



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2023; 7(4): 21-27

Received: 13-07-2023

Accepted: 18-08-2023

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A case of fibroadenoma of the breast cured by constitutional remedy

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i4a.954>

Abstract

Fibroadenoma of the breast is a hormonal-related disease. Fibroadenoma is a non-cancerous breast tumor that most often occurs in young women. Reproductive hormones may cause fibroadenomas.

In this article, there is a case of 36 years female who was suffering from fibroadenoma. She was treated within 5 months with a single constitutional homeopathic medicine Calcarea carb 200, sac lac 30/tds.

Method: A detailed case taking was done and Fibroadenoma was diagnosed based on clinical examination, physical examination, and ultrasonography report.

A constitutional homeopathic remedy was prescribed based on complete symptoms with aid of repertorization.

Result: The patient recovered remarkably with homeopathic therapy.

Keywords: Constitutional homeopathic medicine, fibroadenoma, calcarea carb, materia medica

Introduction

Fibroadenoma is considered as the most common benign tumor of the female breast. It is comprised of glandular and fibrous tissues.

Aetiology

This tumor is thought to form as a result of an elevated oestrogen sensitivity in a specific region of the breast. That there is a connection between high amounts of oestrogen and fibroadenoma is all but a given. Because of this, fibroadenomas and this disease could both be present at the same time. Pathology. These lesions are enclosed and typically round, but not always. They could be relatively irregular or multinodular. The cut surface is gleaming white, and the gross appearance is typical of smooth borders. If there are too many epithelial components, they could look as light brown spots. Mesenchymal and epithelial components coexist in fibroadenoma. When fibroadenomas reach a diameter of 2 to 3 cm, they normally cease expanding. Whites are less likely to develop it than the blacks.

Increased stroma and/or epithelial cellularity distinguishes other fibroadenoma forms. These resemble benign phyllodes (leaf-like) tumors and often develop throughout adolescence. Lobular carcinoma in situ is the most common cancer that manifests along with fibroadenoma. On section, these lesions appear as homogeneous, fleshy, greyish-white masses with fibrous whorls that tend to protrude from the capsule. There can be a few tiny, softer yellow to pink spots. According to their canalicular origins, fibroadenomas are divided into two types: pericanalicular and intracanalicular. The elastic lamina that covers the ductulus divides the two connective tissue components of the breast. It is referred to as a pericanalicular fibroadenoma when the connective tissue outside of this elastic lamina multiplies together with the glandular component. In case of intracanalicular fibroadenoma there is proliferation of the connective tissue inside the elastic lamina along with the glandular element.

The hard fibroadenoma of the pericanalicular kind is stiffer, smaller, and has more ducts and fibrous stroma. Due to this tumor's incredible hardness and ability to move enough within the breast substance, it is frequently referred to as a "breast mouse." Spaces in this form of circular or oval gland are now lined with one or more layers of cells.

The glandular tissue and duct system of the INTRACANALICULAR TYPE (Soft Fibroadenoma) are severely crushed and distorted as a result of the surrounding connective tissue's prolific growth pressing on them. This form is frequently referred to as an intraductal myxoma since the connective tissue is so abundant and fairly loose.

It needs to be recalled that both peri canalicular and intracanalicular patterns may coexist within the same tumor.

Clinical Features

1. The peri canalicular or hard type usually occurs in younger girls between 15 and 30 years of age. Intracanalicular or soft fibroadenoma more commonly affects the older group from 30 to 50 years of age.
2. This tumor is most commonly presented as a painless, slowly growing, solitary lump in the breast. While this tumor is often seen in the lower part of the breast, fibroadenomas occurs mostly in the upper and outer quadrants of the breast.
3. Multiple fibroadenomas may be present in about 10% of cases.
4. Pain is usually conspicuous by its absence, though it may occasionally be complained of, particularly when there is associated fibroadenosis.
5. The hard variety of fibroadenoma has slow growth and never attains a big size, but in case of intracanalicular fibroadenoma the size is large due to rapid growth. Some discomfort or slight pain may be complained of due to its size rather than anything else.
6. Discharge through nipple is almost unknown.

Local Examination

Inspection does not reveal anything particular and the nipple remains always normal so there is no major role of inspection but there may be swelling in case of large intracanalicular fibroadenoma.

Palpation is important

- a) Fibroadenomas typically measure 2 to 3 cm in diameter and are smooth or somewhat corrugated. These are often movable, with the exception of those at the nipple. In young girls they are more mobile. Due to the constricting effects of the surrounding fibrotic tissue, mobility declines with age. Only 10% of cases may initially present with numerous fibroadenomas.
- b) A freely mobile solitary lump within the breast with a round smooth margin is nothing but a fibroadenoma. It has a firm consistency but the consistency is soft in case of large intracanalicular fibroids.
- c) The lump is neither fixed to the overlying skin, nor fixed to the fascia covering pectoralis major. It is also not fixed within the breast and is so freely movable, that it is often called a breast mouse'.
- d) The axillary lymph nodes are usually not enlarged.

Diagnosis

Clinical diagnosis is sufficient for patients under the age of 25. Mammography is not a part of the standard diagnostic process. Mammography and Fine Needle Aspiration Cytology (FNAC) should be done as people age to rule out cancer.

When making a differential diagnosis of a palpable breast lump, ultrasonography is very helpful. It is best to perform ultrasonography using a Logic 500 Preserver with a linear multifrequency and a 6–9 MHz probe. All breast lesions are examined with a water pack. Using low and high gain settings for the same transducer position, the lesions should be observed in both longitudinal and transverse planes.

Quadrant by quadrant, each breast is surveyed. The mass is classified as circumscribed or non-circumscribed when it is delineated.

This method can identify benign and cancerous tumors. FNAC or histology are used to confirm the diagnosis given during ultrasonography.

It is a well-known fact that separating cystic from solid tumors with breast ultrasound is very helpful. Masses that are well-circumscribed tend to be benign, while those that are poorly-circumscribed tend to be malignant. According to an Indian study, ultrasonography can accurately diagnose cystic masses 95% of the time and solid breast masses roughly 65% of the time.

Western research have shown that ultrasound provides a more reliable method of detecting breast cancer. However, research conducted in India show that benign breast lesions are easier to diagnose with an ultrasound than malignant ones. Sensitivity of ultrasonography in the detection of breast fibroadenoma is supposed to be more than 80%.

Treatment

The preferred course of treatment is excisional biopsy. Excision is necessary, even though a qualified physician can most likely identify a fibroadenoma with an accuracy of 80% to 85% of instances. This offers the chance to obtain the histopathology report. Additionally, the patient will benefit psychologically from having been disease-free after the excision of the tumor. For cosmetic reasons, peri areolar or sub mammary incisions should be tried whenever possible. The sub mammary incision (also known as the Gaillard Thomas' incision) is frequently used since the tumor is frequently found in the lower portion of the breast. A radial incision or curved incision along the Langer line is only done when one of these incisions cannot be used to remove the tumor. The incision is deepened all the way to the tumor capsule. If the tumor is of the peri canalicular form, the capsule is cut, the adhesions are cut, and the tumor is taken out of the incision using a finger that is placed into the cleavage between the capsule and the tumor. The term for this is enucleation. Enucleation may not be an option in cases of the intracanalicular variant, in which case the entire tumor is removed. Catgut suturing eliminates the dead space. This results in haemostasis. The epidermis is closed. Only when there is a significant dead space and when one is unsure of haemostasis the drainage is necessary.

Sending the removed tumor for a frozen section biopsy is preferable. Quadrantectomy or Patay radical mastectomy should only be carried out depending on the extent of the tumor once, unfortunately if cancer is discovered. Due to a better understanding of the condition's natural course, the current tendency is away from routine excision in women under the age of 25. Most fibroadenomas will gradually grow in size up to 3 cm in diameter over the course of five years if untreated.

After that, they either stay the same size or possibly get smaller over time^[1].

Case History

A case of 35 years female suffering from fibroadenoma reported here was treated successfully within 6 months by a constitutional homeopathic medicine *Calcarea carbonica* 200.

The improvement is relevant to the decrease hair falling and also from ultrasonography (USG) reports.

History of present complaints: The patient is suffering from fibroadenoma of left breast which have been diagnosed on 24/06/2022 by ultrasonography. Tenderness of breast. The patient was suffering from hair fall for 2 months. Sometimes patient feel vertigo when shaking the head.

The patient was suffering from the sensation of heat on the vertex and pimples on the face. There is a burning sensation in the back region. The patient is suffering from copious menses and thin and acrid exoriating leucorrhoea after menses.

Physical generals

She had a good appetite but less thirst. She loved to eat spicy food. Her stool was changeable, sometimes normal, and sometimes hard. She had an aversion to oily fatty food

which causes nausea. Her sleep was disturbed, and there was anxiety which causes sleeplessness. Thermally she was chilly. There was burning during micturition. Perspiration profuse mainly on scalp.

Menstrual history: Regular and copious menses, dark red.

Leucorrhoea: After menses, acrid and exoriating and yellow colour.

Mental generals: Suppressed anger, aversion to work, consolation aggravation, and patient is very impatient.

Diagnosis

Diagnosis was based on clinical symptoms, physical examination of the patient and USG report.

Case analysis and evaluation of symptoms

S. No	Type of symptoms	Symptoms	Intensity	Miasmatic analysis [2]
1	Physical General	Vertigo amelioration in open air	3	Psoric
2	Physical General	Vertigo aggravated by moving head	2	Psoric
3	Particular	Eruptions on head, pustules	3	Psoric
4	Physical General	Hair falling	2	Syphilitic
5	Particular	Heat sensation on vertex	3	Psoric
6	Particular	Pustules on extremities	2	Psoric
7	Physical general	Leucorrhoea cause itching	3	Sycotic
8	Physical general	Leucorrhoea after menses, leucorrhoea is thin and acrid and exoriating	3	syphilitic
9	Physical general	Profuse menses	3	Sycotic
10	Particular	Fibroadenoma of breast	2	sycotic

Repertorial Totality [2]

Totality of Symptoms	Rubrics
1. Vertigo amelioration in open air	[Vertigo] air, open, in Amelioration
2. Vertigo aggravated by moving head	[Vertigo] Moving The Head Quickly
3. Eruptions on head, pustules	[Head] Eruption: Suppurating
4. Hair falling	[Head] Hair: Falling
5. Heat sensation on vertex	Head] Heat: Vertex
6. Pustules on extremities	[Skin] Eruptions: Pustules:
7. Leucorrhoea cause itching	[Genitalia female] Itching: Leucorrhoea, from:
8. Leucorrhoea after menses, leucorrhoea is thin and acrid and exoriating	[Genitalia female] LEUCORRHOEA: Acrid, exoriating:
9. Profuse menses	[Genitalia female] MENSES: Copious:
10. Fibroadenoma of breast	[Chest]TUMOURS: Mammae:

Repertorization

Remedy	Sulph	Calc	Phos	Sep	Kali-c	Arn	Carb-v	Con	Lach	Nat-m	Nit-ac	Calc-s	Merc	Si	Carbon-s	Chert
Totality	21	17	15	15	13	13	13	13	13	13	13	12	12	12	11	11
Symptoms Covered	9	7	7	6	7	6	6	6	6	6	5	9	6	5	6	6
Kingdom	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓
[Kent] [Vertigo]AIR,OPEN,IN :Amel: (43)	2		1		2							1	1		1	2
[Kent] [Vertigo]MOVING THE HEAD:Quickly: (17)	1	3			2		2					1				
[Kent] [Head]ERUPTION:Suppurating: (15)	3			2		1						2				
[Kent] [Head]HAIR :falling: (94)	3	2	3	3	3	2	3	2	3	3	3	1	2	3	3	1
[Kent] [Head]HEAT:Vertex: (44)	3	2	2					2	3	1		1			1	
[Kent] [Skin]ERUPTIONS:Pustules: (78)	3	2	1	2	1	3	2	2	1	2	2	2	2	2	2	2
[Kent] [Genitalia female]ITCHING:Leucorrhoea,from: (28)	2	3		3	1	1	2			2	3	1	2			2
[Kent] [Genitalia female]LEUCORRHOEA:Acrid,excoriating: (85)	2	2	3	3	2	3	2	2	2	2	3	2	3	3	3	2
[Kent] [Genitalia female]MENSES:Copious: (163)	2	3	1	2	2	3	2	2	2	3	2	1	2	2	1	2
[Kent] [Chest]TUMOURS:Mammae: (10)			2					3	2							2

This Reportorization was done by Kent repertory by using ZOMEIO software [3].

Reportorial Analysis

1. Sulphur-21/9
2. Calcarea carb-17/7
3. Phosphorus -15/7
4. Sepia -15/6
5. Kali carb -13/7

Selection of the remedy and potency: The reportorial result showed that Calcarea carbonica covered maximum symptoms with the highest gradation. Therefore, an

individualized single constitutional remedy, Calcarea carb was selected based on the totality of symptoms covered in Materia medica Allen’s keynote [4] and boericke Materia medica [5]. All symptoms are covered by Calcarea carb, although the patient was chilly so here, I have prescribed Calcarea carb 200 to the patient. The medicinal dose was only repeated when its action was ceased [6].

Follow-up

After 5 months of regular treatment, the patient improved very much. She reported with USG. In USG, the fibroadenoma is cured.

Date	Response	Prescription
02/08/2022	The pain of fibroadenoma and eruptions on face and scalp relieved	Rubrum met 200 /3dose Sac lac 30/tds
23/08/2022	Eruptions in extremities decreased, and vertigo episodes decreased. Hairfall improved.	Rubrum met 200 /3dose Sac lac 30/tds
06/09/2022	leukorrhoea became normal in consistency	Calcarea carb 200/3dose Sac lac 30/TDS
27/09/2022	Improved. No vertigo at all.	Rubrum met 200 /3dose Sac lac 30/TDS
04/10/2022	Improved in all complaints	Rubrum met 200 /3dose Sac lac 30/tds
25/10/2022	Suffered from acute coryza with headache.	Calcarea carb 200 /3dose Sac lac 30/TDS
01/11/2022	Improved	Rubrum met 200 /3dose Sac lac 30/TDS
15/11/2022	No eruptions at all in her body, she was feeling good.	Rubrum met 200 /3dose Sac lac 30/TDS
29/11/2022	Her sonography reports were normal, there was no growth of the breast in form of fibroadenoma.	Rubrum met 200 /3dose Sac lac 30/TDS

Before Treatment

Clinic : 05278-224415
Clinic : 05278-223273

Since : 1992

BHUVAN DIAGNOSTIC CENTRE
(ALKA TOWER) NIYAWAN ROAD, REKABGANJ, FAIZABAD

Whole Body M.R.I., Whole Body CT Scan With Laser Camera
Colour Doppler, Ultrasonography & Digital X-Ray

REG NO. : 36	UHID NUMBER : 20221124036
PATIENT NAME : Mrs. BEENA	REGISTRATION DATE : 24-07-2022 01:45 PM
AGE/ GENDER : 35 Year Femal FZD	REPORTED DATE : 2022-07-24 24-Jul-2022
REFERRED BY DR. : SWATI SRIVASTAVA	

B. Mode gray scale color doppler ultra sonogram of both breasts are done in supine position.

RIGHT BREAST

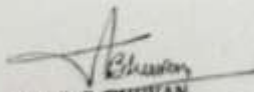
*Glandular tissue is normally visualized.
There is no ductal dilation , calcification or microlobulation.
Retromammory fat is seen normal .
Chest wall appears normal.
No SOL or mass seen in right side breast.*

LEFT BREAST

*Single, big, well define, hypo echoic, irregular margin solid SOL of size 32.8 mm x 72.0 mm x 27.2 mm seen in left breast at 2 o' clock position.
There is no ductal dilation , calcification or microlobulation.
Retromammory fat is seen normal .
Chest wall appears normal.*

IMPRESSION:-
BIG IRREGULAR MARGIN SOLID SOL IN LEFT SIDE BREAST AT 2 O' CLOCK POSITION.
No bilateral axiliary lymph nodes are enlarged.

ADVISE:- FNAC .
Clinical & pathological correlation `s are necessary.


DR. D. R. BHUVAN
SENIOR CONSULTANT RADIOLOGIST
MBBS(ALD), DMRE(AGRA).

After Treatment

Clinic : 05278-224415
Clinic : 05278-223273

BHUVAN DIAGNOSTIC CENTRE
(ALKA TOWER) NIYAWAN ROAD, REKABGANJ, FAIZABAD

Whole Body M.R.I., Whole Body CT Scan With Laser Camera
Colour Doppler, Ultrasonography & Digital X-Ray

REG NO. : 36	UHID NUMBER : 20221124036
PATIENT NAME : Mrs. BEENA	REGISTRATION DATE : 24-11-2022 01:45 PM
AGE/ GENDER : 35 Year Femal FZD	REPORTED DATE : 2022-11-24 24-Nov-2022
REFERRED BY DR. : SWATI SRIVASTAVA	

B. Mode gray scale color doppler ultra sonogram of both breasts are done in supine position.

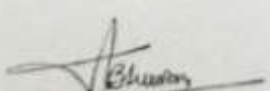
RIGHT BREAST

*Glandular tissue is normally visualized.
There is no ductal dilation , calcification or microlobulation.
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LEFT BREAST

*There is no ductal dilation , calcification or microlobulation.
Retromammory fat is seen normal .
Chest wall appears normal.*

IMPRESSION:-
Normal Study


DR. D. R. BHUVAN
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Discussion and Conclusion

Studies in homeopathy have shown a positive role. Hyperandrogenism and the effect of Lifestyle modification were not evaluated and statistical rigor was also lacking. Due consideration has been given to all these aspects while drafting this protocol. Despite the increasing incidence of this problem, limited research has been conducted that

covers the full spectrum of fibroadenoma.

The patient was taking allopathic treatment and there was no relief so the patient came to my OPD SNHMC on the date 19/07/2022.

All symptoms are covered by Calcarea carb, although the patient was chilly so here, I have prescribed Calcarea carb 200 to the patient. After prescribing medicine patient is

improved so much. Her vertigo and eruptions on body have decreased and her leucorrhoea is also improved. Ultrasonography (USG) showed a normal result. This patient was successfully cured and followed up regularly.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Parashar S, Gupta V, Nagwar S. A case of fibroadenoma of the breast cured by constitutional remedy. International Journal of Homoeopathic Sciences. 2023;7(4):21-27.

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