



ISSN 2456-3110

Vol 8 · Issue 1

January 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Granulomatous Lobular Mastitis - Ayurvedic understanding and management - A Case Report

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## ABSTRACT

Granulomatous lobular mastitis (GLM) is a type of rare benign inflammatory disorder of breast with unknown aetiology. GLM cases presents with breast mass, abscess, inflammation and recurrent mammary duct fistula and necessitates histopathology for an accurate diagnosis. Management of GLM consists of surgical, medical or combined treatment but often results in recurrence, poor wound healing & chronic sinus formation. As per *Ayurvedic* literature, clinical features of GLM can be considered to different stages of *Stana Vidradhi* (breast abscess). There are very few reported *Ayurveda* case studies available in indexed journals in management of GLM. In the present case report a 23-year-old uniparous woman diagnosed with GLM presented with recurrent breast abscess and multiple sinuses over right breast. She was not responsive to steroidal treatment, and required recurrent abscess drainage and sinus tract removal. The condition with presentation of different stages of *Sopha* (inflammation), *Vidhradi* (abscess) & *Nadi Vrana* (sinus), was treated simultaneously with *Sophahara* and *Vranahara* medicines internally as well as *Kshalana Ropana* medicines externally. Multiple hard lumps were treated with application of *Sopha-Granthihara* medicines. Symptoms completely resolved in 3 months and she was followed-up without medicines for another 2 years during which period no recurrence was observed. Managing such incurable, highly recurrent conditions with *Ayurvedic* medicines proves to be promising.

**Key words:** *Granulomatous lobular mastitis, Stana Vidradhi, Sopha*

## INTRODUCTION

Granulomatous lobular mastitis (GLM) is a rare inflammatory disease of the breast. It usually affects women of child-bearing age, with the average age being 35 years.<sup>[1]</sup> GLM closely resembles the duct ectasia/periductal mastitis complex (DE/PDM) and tuberculous mastitis in the clinical manifestations and imaging examination.<sup>[2]</sup> Sometimes the condition even

mimics breast carcinoma. Patients with GLM have a great diversity of symptoms but most commonly present with a breast mass with or without pain and sometimes skin ulcerations and sinus or fistula formation.<sup>[3]</sup> The pathogenesis of GLM is still unclear. Multiple factors such as hormonal imbalance, autoimmunity, trauma, *Corynebacterium* infection, alpha-1-antitrypsin deficiency, and smoking have been implicated as causes or triggering factors.<sup>[4],[5]</sup> As GLM is a disease with varying symptomatology presenting with different stages of abscess and sinus at the same time, the diagnosis is often confusing. Hence Core needle biopsy and histopathology are mandatory for the diagnosis. There is currently no consensus as to the ideal first-line treatment regimen. The main treatment approaches include antibiotics with repeated drainage, wide surgical excision or mastectomy, oral steroids, immunosuppression with methotrexate, and close follow-up.<sup>[6]</sup> Moreover, before complete remission, many patients undergo multiple surgical procedures and repeated antimicrobial treatment over months or

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Submission Date: 14/11/2022

Accepted Date: 22/12/2022

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

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years, suggesting limited effectiveness of these approaches in GLM.<sup>[7]</sup>

As per *Ayurveda*, GLM can be considered as varied presentations of *Stana Sopha* and *Stana Vidradhi*. In *Ayurvedic* concepts, *Dhamani* (channels) located in breast remains constricted in childhood, whereas these are open in women of reproductive age, which allows the spread of *Dosa* and results in breast diseases.<sup>[8]</sup> The vitiated *Dosa* of breast further vitiates the *Rakta* and *Mamsa*, thereby producing *Stana Vidradhi*.<sup>[9]</sup> *Stana Vidradhi* are types of *Bahya Vidhradhi* (external abscess). All inflammatory conditions like *Vidradhi*, *Nadi Vrana* etc. takes its origin from *Sopha*. *Acharya Susruta* has classified *Sopha* based on the stages of suppuration<sup>[10]</sup> as *Ama Sopha* (unripe swelling), *Pachyamana Sopha* (maturing inflammation) and *Pakwa Sopha* (mature inflammation). Whenever suppurating inflammatory swellings are mistaken to be unripe or neglected, then there may be involvement of pus into deeper tissues, which thereby tears up the substrata and open up as sinus.<sup>[11]</sup> *Ayurveda* has vividly explained various stepwise treatment procedures for *Sopha* & *Vrana Chikitsa* (wound management). *Acharya Vagbhata* advises the treatment of *Sopha* (inflammation) in the initial stages and that of *Vrana* (wound/ulcer) after rupture of abscess.<sup>[12]</sup> *Acharya Susruta* has mentioned about the 60 *Upakrama* (procedures) as well as the 7 basic treatment for wound management in the chapter of *Ama Pakweshaniyam*. These includes the stepwise protocol of *Vimplapana* (softening), *Avasechanam* (draining), *Upanaha* (Poultice application), *Patanam* (Incision), *Sodhanam* (Cleansing), *Ropanam* (Wound Healing) and finally *Vaikrutapaham* (Anti scar measures).<sup>[13]</sup> Wound healing occurs after ordered sequence of events involving interactions among multiple cell populations, cellular components, cytokines, growth factors and the extracellular matrix (ECM). Many *Ayurvedic* preparations are complex mixtures of several plant parts. Possibility of *Ayurvedic* approaches having multipronged effect needs to be probed.<sup>[14]</sup> Appropriate management according to the stage of inflammation is the basic rule in management of *Stana Vidhradhi*.

## CASE REPORT

A 23-year-old uniparous woman belonging to middle class economic status, presented to the OPD on 19/10/2019 with complaints of recurrent breast abscess and multiple sinuses over the right breast. 6months back she noticed development of multiple painful breast lump on her right breast, some of which developed oozing sinus. She consulted Allopathic hospital where she underwent incision and drainage multiple times. She was also treated with antibiotics. But as she noticed recurrence of the symptoms, she consulted at a tertiary care centre. There she underwent USG which suggested Breast abscess in background of duct ectasia. She underwent true cut biopsy, FNAC and the Histopathology report suggested Granulomatous Lobular Mastitis (GLM). She was managed symptomatically along with steroid therapy- T. Prednisolone 10mg TDS and advised incision and drainage (I & D) in case of abscess formation. As there was recurrent abscess formation which required frequent I & D that affected her quality of life and because of marked weight gain following steroidal therapy, she approached *Ayurvedic* management for a permanent relief.

### History of Past Illness

- History of Allergic rhinitis & recurrent tonsillitis
- History of Breast eczema

### Treatment History

- Surgical excision of Breast lump
- Frequent Incision & drainage
- Steroidal therapy - T. Prednisolone 10mg TDS (3 months)

### Menstrual History

Cycles : Regular  
 Interval : 28-30 days  
 Duration : 4 days  
 Amount : Heavy (4-5 p/day)  
 Dysmenorrhea : Absent

**Obstetric History**

P1 L1 A0 - FTNVD

LCB - 3yrs, Lactation stopped in the last 6 months

**Personal history**

Diet : Non veg, increased use of *Katu, Amla, Lavana Rasa*, daily use of curd & fish

Food habits : Irregular

Appetite : Normal

Bowel : Regular

Bladder : Regular

Sleep : Sound

Psychological status : Anxious

**General Physical Examination**

Built : Obese

Ht : 158cm

Wt : 70 kg

Pulse : 78/mt

BP : 110/70 mm of Hg

Temp : Afebrile

**Breast examination**

Left breast- No palpable lump or abnormalities detected

Right Breast

**Table 1: Breast examination findings at initial visit**

R. Breast Quadrants	Inspection	Palpation
Upper outer	Large 4-5cm sized wound in 10-11 o'clock	Granular tissue with oozing (healing wound)
Upper inner	2 reddened 0.5-1cm sized area near 3'o clock	Local Temperature at 3'o clock- Abscess site G II tenderness at 3'o clock- Abscess site
Lower inner	-	-

Lower outer	Skin scarring at 7 to 8 o'clock	Hard lump over previous scar site at 7 to 8 o'clock
R. Axilla		R. Axillary LN- palpable

**Table 2: Investigations**

Date	Investigation	Finding
24/08/2019	USG (Rt) Breast	Multiple Hypoechoic collection noted from 11-2 o'clock position of 2*2*3cm possibly abscess in background of duct ectasia
24/08/2019	Pus Culture & Sensitivity	Pus cells+, sterile, AFB not seen
24/08/2019	FNAC	Suppurative lesion with macrophage collection & granular tissue. No atypical cells seen.
2/09/2019	True cut biopsy	Breast tissue showing inflammatory infiltration with fibrous and necrotic tissue concentrated over the abscess wall.
10/09/2019	CBNAAT	MTB negative
16/09/2019	Histopathology report	Granulomatous Lobular Mastitis. Foci of Abscess formation also seen. GMS stain for fungal organisms negative

**Table 3: Date wise intervention**

Date	Complaint	Medication	Remarks
9/11/2019	4-5 cm sized wound covering 9- 11 o'clock  New Abscess at 2-3 o'clock	<i>Trayanthyadi Kashaya</i> 40ml BD <i>Guggulupanchapala Churna</i> 5gm BD <i>Haridrakhandam</i> 5gm BD <i>Triphala Kwatha - Kshalan</i> <i>Jathyadi Ghrita - L/A</i>	

24/11/2019	2-3 cm sized healing wound at 10 o'clock  Tender abscess at 2 o'clock  New abscess at 11 o'clock	<i>Gugguluthiktakam Kashaya</i> 40ml BD  <i>T.Gandhak Rasayana</i> 1BD  <i>Punarnavasava</i> 25ml BD  <i>Triphala Kwath + Jathyadi Ghrita</i> L/A (wound site)  <i>Shatadhouta Ghrita</i> - L/A (new abscess site)	Wound at 11 o'clock position healing
2/1/2020		<i>Avipathikara Churna</i> - 20gm empty stomach (5 Vega)  <i>Trayanthyadi Kashaya</i> 40ml BD  <i>Guggulupanchapala Churna</i> 5gm BD	
	Active abscess forming site (6 o'clock)	<i>Shatadhouta Ghrita</i> - L/A	
	Wound+ sinus (2'o clock)	Syringing with <i>Sushavi Kwathasinus (Calycopteris floribunda)</i>	
	Wound healed with small scar at 10 'oclock  3-4 cm sized hard, non-tender lump (10-11 o'clock)	<i>Nagaradi Lepa Churna + Karutha Vatt Gutika</i> - paste in <i>Tandulodaka</i> - L/A	
20/1/2020		<i>Varunadi Kashaya</i> 40ml BD	

		<i>Guggulupanchapala Churna</i> 5gm BD	
	Wound+ sinus (2'o clock)	Syringing with <i>Sushavi Kwathasinus (Calycopteris floribunda)</i>	
	2-3 cm sized Hard lump (10-11 o'clock)  2- 3 cm sized hard lump at 6 o'clock	<i>Nagaradi Lepa Churna + Karutha Vatt Gutika</i> - paste in <i>Tandulodaka</i> - L/A	
10/2/2020		<i>Varunadi Kashaya</i> 40ml BD <i>Haridrakhandam</i> 5gm BD	No palpable lump at 10 o'clock  No new active inflammatory site
	1cm lump at 6 o'clock (marked reduction)	<i>Nagaradi Lepa Churna + Karutha Vatu Gutika</i> - paste in <i>Tandulodaka</i> - L/A	
	Sinus at 2'o clock-minimally active (occasional oozing)	Syringing with <i>Sushavi Kwathasinus (Calycopteris floribunda)</i>	
10/3/2020		<i>Haridrakhandam</i> 5gm BD	No palpable lump or tender areas in any quadrants of B/L Breast.
10/12/2022			Patient was followed-up without medicines for past 2 years during which no recurrence was observed



## DISCUSSION

During the initial visit there was *Tridosha* involvement with more of *Kapha- Pitta* predominance. Simultaneous presentation of different stages of *Sopha- Ama, Pachyamana and Pakwa* along with *Nadi Vrana* and *Sudha Vrana* (healing wound) was present in the same patient. This made the prognosis *Krichra Sadhya*. As there were different stages co-existing at the same time, treatment was planned considering the *Avastha* and *Dosa* predominance. Initially she was advised with *Ama pachana, Sopha Hara* and *Kledahara* medicines like *Trayanthyadi Kashaya, Guggulupanchapala Churna*. For *Vrana Ropana* of the already existing wound, *Prakshalana* and *Ropana* was advised with *Triphala Kwath* and *Jathyadi Ghrita*. *Trayanthyadi Kashaya*<sup>[15]</sup> mentioned in *Vidhradi Chikitsa* is highly effective in inflammatory conditions and *Pitta* predominant diseases. The key ingredients like *Katuki, Nimba* etc. are *Rechaka* and *Pitta Kapha Dosha Hara*. *Guggulu Panchapala Churna*<sup>[16]</sup> mentioned in the context of *Bhagandara- Nadi Vrana Chikitsa* is *Ama Pachana, Sroto Sodhana* and *Vrana Hara*. The drug is proven for its anti-inflammatory, anti-oxidant, anti-microbial and wound healing properties.<sup>[17]</sup> *Triphala* by its *Kashaya Rasa* and *Kapha Pitta Hara* property is *Kleda Hara* and *Vrana Kshalana Ropana* thereby helps healing of *Vrana* faster. Kumar MS et al. stated that Alcoholic extract of *Triphala* has shown in vitro antimicrobial activity against wound pathogens. The antibacterial, wound healing, and antioxidant activities of *Triphala*, was found effective in management of infected wounds.<sup>[18]</sup> *Jathyadi Ghrita*<sup>[19]</sup> mentioned in the context of *Vrana Chikitsa* in *Ashtanga Hridaya* is a polyherbal medicine with constituent drugs mainly of *Tikta Rasa, Katu Vipaka, Laghu Ruksha Guna* and *Ushna Veerya*. It is more of *Vrana sodhana* and *avasadana* thereby promoting the healing of *dushta vrana*. A study showed that *Jathyadi Ghrita* significantly helped in reduction of the signs and symptoms of the *Dushta Vrana*, enhancing wound healing process and reducing the morbidity of the patients.<sup>[20]</sup>

Further, in order to prevent the development of newer abscess and sinus, medicines that act on deeper *Dhatu*

were chosen. For this *Gugguluthiktaka Kashaya* and *Gandak Rasayana* was advised along with syringing of the sinus with *Sushavi Kwatha*. *Gugguluthiktaka Kashaya*<sup>[21]</sup>, also known as *Pancatiktaguggulu Yoga*, is an *Ayurvedic* formulation useful in chronic inflammatory conditions. Clinical trials have shown that *Gugguluthiktaka Ghrita* reduces pain, swelling, tenderness in joint disorders.<sup>[22]</sup> A study states that *Gugguluthiktaka Ghrita* exerts its anti-inflammatory property by inhibiting the pro-inflammatory cytokine production and the lipoxygenase enzymatic pathway. The study showed that it is more efficient in inhibiting IL-1b, which in turn maybe responsible in controlling various immunological conditions.<sup>[23]</sup> *Gandak Rasayana* is a sulphur- based formulation from *Rasaratna Samuchaya* used effectively in healing of abscesses and chronic non healing wounds. Shetty et al states the possible mechanism of *Gandhaka Rasayana* by fibroblast activation and by modulation of the proteins involved in tissue remodelling thereby promoting wound healing.<sup>[14]</sup> *Sushavi* or *Toyavalli-Calycopteris floribunda (Roxb.) Lam* is an *Ayurvedic* drug with healing and anti- ulcer properties. *Sushavi* is one of the major ingredients of medicines like *Krimi Sodhini Vati*. Syringing of the *Kwatha* in sinus tract showed quick healing and non-progress to wound. Studies prove the antimicrobial and anti- oxidant properties and potent ulcer healing properties.<sup>[24]</sup> *Shata Dhouta Grita*<sup>[25]</sup> application was suggested on the newer inflammatory site to prevent the progress to abscess. *Shata Dhouta Grita* (clarified butter washed with cold water for 100 times) is one important formulation emphasized in *Ayurveda* for external application in conditions like *Daha, Sopha* and *Visarpa* and has proven results in wound healing.<sup>[26]</sup> *Haridrakhanda*<sup>[27]</sup> is an *Ayurvedic* granule preparation useful in allergic manifestations and as an immune booster. The derangement of immune signals at any stage can result in impaired wound healing. Neutrophils are the first cells to migrate to the wound bed, brought in by pro-inflammatory signals including IL-8. Their apoptosis and engulfment by macrophages (efferocytosis) provides a key signal to the local immune milieu, including macrophages, to transition to an anti-inflammatory, pro-repair state, where

angiogenesis occurs and granulation tissue is laid down.<sup>[7]</sup>

Once complete wound healing was attained and there was no notable recurrence of abscess, the *Dosa* involvement was reassessed. There was subsidence of *Pitta-Rakta Dosa* and presence of hard fibrosed lump in the breast tissue indicated *Kapha- Medo* predominance. Hence the patient was advised with *Varunadi Kwatha* internally and *Lepana* over breast lump with *Nagaradi Churna* and *Karuthavattu Gulika*. *Varunadi Kwatha*<sup>[28]</sup> has *Chedana*, *Lekhana*, *Kapha Hara* and *Antar Vidradhi Hara* property. *Nagaradi Churna*<sup>[29]</sup> and *Karutha Gulika*<sup>[30]</sup> or *Shirasthoda Gulika* are both *Lepa Yogas* from *Sahasrayoga* with *Ruksha Usna Kapha Hara* ingredients which has *Lekhana Chedana Sopha-Granthi Hara* property. The breast lump got completely resolved and there was no recurrence. After completion of treatment, she was advised to start application of *Shata Dhouta Grita* if any new inflammatory site developed and to continue internal administration of *Haridrakhanda* for 1 more month. Patient was under follow up for a period of 2 years during which no recurrence was noted.

## CONCLUSION

GLM is a highly troublesome condition with no standard treatment. Conventional medicine approaches are mainly surgical, steroidal, combined and sometimes observational management is practiced with more of recurrence rate. Treatment with corticosteroid and immunosuppressants often gives symptomatic relief but lifelong medication concerns are high. Ayurvedic *Sopha-vrana hara* protocols and medicines are highly promising not only in complete cure of GLM, but also in prevention of recurrence and improving the quality of life. Such findings necessitate the need of further discussions and development of new strategies and protocol in larger sample size for management of rare conditions of breast like GLM.

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**How to cite this article:** Prajitha P.K., Nikhila K.P. Granulomatous Lobular Mastitis - Ayurvedic understanding and management - A Case Report. J Ayurveda Integr Med Sci 2023;01:175-181.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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