

Comparative Evaluation of *Kanchnar Guggulu* and Cystogrit Diamond in *Stanagranthi* (Fibroadenoma Breast)

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Abstract

Fibroadenoma is a benign breast tumor common in young women, affecting their daily life. Modern medicine often recommends surgical intervention, which can have physical and emotional consequences. The study explores alternative treatments through Ayurveda, which offers non-invasive and cost-effective options. This study investigates the comparative efficacy of *Kanchnar Guggulu* and Cystogrit Diamond in the management of *Stanagranthi* (Fibroadenoma breast). Sixty patients were randomly divided into two groups: Group A (treated with *Kanchnar Guggulu*) and Group B (treated with Cystogrit Diamond). The study assessed subjective (pain, consistency) and objective (size, number of lumps) parameters before and after a 90-day treatment period. The study aims to provide a safe, effective alternative to surgery for managing fibroadenoma, with Ayurveda offering promising non-invasive treatments. Results showed a significant reduction in pain for both groups, with Group B demonstrating a 93.24% improvement compared to Group A's 83.93%. In terms of lump size reduction, Group B also outperformed Group A, with a 42.86% decrease versus 29.85%, respectively. The average effect on consistency was higher in Group B (31.58%) compared to Group A (25%). The findings suggest that Cystogrit Diamond is more effective than *Kanchnar Guggulu* in managing *Stanagranthi*, providing a potential non-invasive, cost-effective alternative to surgery for fibroadenoma patients.

Keywords: Fibroadenoma, *Stanagranthi*, *Kanchnar Guggulu*, Cystogrit Diamond, Benign breast tumor, Alternative treatment.

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INTRODUCTION

Fibroadenoma is one of the most frequent benign breast tumours in women under the age of 30 and almost 5 % cases are found over the age of 50 years [1]. The incidence of fibroadenoma breast in a study conducted in India was found to be 3.4% out of 500 patients [2]. It typically feels like a lump in the breast that moves easily under the skin, has a rubbery texture, and is smooth to the touch. Most of them are painless, but occasionally they could feel tender or even painful. Fibroadenoma's precise origin is uncertain. Increased oestrogen sensitivity or family predominance are likely to blame for its occurrence [3]. Fibroadenoma develops because of growth in glandular (epithelial) and fibrous (stromal) tissues [4].

The prevalence rate of the fibroadenoma developing malignant is very low, which is proved by the radiological imaging [5]. In order to give permanent relief to the patient one should have to tackle the source

of the causes that cause fibroadenoma breast. But as we are all aware that no precise cause has yet been identified by contemporary science; however, several elements, including hormones, hereditary factors, etc., have an impact on their formation and growth. It can be challenging to prescribe hormone-based conservative treatment to young age groups. Therefore, surgery becomes the optimal treatment when considering the adverse effects of hormone therapy, but it also has its own effects on a woman's physical and mental health due to its higher recurrence rate. It has resulted in a focus on finding alternate methods of fibroadenoma breast prevention and cure.

Traditional medicines like *Ayurveda* play strong roles in providing integrative approaches for its treatment. In clinical findings of fibroadenoma breast, we came to know that the signs and symptoms of Fibroadenoma are like that of *Granthi* in *Ayurvedic* texts. All the *Acharyas* of *Brihatrayi* described *Granthi* in

Ayurveda, emphasising the significance of disease. In *Ayurvedic* literature, many types of *Granthi* have been mentioned depending on the pathological factor and body tissue involved.

Acharya Charaka explained these types in the chapter of "*Shotha*" [6]. Vitated *Vatadi doshas* agitate *Mamsa*, *Rakta* and *Meda dhatu* and mixed with *Kapha* produce a rounded, protuberant, knotty and hard swelling. It is called as *Granthi* due to its knotty or glandular structure [7]. *Granthi* can be of various types based on its *sthana* (place), *dushya*, *aakriti* (signs and symptoms) and *naama* [8] (name) and occur in any one part of the body [9]. Hence, the *Granthi* present in the *Stana* is "*Stana Granthi*" due to similar pathology and clinical features [10]. So as in *Samprapti* of *Granthi*, *Vata* and *Kapha* dominating *Tridosha* are involved, *Vata-Kaphahara* medications are required. *Dushyas* are *Rakta*, *Mamsa* and *Meda*, hence medications that possess *Rakta shodhak*, *Lekhana*, *Bhedana*, *Deepana* and *Pachana* properties should be selected.

Kanchanar Guggulu [11] as mentioned in *Sharangadhara Samhita*, *Madyama khanda* is therapeutically important for the management of *Granthi*, *Apachi*, *Vrana* and *Gulma* because of its action of *Samprapti vighatana*, *Lekhaneeya* and *Shothhara* properties. Hence helps in reducing the size and arrests the further growth of existing fibroadenoma. Whereas *Cystogrit Diamond* is a Herbo-mineral formulation prepared by Patanjali Research Institute which contains *Kanchnar*, *Haridra*, *Shila Sindoor*, *Mukta Shukti Pishiti*, *Moti Pishiti*, *Tamra Bhasma*, *Heerak Bhasma* as ingredients. It is effective in the treatment of Benign tumors, cysts and abnormal growth in various clinical studies.

Keeping all these facts in mind these two different medicines i.e. *Kanchnar Guggulu* and *Cystogrit Diamond* were chosen, and their efficacy was evaluated through randomised controlled clinical trial in the patients of *Stana granthi* (Fibroadenoma breast).

Clinical Study

For this study 60 patients were taken and divided in two groups i.e Group A patients were treated with *Kanchnar Guggulu* and Group B with *Cystogrit Diamond*. It was a Randomised Controlled Clinical Trial conducted at OPD and IPD Level for a period of 18 months. The duration of study was 03 months (or till disappearance of the disease) for one patient and the follow up was of three months after completion of treatment to observe the effect of treatment or any adverse effects.

Follow up of the patient was observed by subjective and objective parameters. After the completion of treatment, the assessment was done on same criteria as before the treatment and scoring was done on the same pattern. The different tables of scores,

obtained before treatment and after treatment, were prepared for the comparison and statistical analysis was carried out.

Selection of Patients

The Patients with classical signs and symptoms of *Stangranthi* attending the OPD and IPD of Shalya Tantra Department of Patanjali Bhartiya Ayurvigyan Evum Anusandhan Sansthan Haridwar (U.K.) were randomly selected for this clinical study irrespective of religion, occupation etc. Also, a detailed Proforma was prepared based on the *Ayurvedic* text and allied science. The patient fulfilling the inclusion and diagnostic criteria were registered on this proforma and scoring of the different clinical features was done based on assessment criteria.

Inclusion Criteria

The female patients were selected between the age group of 15 – 45 years, irrespective of religion, occupation and economic status, Patient having classical signs and symptoms of *Stana Granthi* viz. mobile lump in the breast and / or pain in the site of lump, Patient fulfilling the diagnostic criteria of *Stana Granthi* i.e. investigation revealing presence of fibroadenoma breast and the patients who were willing for trial were included.

Exclusion Criteria

The Females below 15 years and above 45 years of age, Patients having history of severe systemic illness like Peptic ulcer, Inflammatory Bowel Diseases, DM, HIV 1 & 2, HTN, Pregnancy, Crohn's Disease, Ulcerative Colitis, Malignancy & Tuberculosis, the patients who have Participated in any other clinical trial during past 06 months and the patients not willing for trial were excluded.

Assessment Criteria

The assessment of the patient was done on the subjective and objective parameters and scoring was done before and after the treatment.

Subjective Parameters

Improvement in the patients was assessed based on relief in signs and symptoms of the disease. The change in Pain and Consistency was seen:

Objective Parameters [12]

Assessment of the treatment was also carried out by comparing the before and after treatment values of objective parameters like Size of Lump, Number of Lump.

Investigations

General Investigations (Pathological) like CBC/ Haemogram, Random Blood Sugar, Liver Function Test and Kidney function Test and Specific Investigations (Radiological) like Ultrasonography/Mammography of breast, Fine Needle Aspiration Cytology (if required) were done.

OBSERVATION AND RESULTS

The overall effect of the treatment was evaluated for both Group A and Group B based on the levels of improvement observed. In Group A, 5 patients (16.67%) experienced marked improvement, while another 5 patients (16.67%) reported moderate improvement. A larger portion of Group A, 20 patients (66.67%), showed mild improvement, and there were no cases of no improvement. In contrast, Group B had 6 patients (20.00%) who demonstrated marked improvement and 16 patients (53.33%) who experienced moderate improvement. Only 8 patients (26.67%) in Group B reported mild improvement, with no patients indicating no improvement. Both groups comprised a total of 30 patients, leading to a complete distribution of results for each group at 100.00%.

The overall results of the study indicated that Group B showed a higher percentage of patients experiencing marked and moderate improvements compared to Group A. However, Group A had a larger proportion of patients showing mild improvement. Interestingly, there were no cases of no improvement reported in either group, suggesting that the treatment had some level of positive impact on all patients involved in the study. The complete distribution of results for each group totalling 100.00% further solidifies the effectiveness of the treatment in providing some level of improvement for all patients.

CONCLUSION

The study aimed to assess the efficacy of two Ayurvedic treatments—Kanchnar Guggulu and Cystogrit Diamond—in treating Stana Granthi, which

correlates with Fibroadenoma, a benign breast condition. Fibroadenoma or Stana Granthi was linked to imbalances in Vata and Kapha doshas in Ayurveda, leading to the formation of lumps due to improper diet, lifestyle, and psychological factors. Kanchnar Guggulu and Cystogrit Diamond were selected for their properties to reduce Kapha, improve tissue health, and clear obstructed channels. These drugs showed promise in improving digestion, detoxifying the body, and promoting tissue breakdown. The study was conducted on 60 patients divided into two groups. Group A was treated with Kanchnar Guggulu, while Group B received Cystogrit Diamond. Group B (Cystogrit Diamond) demonstrated better overall results than Group A in terms of pain reduction (93.24% vs. 83.93%), consistency improvement (31.58% vs. 25%), lump size reduction (42.86% vs. 29.85%), and the number of lumps (63.83% vs. 43.48%). Results were confirmed using statistical tests such as the Wilcoxon Signed Rank Test and Mann-Whitney U test, showing significant improvements in both subjective (pain and lump consistency) and objective (lump size and number) parameters in both groups, with Group B outperforming Group A. No side effects were observed in either treatment group, highlighting the safety of the Ayurvedic treatments. The study suggests that Cystogrit Diamond is more effective than Kanchnar Guggulu in managing Stana Granthi/Fibroadenoma. Both treatments provided significant relief, but Cystogrit Diamond showed superior results in reducing pain, improving lump consistency, and reducing the size and number of lumps.

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