

## Ayurvedic management of idiopathic granulomatous mastitis (Sthanavidradhi): A case study

Binitha P<sup>1</sup>, Ashok Kumar Panda<sup>1</sup>, Krishna Rao S<sup>1</sup>, Indu S<sup>1</sup>, M M Rao<sup>2</sup>

From <sup>1</sup>Research officer, <sup>2</sup>Director, Central Ayurveda Research Institute For Hepatobiliary Disorders, Bharathpur, Bhubhaneswar, Odisha, India.

**Correspondence to:** Dr Binitha P, Central Ayurveda Research institute for Hepatobiliary Disorders, Bharathpur - 751003, Bhubaneswar, India. E-mail: devagayathri.ammu@gmail.com

Received - 21 October 2019

Initial Review - 09 November 2019

Accepted - 04 December 2019

### ABSTRACT

Idiopathic Granulomatous Mastitis (IGM) is described as an uncommon, benign inflammatory breast disease of unknown etiology. Although its exact prevalence is unknown, IGM is considered to be very rare. Here, we report the case of a 36-year-old female who came to our hospital with complaints of pain and lump in the right breast since 2 months. We diagnosed the case as *Sthana Vidradhi* and vathakaphasamana chikithsa was administered. The wound was managed with vranaropakalepa and kashaya. After treatment, the wound was healed. Pain and tenderness were reduced and the lump was disappeared after two months of medication. The medication continued and complete recovery was noted after 6 months of treatment. The patient was monitored for six months after the complete cure.

**Keywords:** *Idiopathic granulomatous mastitis, Sthana vidradhi, Vranaropaka.*

Idiopathic Granulomatous Mastitis (IGM) is described as an uncommon, benign inflammatory breast disease of unknown etiology. Although its exact prevalence is unknown, IGM is considered to be very rare. It has been suggested that the incidence may vary across geographic distributions and populations [1,2]. It most commonly presents in parous women of reproductive age [3], with a history of breastfeeding [4] in the previous 5-6 years [5]. It mainly presents as an enlarging breast mass, which can be associated with pain and lymphadenopathy [6]. Nipple retraction and skin retraction, as well as nipple discharge, have also been reported, but are less common findings. This mass or lump can be later complicated by abscess formation [2].

Several reports have described that corticosteroid administration and/or wide excision are effective. However, the optimal treatment of patients with Granulomatous Mastitis (GM) is uncertain. Management of GM cases needs to be tailored according to the clinical presentations. Additionally, a differential diagnosis must be carried out parallel to the treatment. Although GM is a benign condition, it can present with local symptoms that mimic carcinoma.

### CASE REPORT

A 36-year-old woman presented to the OPD of Central Ayurveda Research Institute for Hepatobiliary Disorders, Bhubaneswar with complaints of an enlarging right breast mass with pain for the last 2 months. She had a history of the same complaints on the left breast which was treated surgically twice. The first surgery was 6 years back and the second one was 2 years back. After the

second surgery, the surgical wound was not healed in spite of the antibiotic course and healed by this hospital. She mentioned that it has been growing and become more erythematous and tender. She did not report any recent weight loss or change in appetite. She was married with one child and she does not have any other illness.

Her BMI was 27.8 and prakruthi is kapha vatha predominant thridoshaja prakruthi. No history of smoking or alcohol consumption and there is no family history. History of her current illness dates back to October 2018, when she felt a mass in her right breast. Upon further investigation, she was diagnosed with idiopathic granulomatous mastitis and advised surgery by allopathic doctors. She was not willing for the surgery and so she consulted our hospital for management.

On examination, her vitals were within normal limits. Her body mass index (BMI) was 27.8 and prakruthi is kaphavatha predominant thridoshaja prakruthi. Upon physical examination, there was a right breast lump found at the lower outer quadrant with some erythema and inflammation surrounding it. Moreover, there was some skin retraction in this area.

The cytological test was negative for malignancy and was reported to have granulomatous mastitis. The patient was treated with Varunadikwatham 90 ml bd before food, kanchanara guggulugulika 2 tds after food and Thriphalachurnam 5 gm bd before food with hot water, initially. The pain was reduced after 15 days of medication. After 1 month, the mass was burst out and during that phase Thriphala guggulugulika 2 tds after the food was given for one week along with Raktha Chandanalepam and Manjishtadi kashayakshalanam. After one week, the pain reduced

Table 1: Time line of observed symptoms with medication.

<b>D0</b>	Breast mass with pain	Varunadi kwatham-90 ml BD before food Kanchanara guggulugulika -2 tablet BD after food Thriphala churnam- 5 gm BD after food
<b>D30</b>	Mass bursted out. Pain and burning sensation over the wound	Raktha chandanalepam for 45 minutes Manjishtadi kwathaparishekam Thriphala guggulugulika BD after food
<b>D35</b>	Pain reduced, Granulation tissue appeared	varunadi kwatham-90 ml BD before food kanchanara guggulugulika -2 tab BD after food Thriphala churnam- 5 gm BD after food
<b>D90</b>	No any symptoms and scar formation	varunadi kwatham-90 ml two times daily before food kanchanara guggulugulika -2 tab BD after food Thriphala churnam- 5 gm BD after food
<b>D180</b>	Came for review	Advised to continue medicine for 3 months
<b>D270</b>	Review	No medication and advised for maintain weight by exercise and diet

and granulation tissue started to appear. Gradually, the pain completely relieved and there is no mass on palpation on 35th day. Then she continued the same medicines for 5 more months.

The patient was normal on the 90<sup>th</sup> day and suggested for weight reduction. After 6 months of medication, the patient reduced 5 kg of body weight. There were no signs of inflammation in both breasts. The medication was stopped and observed for another 6 months and there were no any symptoms till the date. The treatment delivered is illustrated in table 1 and hematological parameters during the treatment period are shown in table 2. There was no significant change in biochemical and hematological parameters of the patient from the baseline. Only cholesterol and triglyceride were reduced after the treatment. The

consent of the subject was obtained as per institute norm before publishing this case report.

## DISCUSSION

IGM symptomatology is compared with sthana vidradhi in Ayurveda. Vagbhata has mentioned sthana as a site of vidradhi. Kasyapa had explained sthanakeelam or sthanavajra as a disease condition similar to vidradhi. According to Sushruta, the extremely deranged vata, pitta and kapha get settled in the asthi after vitiating the Twak, Rakta, Mamsa, Medas and give rise to deep seated, painful round or extended swelling which is called as Vidradhi.

Table 2: Haematological parameters during the treatment period.

Investigations	D0	D30	D35	D90
Neutrophils	62 %	75 %	66 %	60 %
Lymphocytes	36 %	20 %	27 %	36 %
TLC	8900/mm <sup>3</sup>	12500 /mm <sup>3</sup>	10500 /mm <sup>3</sup>	7800 /mm <sup>3</sup>
Hemoglobin	13.1%	13.2 gm%	12.9 gm%	12.7 gm%
Platelet count	1.84 lakh/mm <sup>3</sup>	2.58 lakh/mm <sup>3</sup>	2.5 lakh/mm <sup>3</sup>	2.82 lakh/mm <sup>3</sup>
SGOT	32 IU/L	14.14 IU/L	24.12 IU/L	20.4 IU/L
SGPT	38 IU/L	28.26 IU/L	30.36 IU/L	32.6 IU/L
Bilirubin (Total)	1.02mg/dl	0.88 mg/dl	0.89 mg/dl	0.91 mg/dl
Bilirubin (Direct)	0.4mg/dl	0.27 mg/dl	0.28 mg/dl	0.20 mg/dl
Alk. Phosphatase	36.24IU/L	89.4 IU/L	64.4 IU/L	31.6 IU/L
Urea	28mg/dl	14.24 mg/dl	18.40 mg/dl	21.34 mg/dl
Creatinine	1.2 mg/dl	1.15 mg/dl	0.9 mg/dl	1.0 mg/dl
Cholesterol	240 mg/dl	230 mg/dl	186 mg/dl	169 mg/dl
Triglyceride	316mg/dl	221 mg/dl	216 mg/dl	173 mg/dl
HDL	22 mg/dl	24 mg/dl	24 mg/dl	26 mg/dl
LDL	72 mg/dl	82 mg/dl	76 mg/dl	80 mg/dl
VLDL	16 mg/dl	24 mg/dl	20 mg/dl	22 mg/dl

TLC: Total Leukocyte Count.; SGOT: Serum glutamic-oxaloacetic transaminase; SGPT: serum glutamic-oxaloacetic transaminase; HDL: High density lipoprotein; LDL: Low density lipoprotein; VLDL: Very low density lipoprotein

External and internal treatment modalities are described in the management of vidradhi. Here, suppuration should be enhanced by oral use of appropriate drugs or diet as these are composed of very soft tissues. After suppuration and bursting, drugs capable of suppressing pitha are advised. After healing of the wound, the medicines that help to avoid recurrence are advised. The same line of management is followed in this case.

Kanchanara guggulu gulika had all the necessity properties of deepana, pachana, vathakaphasamana, sothohara, lekha and bhedana. These all help to get rid of the cardinal symptoms of vidradhi. Crude guggulu has hypolipidemic activity also. In ayurvedic literature, kanchana raguggulu has been described for its special properties and effect over cystic and glandular swellings. Kanchanara Guggulu supports the proper function of the lymphatic system, balances Kapha Dosha, and promotes the elimination of inflammatory toxins. Kanchanara is very useful in extra growth or tumors and helps in reducing bleeding [7].

Thriphala churnam is kapha pitha samanam and able to digest unwanted fat in our body. It is deepanam in nature. It is also used as a blood purifier, purgative and to improve the mental faculties and is reported to possess anti-inflammatory, analgesic, antiarthritic, hypoglycemic and anti-aging properties [8,9,10].

Varunadi kwatham is kapha medoharam and agni deepanam. It is typically indicated in anthar vidradhi. All these helped for pachanam of vidradhi and it got burst out after one month of administration. Rakthachandanam and manjishtadi kwatha are pithasamanam and vranaropanam in nature. These all helped to relieve pain and easy wound healing occurred. Internal administration of thriphala guggulugulika also helped for vranaropanam. After wound healing, internal administration of varunadi kwatha, kanchanara guggulu gulika and thriphala churnam for 6 months prevented the recurrence of the disease.

## CONCLUSION

This treatment regimen is very safe and effective for IGM. If applied, it can reduce surgical intervention. Further studies related to this topic are recommended.

## REFERENCES

1. Patel RA, Strickland P, Sankara IR, Pinkston G, Many W Jr., Rodriguez M. Idiopathic granulomatous mastitis: Case reports and review of literature. *J Gen Intern Med.* 2010;25:270-3.
2. Sheybani F, Sarvghad M, Naderi HR, Gharib M. Treatment for and clinical characteristics of granulomatous mastitis. *Obstet Gynecol.* 2015;125:801-7
3. Alfonso TMD, Ginter PS & Shin SJ. A review of inflammatory processes of the breast with a focus on diagnosis in core biopsy samples. *J Pathol Transl Med.* 2015;49:279-87.
4. E. Kessler & Y. Wolloch. Granulomatous mastitis: a lesion clinically simulating carcinoma. *Am J Clin Pathol.* 1972;59:642-6.
5. Lai EC, Chan WC, Ma TK, Tang AP, Poon CS, Leong HT. The role of conservative treatment in idiopathic granulomatous mastitis. *Breast J.* 2005;11:e454-6.
6. Scoglietti V, Wooldridge R, Leitch AM, Euhus D, Sarode V, Rao R, *et al.* Development and initiation of a clinical protocol for the treatment of idiopathic granulomatous mastitis. *J Rare Dis.* 2014;2:1-6
7. Bhavamishra, Bhavaprakasha, Guduchyadi Varga, 103-104, edited by Brahmashankar Mishra, 11 th ed. Chaukhamba Sanskrit Sansthan, Varanasi. 2004;336-7.
8. Kaur S, Arora S, Kaur K, Kumar S. The in vitro anti-mutagenic activity of Triphala – an Indian herbal drug *Food Chem Toxicol.* 2002;40:527-34.
9. Mehta BK, Shitut S, Wankhade H. In vitro antimicrobial efficacy of Triphala. *Fitoterapia.* 1993;64:371-2
10. Vani T. Antioxidant properties of Ayurvedic formulation Triphala and its constituents *Inter J Pharm.* 1997;35:313-7

*Funding: None; Conflict of Interest: None Stated.*

**How to cite this article:** Binitha P, Panda AK, Rao SK, Indu S, Rao MM. Ayurvedic management of idiopathic granulomatous mastitis (Sthanavidradhi): a case study. *Indian J Case Reports.* 2019;5(6):566-568.

Doi: 10.32677/IJCR.2019.v05.i06.020