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Significance of mammography in the diagnosis and treatment of *Stana Arbud*

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ABSTRACT

The definition of *arbuda* when at any part of the body when vitiated *doshas* takes place by afflicting flesh it produce a swelling which is rounded, fixed, slightly painful, big in size, broad based, slowly growing and not suppurate. It is deep seated and takes place by *mansa dushti* and *medodushti*. Mammography is the only tool which has reduced death rates due to breast cancer. Early detection results in a high cure rate of breast cancer. Screening mammography can detect precancerous changes in breast. It is our job to educate patients, order appropriate imaging, provide consistent follow-up and communicate. Screening is the key to early diagnosis

but only works if patients trust that it is safe and effective .Regarding these things, the topic presented here is on the concept of *stanarbuda* and significance of Mammography in diagnosis of *Stanarbuda*.

Keywords: *Arbuda*, *Stanarbuda*, Mammography

INTRODUCTION

Arbuda (Cancer) is one of the most *asadhya vyadhi* (incurable diseases) of the 20th century and the percentage is increasing in the 21st century. Breast cancer is loosely correlated to the reference of “*Stana – Arbuda*” mentioned in Ayurveda texts. [*Stan* == Breast, *Arbuda* == hard lump] Breast cancer in

simple terms can be explained as abnormal growth of breast cells due to rapid rate of division than the healthy cells. Breast apparatus in women consist of milk ducts located on the inner lining of breast tissue and lobules which supply milk to these ducts. The ones occurring at the ducts are known as Ductal cancers [most common] while those at lobules known as lobular cancers. Breast cancers do occur because of the disrupting enzymes and mutations in the body.

A mammogram is an x-ray picture of the breast. Mammogram, which uses a series of X-rays to show images of breast tissue, is currently the best imaging technique for detecting tumors. Concept of using x-ray to visualize breast tissue was first put forth by Dr. Albert Salomon; a German surgeon in 1913. In 1950's Jacob Gershon began to advocate widespread use of x-rays for screening purpose. In December 2005 RSNA brings digital mammography to USA. Modern x-ray mammography uses dedicated systems (that is, a machine used only for breast x-rays) to produce x-rays that are high in quality but low in radiation dose. There has been tremendous advancement in the technology so that today's examination differs markedly even from those of the early 1980s. However, modern mammography has only existed

since about 1970, when the first dedicated mammography imaging systems became widely available. Mammography is the gold standard for detecting breast lesions. Mammograms are also recommended for younger women who have symptoms of breast cancer or who have a high risk of the disease. Mammograms can sometimes find something that looks abnormal but isn't cancer. The aim of this article is to provide a general outline about *stanarbuda* (breast cancers) and significance of mammography in its diagnosis.

LITERATURE REVIEW

Concept of *Arbuda*

Etymological variation - *Arbuda* is constituted of the root word *arbb* and the verb *udeti*. The meaning of the *arbb* is to kill, to hurt, or to go towards and the meaning of the verb *udeti* is to elevate, to rise, to through up. Acharyas says that the signs and symptoms of *Stanarbuda* are same as *Granthi*.

Pathogenesis of *arbuda* (cancer) Cancer originates due to metabolic changes. *Vata dosha* is responsible for cell division. Aggravation of *vata dosha* and suppression of *kapha doshas* or both the *doshas* interacting with one another may result in proliferation of cells. However, the *Ekadesavridhi* (growth at a specific

part) is a part of abnormal cell division resulting in benign or malignant tumours. *Acharya Shusruta* has explained about six stages in the pathogenesis of all diseases.

रोगाः सर्वेऽपि जायन्ते वेगोदीरणधारणैः ॥-

वा. सू. ४/२२

संचयं च प्रकोपं च प्रसरं स्थानसंश्रयं ।

व्यक्तिं भेदश्च यो वेत्ति दोषाणां स भवेद्विषक् ॥-

सु. सू. २१/३६

They are *Sanchaya*, the early stages of localized neoplastic changes; *Prakopa* is transformation of primary growths into metastatic tumours; *Prasara* is metastasis; *Sthana samsraya* is complete metastasis and secondary growth. *Vyakti* is the clinical signs and symptoms observed. *Bheda* is the stage where differentiation of growth is understood on the basis of histopathology

Concept of Stanarbuda: If *arbuda* is present on *stana*, then it is named as *stanarbuda*. Likewise all *arbudas* were named. The disease *stanarbuda* is not found separately but the description of *arbuda* which is available in ayurveda texts the *acharya* says that the signs and symptoms of *stanarbuda* are as same as *granthi*. The difference is only *Arbudas* are non suppurating and in *Granthi* suppuration occurs. Only the location of

arbuda is, where it is situated is named as that type of *arbuda*.

Screening test: A screening test is used to find conditions in people who do not have signs or symptoms. This allows early treatment

Concept of Mammography:

Mammography is the primary tool used to screen for breast cancer and other problems. Mammography uses X-ray technology to view the breasts. The images created are called a mammogram.

Mammography: A procedure in which X-rays of the breast are used to detect breast cancer. **Mammogram:** An imaging technique in which X-rays of the breast are used to detect breast cancer. The image that is created is called a mammogram.

Screening: Performed in symptomatic women, with complain of a lump, nipple discharge, skin changes etc. It helps in order to diagnose or rule out an underlying cancer and also in early detection.

Diagnostic: Performed in asymptomatic women in order to pick up early and potentially curable cancers.

Significance of Mammography:

- Mammography plays a critical part in diagnosing breast cancer.

- A mammogram is a non-invasive breast exam that can detect breast cancer and other breast diseases when they are easiest to treat.
- Mammograms are often able to detect breast abnormalities before signs or symptoms of diseases or cancer occur.
- Mammograms don't prevent breast cancer, but they can save lives by finding breast cancer as early as possible.
- For women at average risk of breast cancer, screening mammography is recommended every 1–2 years beginning at age 40 years. If not started screening in 40s, should start having mammography no later than age 50 years. Screening should continue until at least age 75 years.
- Different Types of Mammograms: three types of mammography: **conventional, digital and 3D mammograms.**

1) Conventional Mammography

Traditional mammograms create diagnostic images by applying a low-dose X-ray system to examine breasts. Mammograms are used to monitor the breasts and assist in

the early detection and diagnosis of breast diseases in women. X-rays are the most frequently used form of medical imaging.

2) Digital Mammography

Digital mammography replaces traditional X-ray film with a digital chip to record images of the breast. This process, also known as full-field digital mammography, makes it possible for the images of the breast to be viewed on a computer monitor or printed on a special film similar to traditional mammograms. The advantages of digital mammograms include faster image acquisition times, fewer total exposures and less patient discomfort. Breast health screenings that use digital mammograms have been proven to detect breast cancers better than conventional mammograms in three groups of women: those younger than 50, those with dense breasts and those who are pre-menopausal.

3) 3D Mammography

New 3D Tomosynthesis Mammography is the latest exam to be added to advanced array of

technology. This revolutionary process allows to better distinguishing masses or tissues that might be cancerous. In traditional mammography, the details of the breast are viewed in one flat image. 3D mammography allows the breast to be viewed in a series of layers, allowing the radiologist to more accurately interpret the images.

The use of 3D mammography has proven to significantly reduce false positive call backs and to be more accurate in detecting breast cancers early.

- Radiologists use a system called BI-RADS to classify mammography results. Screening mammogram result will be given a score. Scores range from 0 to 5 and mean the following:

0—more information is needed. Another mammogram before a score can be given.

1—nothing abnormal is seen. Continue to have routine screening.

2—**Benign** conditions, such as **cysts**, are seen. Continue to have routine screening.

3—something is seen that

probably is not cancer. A repeat mammogram should be done within 6 months.

4—something is seen that is suspicious for cancer. Need to have a **biopsy**.

5—something is seen that is highly suggestive of cancer. Need to have a biopsy.

- Mammography also may show something that is thought to be cancer, but when results of follow-up tests are read, they show that you do not have cancer. This is called a false-positive result.

CONCLUSION

- Regular breast screening can help finding cancer at an early and more curable stage. Screening also can find problems in the breasts that are not cancer.
- Various attempts will be made in future to have mammography completely free of radiation without compromising the information and image quality.
- Technological advances in breast imaging, such as DBT, ultrasound and mri have gained extensive acceptance, and have shown significant potential benefits in

breast cancer detection enhancing the diagnostic accuracy.

- We are heading towards non-radiating mammography which supplements and compliments to regular mammography
- Tremendous advances are taking place in this field.
- MR Mammography is recommended in women with Lifetime risk of higher than 20% DBT is an exciting prospect which will definitely improve the diagnosis
- Digital mammography provides better visualization in dense breast
- Mammography still remains the basic breast imaging examination
- Screening the classics it is easy to analyze certain *asadhya lakshanas* (incurable) mentioned for certain diseases may be correlated as malignancy.
- It is our job to educate patients, order appropriate imaging, provide consistent follow-up and communicate.

- Screening is the key to early diagnosis but only works if patients trust that it is safe and effective.

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