



HEALING OF A NON-LACTATIONAL ULCERATIVE BREAST WOUND WITH A BOTANICAL OIL PREPARATION: A CLINICAL CASE REPORT

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ABSTRACT

A 42-year-old premenopausal Russian-American woman presented with sharp pain in her right nipple, with brown discharge, and a cystic lump inside the breast. To treat this, she was advised to apply 15 mL of Dermis 7 Wound Care Oil topically twice daily, leaving it on for 30 min alongside gentle therapy using a heated infrared lamp over two weeks. By day five, she noticed a drop in both the discharge and her overall discomfort, even though the wound hadn't fully cleared out dead tissue yet. At day 10, all visible signs of inflammation completely disappeared. By the end of the two weeks, her ulcerative wound had fully healed, the lump was reduced in size to that of a very small cyst, and her pain had dropped to a very low score. Ultimately, this case illustrates the clinical utility of a multi-ingredient bioactive botanical preparation, such as Dermis 7 Wound Care Oil, in achieving complete resolution of a severe, non-lactational acute breast wound.

KEYWORDS : Breast, Wounds, Ulcers, Pain, Inflammation, Herbs

INTRODUCTION

An ulcerative wound on the breast is characterized by a breakdown of the skin, demanding immediate medical attention. Abscesses, acute mastitis, and bacterial infections can all cause skin disintegration and ulcers. Furthermore, locally advanced neoplasms may infiltrate the dermis, resulting in an exposed lesion that resembles a mushroom or cauliflower. This uncommon complication may cause fluid leakage, foul odor, and persistent pain (Dixon, 2018). Diagnosis typically relies on assessing wound extension into surrounding breast tissue and axillary lymph nodes, along with mammography, tissue biopsies, and wound swab cultures (Seely et al., 2018). Initial management usually focuses on meticulous wound hygiene and specialized dressings to manage exudate and reduce pain associated with the underlying inflammation (Pudner, 2002).

Emerging research highlights the therapeutic potential of plant-derived bioactive phytochemical components in managing inflammatory breast conditions. Through combined antioxidant, anti-inflammatory, antibacterial, and tissue-regenerative properties, bioactive botanical agents support cellular health and immune response (Esad et al., 2025). Leveraging both traditional wisdom and scientific validation, PhytoBiologic Pharmaceuticals LLC formulated Dermis 7 Wound Care, specialized bioactive botanical oil designed for pain relief and dermatological ailments. Composed of extracts from turmeric (*Curcuma longa*), manjishtha (*Rubia cordifolia*), neem (*Azadirachta indica*), Kalonji (*Nigella sativa*), and nirgundi (*Vitex negundo*) in a nourishing base oil, Dermis 7 Wound Care is clinically established for the safe management of cuts, burns and chronic ulcerative wounds (Khan et al., 2017; Gopinath & Karthikeyan, 2021; Wen et al., 2022; Kasprzak-Drozd et al., 2024; Khatoon et al., 2024).

In July 2020, at the height of the COVID-19 pandemic, a 42-year-old female patient visited our research facility seeking relief from discomfort, excessive secretion, and a chronic ulcerative breast wound. Because of pandemic-related healthcare restrictions and hospital backlogs, she could not secure an immediate date for inpatient diagnostic procedures, including mammography, tissue biopsies and papilloma cultures. After a thorough discussion of her clinical status and obtaining written informed consent, we initiated topical management with Dermis7 Wound Care Oil. To ensure safety and monitor progress during a time of limited in-person visits, the patient was instructed to provide daily progress updates via phone consultations and high-resolution wound photographs. The clinical findings, patient observations, and therapeutic outcomes of this intervention are detailed below following the CARE guidelines.

Patient Information

In July 2020, amidst the height of pandemic-related healthcare restrictions, a 42-year-old premenopausal Slavic Russian-American woman sought our assistance, presenting with a sharp, recurring pain inside her right nipple, a brown liquid discharge, and a small cystic, palpable lump just inside the breast. Because strict limits on clinic visits temporarily made immediate diagnostic workups unavailable, the patient signed an informed consent form and voluntarily agreed to start a two-week topical treatment with Dermis7 Wound Care Oil.

Clinical Findings

Clinical evaluations revealed a presentation closely mirroring medical diagnostic code N61.1, which designates a non-lactational breast and nipple abscess characterized by a painful, swollen or ulcerative right breast wound with localized erythema, warmth and purulent discharge without cellulitis or fever. The patient had an unremarkable past medical history, presenting with no underlying chronic conditions such as diabetes or hypertension.

Timeline

The patient's initial clinical visit occurred on July 24, 2020, and the two-week course of topical treatment ended on August 7, 2020.

Diagnostic Assessment

On examination, the patient was alert and oriented but visibly distressed and uncomfortable due to pain. Physical evaluation of the right breast revealed pronounced asymmetry, marked erythema and severe edema, alongside overlying skin breakdown featuring black ulcerations and central necrotic tissue. A palpable sinus tract actively oozed purulent and serosanguineous discharge (Fig. 1), a constellation of acute inflammation, regional tissue necrosis, and purulence indicative of a severe, complex breast infection. Vital signs remained stable with a normal body temperature of 36.8°C and a blood pressure of 118/86 mmHg; her reported pain was moderate to severe, registering at 60 on a 0 to 100 Visual Analog Scale.



Figure 1: Baseline Breast Ulcers

Therapeutic Intervention

The patient was instructed to apply 15 mL of Dermis7 Wound Care Oil topically twice daily—once in the morning and once before bedtime—leaving the application on for 30 minutes each time, and to apply local heat with an infrared lamp daily for the two-week treatment period.

Follow-up and Outcomes

By day 5 of treatment, the patient experienced a noticeable decrease in both serosanguineous discharge and overall discomfort. However, spontaneous wound debridement had not yet occurred (Fig. 2). By day 10, all clinical signs of inflammation had completely subsided (Fig. 3). At the conclusion of the two-week mark on day 14, the ulcerative wound was fully healed, with complete resolution of the lump and pain, dropping her Visual Analog Scale score to a minimal 2 (Fig. 4).



Figure 2: Breast Ulcers on Day 5 Treatment

DISCUSSION

This case highlights the successful treatment of a severe, non-lactational acute ulcerative breast wound with a multi-ingredient bioactive botanical preparation, Dermis7 Wound Care Oil, during a period of extreme healthcare interruption. Managing complicated soft-tissue infections with ulcers usually entails a combination of traditional surgical debridement, targeted systemic antibiotics, and diligent local wound care. However, the COVID-19 pandemic created extraordinary logistical impediments, delaying conventional hospital diagnostic workups and surgical procedures. In this case, identifying a safe, evidence-based topical option was critical to minimizing clinical worsening and giving rapid relief.



Figure 3: Breast Ulcers on Day 10 Treatment



Figure 4: Breast Ulcers on Day 14 Treatment

The rapid clinical response observed with Dermis7 Wound Care Oil stems from the synergistic pharmacological actions of its bioactive botanical constituents. Turmeric and Neem deliver potent antimicrobial and anti-inflammatory activity, suppressing localized bacterial loads and mitigating tissue-damaging inflammatory pathways (Gopinath & Karthikeyan, 2021; Kasprzak-Drozd et al., 2024). Concurrently, Manjishtha and Nirgundi provide robust antioxidant and tissue-regenerative effects that enhance microcirculation, reduce edema, and accelerate cellular repair within necrotic and ulcerated matrices (Khan et al., 2017; Wen et al., 2022). Finally, Kalonji bolsters immune modulation and promotes rapid wound closure, yielding a comprehensive, multi-targeted approach to tissue healing (Khatoun et al., 2024). The heated infrared lamp likely facilitated deeper transdermal absorption of these bioactive botanical oils while promoting local vasodilation, optimizing tissue oxygenation and immune cell delivery to the affected site.

Patient Perspective

For patients, this brings quick physical relief and confidence. Less pain and swelling make moving around easier, while visible healing proves the treatment is working. Active infection protection removes daily anxiety, and natural ingredients ensure care feels safe and gentle. The patient responded to the author, "Nevertheless, I remain thankful for the support I received and for the positive outcome that allowed me to avoid surgery."

Informed Consent

The patient gave written consent to publish her treatment results and photographic images for scientific purposes.

CONCLUSIONS

Although this observation is limited to one patient, and we couldn't perform diagnostic testing right away, it highlights the helpful role natural bioactive botanical therapies can play in managing complex skin inflammation, including ulcers, particularly when standard care is out of reach.

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