



Review Article

AYURVEDIC MANAGEMENT OF STANAGRANTHI WITH CHEDANA KARMA- A CONCEPTUAL REVIEW

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ABSTRACT

Fibroadenoma is painless, unilateral, benign bone tumour that's a solid, not fluid-filled, lump. It occurs most generally in women between 14 and 35 but can be set up at any age. *Granthi* can be equated with all types of small in size glandular or nodular swelling developing mostly due to benign tumours and cysts. There is no direct reference for *Stana Granthi* in Ayurveda. But, *Stana granthi* or the fibroadenoma is treated as the *Mamsaja Granthi* or the *Kaphaja Granthi* based on the *Lakshanas*. As per Ayurvedic science, *Granthi* or *Arbuda* is defined as the growths caused by the abnormal vitiation of *Dosha* and *Dushya* which may develop in any part of the body, which are multiple in numbers present in different locations with various presentations. Acharya Charaka has explained these types in the chapter of "*Shotha*. *Chedana karma* one among the *Astavidha shastra karmas* and the first *Shastra karma* explained by Acharya Sushruta has shown significant results in the management of *Stanagranthi*. *Chedana* involves excision of part of the body/ tissue using various instruments. *Chedana* is indicated in *Granthi* and *Vrana* that is along with veins (*Siras*), which have *Sthula* edges, which are hard and in *Adhimansaja vikara*. Hence the present study attempted in evaluating the role of *Chedana karma* in the management of *Stanagranthi*.

INTRODUCTION

Benign Breast Disease (BBD) is a condition characterized by the presence of non-cancerous lumps or changes in the breast.^[1] More than 90 women presenting to a gynaecologist for breast issues will have Benign Breast Disease (BBD). These bone conditions include bone fibroadenomas and cancerous growths. The prevalence of fibroadenoma decreases with age and is generally set up in ladies before 30 in the general population. It's estimated that 10 of the world's womanish population suffers from fibroadenoma formerly in a continuance. It's most generally set up in adolescents and lower generally in postmenopausal women. A fibroadenoma is painless, unilateral, benign bone tumour that's a solid, not fluid-filled, lump.

It occurs most generally in women between 14 and 35 but can be set up at any age. Fibroadenomas shrink after menopause and, thus, are less common in post-menopausal women. Fibroadenomas are frequently appertained to as a 'bone mouse' due to their high mobility. Fibroadenomas are a marble-suchlike mass comprising both epithelial and stromal apkins located under the skin of the bone. These establishment, resilient millions with regular borders are frequently variable in size.^[2] *Granthi* can be equated with all types of small in size glandular or nodular swelling developing mostly due to benign tumours and cysts. There is no direct reference for *Stana Granthi* in Ayurveda. But *Mamsaja Granthi* that occurs in *Stana* (breast) has close resemblance with fibroadenosis of breast.^[3] Hence *Stanagranthi* can be understood as Fibroadenoma. In the present study, an effort has been made to study the disease *Stanagranthi* with its modern correlation of Fibroadenoma in depth and the role of *Chedana Karma* in the management of *Stanagranthi*.

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Fibroadenoma

Breast fibroadenoma is one of the most common breast tumours constantly encountered in clinical practice. Characterized by a proliferation of epithelial and stromal factors, fibroadenomas frequently present as palpable bone millions. These lesions generally affect women of reproductive age and are known for their clinical variability, with a wide range of presentations from asymptomatic findings to discomfort and anxiety.^[4-6] The frequency of bone fibroadenoma is highest in women of reproductive age. It's generally set up in women between the ages of 14 to 35, with a reported prevalence of 27.6% in women progressed 18-40 years. Hormonal dynamics, especially the influence of oestrogen and progesterone, are vital contributors to the development of fibroadenomas.

Hormonal oscillations during critical life stages, including puberty, gestation, and the menstrual cycle, have been linked to an increased threat of fibroadenomas. The heightened hormonal exertion during these ages may stimulate the growth of fibroadenomas within the breast tissue.^[5] Fibroadenomas are generally characterized by their painless nature. Still, some individualities may encounter intermittent breast discomfort or tenderness, particularly in the premenstrual phase. This cyclical breast pain is attributed to hormonal fluctuations and is a notable clinical aspect associated with fibroadenomas.^[7] One of the hallmark clinical features of fibroadenomas is the presence of palpable breast masses. Fibroadenomas may, in some cases, induce changes in the appearance of the breast. Similar differences might encompass breast asymmetry, distortion of breast contours or visible changes in the breast skin.

Despite their benign nature, fibroadenomas have long been a content of clinical significance due to their implicit to mimic the clinical and radiological features of malignant breast tumours, leading to diagnostic challenges and opinions regarding operation.^[6] Directly diagnosing and effectively managing breast fibroadenomas calculate on seamlessly integrating clinical and pathological findings. Clinical assessment, including patient history, physical examination, and imaging studies, provides vital information for initial suspicion and evaluation.^[8] For numerous small, asymptomatic fibroadenomas, immediate intervention may not be necessary. In similar cases, vigilant waiting and regular surveillance are frequently recommended. This approach involves periodic clinical breast examinations and imaging studies, similar as ultrasound or mammography, to monitor any changes in the fibroadenoma's size, characteristics, or behaviour. By nearly observing the

fibroadenoma over time, healthcare providers can ensure that any implicit developments are instantly detected and meetly managed. This conservative approach prioritizes patient comfort and minimizes gratuitous interventions while maintaining watchful oversight.^[9] A lumpectomy involves removing the fibroadenoma while conserving the girding bone towel. This approach is generally chosen when the fibroadenoma is fairly large, causing discomfort or query about its nature. An excisional vivisection is basically the complete junking of the fibroadenoma, akin to a lumpectomy. This approach is frequently chosen when there's a high degree of clinical or radiological dubitation girding the fibroadenoma or when complete junking is asked for peace of mind.^[10]

Stanagranthi

In Ayurveda, the term "*Stana*" refers to the female breast. It has emerged from the Sanskrit root "*Stan*," which means "to support" or "to hold up." In the context of the female anatomy, "*Stana*" defines the breast, emphasizing its role in providing structure and support. Several synonyms represent the term *Stana* in Ayurvedic literature. In this regard, *Amarakosha*, explains the term *Chuchau*, while *Rajanighantu* quotes synonyms such as *Chucha*, *Urasija*, *Vakshoj*, *Payodhara*.^[11,12] Qualities of an ideal breast according to Acharya Charaka in the context of *Stana-sampat* are described as^[13] *Natiurdhvam*, *Natilambam*, *Anatikrusha*, *Anatipinau* and *Yukta-pippalaka-usukhprapanau*. *Stana Roga* is also described in the context of *Nadi Roga*, in *Nidana sthana* and *Chikitsa sthana* of *Sushrutha samhitha*. This helps in understanding the management of *Stana rogas*.^[14]

As per Ayurvedic science, *Granthi* or *Arbuda* is defined as the growths caused by the abnormal vitiation of *Dosha* and *Dushya* which may develop in any part of the body, which are multiple in numbers present in different locations with various presentations. Acharya Charaka has explained these types in the chapter of "*Shotha*."^[15] There are many types of *Granthi*, but the *Granthi* present in the *Stana* can be understood as "*Mamsaja Granthi*."^[16] Charaka has explained the "*Mamsaja Granthi*" as a big and painless growth and can be correlated with fibroadenoma. In the shastras, it is also quoted that the *Mamsaja Granthi* should be treated similar to that of *Kaphaja Granthi*. In addition to the menstruation, pregnancy etc., *Stana Granthi* is a common condition being afflicted by a woman that affects the whole system of women in the daily routine activities. Studies show that about 30% of women suffer from benign tumours of the breast at any age and hence, it becomes necessary to address the troublesome disease immediately.

Pathogenesis of *Granthi* is described in Ayurveda as when morbid *Tridoshas*, vitiate *Rakta*, *Mamsa* and *Meda* that are admixed with Kapha produce rounded protuberant, knotty or glandular hard swelling called *Granthi*. The *Samprapti*, *Lakshanas* and *Chikitsa* of *Stana Granthis* are said to be similar to the *Granthis* of any other body part. Many types of *Granthi* have been mentioned based on the pathological factors and body tissue involved. *Granthi* present in *Stana* can be compared with *Mamsaja Granthi* due to the resemblance in the pathology and clinical features. So as in case of *Samprapti* of *Granthi*, all *Tridoshas* such as *Vata* and *Kapha* dominating *Tridosha* are involved and therefore *Vata-Kapha* hara medications are required. *Dushyas* involved are *Rakta*, *Mamsa* and *Meda*.^[17] Regarding the management of *Stanagranthi*, *Acharyas* have advised to treat it like that of either *Mamsaja granthi* or the *Kaphaja Granthi* as it exhibits *Lakshanas* of the same. This *Chikitsa* includes *Shodhana chikitsa*, *Shamana chikitsa*, *Shalya chikitsa* and *Pathya* and *Apathya*.

Chedana Karma

Ashtanga Ayurveda includes the eight branches of Ayurveda among which *Shalya Tantra* is the first among all according to Acharya Sushruta. The *Shalya Tantra* is a branch of surgery which deals with different *Astavidha shastra karmas yantras*, *Shastras*, various types of *Vrana* and their management with the help of *Bheshaja chikitsa*, *Yantra*, *Shastra*, *Kshara*, *Agni karma*, *Jaluakavacharana* and *Raktamokshana*.^[18-20] Surgical principles, surgical ethics and concepts contributed by Sushruta, 'the father of Indian Surgery', holds good even today after five thousand years of development and is applicable in various aspects of surgery. *Astavidha Shastra Karmas* are the foundation for all types of surgeries practised today and *Chedana* or the excision is the prime *Shastra karma* that has been proved its efficacy in many diseases. All the surgeries have been explained in under the umbrella of *Astavidha Shastra Karmas* among which *Chedana Karma* is known to remove the disease from the root by taking out the growth partially or completely.^[21]

Chedana is the foremost procedure espoused in surgical practice. All the *Brihat-trayeys* have given high significance to *Chedana Karma* and have explained it in colourful surrounds. The term *Chedana* in Ayurvedic classical textbooks and the term 'excision' used in ultramodern surgical handbooks are having same meaning. While exploring the surgical diseases explained under the suggestions of *Chedana Karma* and excision, numerous of the conditions are missing under the list of suggestions. still, Sushruta while enumerating the name of the conditions and their operation has given compass to the surgeons to add as well as to redesignate the diseases by using their

knowledge. There's description regarding *Chedana Karma* in colourful surrounds but it's scattered in colourful Samhitas. So, an attempt is made to collect all available knowledge and present smaller than one title. The colourful principles and views put forth by different Acharyas regarding the *Chedana Karma* demanded to be understood in the environment of contemporary surgical practice.^[22]

DISCUSSION

In Ayurveda, *Stana granthi* or the fibroadenoma is treated as the *Mamsaja Granthi* and *Kaphaja Granthi* due to the resemblance of the features. *Chedana karma* one among the *Astavidha shastra karmas* and the first *Shastra karma* explained by Acharya Sushruta. *Chedana* involves excision of part of the body/tissue using various instruments. *Chedana* is indicated in *Granthi* and *Vrana* that is along with veins (*Siras*), which have *Sthula* edges, which are hard and in *Adhimansaja vikara*.

Shalya Tantra is the branch known to produce immediate relief to the patients due to its sharpness and swift activity. Though *Stana granthi* is not directly explained by Acharya Sushruta and Charaka, it is advised that it should be treated like *Mamsaja Granthi* or the *Kaphaja Granthi* due to the similarities in the symptoms. *Chedana karma* has proven its effectiveness in the management of *Stana granthi* by the research studies and hence this study aimed at reviewing the same.

CONCLUSION

Chedana karma plays a very important role in the management of *Stana granthi* by providing the immediate relief. Hence the present study evaluated the role of *Chedana karma* in *Stana granthi*.

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