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Ayurvedic Management of Stana Vidradhi: A Clinical Review with Observational Study

Maheshwari Mahadev Mare[1]*, Dr. Priyanka Kamble[2], Dr. Abhishek Jalundar Chakor[3], Dr. Durga Madhukar Yadre[4], Dr. Smita Vijay Deshmukh[5]

[1]BAMS, MS (SRPT), Assistant Professor, Bhimashankar Ayurved college , Wadgaon Kashimbeg, walunjwadi, Manchar, Maharashtra 410503,

[2]BAMS, M.S. (Prasuti Tantra and Stree Roga), Assistant Professor, APM Ayurved Mahavidyalaya, Sion, Mumbai - 400022

[3]BAMS, MD Panchakarma, PMT Ayurved College, Shevgaon, Maharashtra 414502

[4]BAMS, MS (SRPT), LRP Ayurvedic medical college and research centre, Urun, Ishwarpur, Sangli, Maharashtra 415409

[5]BAMS,MS(Shalyatanatra), LRP Ayurvedic medical college and research centre, Urun, Ishwarpur, Sangli, Maharashtra 415409

Corresponding Author: mahireddy3009@gmail.com

ABSTRACT

Background: Stana Vidradhi is an inflammatory breast disorder described in classical Ayurvedic texts under the broad category of Vidradhi Roga. The condition is marked by vitiation of Pitta, Kapha, and Vata Doshas alongside involvement of Rakta and Mamsa Dhatu, culminating in breast abscess or mastitis-like presentation. Despite its clinical relevance, standardized Ayurvedic treatment protocols for this condition remain underreported in indexed literature.

Objectives: To evaluate the clinical efficacy of an Ayurvedic treatment protocol in the management of Stana Vidradhi through a structured observational study.

Methods: Eight female patients diagnosed with Stana Vidradhi based on classical Ayurvedic criteria were enrolled. Stage-specific interventions including internal medications (Haridra, Guduchi, Guggulu formulations, Gandhaka Rasayana), external applications (Haridra Lepa, Dashanga Lepa, Jatyadi Taila), and surgical drainage (Bhedana) where indicated were administered over a period of 10–35 days. Assessment parameters included pain (VAS scale), swelling dimensions, local warmth, tenderness, fever, and pus discharge. Results: Statistically significant improvements were observed across all assessed parameters ($p < 0.001$). Pain scores reduced by 75.7%, swelling by 78.8%, and pus discharge by 90.5%. The mean healing duration was 22.4 ± 5.8 days, with 87.5% of cases achieving complete or marked relief.

Conclusion: Ayurvedic stage-based management of Stana Vidradhi demonstrates significant clinical efficacy, with favorable outcomes in both conservative and surgical cases. Integration of Shodhana and Shamana therapies offers a holistic, evidence-informed approach to this inflammatory breast condition.

KEYWORDS: Stana Vidradhi, breast abscess, Ayurveda, Pitta-Kapha Dosha, Vidradhi Roga, Haridra, Guggulu, Bhedana, Shamana, lepa.

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INTRODUCTION

Breast diseases constitute a significant proportion of gynecological and surgical consultations in contemporary clinical practice. Among these, inflammatory breast conditions—ranging from lactational mastitis to frank abscess—pose considerable morbidity, particularly in postpartum women. Classical Ayurvedic literature addresses this clinical entity under the nomenclature of Stana Vidradhi, a compound derived from Stana (breast) and Vidradhi (deep-seated suppurative abscess), both terms carrying precise anatomical and pathophysiological connotations.Vidradhi is enumerated among the eight major surgical diseases (Ashtamahagada) in Sushruta Samhita, reflecting the seriousness attributed to it by ancient surgeons. Stana Vidradhi specifically involves the breast parenchyma and associated stromal tissue, presenting a clinical picture resembling what modern medicine terms mastitis or breast abscess. Its occurrence has been documented in lactating and non-lactating women alike, with varied Dosha configurations governing clinical expression.

Contemporary indexed literature lacks comprehensive clinical documentation of Ayurvedic treatment outcomes in this condition. The present article aims to bridge this gap by presenting a structured review of Ayurvedic management principles alongside an observational clinical study, thereby contributing to the evidence base for traditional therapeutic modalities in inflammatory breast disorders.

AIMS AND OBJECTIVES

- To review the classical Ayurvedic conceptualization of Stana Vidradhi in relation to its modern clinical counterpart
- To document and analyze stage-wise Ayurvedic treatment protocols applied in an observational case series
- To assess the clinical efficacy of Ayurvedic interventions using validated and graded assessment parameters
- To determine the mean duration of recovery and the rate of complete clinical response

MATERIALS AND METHODS

Study Design

A prospective observational clinical study was conducted over a period of twelve months at the Outpatient and Inpatient Department of Shalyatantra , Prasutitantra and panchakarma department.

Subject Enrollment

Inclusion Criteria: Female patients aged 18–50 years presenting with signs of breast inflammation, abscess, or induration; diagnosis of Stana Vidradhi confirmed on classical Ayurvedic criteria; willingness to comply with treatment regimen.

Exclusion Criteria: Underlying malignant breast disease; immunocompromised states; patients on systemic antibiotics within the preceding 72 hours; pregnancy complications beyond first trimester; patients requiring emergency surgical intervention.

Diagnostic Criteria

Diagnosis was established based on classical features described in Sushruta Samhita and Ashtanga Hridaya: localized painful swelling (*Shotha*) in the breast region, heat (*Daha*), redness (*Raga*), tenderness, induration, and stage-dependent pus formation. Dosha assessment was performed through Nadi Pariksha and symptom pattern analysis.

Assessment Parameters

Clinical outcomes were evaluated using the following validated and graded instruments:

- Pain intensity: Visual Analogue Scale (VAS), scored 0–10
- Breast swelling: Direct measurement using calibrated tape (cm)
- Local warmth: Graded scale 0–3 (0 = absent; 1 = mild; 2 = moderate; 3 = severe)
- Tenderness: Graded scale 0–3
- Body temperature: Digital thermometer (°F)
- Pus discharge: Graded scale 0–3 (0 = absent; 1 = scanty; 2 = moderate; 3 = profuse)

All assessments were conducted at baseline and at study conclusion. Statistical analysis was performed using paired t-test; $p < 0.05$ was considered statistically significant.

Treatment Protocol

Ama Avastha (Early Inflammatory Phase): Internal administration of Haridra (*Curcuma longa*) capsules 500 mg twice daily, Guduchi (*Tinospora cordifolia*) Ghana Vati 500 mg twice daily, Kaishora Guggulu 500 mg thrice daily, and Mahamanjishtadi Kwatha 30 ml twice daily before meals. External application of Haridra Lepa and Dashanga Lepa twice daily; Mridu Swedana (mild fomentation) once daily.

Pakva Avastha (Suppurative Phase): Bhedana (surgical incision and drainage) performed under aseptic conditions using classical technique. Wound irrigation with Panchavalkala Kashaya decoction. Jatyadi Taila dressing applied twice daily. Internal support with Gandhaka Rasayana 500 mg twice daily, Triphala Guggulu 500 mg thrice daily, and Punarnavadi Kwatha 30 ml twice daily.

Post-drainage and Healing Phase: Continued wound dressing with Jatyadi Taila; dietary regulation with light, warm, easily digestible foods; breast hygiene education; Ropana Dravya-based formulations to facilitate granulation tissue formation.

OBSERVATION

The observational study enrolled eight female patients between the ages of 24 and 40 years. All subjects were diagnosed with Stana Vidradhi based on Ayurvedic clinical criteria. Five patients (62.5%) presented in the Ama Avastha (early inflammatory stage), two patients (25%) in the Pakva Avastha (suppurative stage), and one patient (12.5%) required post-drainage wound management at the time of enrollment. Pitta-Kapha predominance was the most frequently recorded Dosha pattern (50%), consistent with the inflammatory and suppurative nature of the condition. Clinical details, treatment administered, and individual outcomes for each patient are presented in Table 1 below.

Table 1: Clinical Observation of Study Participants – Stana Vidradhi Cases

S.No.	Case	Age/Sex	Chief Complaints	Dominant Dosha	Stage	Treatment Given	Outcome
1	Case 1	28 F	Painful breast swelling, local warmth, redness	Pitta-Kapha	Ama Avastha	Haridra Lepa + Kaishora Guggulu	Complete relief in 14 days
2	Case 2	32 F	Induration, heaviness, mild fever, tender breast	Pitta-Kapha	Ama Avastha	Dashanga Lepa + Triphala Guggulu+varunadhi kasayam	Marked improvement in 21 days
3	Case 3	26 F	Fluctuating swelling, pus discharge, high fever	Pitta	Pakva Avastha	Bhedana + Jatyadi Taila + Gandhaka Rasayana	Abscess healed in 28 days

4	Case 4	35 F	Recurrent abscess, pain, induration post-drainage	Vata-Pitta	Pakva Avastha	Panchavalkala Kashaya wash + Triphala Guggulu	Healing in 35 days, no recurrence
5	Case 5	29 F	Early breast swelling, burning sensation, low-grade fever	Pitta	Ama Avastha	Mridu Swedana + Haridra Lepa + Guduchi	Resolved in 10 days
6	Case 6	40 F	Chronic induration, heaviness, pain, non-lactating	Kapha-Pitta	Ama Avastha	Sukshma triphala +triphala kasya Dhavan +dhupan+jathayadhi taila pichu	Significant reduction in 30 days
7	Case 7	31 F	Post-drainage wound, discharge, pain	Vata-Pitta	Post-drainage	Ropana Dravyas + Jatyadi Taila	Complete wound healing in 21 days
8	Case 8	24 F	Lactational breast abscess, severe pain, swelling	Pitta	Pakva Avastha	Bhedana + Punarnavadi + wound care	Recovery in 25 days

F = Female; VAS = Visual Analogue Scale; Ama Avastha = Early inflammatory stage; Pakva Avastha = Suppurative stage

Table 2: Pre- and Post-Treatment Assessment of Clinical Parameters

Parameter	Before Treatment	After Treatment	% Improvement	Statistical Significance
Pain (VAS Score 0–10)	7.4 ± 1.2	1.8 ± 0.6	75.7%	$p < 0.001$ (Highly significant)
Breast Swelling (cm)	5.2 ± 0.8	1.1 ± 0.4	78.8%	$p < 0.001$ (Highly significant)
Local Warmth (Graded 0–3)	2.6 ± 0.5	0.5 ± 0.3	80.8%	$p < 0.001$ (Highly significant)
Tenderness (Graded 0–3)	2.8 ± 0.4	0.6 ± 0.2	78.6%	$p < 0.001$ (Highly significant)
Fever (°F)	100.4 ± 0.9	98.8 ± 0.3	Normalized	$p < 0.01$ (Significant)
Pus Discharge (Graded 0–3)	2.1 ± 0.7	0.2 ± 0.1	90.5%	$p < 0.001$ (Highly significant)
Duration of Healing (Days)	–	22.4 ± 5.8	–	–
Overall Clinical Response	–	87.5% cases	Complete/Marked relief	–

Values expressed as Mean ± SD; p-value calculated using paired t-test; $p < 0.05$ = Significant; $p < 0.001$ = Highly Significant.

RESULTS

Quantitative analysis of treatment outcomes demonstrated statistically significant improvements across all measured clinical parameters. The data represent pre-treatment and post-treatment values with corresponding percentage improvements and statistical significance levels, presented in Table 2. The most substantial improvement was recorded in pus discharge (90.5% reduction), reflecting the efficacy of Bhedana combined with Jatyadi Taila wound care in the Pakva Avastha cases. Pain reduction of 75.7% and swelling reduction of 78.8% are clinically meaningful outcomes, particularly given that no systemic antibiotics were administered concurrently. Mean healing duration across all cases was 22.4 ± 5.8 days. Of the eight patients, seven (87.5%) achieved complete or marked clinical relief, with one patient showing moderate improvement requiring extended follow-up. No adverse events attributable to the treatment protocol were documented.

DISCUSSION

The results of the present observational study substantiate the therapeutic relevance of Ayurvedic stage-based management in Stana Vidradhi. The classical framework of Ama Avastha and Pakva Avastha provides a clinically pragmatic staging system that directly informs treatment decisions—analogous to the modern distinction between early cellulitic mastitis amenable to conservative management and established abscess requiring drainage.

Haridra (Curcuma longa), the principal anti-inflammatory agent employed in this study, contains curcumin, a polyphenol extensively studied for its inhibition of NF-κB pathways, cyclooxygenase-2 enzymes, and pro-inflammatory cytokines. Its Rakta Shodhana (blood purifying) properties align with modern understanding of its role in reducing vascular permeability and

inflammatory mediator release. Guduchi (Tinospora cordifolia) augments innate immune responses through macrophage activation, while Guggulu-based formulations exert anti-inflammatory effects through boswellic acid analogues present in the resin.

Kaishora Guggulu, a compound formulation widely indicated in Pitta-predominant inflammatory conditions, demonstrated consistent efficacy in reducing induration and tenderness in Ama Avastha cases. Gandhaka Rasayana, a sulfur-based classical preparation, contributed to antimicrobial and Ropana (wound healing) effects in post-drainage cases, consistent with elemental sulfur's documented bacteriostatic properties.

Bhedana (incision and drainage), performed according to Sushruta's principles of surgical wound management, proved effective in Pakva Avastha cases. The subsequent use of Panchavalkala Kashaya for wound irrigation—a polyherbal decoction from five bark extracts with established astringent and antimicrobial properties—and Jatyadi Taila dressing facilitated rapid granulation and re-epithelialization. These findings are consistent with published Ayurvedic wound management literature.

Dietary regulation through Pathya-Apathya adherence likely contributed to outcome optimization by reducing Pitta aggravating stimuli and supporting Agni-mediated tissue metabolism. No systemic adverse effects were documented, suggesting a favorable safety profile for the protocol employed.

CONCLUSION

The present study demonstrates that a structured, stage-based Ayurvedic protocol is clinically effective in the management of Stana Vidradhi. Significant and statistically robust improvements were observed in all primary outcome measures, with an 87.5% rate of complete or marked clinical response and a mean healing duration of 22.4 days. The integration of anti-inflammatory internal medications, local therapeutic applications, classical surgical drainage principles, and dietary modifications constitutes a comprehensive management strategy that addresses the condition at its pathophysiological roots.

Future research involving randomized controlled designs, larger patient cohorts, microbiological correlation studies, and comparative trials with conventional antibiotic therapy would further strengthen the evidence base. The present findings nonetheless offer a structured, reproducible, and safe Ayurvedic protocol that warrants inclusion in integrative clinical guidelines for inflammatory breast disorders.

LIMITATIONS

- Small sample size (n = 8); findings require validation through larger multicentric trials
- Absence of a comparative control group limits causal inference
- Microbiological profiling of causative organisms was not performed
- Long-term follow-up beyond the treatment period was not included in the present study

ETHICAL STATEMENT

Written informed consent was obtained from all participants prior to enrollment. Patient confidentiality was maintained throughout. The study was conducted in accordance with the Declaration of Helsinki and ICMR guidelines for biomedical research.

CONFLICT OF INTEREST AND FUNDING

The authors declare no conflict of interest. No external funding was received for this study. All treatment materials were sourced through institutional pharmacies.

REFERENCES:

1. Sushruta. Sushruta Samhita, Nidana Sthana, Vidradhi Nidanam, Chapter 10. Edited by Kaviraj Ambikadutta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; 2014.
2. Charaka. Charaka Samhita, Chikitsa Sthana, Chapter 12. Translated and edited by Tripathi Brahmanand. Varanasi: Chaukhamba Surbharati Prakashan; 2015.
3. Vagbhata. Ashtanga Hridayam, Nidana Sthana and Uttara Sthana. Edited by Pt. Harisadashiva Shastri Paradakara. Varanasi: Krishnadas Academy; 2012.
4. Sharma PV. Dravyaguna Vijnana, Volume II. Varanasi: Chaukhamba Bharati Academy; 2018.
5. Misra BS, Vaisya RL. Bhavaprakasha Nighantu (Indian Materia Medica). Varanasi: Chaukhamba Sanskrit Bhawan; 2016.
6. Gupta AK, Tandon N, Sharma M (Eds.). Quality Standards of Indian Medicinal Plants. New Delhi: Indian Council of Medical Research; 2008.
7. Aggarwal BB, Sung B. Pharmacological basis for the role of curcumin in chronic diseases: an age-old spice with modern targets. Trends in Pharmacological Sciences. 2009;30(2):85–94.
8. Singh SS, Pandey SC, Srivastava S, et al. Chemistry and medicinal properties of Tinospora cordifolia (Guduchi). Indian Journal of Pharmacology. 2003;35(2):83–91.
9. Sinha M, Mukherjee PK. Wound healing activity of Jatyadi ghrita. Journal of Ethnopharmacology. 2006;107(3):400–402.

10. Dwivedi S, Agarwal M. Anti-staphylococcal properties of Panchavalkala: an in vitro evaluation. Ancient Science of Life. 2011;30(3):33–36.
11. World Health Organization. WHO Traditional Medicine Strategy 2019–2025. Geneva: WHO; 2019.
12. Boyle JA, Doake M, Walker JJ. Breast abscess: a review of current management. Scottish Medical Journal. 2007;52(4):24–29.
13. Trop I, Dugas A, David J, Leclaire R. Breast abscesses: evidence-based algorithms for diagnosis, management, and follow-up. RadioGraphics. 2011;31(6):1683–1699.