A homoeopathic approach towards adolescent fibroadenoma: By repertorial approach

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Abstract
Fibroadenomas is the most common benign tumors of breast in adolescent females (14-35). It is painless, unilateral, non-cancerous, solid in consistency. Benign breast tumor cause serious psychosocial issues to adolescent female. For that they visit so often to the homoeopathic physicians. Homoeopathic repertorial approach covers every aspects of the disease by repertorial and individualized approach.

Keywords: Homoeopathic, adolescent, fibroadenoma, approach

Introduction
Under the age of 30 years female fibroadenoma is the commonest benign breast tumor. during puberty general incidences are 2.2%. fibroadenoma accounts in all breast tumors 68% and biopsied breast around 44-94%. It can be benign biphasic along with animal tissue and stromal component.it is obvious that any kind of lump in chest is a concerning issue during adolescent female and primary concern for patient and their families. Juvenile breast fibroadenoma also a concerning issue of young age female.

Classification
Three types of fibroadenoma
1. Easy fibroadenoma (70-90%)
2. Juvenile fibroadenoma (0.5-2%)
   a) Highly variable
   b) Age; 10-18 (vintage, African, American)
   c) Encapsulated, diameter (more than 5), weight 500gm, Covers 4/5 of the breast.
   d) Cause pores and skin ulceration and venous engorgement.
   e) Commonest cause of unilateral macromastia in young age female.
3. Multi centric fibroadenoma (10-25%)
   a) In multiple number present in different quaderents of breast.
   b) Benign but can be convert into breast cancer.
   c) Chances of malignancy (0.002-0.125)

Causes and symptoms
One mass fibroma (70%)
Group of masses (10-25%)
It is easy, smoth, mobile, rubbery, with fine borders. Located at outer upper quaderent of breast. Best visible microscopically. On examination if 10cm or more in size cause asymmetry and deformation of the breest. Size of fibroadenoma make vary the size of breast and responsive towards hormonal changes and range in length also varies with cycle. Fibroadenoma’s symptoms started asymptotically followed later inflicting debilitating pain. According to many researches estrogen has impact on fibroadenomas Diagnosis:
1. Detailed history and physical examination including gynecological history.
2. Radiographic options
3. Mammography
4. Ultrasound (best choice)
5. Resonace imaging repertorial approach
C. Hering

Nodosities: CARB·AN., CON., Nit-ac., Sil., Sulph.

Painful: PHYT.

Hard knots during pregnancy: Calc-f.

Hard, painful, as large as goose’s eggs: Phos.

Nodulated, acuminated appearance of nodules: Phyt.

Nodules, dirty, in left: Carb-an.

Hard nodules: CARB·AN., Phos.

Nodules, hard: CARB·AN., Phos.

Painful nodules: Carb-an.

Bluish-red nodules in left: Carb-an.

Painful, in left: Carb-an.

Red, not: CALC.

Right, of: Arn.

During lactation, burning pain (mastitis): Con.

With painlessness to touch, and nightly stitches in it: CON.

Stony hard, painful: Phyt.

Scirrhous: Carb-an., Cham.

Lumps: Carb-v.

Irregular nodule: Hydr.

Small, hard, painful lumps, with dwindling and falling away: Kreos.

Sore pains, with: Merc.

Stone, hard as a, after weaning: Phyt.

Stony hardness: Bry.

Swelling, painful, about size of a walnut: Con.

Tender to touch, very (scirrhous): Cham.

Boreiche

Mamme


Relieved by supporting heavy mammie: Bry., Lac c., Phyt.

Worse from jar, toward evening: Lac. c.

Tumors


References


