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Fibrocystadenosis with co-morbidity alleviated with homoeopathy: A case report

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Abstract
The most prevalent benign breast disease, known as fibrocystic breast disease, affects millions of women worldwide. The function, assessment, and treatment of this condition are all influenced by specific hormonal factors. The treatment used in modern medicine are Analgesics, metformin, prime rose oil and surgical removal, yet no permanent relief can be obtained. According to the homoeopathic literature, illnesses such as mastitis, tumor, and fibroadenoma have been effectively treated with homoeopathic medicine, and relatively few case reports concerning fibrocystadenosis have been published. Patient with fibroadenosis has a chance to develop certain co-morbidities like Pcos, fatty liver, etc. A study conducted by Ilknugur Inegol Gumus *et al*. discovered a statistically significant link between PCOS and fibrocystic breast disease [1]. The case presented here concerns fibrocystadenosis in a 27-year-old female who was treated with individualised homoeopathic therapy and had no recurrence after a year. Bryonia was administered as a constitutional remedy following Repertorisation and based on the totality of symptoms. Before and after cyst resolution, investigatory techniques such as mammography and ultrasonography were performed. Since the case shows the disappearance of fibrocystic changes in the left breast and all other general complaints are better so we can conclude the patient is on the path to cure. As the fibrocystic changes in right breast is still there, further treatment and follow-ups will show the final result. Increased long-term efficacy data are required to develop a more efficient cure for fibrocystadenosis.

Keywords: Bryonia, homoeopathy, fibrocystadenosis

Introduction
It is caused by an abnormality in normal breast development and involution (ANDI). The most frequent type of breast cancer is a benign, oestrogen-dependent illness. Also referred to as fibrocystic breast disease, ductal dysplasia, cyclical mastalgia with nodularity, and lumpy bumpy breast. It is an estrogen-dependent disease. One of the cysts may expand to become a clinically palpable, well-localized swelling—the Bloodgood cyst. It is a fluctuant, Trans illuminant, non-tender swelling (macrocyst) with a thin bluish capsule. It should be aspirated first. If it continues or reappears after two aspirations, if it is blood coloured, or if there is a residual lump after extraction, surgical removal is performed [2].

There is varied literature, ranging from 30 to 60% of all women. It is most common in women between the ages of 30 to 50 years [3].

There are several forms of cysts, notably hyperplastic fibrous cysts, adenosis, and papillomatosis. These cysts are typically located in the breast's upper outer quadrants along with the centre edges. When evaluated, the texture ranges from firm to many subcentimeter cysts [4].

Risk factors such as increased consumption of methylxanthiones from coffee, tea, cold drinks, and chocolate has been linked to the development of fibrocystadenosis. Oestrogens promote the growth of connective and epithelial tissues. Fibrocystadenosis is characterised by both progressive and retrograde alteration. During the menstrual age group, the swelling is bilateral, painful, diffuse, granular, tender, and palpable with the fingertips. Typically seen in the upper outer quadrant. Pain and discomfort are more common immediately before menstruation. It goes away during pregnancy, breastfeeding, and after menopause. When present, the nipple will discharge a serious or occasionally greenish fluid. A shotty proliferation of the axillary lymph nodes can infrequently take place (20%). not anchored to the muscle, skin, or chest wall [5].

Evaluation

A clinical examination, imaging, and an excision biopsy are all included in a triple test. All female individuals who experience a clinical finding, such as a distinct palpable lump, must understand this.

Treatment options for young women under 30 with nodules include clinical surveillance and a brief follow-up test in two to three months. An investigation can be necessary if the lump has changed since the last examination or if she arrives with a new change in her breasts [5].

Treatment

There is no definitive treatment for fibroadenosis, but patients were treated according to their symptoms. First line of therapy is lifestyle changes.

Metformin has been proposed as a treatment option to lessen the excessive cell proliferation brought on by related hormones because of the impact that oestrogen and progesterone medications play in producing fibrocystic abnormalities in the breast [6]. In situations with mastalgia, analgesics such aspirin and ibuprofen are administered [7].

Research has shown that during the luteal phase of the menstrual cycle, breast sensitivity increases when prostaglandin E and its constituent gamma-linolenic acid (GLA) are deficient. GLA is therefore the active component of evening primrose oil.

The use of evening primrose oil is nevertheless acceptable as a supportive strategy if pain persists despite obtaining treatment and advice, even though it hasn't been demonstrated to be beneficial in earlier trials. It is advised to wait between three and six months to see the desired result [8].

Case report

A female patient name xyz, age 27 years came to NIH OPD on 08-06-2021 from Nandigram, Purba Medinipur, West Bengal. She presents with a complaint of pain in breast since 6 months aggravate during motion and before menses, better by rest. On breast examination there is small lump in both breasts, slight palpable, not fixed with skin, tender, no signs of inflammation.

History of present complaint

- Onset-gradual.
- Most propable cause- not known.
- Treatment taken-allopathic and homoeopathic.
- Result- temporary relieved.
- Past history- chicken pox, meales-childhood.

Family history

- Paternal side - DM2, HTN
- Maternal side - nothing significant
- Own side - nothing significant

Personal history

- Addiction - nothing such.
- Marital status- married, 1 year ago.
- Number of children – no child.
- Socioeconomic condition-good.

Physical Generals

- Appetite - 3 times/day, can't tolerate hunger causes headache.
- Thirst - 2-3 lit/day, takes large amount at a time, prefers cold.
- Thermal reaction – hot patient.
- Desire – sour, cold drinks.
- Aversion- nothing significant.
- Intolerance - nothing significant.
- Stool – hard, unsatisfactory, burning.
- Urine – normal.
- Sweat- profuse.
- Sleep – sound sleep, 7-8hrs.
- Menstrual history – irregular, delayed, duration-6-7 days, painful.

Mental generals

- Desire to be alone
- When angry, expresses it.

General examination

- Anaemia – not present.
- Jaundice – not present.
- Cyanosis – not present.
- Clubbing – not present.
- Lymph node – not palpable.
- Bp – 124/80 mm hg.
- Pulse- 80 beats/ min.

Totality of symptom

- Desire to be alone.
- Prefers cold water in large quantity.
- Desire- sour, cold drink.
- Stool hard unsatisfactory, burning.
- Pain in both breasts < motion, > rest.
- Hot patient.

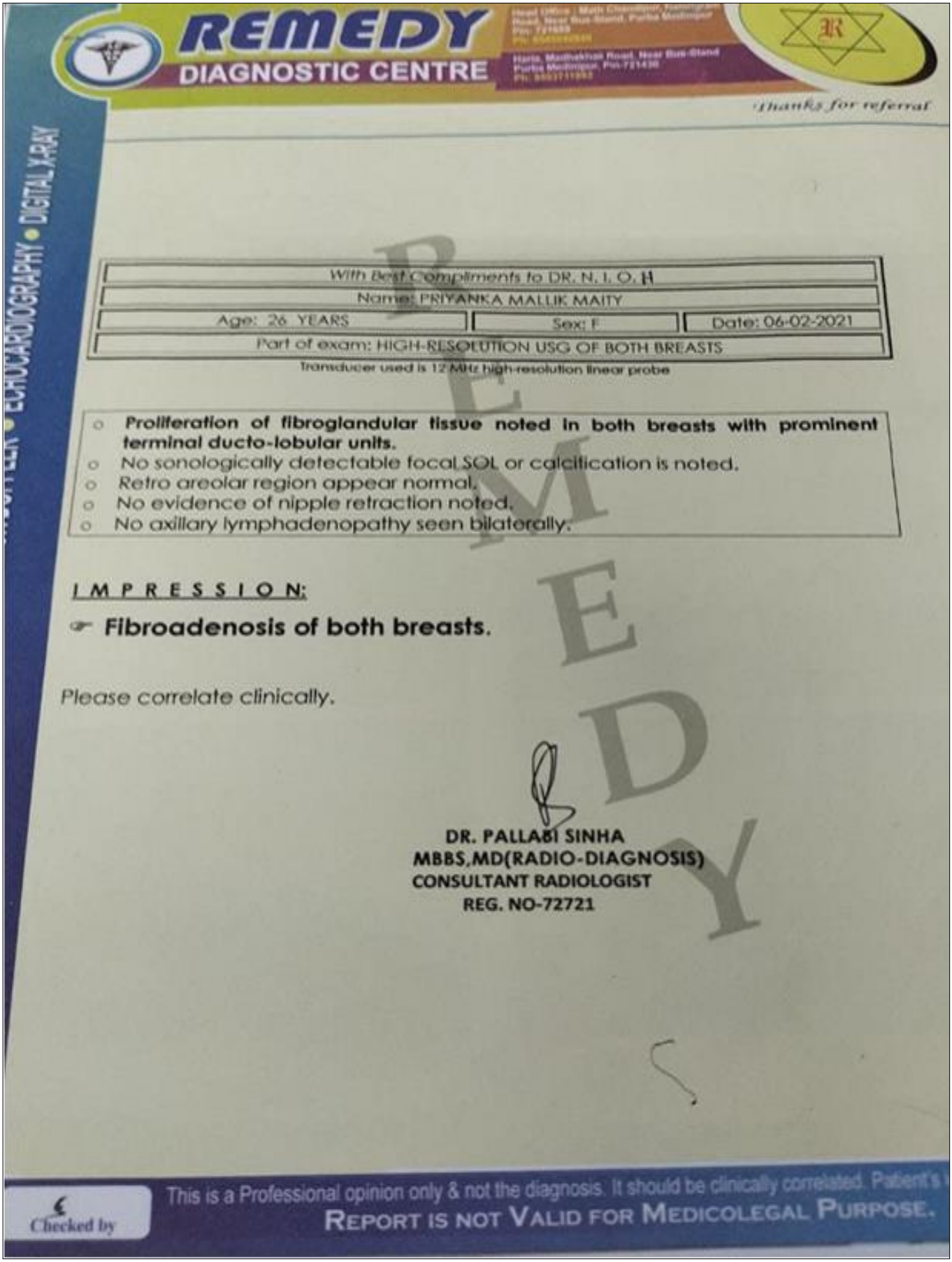
Table 1: Symptoms converted into rubrics

Symptoms	Rubrics
Desire to be alone	Company aversion to
Prefers cold water in large quantity	Stomach thirst
Desire- sour	Stomach desire sour, acid
Desire – cold drinks	Stomach Desire Cold Drinks
Stool hard, burning	Stool hard
Pain in both breasts < motion	Chest pain mammae, generalities motion gag

Table 2: Reportorial analysis

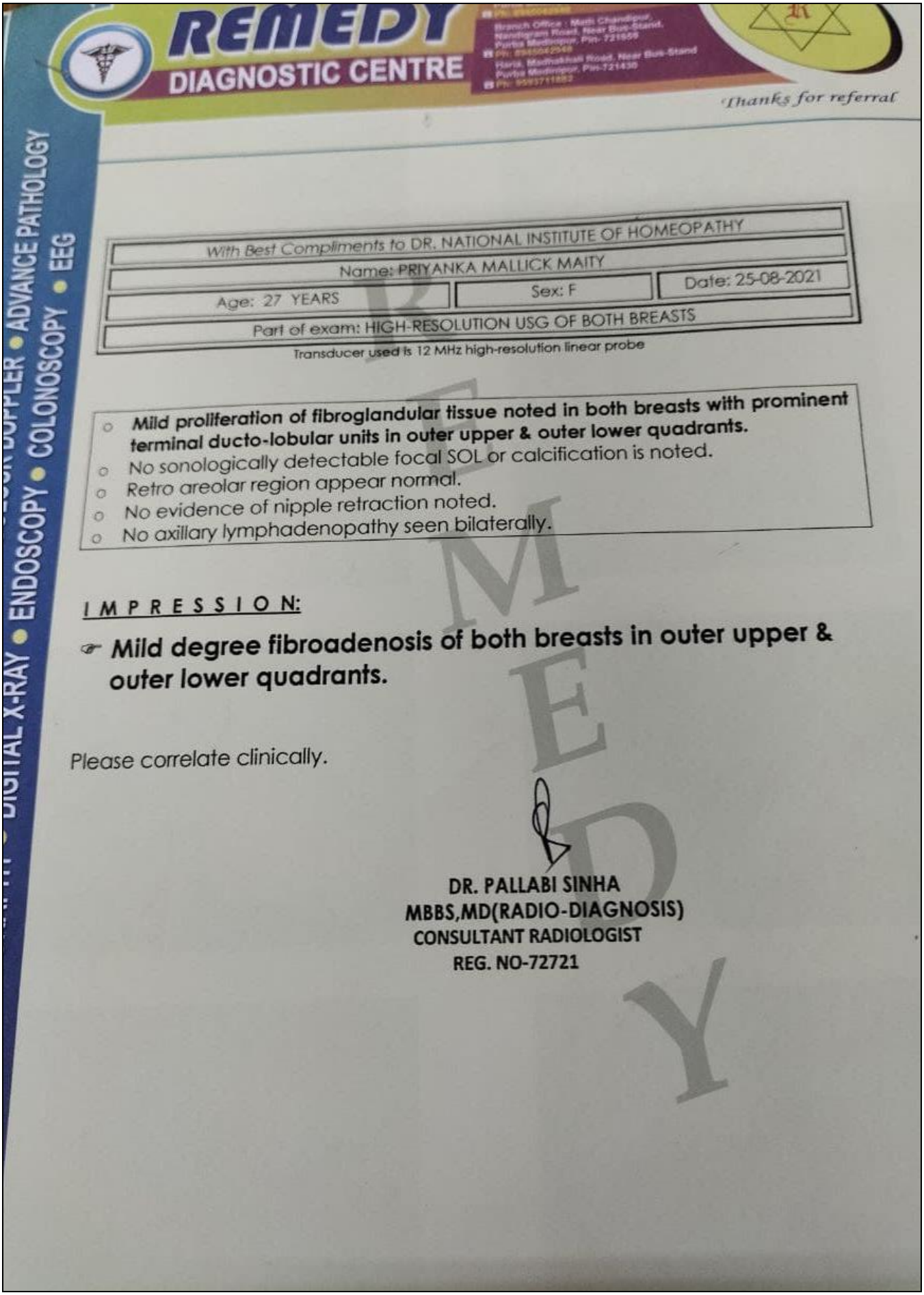
Medicines	Total gradation/symptoms covered
Bryonia	18/7
Sulphur	16/7
Chamomilla	14/6
Belladonna	13/6
Phosphorus	13/6

Investigation

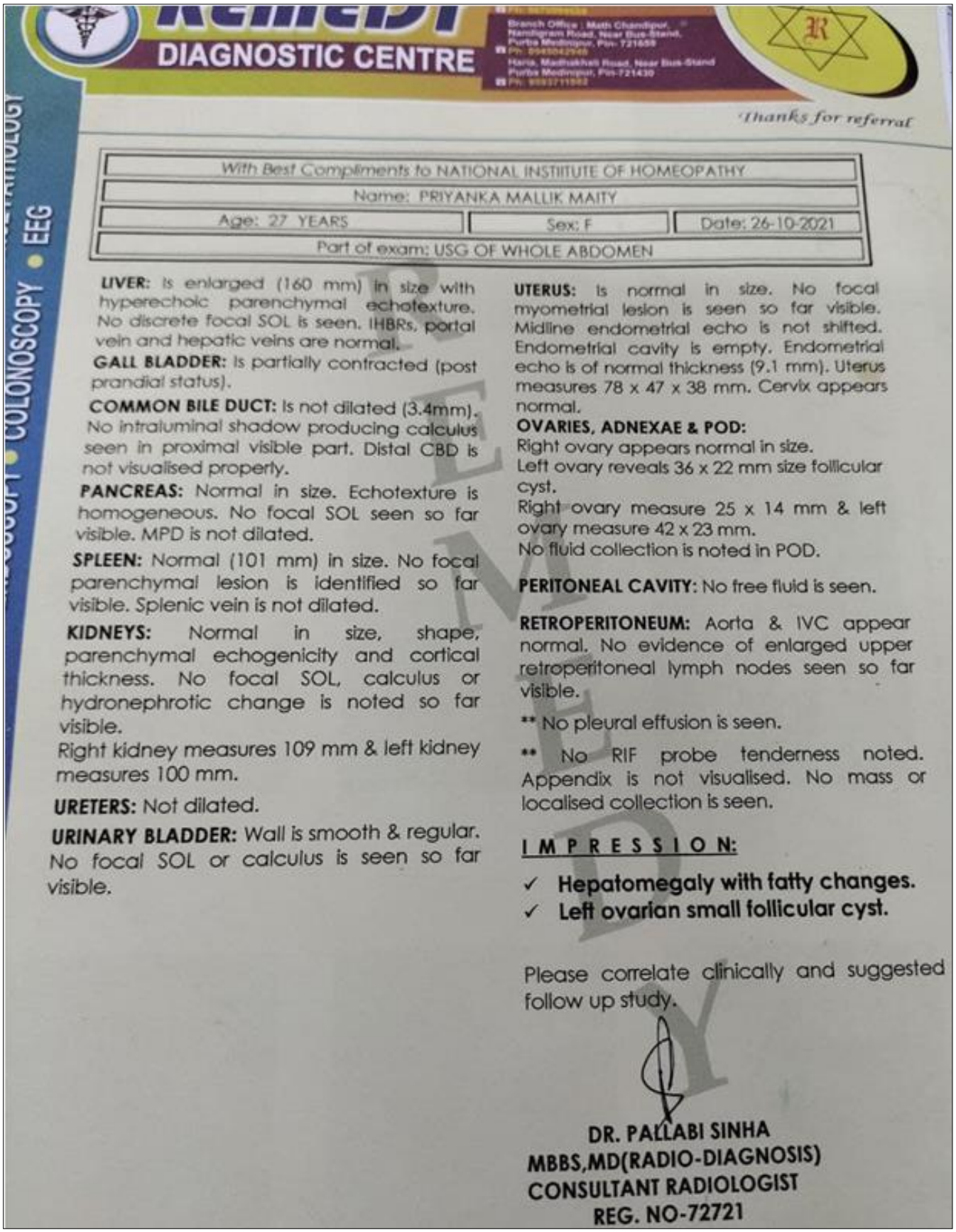

REMEDY
DIAGNOSTIC CENTRE
Thanks for referral
ECHOCARDIOGRAPHY • DIGITAL X-RAY
With Best Compliments to DR. N. I. O. H
Name: PRIYANKA MALLIK MAITY
Age: 26 YEARS | Sex: F | Date: 06-02-2021
Part of exam: HIGH-RESOLUTION USG OF BOTH BREASTS
Transducer used is 12 MHz high-resolution linear probe
- Proliferation of fibroglandular tissue noted in both breasts with prominent terminal ducto-lobular units.
- No sonologically detectable focal SOL or calcification is noted.
- Retro areolar region appear normal.
- No evidence of nipple retraction noted.
- No axillary lymphadenopathy seen bilaterally.

IMPRESSION:
Fibroadenosis of both breasts.
Please correlate clinically.
DR. PALLABI SINHA
MBBS,MD(RADIO-DIAGNOSIS)
CONSULTANT RADIOLOGIST
REG. NO-72721
Checked by
This is a Professional opinion only & not the diagnosis. It should be clinically correlated. Patient's
REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

USG of both breast (06-02-2021) showing fibroadenosis of both breast



USG of both breast (25-08-2021) showing mild degree fibroadenosis of both breast



DIAGNOSTIC CENTRE

Branch Office : Math Chandipur, Namdigram Road, Near Bus Stand, Purba Medinipur, Pin- 721659
Ph: 9945042948
Haria, Madhakhali Road, Near Bus Stand Purba Medinipur, Pin-721430
Ph: 9593711552

COLONOSCOPY • EEG

'thanks for referral

With Best Compliments to NATIONAL INSTITUTE OF HOMEOPATHY

Name: PRIYANKA MALLIK MAITY

Age: 27 YEARS | Sex: F | Date: 26-10-2021

Part of exam: USG OF WHOLE ABDOMEN

LIVER: Is enlarged (160 mm) in size with hyperechoic parenchymal echotexture. No discrete focal SOL is seen. IHBRs, portal vein and hepatic veins are normal.

GALL BLADDER: Is partially contracted (post prandial status).

COMMON BILE DUCT: Is not dilated (3.4mm). No intraluminal shadow producing calculus seen in proximal visible part. Distal CBD is not visualised properly.

PANCREAS: Normal in size. Echotexture is homogeneous. No focal SOL seen so far visible. MPD is not dilated.

SPLEEN: Normal (101 mm) in size. No focal parenchymal lesion is identified so far visible. Splenic vein is not dilated.

KIDNEYS: Normal in size, shape, parenchymal echogenicity and cortical thickness. No focal SOL, calculus or hydronephrotic change is noted so far visible.
Right kidney measures 109 mm & left kidney measures 100 mm.

URETERS: Not dilated.

URINARY BLADDER: Wall is smooth & regular. No focal SOL or calculus is seen so far visible.

UTERUS: Is normal in size. No focal myometrial lesion is seen so far visible. Midline endometrial echo is not shifted. Endometrial cavity is empty. Endometrial echo is of normal thickness (9.1 mm). Uterus measures 78 x 47 x 38 mm. Cervix appears normal.

OVARIES, ADNEXAE & POD:
Right ovary appears normal in size.
Left ovary reveals 36 x 22 mm size follicular cyst.
Right ovary measure 25 x 14 mm & left ovary measure 42 x 23 mm.
No fluid collection is noted in POD.

PERITONEAL CAVITY: No free fluid is seen.

RETROPERITONEUM: Aorta & IVC appear normal. No evidence of enlarged upper retroperitoneal lymph nodes seen so far visible.

** No pleural effusion is seen.

** No RIF probe tenderness noted. Appendix is not visualised. No mass or localised collection is seen.

IMPRESSION:

- ✓ **Hepatomegaly with fatty changes.**
- ✓ **Left ovarian small follicular cyst.**

Please correlate clinically and suggested follow up study.

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USG of whole abdomen (26-10-2021) - hepatomegaly and left ovarian small follicular cyst.

Prescription

Bryonia 1M, 2 doses, one dosage every morning on an empty stomach, were administered after taking into account the totality of symptoms and proper repertorization. Bryonia 10M/1 dosage and Bryonia 0/1 were prescribed to the patient in a follow-up visit.

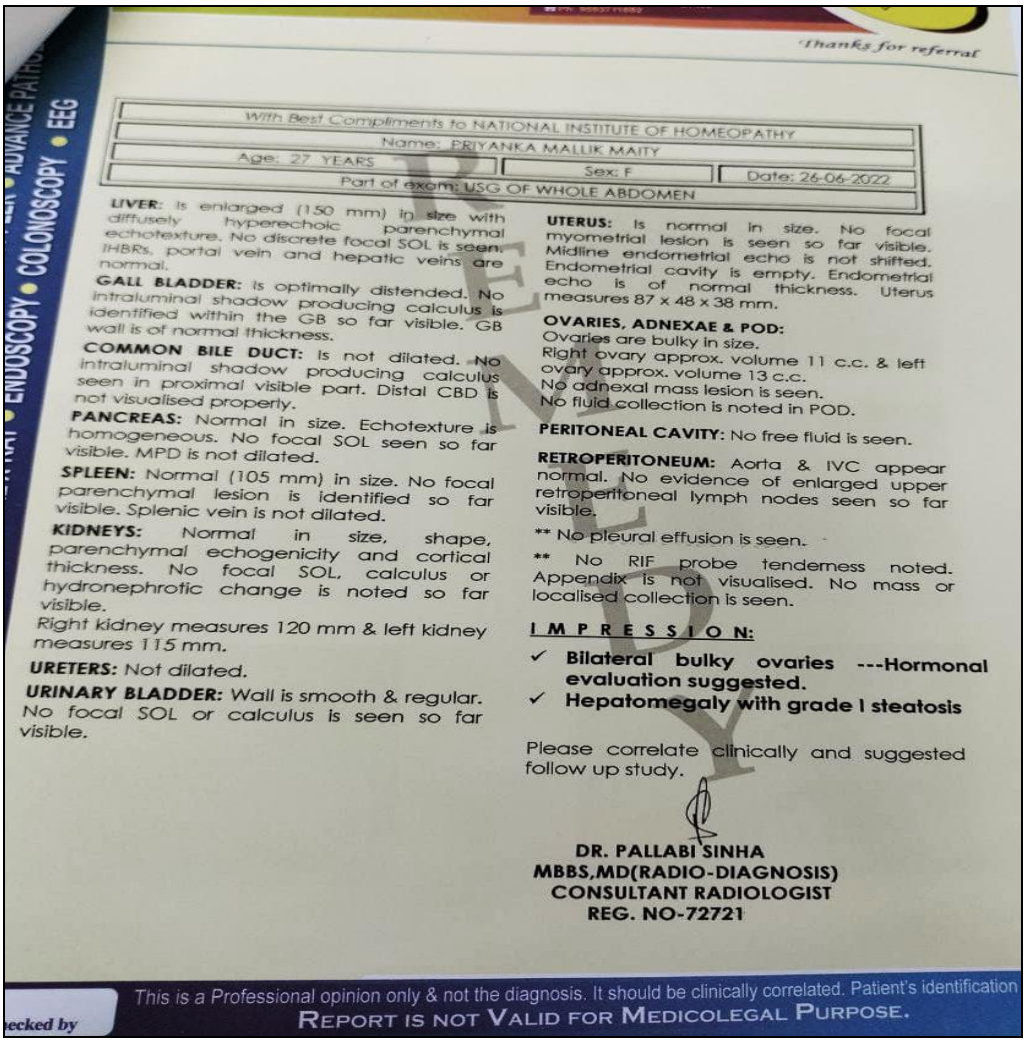
Timeline

Radiological imaging was done 4 times (twice both breast and twice whole abdomen) during the period of treatment, on 25-08-2021, 26-10-2021 and 26-06-2022.

Table 3: Follow up

Date of follow up		
15-7-2021	No pain, swelling not palpable Irregular menses, delayed Stool hard Advise – USG both breast	R_x PL30/ 1drahm Od for 30 days
24-8-2021	Patient was doing well Slight pain in breast noted No swelling, lump not palpable Stool hard Desire salt, sour	R_x PL 200/ 1drahm Od for 30 days
10-9-2021	Patient general condition better Pain in both breasts better Vertigo since 2-3 days Cause after fever and cough Pain in abdomen since 1 month Advice -USG W/A	Bryonia 10M /1 dose was prescribed
27-10-2021	Pain in both breasts better Pain in left shoulder started since one month < motion Vertigo was better	Pl 200 Od for 30 days was prescribed
10-03-2022	Patient was doing well no pain in breast	Pl 200 was prescribed for 1 month
27-06-2022	Complaints were better Slight pain in breast was observed Modalities were same Advice – LH and FSH	Bryonia 0/1/16doses Ad for 32 days
5-08-2022	Pain in right breast – better Rest all complaints were better.	Pl 200 was prescribed for 1 month

Result



'thanks for referral'

With Best Compliments to NATIONAL INSTITUTE OF HOMEOPATHY

Name: PRIYANKA MALLIK MAITY | Age: 27 YEARS | Sex: F | Date: 26-06-2022

Part of exam: USG OF WHOLE ABDOMEN

LIVER: Is enlarged (150 mm) in size with diffusely hyperechoic parenchymal echotexture. No discrete focal SOL is seen. IHBRs, portal vein and hepatic veins are normal.

GALL BLADDER: Is optimally distended. No intraluminal shadow producing calculus is identified within the GB so far visible. GB wall is of normal thickness.

COMMON BILE DUCT: Is not dilated. No intraluminal shadow producing calculus seen in proximal visible part. Distal CBD is not visualised properly.

PANCREAS: Normal in size. Echotexture is homogeneous. No focal SOL seen so far visible. MPD is not dilated.

SPLEEN: Normal (105 mm) in size. No focal parenchymal lesion is identified so far visible. Splenic vein is not dilated.

KIDNEYS: Normal in size, shape, parenchymal echogenicity and cortical thickness. No focal SOL, calculus or hydronephrotic change is noted so far visible.

Right kidney measures 120 mm & left kidney measures 115 mm.

URETERS: Not dilated.

URINARY BLADDER: Wall is smooth & regular. No focal SOL or calculus is seen so far visible.

UTERUS: Is normal in size. No focal myometrial lesion is seen so far visible. Midline endometrial echo is not shifted. Endometrial cavity is empty. Endometrial echo is of normal thickness. Uterus measures 87 x 48 x 38 mm.

OVARIES, ADNEXAE & POD:
Ovaries are bulky in size.
Right ovary approx. volume 11 c.c. & left ovary approx. volume 13 c.c.
No adnexal mass lesion is seen.
No fluid collection is noted in POD.

PERITONEAL CAVITY: No free fluid is seen.

RETROPERITONEUM: Aorta & IVC appear normal. No evidence of enlarged upper retroperitoneal lymph nodes seen so far visible.

** No pleural effusion is seen.

** No RIF probe tenderness noted. Appendix is not visualised. No mass or localised collection is seen.

IMPRESSION:

- ✓ **Bilateral bulky ovaries ---Hormonal evaluation suggested.**
- ✓ **Hepatomegaly with grade I steatosis**

Please correlate clinically and suggested follow up study.

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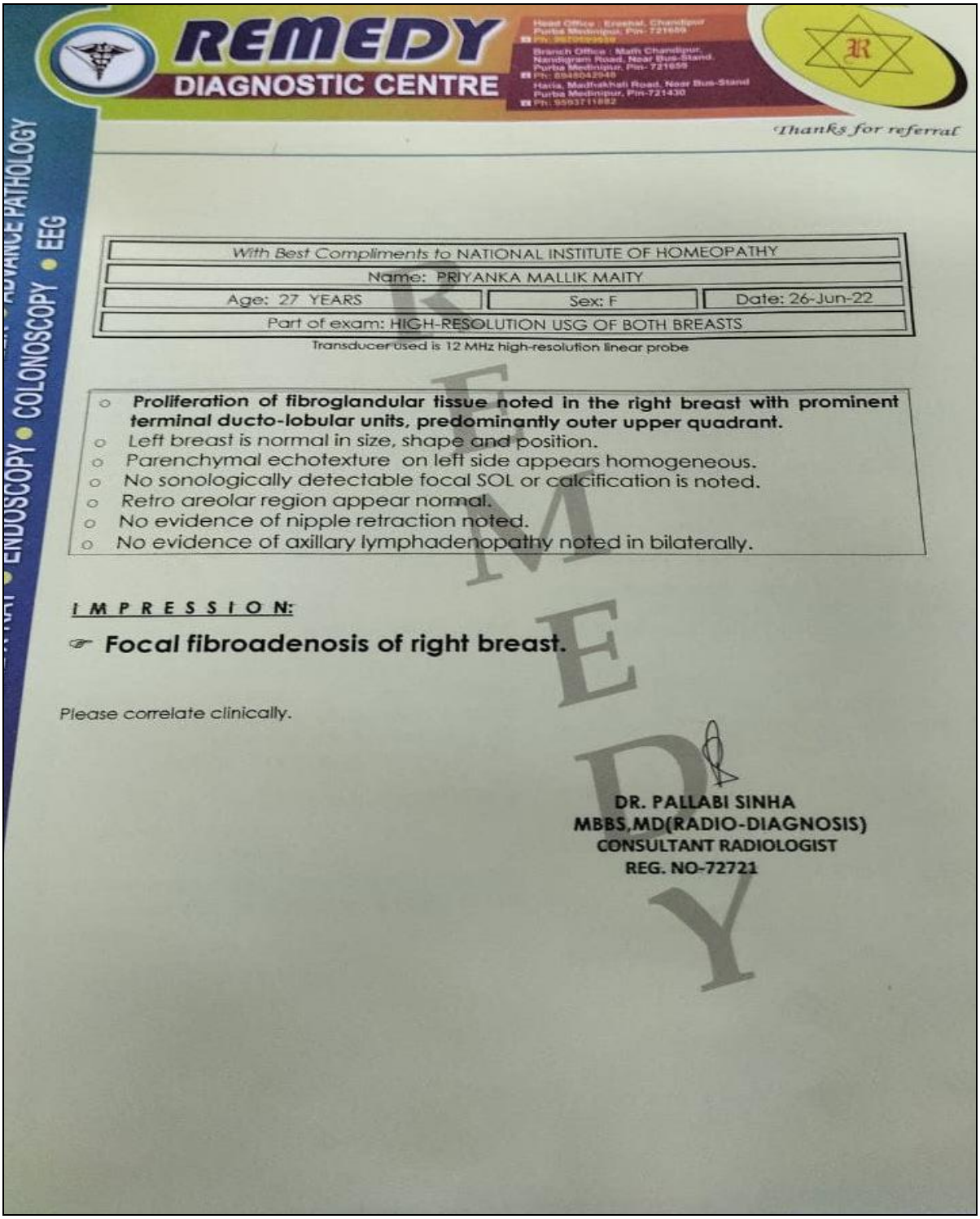
CONSULTANT RADIOLOGIST
REG. NO-72721

This is a Professional opinion only & not the diagnosis. It should be clinically correlated. Patient's identification

REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE.

USG of whole abdomen (26-06-2022)-bulky ovaries and hepatomegaly



USG both breast (26-06-2022) - focal fibroadenosis of right breast

Table 4: Assessment by modified Naranjo score

Items		Yes	No	Not Sure/NA
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3.	Was there an initial aggravation of symptom?	0		
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5.	Did overall wellbeing improve?	+2		
6.	Did the course of improvement follow Hering's Rule?	+1		
7.	Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (other than the medicine) that-with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)	0		
9.	Was the effect confirmed by objective evidence as measured by external observation(s)?	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	0		

The HPUS Clinical Data Working Group first recommended the Modified Naranjo Criteria in June 2014 [10], were employed in this case to determine the final causal attribution score. The final score of 9 indicated a "definitive" correlation between the medication and the result [definite: 9; probable: 5-8; possible: 1-4; and doubtful: 0]. When reporting this case, the Hom-CASE-CARE guidelines were adhered to [11].

Discussion

Conflict of interest: There is no conflict of interest.

Conclusion

The most prevalent breast condition in women of reproductive age is a fibrocystic disease, however, treatment might be difficult if the mass doesn't go away, gets bigger, or becomes symptomatic. The diagnosis of fibroadenosis should involve a thorough medical examination, including imaging tests. The treatment of fibroadenosis may be conservative, however total enucleation of the mass by excision may also be used. Patients should have routine follow-up procedures to monitor outcomes, assess problems, and determine whether more reconstructive surgery is necessary. Since not everyone can afford surgery, there is a danger of recurrence. Therefore, we should choose a better method of treatment, such as homoeopathy. A specialised form of treatment called homoeopathy treats the patient as a whole, not just the ailment.

We can infer that the patient is on the road to recovery because the case demonstrates the removal of fibrocystic abnormalities in the left breast and the improvement of all other general complaints. The final outcome will be revealed by additional treatment and follow-ups because the fibrocystic abnormalities in the right breast are still present. To develop a more potent treatment for fibroadenosis, additional long-term outcomes data are required.

Conflict of Interest

Not available

Financial Support

Not available

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