

STANA NADI VRANA AND ITS AYURVEDIC MANAGEMENT – A CASE STUDY

¹Dr. Nalini Das and ²Dr. Virendra Kumar Lahari

¹M.D(Jamnagar),Phd(Jam), Prof. & Hod Prasuti Stri Department S.S.N. Ayu. College & R.I Paikmal, Odisha -768039.

²M.S (Raipur), Assisstant Prof. Shalyatanta Department, S.S.N. Ayu.College & R.I, Paikmal, Odisha -768039.

*Corresponding Author: Dr. Virendra Kumar Lahari

M.S (Raipur), Assisstant Prof. Shalyatanta Department, S.S.N. Ayu.College & R.I, Paikmal, Odisha -768039.

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ABSTRACT

Stana nadi vrana is the rare Case found in Prasuti – stri roga practice. Its pathogenesis begins in puerperal period, generally in stana Sopha or Vidradhi form. Neglegency and Unawareness leads it to Stana nadi vrana, after a period of time. Like other nadi vranas it has also the symptoms of occasional slight pus discharge, tenderness & Pain. In this connection a case was Studied in K.S Bhoi hospital, S.S.N AYU. College, PKL, Odisha With the symptoms of occasional slight pus discharge from right breast, at a point above the areola, with pain & tenderness. The treatment Showed very effective result with certain Ayurvedic formulation applied both internally & externally in 10 days IPD admission.

INTRODUCTION

'MAA' in whose breast humanity is nourished, in whose Lap civilisation is cradled This line indicates the importance of mother, for a baby, for a family, Society & at last for nation & world. Breast feeding is the god's gift for a mother. There is no substitute of breast milk.

During breast feeding period, the general health of mother including the breast hygiene & breast care are essential for the mother Poor socio-economic Status, with poor education Lacks the female from this awareness. For which She neglects herself, remains uncared & results in different types of breast Complications, during feeding period Breast abscess is one among the breast Complications. Neglegency of in-time treatment of breast abscess Leads to Breast Sinus (stana nadi vrana) in Long term Our selected Case, Stana nadi vrana (breast Sinus) is a such type of Case in which the female during her puerperal period suffered from Stana Vidradhi (Breast abscess) & did not take any treatment & mana- aged in home remedies by herself. So after a period of time Small eruption like seen in areola With slight pus discharged intermittently.

Lastly it developed to stana nadi varna with complaint of intermittent slight pus discharge from the eruption, on areola, with swelling & pain.

CASE STUDY

A 3 rd para patient named Rukmini Bisi aged about 45yrs of Vill-Tramhandihi post – Paikmal Dist Bargarh, Odisha admitted in Prasuti tantra & stri roga Dept, I P.D.

on at 02 11 .21 (IPD NO – PTSR 2021-11-02 / 141333/141198) she was an widow, Occupationally a laborer & belonged to a poor socio-economic Class Her Complaint was intermittent pus discharge from an eruptions, situated on upper areola of right breast. Since 4 yrs. Mild Pain & swelling in that area Since 2 month.

H/o Present illness

Before 10yrs patient was apparently well. During the post partum period of her Last delivery (P3), small red coloured boil appeared on her right breast upper Quadrant. It got supporated & brust when pressed. The period of Supporation was remained painful feverish & thirsty. She also experienced delusion at night. After pus discharge she felt refax & remained untreated. This type of incidence Continued for ¾ time in the same breast. Since then from Last 4yrs, the incidence of the boil increased & pain persists with yellowish colour pus discharge.

H/o Past illness

No such relevant history found.

Treatment History

No treatment & Medication taken before coming to our hospital.

Menstrual History

Her menstrual History was normal i.e 3-4 days in an interval of 28-30 days. Her period was regular with average Bleeding associated with mild pain. L.M.P - 24.10.21.

Obstetric History

G₅P₃A₂L₃ 5th gravida, 3rd para, 2 abortion & 3 full term normal deliveries in hospital. Last delivery was 10 yr before.

Personal History

She was an widow daily Laborer, belonged to Lower Socio-economic Class, unaware of her health. Bowel & micturition –Regular. Appetite – Good. Sleep – Adequate. Diet -Mixed type. She was not addicted to any kind of harmful material.

On examination**Her general built**

Gait	Thin
Pallor	+
Cyanosis	Absent
Pulse	76/min
BP	130/80mmHg
RR	18/min
Temp	98.6 °F

Asta vidha Pareeksha

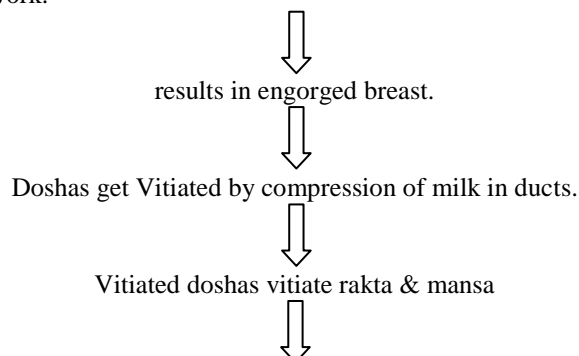
Nadi	Vata pitta
Mala	Samhata
Mutra	Samyak ,6-7 times /day
Jihva	Saama (white coated)
Sabda	Sadharan
Sparsha	Samanya
Drusti	Normal eye sight
Akriti	Madhyama

Dasvidha Prariksha

Prakriti	Vata-pitta
Vikriti	Rakta-mansa
Sara	Asara
Samhanana	Madhyama
Pramana	Madhyama.
Satmya	Sarbarasa.
Satva	Madhyama
Ahara shakti	Madhyama
Vyayama shakti	Madhyama
Vaya	Madhyama

Pathophysiology (Samprapti – Chakra)

In time feeding of baby was not possible due to Labor work.



Abscess is developed & Suppurated

↓
Untreated continuously.

↓
The undrained bus breaks upon its walls involving the deeper tissues, Formation of a blind tract known as nadi vrana' /sinus.

SAMPRAPTI GHATAKA

Dosha – pitta pradhan tridosa

Dusya – rakta- mamsa

Srotas- rakta- mamsa stanya vaha- srotas

Sroto dushti- sangra

Adhistana – stana

SYSTEMIC EXAMINATION

Digestive system-P/A –Soft, Non tender and no distension

Respiratory system- chest- B/L Symmetrical, clear, No added sound

R/R -18/min

Cardio vascular system- S₁ & S₂ audible

Pulse 76/min

B.P. – 120/80 mmHg

Musculo – skeletal system

Muscle tone – good

Muscle power -good

Nervous system –

Conscious & responds to verbal commands ,well oriented to time ,place and person

Memory – intact

Speech – normal

Delusion – partially present

Urinary system - ,straw coloured urine –clear 6-7 time/day

Reproductive system

Breast exam

- Soft, No cyst or mass.

- Slight tenderness

- Swelled at areola

- Two Small eruption like holes at upper areola. One was blind.

- In other eruption probe was inserted upto 3 cm.slight pus also drained.

Differential diagnosis

- Stana Vidradhi

- Nadi Vrana

- Breast Cancer.

Pathological investigations

Blood

Hb. - 10 gmdl.

ESR 49mm/hrs Generally in 50 yrs age group the ESR value should be Less then 20 mm/hr Hence this value is elevated which shows high systemic inflammation as well as infection.

Total WBC - 8,900 /micriliter
 DLC –
 N-77
 L-21
 E-02
 M -0
 B -0
 FBS- 82.7 mg/dl.
 FNAC. -Negative.

DIAGNOSIS

Stana nadi vrana

In stana vidradhi localised Collection of purulent materials in the breast is called stana vidradhi or breast abscess .Stana vidradhi was developed earlier .Then it get suppurated & ignored continuously .The undrained pus breaking upon its wall involves the deeper tissues i.e rakta dhatu and mamsa dhatu .Development of blind tract within the tissues by the undrained pus is known as nadvrana or sinus.

Breast Cancer - In breast cancer nipple retraction occurs ,when the tumour attacks the ducts behind the nipple, pulling it inward. . Hence inverted or retracted nipple is the most common Sign of. breast Cancer. But in this case the nipple is everted or in normal shape.

Assessment Criteria.

- Length of Nadi Vrana in cm
- Pus discharge

Purulent excess discharge	-	03
Liquify intermittent discharge.	-	02
Liquify occasional discharge	-	01.
- Pain

No pain -	0
Tolerable pain & allow routine household work -	01
Can not manage routine work & need to take rest -	02.
Intolerable & bed ridden	03

Chikitsa Siddanta

Follow up

S.no	Assessment Criteria	Gradation of parameter at follow up		
		Day 1	Day 10	Day 30
1.	Length of nadi Vrana	3cm	0.5cm	0
2.	Pus discharge	02	0	0
3.	Pain	01	0	0

CONCLUSION

Sthana nadi vrana develops due to improper treatment of sthana vidradhi .Once it is developed it can be Very effectively treated by powerful ayurvedic formulation.

REFERENCES

- Shashtra Karma
- Vrana Sodhana
- Vrana ropana
- Vedana sthapana

Chikitsa

- Jatyadi taila Varti inserted by probe for 7 days.
- Dasanga Lepa.
- Triphala gugul (250 mg) - 2 tab | 2 times with Luke warm water after diet.
- Varunadi Kasaya -15ml /2 times with equal water.

RESULT AND DISCUSSION

The patient was treated in IPD admission she get admitted for 10days. So the external therapy was continued for 10 days only, while the internal therapy was continued for 30 day.

The external Jatyadi taila varti inserted by the probe into the nadi vrana regularly for 10 days. The ingredients like nimba, Jati patola Karanja, Yastimadhu,haridra daruharidra etc present in the taila result in apakarshana of dushit mamsa & Sodhana of nadi vrana following the ropana also. Simultaneously the use of 'dasanga Lepa' above the swelled area, togetherly resulted in Sothahar, Vedana saman, Sodhana & ropana of nadi vrana.

Internal application of triphala gugul Varunadi Kasay helps in Sothanashan, Sodhana, Jantughna & Vrana ropan. Both the medicines are best indicated.in Vrana sopha, nadi vrana & antar vidradhi.

In association pathya ahara vihar with bed rest during hospital staying helped her feeling comfortable & relief of all symptoms. She was discharged on 10th day therapy but advised to maintain rest & pathya ahara vihara and to Continue the internal therapy for another 15 days.

On follow up day she was Completely relieved. The sinus of the breast was completely healed & there was no pain or discharge on examination.

- Text book of obstetric by J.B sharma.
- Sushruta Samhita Purvardha by Ambikadutta Shastri.
- Text book Gynaecology by jeffcoat.
- Dravyagunia Vijnan by P. V sharma. Part I & II.
- Bhaisajya rantavali Kvj Govinda Dan Sen edited by Prof Siddhi nandan Mishra ,Chaukhambha Surbharti Prakashan, 2005-1032.

6. Sharangadhara Samhita madhyam Khanda Nadivrana. Chikitsa 9/168 - 175.5.
7. Text book of Gynaecology (Stri - roga Vijnan) by Prof V.N.K Usha.
8. Ayurvediya Prasuti tantra & Stri roga part: 2 by Prof P.V Tiwari.