

RAKTAMOKSHAN IN STANSOTHA W.S.R. TO MASTITIS

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ABSTRACT

In Ayurveda, the breast tissue is considered a part of the Stanya Vaha Srotas, which represents the channels related to breast health and lactation. When there is an imbalance in the doshas (Vata, Pitta, and Kapha) or in the Stanya Vaha Srotas, it can lead to various breast-related problems, including inflammation.

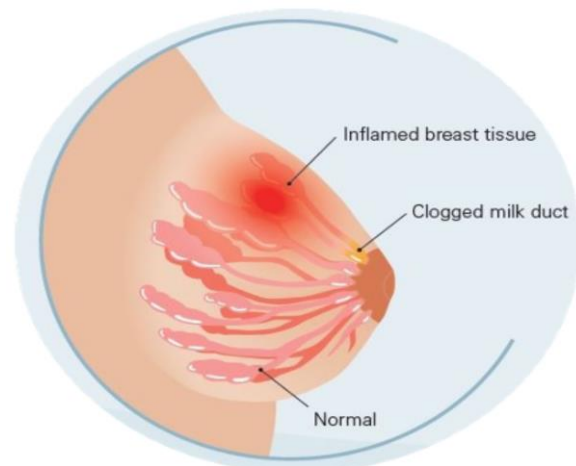
INTRODUCTION

Mastitis is an inflammation of breast tissue that sometimes involves an infection. It commonly occurs in breastfeeding women, but it can also affect women who aren't breastfeeding. Symptoms typically include breast pain, swelling, warmth, redness, and sometimes fever and flu-like symptoms.

In breastfeeding women, mastitis often develops when milk isn't properly drained from the breast, leading to a buildup of milk and subsequent infection. This can happen due to factors like an improper latch, a blocked milk duct, or infrequent nursing.

Treatment usually involves antibiotics if an infection is present, along with measures to relieve symptoms such as pain and inflammation. It's important for breastfeeding women to continue nursing or pumping to help clear the infection and prevent further complications, although this can be painful initially.

Preventive measures include ensuring proper breastfeeding techniques, maintaining good breast hygiene, and promptly addressing any issues such as blocked ducts. It's also essential for breastfeeding women to take care of their own health, including getting enough rest and nutrition, as exhaustion and stress can increase the risk of mastitis.



ETIOLOGY OF MASTITIS

Mastitis can be caused by a variety of factors, with the underlying cause often involving a combination of issues. Here are some common causes of mastitis:

Blocked Milk Ducts: When milk ducts become blocked, milk can accumulate, leading to inflammation and potentially infection. Blocked ducts can occur due to inadequate milk removal (such as infrequent breastfeeding or ineffective latch), tight clothing that restricts milk flow, or pressure on the breast.

Bacterial Infection: Mastitis can also result from bacteria entering the breast tissue through a cracked or damaged nipple. *Staphylococcus aureus* is the most

common bacteria associated with mastitis, but other bacteria can also be involved.

Incomplete Breast Emptying: If the breast isn't completely emptied during breastfeeding, milk can stagnate in the ducts, increasing the risk of infection. This may happen if the baby has difficulty latching properly or if breastfeeding sessions are too short.

Weakened Immune System: Factors such as stress, fatigue, poor nutrition, or other health conditions that weaken the immune system can make breastfeeding women more susceptible to mastitis.

Nipple Damage: Cracked or sore nipples can provide an entry point for bacteria, increasing the risk of mastitis. Improper breastfeeding techniques, such as incorrect latch or positioning, can contribute to nipple damage.

Engorgement: Breast engorgement, which occurs when the breasts become overly full with milk, can contribute to mastitis by putting pressure on milk ducts and impeding milk flow.

Improper Breastfeeding Technique: Inadequate drainage of the breasts due to incorrect breastfeeding techniques, such as ineffective suckling or poor positioning of the baby, can lead to mastitis.

Addressing these factors and ensuring proper breastfeeding techniques, adequate milk removal, and good breast hygiene can help reduce the risk of mastitis. Prompt treatment with antibiotics may be necessary if an infection develops.

Investigation of mastitis

Investigating mastitis typically involves a combination of medical history review, physical examination, and sometimes diagnostic tests. Here's an overview of how mastitis might be investigated:

1. Medical History Review: The healthcare provider will likely ask questions about your symptoms, including when they started, their severity, and any factors that might have contributed to their development. They may inquire about your breastfeeding practices if applicable, including breastfeeding frequency, latch technique, and any recent changes in feeding patterns.
2. Physical Examination: A physical examination of the breasts will be conducted to assess for signs of inflammation, such as redness, warmth, swelling, and tenderness. The healthcare provider may also check for signs of infection, such as fever or enlarged lymph nodes.
3. Breast Milk Analysis: If mastitis is suspected, a sample of breast milk may be collected and sent for laboratory analysis to identify the presence of bacteria and determine the appropriate course of antibiotic treatment.
4. Ultrasound or Mammogram: In some cases, imaging tests such as ultrasound or mammogram may be ordered to further evaluate the breast tissue and rule out other possible causes of symptoms, such as abscesses or tumors.
5. Cultures: In cases of recurrent or severe mastitis, a culture of breast milk or breast tissue may be obtained to identify the specific type of bacteria causing the infection and to guide antibiotic therapy.
6. Blood Tests: Blood tests may be performed to assess for signs of infection, such as an elevated white blood cell count, and to evaluate overall health status.

The specific investigations conducted may vary depending on individual circumstances, such as whether the mastitis is associated with breastfeeding or occurs in a non-breastfeeding individual. Prompt and thorough investigation is important to ensure appropriate diagnosis and treatment of mastitis to prevent complications and promote recovery. If you suspect you have mastitis, it's important to consult a healthcare provider for proper evaluation and management.

The treatment of mastitis: Typically involves a combination of measures to relieve symptoms, such as pain and inflammation, and to address the underlying infection if present. Here are common approaches to treating mastitis:

1. Antibiotics: If mastitis is caused by a bacterial infection, antibiotics are usually prescribed. The choice of antibiotic will depend on factors such as the severity of the infection, local resistance patterns, and any allergies the patient may have. It's important to complete the full course of antibiotics as prescribed by your healthcare provider, even if symptoms improve before finishing the medication.
2. Pain Relief: Over-the-counter pain relievers such as ibuprofen or acetaminophen can help relieve breast pain and reduce inflammation. Always follow the recommended dosage instructions and consult with your healthcare provider before taking any medication, especially if you are breastfeeding.
3. Heat Therapy: Applying warm compresses or taking warm showers can help relieve breast pain and promote milk flow. Heat can also help reduce inflammation and discomfort associated with mastitis.
4. Breastfeeding or Pumping: Continuing to breastfeed or pump is important for resolving mastitis, as frequent milk removal helps clear the infection and relieve breast engorgement. Ensure proper latch and positioning to prevent further irritation to the affected breast. If breastfeeding is too painful, you can try expressing milk by hand or using a breast pump.
5. Rest and Hydration: Getting plenty of rest and staying hydrated can support your body's immune response and promote healing. Try to minimize

stress and take breaks when needed to facilitate recovery.

6. Supportive Measures: Wearing a well-fitting supportive bra can help reduce discomfort from breast engorgement. Avoid tight clothing or bras that compress the breasts. Massaging the affected breast gently while breastfeeding or pumping may also help loosen any blockages and improve milk flow.
7. Follow-up Care: It's important to follow up with your healthcare provider if symptoms persist or worsen despite treatment, as you may need further evaluation or adjustment of your treatment plan.

In addition to these measures, addressing any underlying factors that contributed to mastitis, such as improving breastfeeding techniques or addressing issues with milk supply, can help prevent recurrence. If you suspect you have mastitis, it's important to consult a healthcare provider for proper evaluation and guidance on treatment.

Treatment in Ayurveda- Typically involves a holistic approach that includes dietary and lifestyle modifications, herbal remedies, and therapies to balance the doshas and promote overall health and healing. Here are some Ayurvedic principles that may be applied in addressing breast inflammation or mastitis:

1. Dietary Recommendations: Consuming warm, easily digestible foods that pacify Pitta and Kapha doshas may be recommended. This may include cooked vegetables, grains like rice and barley, soups, herbal teas, and spices such as turmeric, ginger, and cumin. Avoiding excessive intake of spicy, oily, and fried foods is usually advised.
2. Herbal Remedies: Ayurvedic herbs with anti-inflammatory, antimicrobial, and lactation-supporting properties may be used to alleviate symptoms of mastitis. Some commonly used herbs include turmeric, neem, fenugreek, ginger, and guduchi. These herbs can be consumed internally as decoctions, powders, or herbal teas, or applied externally as pastes or poultices.
3. Lifestyle Modifications: Practices that help balance the doshas and promote overall health can support the healing process. This may include maintaining a regular daily routine, getting adequate rest, practicing stress-reducing techniques such as meditation and yoga, and ensuring proper hygiene of the breast area.
4. External Therapies: External applications such as warm compresses, herbal poultices, or medicated oils may be used to reduce inflammation, improve circulation, and promote drainage of the affected breast tissue.

Treatment of mastitis through raktamokshan

Ayurvedic Raktamokshan is a therapeutic procedure in Ayurveda aimed at cleansing the blood (Rakta) by removing impurities and toxins. The term "Raktamokshan" is derived from two Sanskrit words:

"Rakta," meaning blood, and "Mokshan," meaning liberation or removal.

There are several methods of Raktamokshan in mastitis (stansotha) described in classical Ayurvedic texts, each with its own indications, techniques, and benefits. Some of the commonly practiced methods include:

1. Jalauka Avacharana (Leech Therapy): This involves the application of medicinal leeches to specific points of breast to suck out impure blood. Leeches are believed to contain enzymes and substances that can improve blood circulation, remove toxins, and alleviate conditions such as inflammation, pain, and stagnation.
2. Shringa Veda (Venesection or Bloodletting): This method involves the controlled withdrawal of a small amount of blood from a superficial vein using a sterile lancet or needle. It is believed to balance the doshas, improve circulation, and remove excess Pitta and Kapha from the blood.
3. Prachhana (Puncture): In this method, a small incision is made on the inflamed site of breast and blood is allowed to flow out through the incision. It is typically performed at specific marma (vital) points to release stagnant or impure blood and restore balance to the body.
4. Alabu (Cupping Therapy): Cupping therapy involves placing heated glass or bamboo cups on the breast to create suction. This suction draws stagnant blood and toxins to the surface, facilitating their removal from the body.
5. Siravedha (Vein Puncture): This method involves the puncturing of a vein with a sterile needle to release a small amount of blood. It is believed to be beneficial for conditions such as skin disorders, liver disorders, and inflammatory conditions.

CONCLUSION

Raktamokshan is considered particularly useful in the management of various skin disorders, inflammatory conditions, chronic pain, and diseases associated with vitiated blood. However, it is important to note that Raktamokshan should only be performed by qualified Ayurvedic practitioners after a thorough assessment of the patient's constitution, condition, and suitability for the procedure. Precautions should be taken to ensure proper hygiene and safety during the procedure to prevent infection or other complications.

REFERENCES

1. Sushutra, Ambika Dutta Shastri, Sushutra Samhita with Elaborated Ayurveda Tatva Sandipika Hindi Commentary, Reprint. Varanasi: Choukhambha Sanskrit Sansthan, Volume 1, Sutra Sthan Chapter, 2009; 14(27): 70.
2. Sushutra, Ambika Dutta Shastri, Sushutra Samhita with Elaborated Ayurveda Tatva Sandipika Hindi Commentary, Reprint. Varanasi: Choukhambha Sanskrit Sansthan, Volume 1, Sharir Sthan Chapter, 2009; 8(16): 87.

3. Agnivesha's Charak samhita with Chakrapanidatta commentary, edited by Acharya Vaidya Jadhavaji Trikamji, Chaukhabha Sanskrita Sansthan, Varanasi, Vol. 28, Chikitsasthan; Ch. 37, 618.
4. Agnivesha's Charak samhita with Vaidya manorama Hindi Commentary by Acharya Vidyadhar Shukla, Prof. Ravidutta Tripathi, Charaka Samhita-Uttarardha, 2nd edition. Chaukhamba Sanskrit Pratishthan; Varanasi, Ch. Vatavyadhichikitsaadhyay, 699.
5. Medical textbook Textbooks on obstetrics, gynecology, pediatrics, and infectious diseases often include sections on mastitis. Examples include "Williams Obstetrics" by Cunningham et al., "Pediatric Infectious Diseases: Essentials for Practice" by Long et al., and "Gynecology" by Beckmann and Ling.
6. Medical journals- Peer-reviewed medical journals frequently publish research articles, reviews, and case studies on mastitis. Examples of journals that cover mastitis include "Breastfeeding Medicine," "Journal of Human Lactation," "Journal of Obstetrics and Gynaecology Research," and "International Breastfeeding Journal."