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Ayurvedic Management of *Stanagranthi* w.s.r. to Fibroadenoma of the Breast: A Single Case Report

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ABSTRACT:
Fibroadenoma is one of the most common benign breast tumors, predominantly affecting women of reproductive age. In Ayurvedic medicine, such growths are analogous to *Stanagranthi*, a subtype of benign tumour localized in the breast. In this case, a hetero-echoic lesion measuring approximately 10 × 6 mm was observed at the 12 O'clock position of the right breast, along with another similar lesion measuring 9.4 × 5.4 mm. A BIRADS-III categorization was noted. Additionally, a cystic lesion measuring approximately 7 × 7 mm was found at the 2 o'clock position in the left breast. This case study describes the Ayurvedic management of a diagnosed fibroadenoma through an integrative treatment plan that incorporates *Shodhana* (bio-purification) and *Shamana* (palliative therapy). The patient was administered a personalized Ayurvedic regimen based on the individual's *dosha* imbalance and the pathological features of the *Granthi*. Over the course of one year, the patient experienced a marked reduction in symptoms, an improved quality of life, and a measurable decrease in lump size, which in some cases led to complete resolution, as confirmed through clinical palpation and imaging. As a result, surgical intervention was not required. This case demonstrates the potential efficacy of Ayurvedic treatment protocols in the non-surgical management of benign breast tumors such as fibroadenoma. The findings support the need for further clinical research to validate and standardize Ayurvedic approaches in similar cases.

KEYWORDS: *Arbuda, Granthi, Stanagranthi,* Fibroadenoma, Carcinoma of Breast.

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INTRODUCTION:

Fibroadenoma is one of the most common benign breast tumors, particularly affecting women under the age of 30. Among adolescents, the overall incidence is approximately 2.2% with fibroadenomas accounting for 68% of all breast masses and 44%–94% of all biopsied breast lesions. [1-2] A higher incidence is observed among Black women [3], who also tend to develop the condition at a younger age compared to their white counterparts. The aetiology of fibroadenoma is primarily linked to an increased sensitivity of localized breast tissue to estrogen, with elevated estrogen levels strongly associated with tumour development.[4] Patho-physiologically, fibroadenomas most often affect women in their second and third decades of life. These lesions are typically encapsulated, spherical, and measure between 2–3 cm in diameter,[5] although some may present as multinodular or irregular. On gross examination, fibroadenomas appear as uniform, greyish-white, fleshy, homogeneous masses with fibrous whorls bulging from the capsule, and occasional [6]

There are two main types of fibroadenomas: Pericanalicular (hard fibroadenomas), more common in younger females, and intracanalicular (soft fibroadenomas), which typically affect older women and may grow more rapidly. Hormonal influence plays a crucial role, with the condition characterized by estrogen predominance over progesterone.[7] This includes high serum estrogen levels, a shortened luteal phase, and progesterone levels at only about one-third of normal. Women with progesterone deficiency have a fivefold increased risk of premenopausal breast cancer and may also present with premenstrual tension syndrome and fibrocystic breast disease. Clinically, Pericanalicular fibroadenomas commonly occur between the ages of 15–30 years [8], while intracanalicular types are more frequent between 30–50 years. Patients typically present with a painless, slow-growing, solitary breast lump, often located in the upper outer quadrant or lower part of the breast. Multiple lesions are seen in approximately 10% of cases, and nipple. [9]

Diagnosis and examination of fibroadenoma depend on age. In women up to 25 years old, clinical diagnosis is generally sufficient, and routine mammography is avoided due to dense breast tissue. For women over 25, mammography and Fine Needle Aspiration Cytology (FNAC) are recommended to exclude malignancy. [10-11] Local clinical examination typically reveals a normal appearance, with an unchanged nipple, although visible swelling may sometimes be present. Palpation usually reveals a freely mobile, firm, solitary lump with smooth, round margins, not fixed to the skin, underlying fascia, or surrounding breast tissue. This mobility has earned fibroadenomas the nickname "breast mouse." [12] Axillary lymph nodes are generally not enlarged. Radiological assessment is guided by the BI-RADS (Breast Imaging Reporting and Data System) classification, which standardizes imaging interpretations to assess the likelihood of malignancy (Table 1).

From an Ayurvedic perspective, abnormal growths or tumors are generally referred to as *Granthi* and *Arbuda*. Specifically, benign breast tumors such as fibroadenoma are termed *Stanagranthi* (*Mamsaja Granthi*) [13], which are described in the *Charaka Samhita* under the category of *Shotha* (inflammatory swellings).[14] These are characterized as painless, large masses in the breast and are treated like *Kaphaja Granthi* due to the involvement of similar *doshas*. The pathogenesis in *Ayurveda* attributes such

conditions to the vitiation of *doshas*—particularly *Kapha*—and *Dushyas* leading to abnormal tissue growth. *Ayurvedic* treatment follows a holistic and minimally invasive approach, aiming to balance the *doshas*, reduce the mass, and prevent recurrence. This system emphasizes long-term healing with minimal side effects. In this context.

Women's health is a cornerstone of a nation's overall well-being, directly impacting individual health outcomes and broader socio-economic development. Among the various health challenges faced by women, benign breast tumors are notably common, affecting nearly 30% of women during their lifetime (Sastri, 2005). Ayurveda correlates such benign growths with *Mamsaja Granthi*, a condition rooted in the vitiation of the *Tridoshas*—primarily *Vata* and *Kapha*—which disrupt the *Rakta* (blood), *Mamsa* (muscle), and *Meda* (fat) *dhatus* (Sharangadhara Samhita).[15]

The Ayurvedic approach emphasizes *Samprapti Vighatana* (breaking the pathogenesis) using herbal formulations with properties like *Raktashodhak* (blood purifying), *Lekhana* (scraping/reducing), *Bhedana* (resolving masses), *Deepana* (digestive stimulant), and *Pachana* (metabolic enhancer). Classical preparations such as *Kanchanara Guggulu*—containing herbs like *Kanchanara* (Bauhinia purpurea), *Shunti* (Zingiber officinale), and *Varuna* (Crataeva religiosa)—exhibit potent *Kapha-Vatahara*, *Deepana*, and *Lekhana* actions. Modern research further supports these herbs for their anti-inflammatory, lipid-lowering, and even anti-cancerous properties.

In addition, formulations *Varunadi Kwath* and *Aarogyavardhni Vati* assist in detoxification, metabolic enhancement, and reduction of glandular swellings, aligning with Ayurvedic goals of *Mamsa-Rakta Shodhana* and *Granthi Vibhedana*. When combined with external therapies such as *Abhyanga* (therapeutic massage) and *Swedana* (sudation therapy), this integrated approach improves circulation, supports lymphatic drainage, and enhances overall vitality.[16]

Thus, Ayurveda offers a holistic, sustainable framework for managing benign breast tumors—addressing both the underlying causes and systemic imbalances while also promoting general women's health, immunity, and well-being.[17]

CASE REPORT:

The patient (UHID: 319898), A 47-year-old married female housewife, is coming to the outpatient department of All India Institute of Ayurveda OPD 208B with *Madhyama bala* (moderate strength), presents with no addictions, good appetite, regular bowel habits, sound sleep, and a weight of 50 kg. Her blood pressure is stable at 110/80 mmHg. Her menstrual history reveals menarche at age 14, with her last menstrual period on 11/05/2025. She has a regular 28-day cycle, with 4–5 days of menstrual flow and an average usage of 2–3 pads per day. She had come here with complaints of Swelling, Severe tenderness, and pain in bilateral breasts, coming here for better management.

Chief Complaint:

A 47-year-old female presented to the OPD with a freely movable lump in the upper lateral quadrant of the left breast associated with pain for the past 3 days.

Associated Complaints:

Severe tenderness, Swelling, and Redness in the affected area (for 3 days)

History of Present Illness:

The patient was asymptomatic until 3 days ago when she developed a sudden onset of a freely mobile lump in the left breast, accompanied by tenderness and mild swelling.

Clinical Finding:

Patient History: No significant past medical or surgical history.

Systemic Examination:

Cardiovascular: S1 and S2 heart sounds present; no added sounds (normal).

Respiratory: Lungs are clear (no wheezing, crackles, or other abnormalities).

Digestive System: Normal examination; no abnormalities detected.

Breast Examination:

Inspection:

Swelling was noted in the **left breast**. The Nipple appears normal in shape and size, with no discharge present.

Palpation Findings (Before Treatment):

Tenderness: Present.

Lump(s): Multiple, located in the upper outer (lateral) quadrant of the left breast.

Characteristics: Freely mobile, smooth surface, round borders-these are features often associated with benign breast lesions (e.g., fibroadenomas or cysts). (Table-1)

Skin Overlying Breast:

Localized redness was noted at the site of pain, which resolved after treatment, suggesting a possible inflammatory process (e.g., mastitis or infection) that responded to therapy. (Table-2)

Nipple Discharge: Absent.

THERAPEUTIC INTERVENTION:

1. **Medication:**
    - ***Kanchanar Guggulu*** – 500 mg 2 tablets twice daily after food
    - ***Varunaadi kwatha*** – 40 ml twice a day before food
    - ***Aarogyavardhni Vati* –** 125 mg 2tab Twice daily before food
    - **Syp M- Liv –** 15 ml twice a day after food
2. **Follow-up:**
    - Every 2 weeks
    - Continuation of treatment for 2 months

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

Vihara -Walking, Physical exercise, Meditation.

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

Vihara- Day sleep, Night vigilance (awake).

Diagnostic criteria

-Patient with classical signs and symptoms of fibroadenoma with mammography reports.

Investigation -Breast examination and mammography

Observation and Results:

A remarkable reduction in the size of the lumps was observed. Symptoms such as pain, swelling, and redness significantly diminished within two weeks of treatment. A mammographic evaluation conducted two months after treatment revealed a notable improvement. The management approach demonstrated enhanced effectiveness and patient satisfaction, with minimal complications reported.

The *Ayurvedic* treatment led to rapid symptom relief, with the patient experiencing a notable reduction in lump size, pain, swelling, and redness within just 2–3 days. These clinical improvements were further supported by mammography findings conducted after two months. Overall, the management approach proved

to be effective and satisfactory, with minimal complications reported.

The patient experienced rapid symptomatic relief within 2–3 days of initiating *Ayurvedic* treatment, with a notable reduction in lump size, pain, swelling, and redness. Continued therapy over the following two months led to significant clinical improvement, which was corroborated by mammography findings confirming the reduction in lesion size. The treatment course was well-tolerated with minimal complications. At the one-year follow-up, the lump had completely resolved, indicating sustained therapeutic efficacy and long-term resolution of the condition.

Table- 1: BI-RADS Categories and Associated Risk of Malignancy

BI- RADS	Description	Risk of Malignancy
0	Incomplete, needs further evaluation	-
1	Normal	0%
2	Benign findings	0%
3	Probably benign	<2%
4	Suspicious abnormality	2%–95%
5	Highly suggestive of malignancy	>95%
6	Known biopsy-proven malignancy	100% (already diagnosed

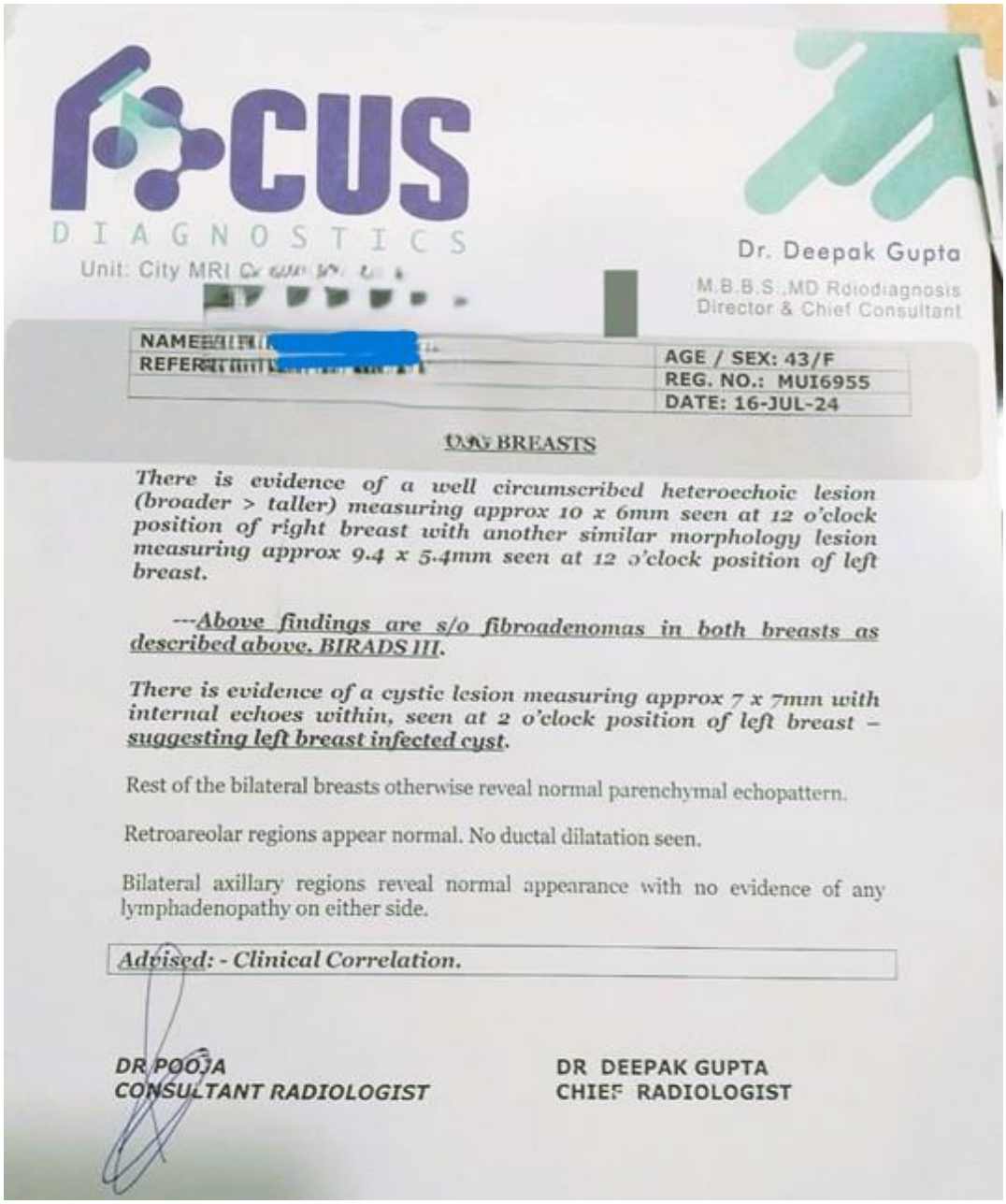
Table -2 Breast Examination:

Examination	Before Treatment	After Treatment
Inspection		
Lumps	Present in the left breast	Reduced within 2 weeks
Nipple	Normal, no discharge present	Normal
Skin	Normal, localized redness at the site of pain	Normal, localized redness completely reduced
Palpation		
Tenderness	Present	Relieved
Lump	Multiple lumps in the upper lateral quadrant of the left breast; freely mobile, irregular border	Less palpable; freely mobile, smooth, round border
Nipple Discharge	Absent	Absent
Menstrual Changes	No changes during cycle	No changes during cycle

Table- 3: Before and after treatment from the USG B/L Breast scans:

USG Date	Side	Location	Lesion Type & Size	BIRADS	Findings Summary
16/07/2024	Right Breast	12 o'clock position	Heterochronic lesion, approx. 10 × 6 mm	BIRADS-III	Two heterochronic lesions in the right breast
	Right Breast	Not specified	Heterochronic lesion, approx. 9.4 × 5.4 mm	BIRADS-III	
	Left Breast	2 o'clock position	Cystic lesion, approx. 7 × 7 mm	Not specified	One cystic lesion in the left breast

After Treatment (11-07-2025	Both Breasts	Entire breast scanned	No significant abnormality detected	Not applicable	Complete resolution of previously noted lesions



FOCUS DIAGNOSTICS

Unit: City MRI [redacted]

Dr. Deepak Gupta
M.B.B.S.,MD Rdiodiagnosis
Director & Chief Consultant

NAME [redacted]
REFER [redacted]

AGE / SEX: 43/F
REG. NO.: MUI6955
DATE: 16-JUL-24

USG BREASTS

There is evidence of a well circumscribed heteroechoic lesion (broader > taller) measuring approx 10 x 6mm seen at 12 o'clock position of right breast with another similar morphology lesion measuring approx 9.4 x 5.4mm seen at 12 o'clock position of left breast.

---Above findings are s/o fibroadenomas in both breasts as described above. BIRADS III.

There is evidence of a cystic lesion measuring approx 7 x 7mm with internal echoes within, seen at 2 o'clock position of left breast – suggesting left breast infected cyst.

Rest of the bilateral breasts otherwise reveal normal parenchymal echopattern.

Retroareolar regions appear normal. No ductal dilatation seen.

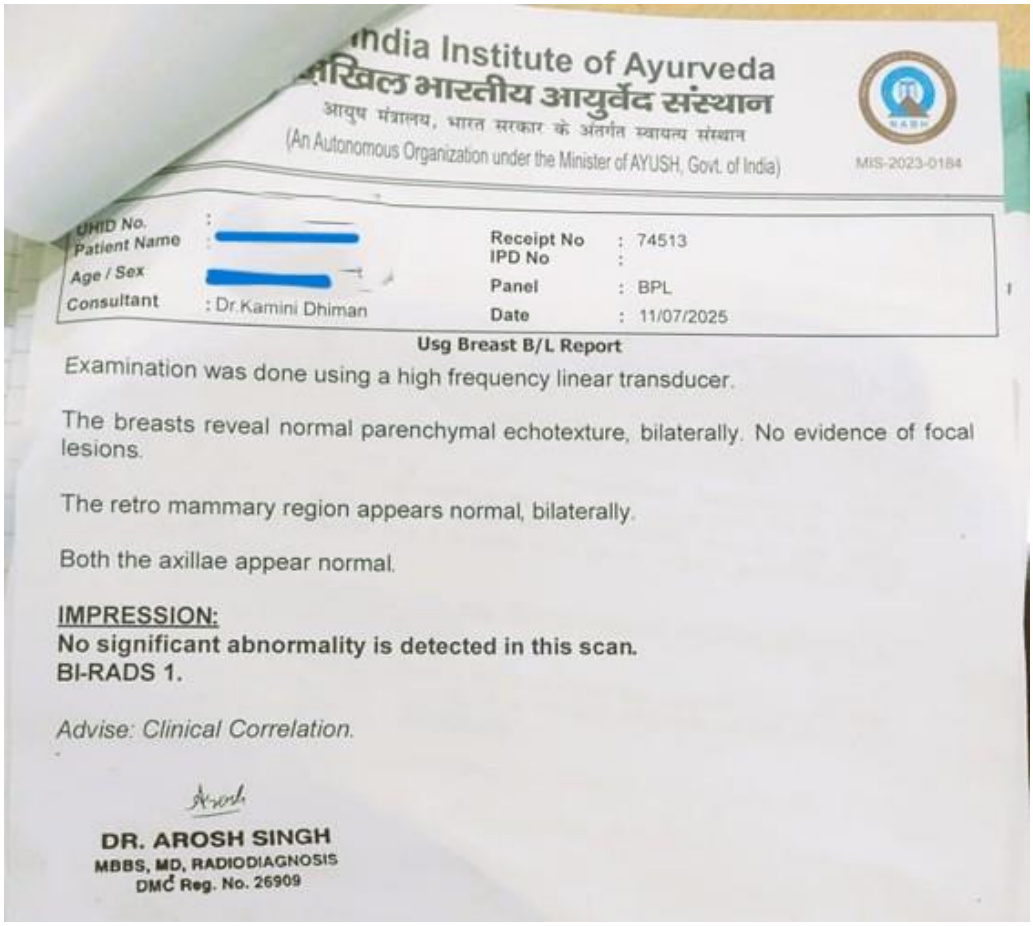
Bilateral axillary regions reveal normal appearance with no evidence of any lymphadenopathy on either side.

Advised: - Clinical Correlation.

DR POOJA
CONSULTANT RADIOLOGIST

DR DEEPAK GUPTA
CHIEF RADIOLOGIST

Figure- 1: USG Bilateral Breast before treatment



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आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान
(An Autonomous Organization under the Minister of AYUSH, Govt. of India)
MIS-2023-0184

UHID No. :
Patient Name : [redacted]
Age / Sex [redacted]
Consultant : Dr.Kamini Dhiman

Receipt No : 74513
IPD No :
Panel : BPL
Date : 11/07/2025

Usg Breast B/L Report

Examination was done using a high frequency linear transducer.

The breasts reveal normal parenchymal echotexture, bilaterally. No evidence of focal lesions.

The retro mammary region appears normal, bilaterally.

Both the axillae appear normal.

IMPRESSION:
No significant abnormality is detected in this scan.
BI-RADS 1.

Advise: Clinical Correlation.

DR. AROSH SINGH
MBBS, MD, RADIODIAGNOSIS
DMC Reg. No. 26909

Figure 2: USG Bilateral Breast after treatment

DISCUSSION:

Women's health is a cornerstone of national well-being, as the health of women directly influences the health of families and communities. Among various health issues faced by women, benign breast tumors are common, with an estimated 30% of women experiencing such conditions during their lifetime. In Ayurveda, this condition is understood under the framework of *Samprapti* (pathogenesis), where the formation of *Granthi* (tumors or nodules) is attributed to the vitiation of the three doshas—primarily *Vata* and *Kapha*—which affect *Rakta* (blood), *Mamsa* (muscle tissue), and *Meda* (fat). Specifically, breast tumors are correlated with *Mamsaja Granthi*. The Ayurvedic treatment approach focuses on *Samprapti Vighatana*—the disruption of the disease process—by using herbs and formulations with properties such as *Raktashodhak* (blood purifiers), *Lekhana* (scraping or reducing), *Bhedana* (breaking or dispersing), *Deepana* (digestive stimulants), and *Pachana* (metabolic enhancers).

A primary classical formulation used in this context is ***Kanchanara Guggulu,*** which contains herbs like *Kanchanara* (*Bauhinia purpurea*), Shunti (*Zingiber officinale*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Haritaki, Vibhitaki, Amalaki (collectively known as Triphala), Varuna, Twak, Ela, Patra, and Guggulu. These ingredients offer actions such as *Deepana*, *Pachana*, *Lekhana*, *Shotha hara* (anti-inflammatory), *Krimighna* (antimicrobial), and *Vata-Kapha hara* (balancing of doshas). Scientifically, Kanchanara Guggulu has been supported for its anti-cancerous, anti-inflammatory, and lipid-lowering properties. It is

traditionally recommended in texts like the *Sharangadhara Samhita* for the management of *Granthi* and related conditions.

Varunadi Kwath is another important decoction, composed of ingredients such as Varuna (*Crataeva nurvala*), Sahachara, Shatavari, Agni (*Plumbago indica*), Murva, Bilva, *Ajaji, Brihati*, Karanja, Chiruvilwa, Agnimantha, Haritaki, Sigru (*Moringa oleifera*), Dharbha, and Bhallataka. This formulation is aimed at balancing the *Kapha* and *Vata* doshas, supporting tissue detoxification, enhancing metabolic functions, and breaking down pathological masses.

Aarogyavardhni Vati is also used for systemic detoxification and rejuvenation. It includes potent ingredients like Shuddha Parada (purified mercury), Shuddha Gandhaka (purified sulfur), Loha Bhasma (iron), Abhraka Bhasma (mica), Tamra Bhasma (copper), Triphala, Shilajit, Kutki, Chitrak Mool, Nimba, and others. These help in enhancing liver function, fat metabolism, reducing inflammation, and supporting overall immunity. The treatment also incorporates **Gandhaka Rasayana** for its anti-inflammatory and antimicrobial effects.

Together, these internal medications improve circulation and promote lymphatic drainage, which are essential for managing *Granthi* in breast tissues. The integrated approach supports *Kapha-Vata Shamana* (dosha pacification), *Mamsa-Rakta Shodhana* (purification of blood and muscle tissue), and *Granthi Vibhedana* (disintegration of tumour-like growths). The therapeutic outcomes are directed at reducing swelling (*Shotha hara*), relieving pain (*Shoolaghna*), balancing the three doshas (*Tridoshahara*), and promoting rejuvenation and immunity.

In summary, the Ayurvedic management of benign breast tumors focuses on holistic, dosha-specific interventions that address the root cause, support detoxification, reduce abnormal tissue growth, and rejuvenate the body, reinforcing the importance of women's health in sustaining societal wellness.

CONCLUSION:

The *Ayurvedic* treatment resulted in rapid and significant symptomatic relief, with noticeable reductions in lump size, pain, swelling, and redness within just 2–3 days of initiation. Continued therapy over two months led to marked clinical improvement, as confirmed by mammographic evaluation. The treatment was well-tolerated, with minimal complications reported. Notably, at the one-year follow-up, complete resolution of the lump was observed, highlighting the sustained efficacy and long-term therapeutic benefit of the management approach. Overall, the treatment demonstrated high effectiveness and patient satisfaction.

Limitations of the Study:

This is a single case report, which limits the generalizability of the findings. Further research involving larger sample sizes and controlled clinical studies is necessary to validate the efficacy of the treatment approach for *Stanya Granthi* (Fibroadenoma).

Informed written consent of patients:

The patient was fully informed about the treatment, and written informed consent was voluntarily obtained before the initiation of the study.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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REFERENCES:

1. Lee M, Soltanian HT. Breast fibroadenomas in adolescents: current perspectives. Adolesc Health Med Ther. 2015 Sep 2; 6:159-63.
2. Oluwole SF, Freeman HP. Analysis of benign breast lesions in blacks. Am J Surg. 1979;137(6):786-9.
3. Stewart EA. Uterine fibroids. Lancet. 2001;357 (9252):293-8.
4. Cramer SF, Patel A. The frequency of uterine leiomyomas. Am J Clin Pathol. 1990 Oct;94(4):435-8.
5. Baird DD, Dunson DB, Hill MC, Cousins D, Schectman JM. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. Am J Obstet Gynecol. 2003;188(1):100-7.
6. Laughlin SK, Stewart EA. Uterine leiomyomas: individualizing the approach to a heterogeneous condition. Obstet Gynecol. 2011;117(2 Pt 1):396-403.
7. American College of Radiology. Breast Imaging Reporting and Data System (BI-RADS). 5th ed. Reston (VA): American College of Radiology; 2013.
8. Tomar P, Dey YN, Sharma D, Wanjari MM, Gaidhani S, Jadhav A. Cytotoxic and antiproliferative activity of Kanchnar Guggulu, an Ayurvedic formulation. J Integr Med. 2018;16(6):411-7.
9. Dhiman K. Ayurvedic intervention in the management of uterine fibroids: a case series. AYU. 2014;35(3):303-8.
10. Das S. A Concise Textbook of Surgery. 8th ed. Kolkata: Dr S Das: 2014. p.601.
11. Das S. A Concise Textbook of Surgery. 8th ed. Kolkata: Dr S Das: 2014. p.602.
12. Bell DJ, Weerakkody Y, et al. Breast Imaging Reporting and Data System (BI-RADS). Radiopaedia; 2013. Available from: https://radiopaedia.org/articles/breast-imaging-reporting-and-data-system-bi-rads [Last accessed on 20 May-2025]
13. Charaka. Charaka Samhita. In: Chaturvedi GN, Sastri PK, editors. Vidyotini Hindi Commentary. Sutra Sthana, Chapter 12, Verse 1. Varanasi: Chaukambha Bharati Academy; 2005. p.353.
14. Charaka. Charaka Samhita. In: Chaturvedi GN, Sastri PK, editors. Vidyotini Hindi Commentary. Sutra Sthana, Chapter 12, Verse 98. Varanasi: Chaukambha Bharati Academy; 2005.
15. Sharngadhara. Sharangadhara Samhita. In: Srivastava SS, editor. Gudhartha Dipika Commentary. Reprinted. Varanasi: Chaukhambha Orientalia; 2009. Madhyama Khanda, Vati Kalpana 7/95-100.
16. Sharangadhara. Sharangadhara Samhita. In: Murthi MR, editor. English Translation. Madhyama Khanda Chaukhamba Orientalia, Varanasi. 2006. P-76
17. Shastri KA, Mishra BB, editors. Bhaisajya Ratnavali. Vidyotini Hindi Commentary. Galagandadi Roga Chikitsa Prakarana 44/64-69. Chaukhambha Orientalia, Varanasi:. 2018. P-234.