

AYURVEDIC MANAGEMENT OF *STANAGRANTHI* W.S.R TO FIBROADENOMA OF BREAST- A SINGLE CASE STUDYNikitha Sirigere¹, Mahesh C.D², Pavitra³

¹Associate Professor, Dept. of Prasutitantra & AMP; Streeroga, Govt. Ayurveda Medical College and Hospital, Bengaluru- 560009, Karnataka, India

²Professor, Dept. of Dravyaguna, Sri Sri College of Ayurvedic Science and Research, Bengaluru- 560082, Karnataka, India

³PG Scholar, Dept. of Panchakarma, Govt. Ayurveda Medical College and Hospital, Bengaluru- 560009, Karnataka, India

Corresponding Author: pavitrghosmani@gmail.com

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**ABSTRACT**

The most common benign tumour of the female breast is fibroadenoma which is most common in young women under the age of 30. It accounts for approximately 25% of all lesions in asymptomatic women. It is a new growth formed of both fibrous and glandular tissues. This tumour is said to develop as the result of increased sensitivity of a focal area of the breast to estrogen. This tumour most commonly presented as a painless, slowly growing, solitary lump in the breast. In modern medicine after a systemic review of available conservative management like hormonal therapy, keeping in mind the side effect of hormonal treatment, surgeries like lumpectomy and mastectomy becomes the ideal option which also has its own physical and psychological impact on women's life. A balanced and rational approach to the management of fibroadenoma of the breast needs to address the crucial questions about its association with breast cancer, which is ideally done by imaging techniques like mammography where fibroadenoma appears as a distinct area from other breast tissue, with smooth round edges and breast ultrasound where it is typically seen as well-circumscribed, round to ovoid or macro lobulated mass or if necessary, a minimally invasive biopsy may be performed via a core needle biopsy i.e., FNAC. According to Ayurveda, this can be correlated to

Granthi explained by many Acharya's which develop due to abnormal vitiation of *Dosha* and *Dushya*. According to Acharya Charaka, *Granthi* can be equated with all types of small-sized glandular or nodular swelling in any part of the body due to benign tumours or cysts. There is no direct reference for *Stana Granthi* but *Mamsaja Granthi* occurs in *Stana* is having a close resemblance with fibroadenoma of the breast. So, in the present study, a patient with fibroadenoma was successfully treated by Ayurvedic management of tab *Kanchanara guggulu* and *abyanga* with *Chandana bala lakshadi taila* which got the significant result.

Keywords: *Abyanga*, Estrogen, Fibroadenoma, *Granthi*, Mammography, Ultrasound.

INTRODUCTION

Fibroadenoma is one of the most common benign tumours of the breast in women under 30 years of age. In the adolescent population, the overall incidence of fibroadenoma is 2.2%. They account for 68% of all breast masses and 44%–94% of biopsied breast lesions¹. Blacks have a greater propensity than whites to develop fibroadenoma and at a younger age.

Aetiology-

This tumour is said to develop as the result of increased sensitivity of a focal area of the breast to oestrogen. It is almost an accepted fact that there is some relationship between excess oestrogen level and fibroadenoma.

Pathophysiology²-

- ❖ This lesion invariably has a relation to oestrogen sensitivity, and it occurs predominantly in the 2nd and 3rd decades of life.
- ❖ These lesions are encapsulated and tend to be spherical but on occasions, they may be multinodular or somewhat irregular, these typically stop growing when they reach 2 to 3cm in diameter.
- ❖ On section, these lesions are composed of uniform, greyish white, fleshy, homogeneous mass with fibrous whorls which tend to bulge from the capsule.
- ❖ There may be some minute yellow to pink softer areas. These are classified into two varieties based on their origins-

- a) Pericanalicular variety (hard fibroadenoma)
- b) Intracanalicular variety (soft fibroadenoma)

Oestrogen and progesterone

- ❖ Oestrogen predominance over progesterone is considered a causative factor for this.
- ❖ Presence of High Levels of serum oestrogen.

- ❖ Shortened luteal phase.
- ❖ Progesterone level decreased to 1/3rd of the normal and women with progesterone deficiency carry a fivefold risk of premenopausal breast cancer.
- ❖ Patients with premenstrual tension syndrome more likely to develop fibrocystic disease of the breast.

Clinical Features³-

- a) The pericanalicular type usually occurs in younger girls between 15 and 30 years of age. Intracanalicular affects older groups from 30 to 50 years of age.
- b) This tumour most commonly presented as a painless, slowly growing, solitary lump in the breast is often seen in the lower part of the breast and mostly in the upper and outer quadrant of the breast.
- c) Multiple fibroadenomas may be present in about 10% of cases.
- d) Pain is usually conspicuous by its absence, though it may occasionally be complained of.
- e) Though hard variety is known for its slow growth and never attains big size, yet intracanalicular fibroadenoma tends to be larger due to rapid growth.
- f) Discharge through the nipple is almost unknown.

Figure 1: Quadrants of breast

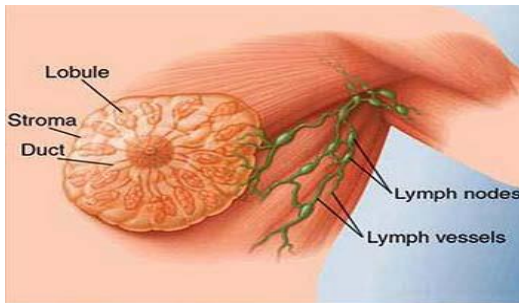
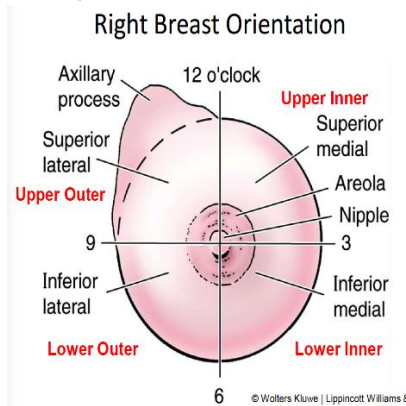


Fig. 2: Normal breast

Local Examination-

- ❖ **INSPECTION-** does not reveal anything particular and the nipple remains always normal, but in some cases, swelling may be visible.
- ❖ **PALPATION-** is important. Fibroadenoma is characteristically mobile. Freely mobile solitary lump usually firm inconsistency with a round smooth margin within the breast is nothing but a fibroadenoma.
- ❖ The lump is neither fixed to the overlying skin, nor fascia covering pectoralis major. It is not also fixed within the breast and is so freely movable, that is often called a “breast mouse”.
- ❖ The axillary lymph nodes are not usually enlarged.



Fig. 3: Fibroadenoma of breast

DIAGNOSIS-

- ❖ Up to the age of 25 years, clinical diagnosis is enough.
- ❖ Mammography has no place in its routine diagnosis. With increasing age mammography and fine-needle aspiration cytology (FNAC) should be performed to exclude malignancy.

- ❖ Ultrasonography is quite helpful in the differential diagnosis of a palpable breast lump.
- ❖ **BI-RADS** (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 MRI⁴.

BIRADS Category	Condition
BIRADS – 0	Incomplete assessment needs additional evaluation
BIRADS – 1	Normal
BIRADS – 2	Benign
BIRADS – 3	Probably benign (2% of fewer chances of malignancy)
BIRADS – 4	Suspicious (2- 95% chances of malignancy)
BIRADS – 5	Malignant (> 95% chances of malignancy)
BIRADS – 6	Biopsy- proven malignancy.

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" and "Arbuda". Acharya Charaka explained these types in the chapter of "Shotha"⁵. There are many types of Granthi, but the Granthi present in the Stana is "Mamsaja Granthi"⁶. Charaka described it as "Mamsaja Granthi" which is a big and painless structure, correlated with fibroadenoma. According to the classical text of Ayurveda, it is mentioned to treat Mamsaja Granthi similar to Kaphaja Granthi.

Ayurveda being a holistic approach towards the line of treatment gives complete satisfactory results without any complications, hence, to find a long-lasting solution with not many adverse effects is the need of the hour. Considering the above facts, this ailment has been selected to pursue its perfect cure through Ayurveda.

Personal History

Name- XYZ	Bala- Madhyama
Age- 26 years	Sleep- Sound
Sex- Female	Addiction- None
Marital status- Un-Married	Bowel habit- Regular
Occupation – student	Appetite- Good

Menstrual History-

Age of Menarche	14 years
L.M.P	01/12/2020
Duration of flow	4 to 5 days
Length of the cycle	28 days.
Regularity of the cycle	Regular
Amount of flow	2 to 3 pads per day

Ashtavidha Pariksha

Nadi- 79/ min	Shabda- Normal
Mala- Regular	Sparsha- Normal
Mutra- Regular	Drik- Normal
Jihva- Not coated	Akriti- Madhyama

Weight- 50 kgs

Blood pressure – 110/ 80 mm of Hg.

Systemic Examination-

CVS: S1 S2 heard. No added sounds.

Respiratory system: Lungs clear.

MATERIALS AND METHODS

Place of study- Department of Prasutitantra & Streeroga, OPD of SJIIM hospital, Bangalore, Karnataka

CASE REPORT

The present case study is about the Ayurvedic management of fibroadenoma i.e., Stana Granthi.

A 26-year-old female patient came to OPD of SJIIM hospital with chief complaints of a freely movable lump at the upper lateral quadrant of the left breast associated with pain for 3 days.

Associated complaints- severe tenderness, swelling and redness for 3 days.

History of Present illness- The patient was normal 3 days back. Then she suddenly developed with freely mobile lump associated with tenderness and slight swelling in the left breast.

History- nothing significant.

Digestive system: No abnormality detected.

Breast examination-

Inspection: swelling – present in the left breast

Nipple – normal

Skin – normal, localised redness was present at the site of pain.

Palpation: Tenderness – present

Lump – multiple lumps in upper lateral quadrant of left breast, freely mobile with smooth round border.

Treatment plan: The patient was treated on OPD basis.

- 1) Tab *Kanchanara guggulu* 1-1-1 after food
- 2) *Abyanga* with *Chandana Bala lakshadi taila* – 2 times per day

Follow up after every 2 weeks. Above mentioned medicines were continued 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.

Investigations: Breast examinations and Mammography

Breast examinations		Mammography results	
Before treatment	After treatment	Before treatment	After treatment
<p>Inspection: lumps – present in the left breast Nipple – normal Skin- normal, localised redness was present at the site of pain.</p>	<p>Inspection: lumps – completely reduced within two days. Nipple – normal Skin – normal, localised redness reduced completely.</p>	<p>Done on 23/12/2020. ❖ Multicystic sol in left breast upper lateral quadrant- BIRADS 3. ❖ Small simple cyst at 9'o' clock position- BIRADS 2</p>	<p>❖ Done on 01/3/2021. ❖ Tiny small simple cysts in left breast as described- concern for mild fibrocystic changes. BIRADS 2. ❖ Previously seen larger 2 'o'clock position cystic sol is not seen now, 9'o' clock small simple cyst also is not visible now.</p>
<p>Palpation: Tenderness– present Lump – multiple lumps in upper lateral quadrant of left breast, freely mobile with smooth round border.</p>	<p>Palpation: Tenderness– relieved Lump – not palpable.</p>		
<p>Nipple discharge- absent No changes during the menstrual cycle</p>	<p>Nipple discharge- absent No changes during the menstrual cycle</p>		

USG of the left breast before treatment-

REF BY : DR. NIKITHA. DATE : 23.12.2020
 ID NO : 219.12.2020

FINDINGS :

A 18 x 9 x 18 mm multicystic SOL is seen in the left breast upper lateral quadrant at 2 O'clock position.
 Another 5x3 mm simple cyst seen at 9 o'clock position.

Rest of the Glandular echo and distribution morphology is normal.

The subcutaneous and subareolar regions are normal. No ductal dilatations. No subcutaneous or subareolar sclerosis or thickening.

The colour Doppler findings were unremarkable.

The axillary tail is normal.

Left axillary enlarged lymph node measuring 10mm seen, node shows preserved hilar morphology.

IMPRESSION : MULTICYSTIC SOL IN LEFT BREAST UPPER LATERAL QUADRANT- BIRADS III.
 SMALL SIMPLE CYST AT 9 O' CLOCK POSITION- BIRADS II.

DR. SRINIVASAN. M. N.
 Consultant radiologist.



USG of the left breast after treatment-

REF BY : DR. NIKITHA. DATE : 01.03.2021
 ID NO : 14.03.2021

FINDINGS :

2.7 x 1.9 mm and 3 mm sized small simple cysts seen in the left breast upper lateral quadrant at 2 O'clock position. The previously seen multicystic SOL at 2 o'clock position is not seen now.
 Another 2.2 x 1.2 mm simple cyst seen at 6 o'clock position.
 Previously seen cyst at 9 o'clock position is not seen now.

Rest of the Glandular echo and distribution morphology is normal.

The subcutaneous and subareolar regions are normal. No ductal dilatations. No subcutaneous or subareolar sclerosis or thickening.

The colour Doppler findings were unremarkable.

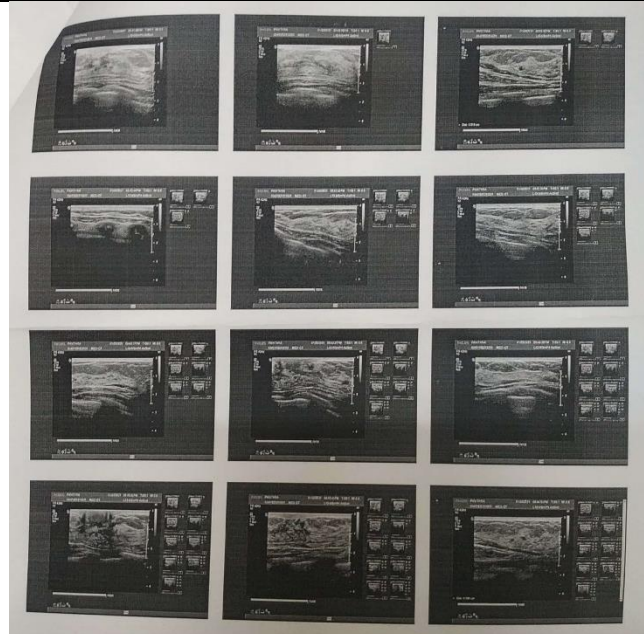
The axillary tail is normal.

No axillary lymphadenopathy noted.

IMPRESSION : TINY SMALL SIMPLE CYSTS IN LEFT BREAST AS DESCRIBED- CONCERN FOR MILD FIBROCYSTIC CHANGES. BIRADS II.

PREVIOUSLY SEEN LARGER 2 O' CLOCK POSITON CYSTIC SOL IS NOT SEEN NOW, 9 O' CLOCK SMALL SIMPLE CYST ALSO IS NOT VISIBLE NOW.

DR. SRINIVASAN. M. N.
 Consultant radiologist.



Observation and Results- Remarkable reduction in the size of the lumps was observed and symptoms like pain, swelling and redness reduced within 2 to 3 days of treatment and mammography also revealed significant results following two months of treatment. The above-said management was found to be more effective and satisfactory without many complications.

DISCUSSION

The health of a nation mainly depends on the health of a woman, because the healthy and happy woman lays the first step of a prosperous nation. Apart from undergoing natural processes of menstruation, pregnancy etc., *Stana Granthi* (fibroadenoma of the breast) is a common condition seen in a woman. Though it seems to be common, it affects the whole role of women in

the day- to-day activities. It is computed that about 30% of women are suffering from benign tumours of the breast at any age. So, it is necessary to pay immediate attention to this most troublesome disease.

Pathogenesis of *Granthi* is propounded as when morbid *Tridoshas*, vitiate *Rakta*, *Mamsa* and *Meda* that are admixed with *Kapha* produce rounded protuberant, knotty or glandular hard swelling called *Granthi*. Etiopathogenesis, clinical features and treatment of *Granthi*s, are identical to the *Granthi*s of any other body part. In Ayurvedic literature, many types of *Granthi* have been mentioned depending on the pathological factor and body tissue involved. *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-Kapha* hara medications are required. *Dushyas* are *Rakta*, *Mamsa* and *Meda* hence medications that possess *Raktashodhak*, *Lekhana*, *Bhedana*, *Deepana* and *Pachana* properties should be selected. With this hypothesis, in this study *Kanchanara guggulu* and *Chandana bala lakshadi taila* has been selected.

*Kanchanara guggulu*⁷ has all the necessary properties such as ingredients of this formulation like *Kanchanara*, *Shunti*, *Maricha*, *Pippali*, *Varuna* and *Ela* possess *Deepana*, *Pachana* property, *Shunti*, *Maricha*, *Pippali*, *Varuna*, *Ela* and *Patra* acts as *Vata-Kapha* hara, *Varuna* acts as *shotha hara* and *krimighna*, *guggulu* and *Haritaki* possess *Lekhana* property and *Shunti*, *Vibhitaki* having *Bhedana* property helps to get rid of the cardinal symptoms of *Mamsaja Granthi*. Powerful decongestants such as *Kanchanara*, *triphala*, *Trikatu* etc are mixed with *Guggulu* to break down and eliminate hardened *Kapha*. This detoxifying blend supports the proper function of the lymphatic system, digestive system, balances *Kapha Dosha* and prevents

further accumulation of *Kapha Dosha*, promotes the elimination of inflammatory toxins. *Kanchanar*'s alcoholic extract has anti-cancerous activity and very useful in preventing extra growths or tumours. *Guggulu* contains oleoresin which was found to be a highly potent anti-inflammatory and anti-arthritic effect. Crude *guggulu* has highly encouraging hypolipidemic activity⁸. So *Kanchanara guggulu* as mentioned in *Sharangadhara Samhita*, *Madyama khanda* is therapeutically important for the management of *Granthi*, *apachi*, *Vrana* and *Gulma*⁹ because of its action of *Samprapti vighatana*, *Lekhaneeya* and anti-inflammatory properties. Hence helps in reducing the size and arrests the further growth of existing fibroadenoma. According to *Yogarajnakara*, *Chandanabala lakshadi taila* is *pitta Kapha hara* and useful in many respiratory diseases and bleeding disorders. Observing the following properties of *Chandanabala lakshadi taila*, it is best *Shotha hara* by its ingredients like *Devadaru*, *Ashwagandha* and *Haridra*, *Rasna* and *Daruharidra* being anti-fungal and anti-bacterial, also acts as best *Shoolaghna*. *Sariva* and *Rakta Chandana* possess *Kandughna* property, *Devadaru* and *Daruharidra* as *Krimighna* and *Rakta Chandana* as *Varnya*. Most of the drugs having *Tridosha* especially *Kaphapittahara* property act best in inflammatory conditions. *Ashwagandha* and *Bala* being *Balya*, *Abyanga* with this *Taila* helps in improving the immunity of the person. *Abyanga* also helps in relieving pain, inflammation at the site, increases blood circulation and in turn excretion of toxic substances from the body. Hence fibroadenoma of the breast presenting with the symptoms like lump, tenderness, swelling, redness and itching with the presence of inflammation, can be effectively treated by *Abyanga* with *Chandana bala lakshadi taila* and helps in reducing symptoms.

Ingredients of *Kanchanara guggulu*¹⁰

Drug name	Latin name	Rasa	Guna	Virya	Vipaka	Karma
<i>Kanchanara</i>	<i>Bauhinia purpurea</i> linn.	<i>Kashaya</i>	<i>Ruksha Laghu</i>	<i>Sita</i>	<i>Katu</i>	<i>Kapha-pittahara, Dipana</i>
<i>Shunti</i>	<i>Zingiber officinale</i>	<i>Katu</i>	<i>Guru Ruksha Tikhna</i>	<i>Usna</i>	<i>Madhura</i>	<i>Vata-Kaphahara Dipana Bhedana</i>
<i>Maricha</i>	<i>Piper nigrum</i>	<i>Katu</i>	<i>Laghu Tikhna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-Vatahara Pramathi Dipana</i>
<i>Pippali</i>	<i>Piper longum</i> linn.	<i>Katu</i>	<i>Laghu Snigdha</i>	<i>Usna</i>	<i>Madhura</i>	<i>Vata-shleshmahara Dipana</i>
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Kashaya pradhana pancarasa</i>	<i>Laghu ruksha</i>	<i>Usna</i>	<i>Madhura</i>	<i>Tridosahara Anulomana Lekhana</i>
<i>Vibhitaki</i>	<i>Terminalia bellerica</i>	<i>Kashaya</i>	<i>Ruksha, laghu</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kapha-pittahara, Bhedana</i>
<i>Amalaki</i>	<i>Emblica officinalis</i>	<i>Amla pradhanapancharasa</i>		<i>Sita</i>	<i>Madhura</i>	<i>Tridosahara, vrishya, vayasthapana</i>
<i>Varuna</i>	<i>Crataeva religiosa</i>	<i>Tikta Kashaya</i>	<i>Laghu Ruksha</i>	<i>Usna</i>	<i>Katu</i>	<i>Kapha-Vatahara, dipana, krimighna</i>
<i>Twak</i>	<i>Cinnamomum zeylanica</i>	<i>Katu Tikta Madhura</i>	<i>laghu Ruksha Tikshna</i>	<i>Usna</i>	<i>Katu</i>	<i>Vata-pittahara, varnya, grahi</i>
<i>Ela</i>	<i>Elettaria cardamomum</i>	<i>Katu, madhura</i>	<i>Laghu, ruksha</i>	<i>Sita</i>	<i>Katu</i>	<i>Kapha-Vatahara, dipana</i>
<i>Patra</i>	<i>Cinnamomum verum</i>	<i>Katu, tikta, madhura</i>	<i>Laghu, ruksha, tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-Vatahara, pitta-vardhaka</i>
<i>Guggulu</i>	<i>Commiphora mukul</i>	<i>Tikta Katu</i>	<i>Laghu Ruksha Visada sara</i>	<i>Usna</i>	<i>Katu</i>	<i>Tridosahara Lekhana</i>

Ingredients of *Chandanabala lakshadi taila*¹¹

Drug name	Latin name	Rasa	Guna	Virya	Vipaka	Karma
<i>Devadaru</i>	<i>Cedrus deodara</i>	<i>Tikta katu Kashaya</i>	<i>Laghu ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Krimighna shothaghna Kaphahara</i>
<i>Ashwagandha</i>	<i>Withnia somnifera</i>	<i>Katu tikta Kashaya</i>	<i>Laghu snigdha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vata-Kapha hara, shotha hara, balya</i>
<i>Haridra</i>	<i>Curcuma longa</i>	<i>Katu</i>	<i>Laghu tikhna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha pittahara, shotha hara</i>
<i>Daruharidra</i>	<i>Berberis aristata</i>	<i>Katu</i>	<i>Laghu ruksha tikhna</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Shulaghna, krimighna, VataKaphahara</i>
<i>Bala</i>	<i>Sida cardifolia</i>	<i>Madhur</i>	<i>Laghu snigdha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Vata-pitta hara, balya, brimhana</i>
<i>Rakta Chandana</i>	<i>Santalum album</i>	<i>Tikta madhur</i>	<i>Laghu ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Varnya, dahaprashamana, kandughna</i>
<i>Ushira</i>	<i>Vetiveria zizanoides</i>	<i>Tikta madhura</i>	<i>Ruksha laghu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittahara, Pachana</i>

Laksha	Coccus lacca	Kashaya	Laghu	Sheeta	Katu	Stambhana, shonita stapana
Rasna	Aipinia officinarum	Tikta	Guru	Ushna	Katu	Anti-fungal, anti-bacterial
Sariva	Hemidesmus indicus	Madhura Tikta	Guru snigdha	Sheeta	Madhura	Tridoshahara, grahi, jawaragna, kandughna
Vid lavana	Sodium chloride	Lavana	Picchil	Ushna	Katu	Pachana, Deepana, Vatanulomana
Saindahava lavana	Sodium chloride	Lavana	Picchil	Ushna	Madhura	Deepana, Pachana, anulomana

CONCLUSION

Science is advancing as the treatment modalities have also been changed. So, the treatment having maximum benefits with fewer side effects is well anticipated by Ayurveda management. As per the case study, it has once again proved that the time-tested age-old ayurvedic treatment in fibroadenoma of the breast is very effective which was confirmed by the mammography reports before and after the treatment. Clinical features and reports of mammography suggested a remarkable reduction in symptoms and size of the lump that almost disappeared. Further detailed clinical research studies are needed to conclude.

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