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A CRITICAL COMPENDIOUS STUDY OF STANA SHAREER

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ABSTRACT

Breast diseases are the most common mess affecting women's worldwide. Women's are at an increased risk of developing such diseases affecting both physical and psychological flare-up. So the purpose of this paper is to organize and summarize existing information on *Stana shareer* and identify research needs in this area. This work endeavors to primarily study the *Stana shareer* as described in the ancient text and then to correlate it with parallel notions in the available modern literature so as to achieve a comparative prospective and a resultant correlation of the concepts fundamental to this study. Consequently, it is of supremacy to study the *stana* vis-a-vis breast under one roof to better acknowledgement of ensuing hurdles.

KEYWORDS: *Stana, Stana roga,* Breast, *Stana Shareer, Ayurveda.*

INTRODUCTION

Nirukti & *Paryaya* of *Stana*[1]

According to Amarkosha, *Cuchauo* is the synonyme of *Stana*. *Stana*, *Urasija*, *Vakshoj*, *Payodhara*, *Cucha* named by Rajnighantu.

Stana (Breast) is one of the *pratyanga* (Organ) among 56 *pratyangas*.[2]

There is a difference in male & female breast. In puberty, breasts become well developed in females than males. During *Garbhini* (pregnancy) & *sootika* (after delivery and lactation), breasts filled by *stanya* (breast milk). In males it remains in rudimentary form.

❖ ***STANA SHAREERA***

(A) *Stana Nirmiti* (formation)

Matruj Avayava

(B) Sthana

Urah (chest)

(C) *Bahirmukha Srotasa* (External orifices)

Bahirmukha Srotasa (External orifices) are two in the nose, two in the ears, two in the eyes, one in the rectum, one of the mouth & one of the urethra. In females, there are three more *Srotasa*, two in the breasts & one in the *Raktapatha* (Vaginal tract).[3]

Acharya Sushrut has mentioned *Stana* as *moolsthana* of *Shukravaha srotas*.

(D) *Ashaya*

Females have three more *Ashaya* as compared to male i.e two breasts & one uterus.[4]

(E) *Peshi* (Muscles)

Overall there are 500 *peshi (*muscles) in the body. Females have twenty more muscles. Out of these, ten muscles are found in the breasts each having five muscles which enlarge during youth or adolescent period. Four muscles are found in the genital tract out of which two spread inside & two being circular spread outside as its mouth. Three muscles are situated at the opening of the Uterus & three more muscles are meant to bring together the sperm & Ovum. The Uterus is situated between the gall bladder & the intestine, where the fetus lies.[5]

(F) *Marma* (Vulnerable Areas or Vital points)

There are total 9 *marmas* are situated in the *ura* (chest region) named as *Hridaya, Stanmoola, Stanrohit, Apalap* and *Apastambha.*

Below the breasts, on both sides the two "*Stanamula*" *marmas* having two fingers breadth are situated. It is *kalantara pranhara* (gradual detoriation) *sira marma*. Injury to them causes filling up of chest with *Kapha* leading to death from *Kasa* (Cough) & *Shwasa* (dysponea).

Above the nipples or *stanchuchuk*, on both sides, the two "*Stanarohita*" *kalantara pranhara mansa marmas* having two fingers breadth are situated. Injury to this *marma* causes *lohitpurna koshthata* (congestion in the lung), filling up of chest with blood (Haemothorax)

leading to death from Cough & dysponea.[6]

Apastambha is a *kalantara pranharas sira marma*, situated in the thorax bilaterally. Injury to this *marma* causes *vatpurnakoshthata* (pneumothorax), *kasa (*cough) and *shwasa* (dyspnoea) and gradual detoriation resulting in death.

(G) *Avyadha Sira*

There are fourty *Siras* in the thorax & out of these following fourteen *Siras* should be avoided – two in the pericardium, two in each *Stanamula*, eight on the sides of *Stanrohita*, *Apalap* & *Apastambha*.[7]

(H) *Dhamani* (Artery)

Twenty four *Dhamanis* are originated from *Nabhi* (Umbilicus). Out of all these twenty four, ten *Dhamanis* run upwards & ten *Dhamanis* run downwards & four obliquely runs.[8]

Ten *Urdhvaga Dhamanis* after reaching the *Hrudaya* (Heart) divide to three branches each & becomes thirty in total. Out of them, two for the flow of *Stanya* (Breast milk) from the breast in females & the corresponding once carry the semen (internally) from the breasts in males.

(I) *Stana Sampada* (Excellence of breasts)[9]

The excellence of breast consists of breasts not too high, too long, or too corpulent; having nipples of appropriate size & easy in sucking to infants.

ANATOMY & PHYSIOLOGY OF BREAST

The fundamental knowledge of breast structure is essential to understand the breast pathologies.

During the fetal period is created, by epidermis, a depression which forms a mammary pit on the local of mammary gland. The region where the mammary glands appear is located in left and right sides of the upper ventral region of the trunk. The breasts exist in woman and man, but the mammary glands are normally most developed in female, except in some particular circumstances related with hormonal problems. The nipple is a small conical prominence surrounded by a circular area of pigmented skin, the areola, which contains large sebaceous glands that are often invisible to the naked eye. The base of the female breast, roughly circular, extends from the second rib above to the sixth rib below. Medially, it borders the lateral edge of the body of the sternum and laterally it reaches the mid axiliary line.[10]

At puberty, the female breasts normally grow according to the glandular development and increase of fat deposition; furthermore, also the nipples and areolas grow. The size and shape of breast depends on genetic, racial and dietary factors. During the pregnancy, the areola color becomes dark, and after that keeps the pigmentation. This color diminishes as soon as lactation is over, but is never entirely lost throughout life.

The breast consists of gland tissue, fibrous tissue, connecting its lobes and fatty tissue in the intervals between lobes. The breast contains 15 to 20 lobes of glandular tissue, which constitute the parenchyma of the mammary gland. These lobes give a shape characteristic to the breast due to a considerable amount of fat, and these are composed of lobules, connected together by areolar tissue, blood vessels and ducts. Each lobule is drained by a lactiferous duct, which opens independently on the nipple. Just deep to the areola, each duct has a dilated portion, the lactiferous sinus, which accumulates milk during lactation. The smallest lobules include also the alveoli, which open into the smallest branches of the lactiferous ducts. Many changes happen in the breast tissue during the menstrual cycle and pregnancy, due to hormones progesterone and estrogens. In a woman who is not pregnant or suckling, the alveoli are very small and solid, but during the pregnancy enlarge, and the cells undergo rapid multiplication. The mammary glands only produce milk when the baby is born, despite being prepared for secretion since mid pregnancy.[11]

The first milk, colostrums, eliminates the cells in the center of the alveolus that suffered fatty degeneration. In a woman who has given birth more than twice, the breast become large and pendulous, and in elderly women, they usually become small because of the decrease in fat and glandular tissue atrophy. But, normally in young women the breasts are supported and kept in their position by the cooper's ligaments. These ligaments, particularly well developed in the upper part of the gland, help to maintain the lobes of the gland.

Children breast consist principally ducts with dispersed alveoli, being similar in adipose deposition and the growth of the mammary glands, as well as the initial development of lobules and alveoli of the breast. Progesterone and prolactin which cause the final growth are responsible for the function of these structures and cause the external appearance of the mature female breast. During pregnancy, the concentration of estrogen increases. This phenomenon causes expansion and branching of the breast gland ducts and deposition of additional adipose tissue.

BREAST PATHOLOGIES

i. Fibroadenoma

Fibroadenomas are the most common breast tumors in pubertal females, and there are three types of fibroadenoma classified as: common, giant and juvenile. These tumors are characterized by a proliferation of both glandular and stromal elements, have well demarcated borders and are firm, rubbery, freely mobile, solid, usually solitary breast masses. There is no pain or tenderness due to fibro adenomas and their size do not change with the menstrual cycle. Women aged in their 20s and adolescents are the most common people affected with this disease. A rapid growth sometimes occurs but usually that growth is extremely slow. A giant fibro adenoma should measure over 5 cm in diameter but the average is 2.5 cm. These tumors may return (approximately 20% recur), women should be aware of this risk and have periodic examinations.

ii. Mammary dysplasia

Mammary dysplasia also can be called as fibrocystic changes (FCC), fibrocystic disease, fibrous mastopathy or fibroadenosis cystic. In reality, these alterations not indicate a disease.

This pathology is defined as being a benign alteration of the breast consisting of cystic dilatation of intralobular glands with or without stromal fibrosis. The age distribution of this lesion is between 20 and 50 years. Normally, fibrocystic changes are associated to the cyclic levels of ovarian hormones, because during ovulation and before menstruation, the hormone level changes often lead the breast cells to retain fluid and develop into nodules or cysts, which feel like a lump when touched. The texture of the breast is, in these cases, similar to the breast in premenstrual phase. The signs of fibrocystic changes include increased engorgement and density of the breasts, excessive modularity, rapid change and fluctuation in the size of cystic areas, increased tenderness and occasionally spontaneous nipple discharge. It can be unilateral, bilateral or just affect a part of the breast.

iii. Mastitis and breast abscess

Inflammatory conditions of the breast, particularly acute mastitis and breast abscess are rare pathologies. Often these infections can happen in postpartum situations or after a lesion. There are two types of mastitis: acute and chronic. In acute mastitis, it is predominantly composed of neutrophilic granulocytes, seen mostly in lactating women. Chronic mastitis may be due to reinfection or a relapsed infection; the first case occurs sporadically and commonly is transmitted from the baby and the second case means that eradication of the

pathogen failed. Breast abscess arises when mastitis was treated inadequately and milk retention exists. The most common diagnostic techniques used for treatment include ultrasonography of the breast and needle aspiration under local anesthesia with a purpose of identifying collection of fluid or pus.

iv. Cancer and Breast Cancer

One in eight deaths worldwide is due to cancer. Cancer is the second leading cause of death in developed countries and the third leading cause of death in developing countries.

STANAROGA

Whatever the types causes of *Gati* & (Sinuses), the same are the types & causes of breast diseases in women.

The openings of the ducts located in the breasts of girls are closed, thus the *Doshas* cannot spread & breast diseases do not occur in them. They are possible only in those women who have delivered & pregnant as the same ducts open out physiologically in them.

- THE PATHOGENESIS OF STANA ROGA (DISEASES OF BREAST)

The *Doshas* having reached the breasts of women whether lactating or non-lactating & then having vitiated the blood & muscles produce diseases of Breasts.[12]

- Lack of incidence *Stana Roga* (Diseases of Breast) in *Kanya*

The openings of the ducts located in the breasts of girls are closed thus the *Doshas* cannot spread & hence breast disease do not occur in them.

The breast disease is possible only in those women who have delivered & in the pregnant as the ducts open out physiologically.

- *Stana Roga* (Breast Diseases According to *Kashyap Samhita*)

If lactating mother eats foreign body with food, it does not get digested in *Pachyamanavashtha* and *Pakavashtha*. Undigested foreign body get converted in *Kled*, and traveled to mammary gland with *Rasa Dhatu* and *Vata Dosha*. This causes obstruction of *Srotasa* and acute disease of breast.[13]

Stanakilaka, Stana Vidradhi' (mammary abscess), *Stana arbuda* are some common *stana rogas.*

CONCLUSION

As such, this work is an attempt to seek clarity of *Stan shareer* explained in ancient literature along with its modern perspective review. Breast diseases are the most common mess affecting women's worldwide. This anatomical structure is of vital importance as many vital points (*marma's*) are present here. As a *srotas* is of valuable entity to provide the pathological haphazard occurs in breast. By understanding the *dhamani's* and *sira's* present in breast regions one can get to know *avedhya siras* (non puncturable sites) to avoid future complication regarding structures present in breast. Knowing the various *peshi's* (muscles) in chest region one can evaluate actual anatomical structures present in site. Excellence of breast according to classical text can reveal the customary phenomenon of breast which divulges pathological abnormalitities related to breast. As per classical text and examination we can conclude that, *stana roga* (Breast diseases) are more vulnerable to pregnant and lactating women's than that of infant and very young age group so special attention has to be given to this group of women's to avoid stumbling block. Consequently, it is of supremacy to study the *stana* vis-a-vis breast under one roof to better acknowledgement of ensuing hurdles.

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