dhatu nourishment thus helps in maintaining menstrual cycles regular.

Conclusion

Fibroadenoma, commonly encountered as a benign breast tumor in young women, can be effectively correlated with Stana Granthi in *Ayurvedic* literature. The condition arises due to vitiation of *Kapha* and *Pitta doshas*, affecting *Rasa*, *Meda*, and *Rakta Dhatus*, and leading to *Granthi* formation in the *Stanyavaha Srotas*. *Ayurvedic* management using classical formulations like *Kanchanara Guggulu*, *Varunadi Kashaya* and *Dashang Lepa* offers a safe, non-invasive, and holistic approach. This integrative strategy not only addresses the local pathology but also corrects systemic imbalances, enhancing quality of life and reducing recurrence. The case outcomes indicate that Ayurveda holds promise as a complementary or alternative modality for managing fibroadenoma.

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