Effectiveness of homoeopathy for the treatment and management of idiopathic granulomatous mastitis in women: A case series

Swapna Potdar
Chinmay Homoeopathy Clinic, Pune, Maharashtra, India, drswapnapotdar@gmail.com
Effectiveness of homoeopathy for the treatment and management of idiopathic granulomatous mastitis in women: A case series

Abstract

Introduction: Idiopathic Granulomatous Mastitis (IGM) is a rare, debilitating, chronic inflammatory disease of the breast, occurring in women of the child-bearing age, which can clinically, and radiologically mimic abscess, tubercular infection or breast cancer. Homoeopathy can treat the disease by addressing its multifactorial origin, given its holistic approach. The paper presents a case series of 11 patients of IGM treated with classical homoeopathy in place of conventional methods.

Case Summary: After exclusion of differential diagnosis of inflammatory breast lesions by radiology, and biopsy, the patients were given individualised homoeopathic treatment. Common symptoms were pain, single or multiple lumps, abscesses, sinuses, ulcers and discharge in various patients. Descriptive statistics, clinical observation and patient's feedback were used for analysis. 11 patients were followed up for a median period of 24 months. All 11 patients experienced subsidence of the lumps with no recurrence and general improvement in health, without any conventional medication or surgical intervention. The initial experience of resolution of IGM with homoeopathic treatment is encouraging. For an evidence-based evaluation of the results, larger numbers of case studies are required. The key to positive outcome of the case series was meticulous follow up of each patient and intervention with acute homoeopathic remedies, as indicated.

Acknowledgments and Source of Funding

This case series is available in Indian Journal of Research in Homoeopathy: https://www.ijrh.org/journal/vol16/iss1/5
Case Series

Effectiveness of homoeopathy for the treatment and management of idiopathic granulomatous mastitis in women: A case series

Swapna Potdar*
Chinmay Homoeopathy Clinic, Pune, Maharashtra, India

Abstract

Introduction: Idiopathic Granulomatous Mastitis (IGM) is a rare, debilitating, chronic inflammatory disease of the breast, occurring in women of the child-bearing age, which can clinically, and radiologically mimic abscess, tubercular infection or breast cancer. Homoeopathy can treat the disease by addressing its multifactorial origin, given its holistic approach. The paper presents a case series of 11 patients of IGM treated with classical homoeopathy in place of conventional methods. Case Summary: After exclusion of differential diagnosis of inflammatory breast lesions by radiology, and biopsy, the patients were given individualised homoeopathic treatment. Common symptoms were pain, single or multiple lumps, abscesses, sinuses, ulcers and discharge in various patients. Descriptive statistics, clinical observation and patient’s feedback were used for analysis. 11 patients were followed up for a median period of 24 months. All 11 patients experienced subsidence of the lumps with no recurrence and general improvement in health, without any conventional medication or surgical intervention. The initial experience of resolution of IGM with homoeopathic treatment is encouraging. For an evidence-based evaluation of the results, larger numbers of case studies are required. The key to positive outcome of the case series was meticulous follow up of each patient and intervention with acute homoeopathic remedies, as indicated.

Keywords: Breast abscess, Homoeopathy, Idiopathic granulomatous mastitis, India

INTRODUCTION

Idiopathic granulomatous mastitis (IGM) is an uncommon inflammatory condition of the breast of unknown etiology occurring in women of the childbearing age but may also occur in perimenopausal women and rarely in men. The common presentation is presence of firm to hard lumps that are usually unilateral. The patient may present with diffuse inflammation, erythema, and axillary lymphadenopathy, though absence of inflammatory changes may lead to misdiagnosis of malignancy. IGM is confirmed by biopsy as it can clinically and radiologically mimic other inflammatory conditions such as tuberculosis, fungal infections, Wegener’s granulomatosis, histoplasmosis, and malignancy. Incidence of IGM is 2.4 in 100,000.

It is not known if IGM is caused by a bacterial infection or hormone changes. One study links it with deficiency of alpha anti-trypsin1. It is also thought that IGM may be triggered by an autoimmune response to stimuli that may be multifactorial, in origin including lifestyle and stress. Microscopic examination of the tissue or fluid from the affected breast for the presence of infectious organisms is required for establishing a diagnosis of IGM by exclusion of infectious pathology. The diagnosis is confirmed by breast ultrasound-guided core needle biopsy.

*Address for correspondence: Dr. Swapna Potdar, Chinmay Homoeopathy Clinic, Third floor Ashok Sankul 1, 18 Ashok Nagar, Pune - 411 007, Maharashtra, India. E-mail: drswapnapotdar@gmail.com

Received: 23 November 2020; Accepted: 18 February 2022

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Potdar S. Effectiveness of homoeopathy for the treatment and management of idiopathic granulomatous mastitis in women: A case series. Indian J Res Homoeopathy 2022;16(1):41-54.
biopsy, or excision biopsy. Conventional treatment options are oral steroids (prednisone) or methotrexate, antibiotics, anti tuberculous drugs, and surgical multidirectional excision of the abscesses,[1-5] which may have serious side effects. Homoeopathic individualized treatment is a safer and effective mode of treatment as indicated by the encouraging results of the cases presented herewith.

Between 2014 and 2019, patients keen on homoeopathic treatment with presenting symptoms of IGM were studied with homoeopathic case taking and confirmation of diagnosis by tissue biopsy in ten cases and MRI in one case. They received constitutional treatment with a single medicine in moderate-to-high potency. Intercurrent remedies and acute remedies were given as required.

All patients were parous females between 28 and 40 years of age, having breast fed their children. The lesions were unilateral in all, and number of lumps ranged from one to four. Number of fistulas and ulcers ranged from 1 to 8. During course of the treatment, there were occurrences of new lumps in seven women which were smaller, less painful, and resolved completely with the indicated acute homoeopathic remedies. The average duration of recovery was 2–10 months. Resolution of IGM was confirmed with breast ultrasound and clinical review.

Case 1

A 34-year-old woman having a 3-year-old child was first seen in June 2014, with a single 6–7 cm diameter lump with a sensation of heaviness behind the areola of her left breast [Figure 1]. She had been under conventional treatment since November 2013 with antibiotic cycles, hydrocodone, acetaminophen, sulfamethoxazole trimethoprim, omeprazole, clindamycin, ciprofloxacin, amoxycillin, doxycycline, and undergone incision and drainage, with surgical biopsy in April 2014. She also had hyperlipidemia, spring and fall allergies with itchy throat, ears swollen itchy eyes, and irregular menstruation since menarche. Her characteristic mental symptoms were feeling confined at home, and not appreciated which she expressed in a lamenting tone. She was irritable, impatient, and harsh in language, though loving and friendly. She was given Calcarea Sulphuris 200X, as one dose, as it relates to suppurations in tissues, when pus has found a vent, and continued inflammatory processes that do not heal. The reference, Complete Repertory 2017: Mind: LAMENTING, bemoaning, wailing; appreciated, because he is not (2): calc-s., querc-r. was also taken into account.

Hepar sulphuris 30 C every 4 h for 3 days was given as an acute remedy for “sensitiveness of affected parts” and promoting suppuration [Figure 2]. Her irritable personality was confirmatory for the choice. Arnica 200C was given as an intercurrent dose for acute tenderness in lumps. During course of the treatment, there was a sense of vibration in her left breast. Small pustules formed around the old scar and drained pus, Lumps started to shrink and resolved completely in 10 months [Table 1]. Her allergies showed significant regression and menstrual cycles regularized. There was no recurrence of IGM until reporting of this case. Ultrasound dated July 20, 2015 confirmed complete resolution of previously seen granulomatous lesions [Figure 3].

Case 2

A 35-year-old mother of a 5-year-old child approached in May 2016 with IGM diagnosed with surgical biopsy done 5 months back. She had three hard abscesses in her right breast with sharp shooting pain, eight fistulous ulcers discharging blood, pus, and serum [Figure 3]. She experienced hot flushes at night even though her temperature would be 98.5°F. She felt weak, had low appetite, and weight loss. She was egoistic, impatient, and remained angry because of her distressing...
She was given Tuberculinum 1M, one dose for her loss of weight of about 2 kg in 2 months, hot flushes of heat at night, weakness, with a snappish temperament and weekly doses of Staphysagria 200C for 2 months. Complete 2017 Rep; mind; GRIEF; silent, pent up; indignation, with (2): 3Coloc., 3Staph [Figures 5 and 7]. A congested area appeared on the breast which resolved with Silicea 30X 2 pills BD for 1 day given as an acute remedy [Figure 4].

During the 5 months of the treatment, the abscesses subsided, fistulae drained and healed, and there was no recurrence as per feedback after 24 months. Associated symptoms of evening fever disappeared and her weight improved. Her temperament improved. There has been no recurrence of IGM since. Ultrasound imaging was done to confirm that there was no evidence of residual granulomatous inflammation [Table 2].

**Case 3**

A 32-year-old mother of a 3-year-old child came in August 2016 with four exquisitely tender lumps in the left breast since 2 years and one discharging sinus [Figure 5]. She had lost both parents just before the first lump developed and she felt anxious about her health and that of her family, had fear of cancer, but put up a brave front to not affect her child. She was given Calcarea carb 1M single dose as she was tough outside and weak inside and had marked anxiety about health and Arnica 200C as weekly doses, on the interpretation of effects of emotional impact [Figure 6]. One tender lump of 1 cm diameter came up after 10 days which resolved with Arnica 200C given as an acute dose. The lumps resolved within a month and no recurrence was seen since. She felt more confident and emotionally stable subsequently. Ultrasound imaging was done at the end of the treatment confirmed absence of any inflammatory lesion in breast [Table 3].

**Case 4**

A 33-year-old mother of a 4-year-old child came in November 2017 with two abscesses in her left breast confirmed as IGM with biopsy. Her first painful lump
developed 2 months back and the second lump developed after biopsy of the first lump. The lump had a pin hole sinus draining drops of whitish pus and little blood. She had been given three cycles of antibiotics and analgesics and was advised surgery which she refused and decided to try homoeopathy. The associated complaints were recurrent vaginitis, body ache, and pain in the lower limbs on exertion. She seemed stingy, as she bargained for paying fees, selfish, as she was centered on her own needs, craved masala tea, and attention, and loved dancing. The reference, Complete 2017 Repertory: mind; BARGAINING (5): 3Puls., 3Sil., bry., cypra-e., sulph. was also taken into account [Figure 7].

She was given Pulsatilla 200C, weekly doses. A month later, 3–4 small abscesses developed and drained a small amount of blood and pus, when a single dose of Silicea 30X was given, followed by the resolution of abscesses within 6 weeks. Her leg pain and vaginitis episodes did not recur and there was no recurrence of lumps until reporting of this case. Ultrasound
imaging was done on February 15, 2019—to confirm resolution of previously seen granulomatous lesions in the breast [Table 4].

**Case 5**

In February 2016, a 28-year-old mother of a 5-year-old child came with a 3–4 cm diameter lump in her right breast since 10 months, occasionally draining pus and blood from a sinus since 3 months. She gave a history of a severe impact on the same breast by her child’s leg 7 months before the development of the lump. She had taken allopathic drugs earlier without any improvement. She was lazy, confused, self-centered, and feels lonely. The reference, Complete 2017 Repertory: chest; INJURIES, after; mammae, to (19): 4BELL-P., 4CON., 3Arn., 3Cund., ars-i. was also taken into account [Figure 8].

She was given *Bellis perrenis* 200C,[8,9] for 1 month. Follow-up was taken monthly, when size had reduced to 2 cm diameter and to 1 cm in 2 months. Two new lumps appeared in the same breast which resolved with one dose of *Silicea* 30X. After 10 months of follow-up, there was no lump confirmed on ultrasound [Table 5].
Table 5: Follow-up chart Case 5

<table>
<thead>
<tr>
<th>CASE NUMBER</th>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE 5</td>
<td>January 05, 2018</td>
<td>USG right breast: Focal area of the right breast tissue edema with probe tenderness, suggestive of benign inflammatory parenchymal lesion.</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>February 08, 2018</td>
<td>Right breast lump 3–4 cm in size, draining pus and blood off and on, A/F impact of child’s head, lazy, confused, and consolation ameliorates</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>March 19, 2019</td>
<td>Oozing from lump reduced. Rash on forearms and itchy</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>July 02, 2019</td>
<td>Lump reduced to size of a grape, no pain, and no discharge. Rash reduced.</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>August 27, 2019</td>
<td>Two new lumps size of a pea, occasionally drain on their own.</td>
<td>Sil. 30X one dose of three tablets.</td>
</tr>
<tr>
<td></td>
<td>November 20, 2019</td>
<td>Only one lump, size of a pea, and slight tenderness.</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>February 04, 2020</td>
<td>USG right breast shows resolution of parenchymal lesion</td>
<td>Bel.per. 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>March 01, 2020</td>
<td>No lumps and no other complaints</td>
<td>No treatment</td>
</tr>
</tbody>
</table>

(36): 4IP. HeCo, 4LYC. KoCB, 4STAPH. KoCB, 3Aur. AIFT, 3Cham. KeJT, 3Germ. Sherr. Since the suppressed anger was much stronger than the unwanted feeling [Figure 9], she was given Staphysagria 200C weekly doses,[8,9] and reviewed every month. The largest abscess became tender during the 1st month, which was treated with one dose of Silicea 200X. This dose was chosen as the abscess was larger than 2 cm. It was followed by drainage of pus from a sinus which resolved within 7 days. There was progressive regression of lumps which completely resolved in 4 months. No recurrence has been seen since. Ultrasound imaging confirmed complete resolution of granulomatous lesions previously seen [Table 6].

Case 7

A 40-year-old mother of two children came in May 2017 with a 1-inch lump in her left breast, diagnosed as IGM with...
biopsy, with pinching pain since 6 months. She also had a chocolate cyst in the left ovary and pain in the left temple before menses, which relieved when flow started. She felt dominated since her childhood and was molested by her cousin as a teenager, which shocked her, made her hateful toward him, and contemplated about how she would take revenge. The reference Complete Repertory 2017: mind; HATRED; revenge, and (39): 4LACH., 4NAT-M., 4NIT-AC., 4SULPH., 3Agar., 3Anac. was also taken into account [Figure 10].

She was given Lachesis 200C as weekly doses. The lump reduced and became indiscrete in 1 month and completely resolved in 7 months with no relapse till date. Ultrasound imaging confirmed no trace of granulomatous lesions previously noted [Table 7].

**Case 8**

A 34-year-old mother of a 7-year-old child came in April 2018 with a 1-inch diameter lump in her right breast with sharp shooting pain. She had noticed the lump 2 years back and had been treated with anti-tuberculous drugs and prednisolone after having four inflammatory flare up episodes, when biopsy confirmed IGM. She felt she did not eat nutritious food due to her busy schedule and was very anxious about the harmful effects of allopathic drugs. She suffered from allergic cough and wheezing at every weather change [Figure 11]. She was given Calcarea carb 200C as weekly doses for her tendency to protect and nourish herself. [6-10] In 5 months, there were no signs of IGM as confirmed on ultrasound. Her allergic cough episodes showed significant reduction in severity. There has been no recurrence of IGM since, and confirmation was done with ultrasound imaging [Table 8].

**Case 9**

A 35-year-old mother of a 5-year-old child came in March 2018 with IGM diagnosed with biopsy, with four tender lumps in the right breast, sizes ranging from 0.5 to 1 inch in diameter since 2 years. The first lump appeared 2 years before in May 2016 a month after she took Tranexamic acid 500 mg for postmenstrual spotting. The lumps increased with purulent discharge from...
given antituberculous drugs with no relief after which she sought homoeopathic treatment. She felt weak. She compulsively followed a fixed pattern for her activities and wanted to clean up all toxicity of allopathic drugs from her body. The reference Complete Repertory 2017: mind; FEAR; poisoned; being (37): HYOS., RHUS-T., 3Anac., Apis, Ars., 3Bapt. and also the rubric mind; FASTIDIOUS; work, in (3): ars., nux-v., sulph., confirmed Arsenicum album 200C, and was given as weekly doses [Figure 12]. Lumps softened, latest lump disappeared first, the third one discharged pus and healed, the second one shrunk, and the first one became tender, then resolved, after Carcinosin 200C was given as one intercurrent dose, as indicated by her desire for fixed patterns.[7] The treatment lasted 7 months during which her general health and energy improved and there was no recurrence of IGM since. Ultrasound imaging [Table 9] was done to confirm resolution of granulomatous lesions.

**Case 10**

In January 2017, a mother of two children, 1 week into her puerperium, came with three lumps of IGM above a
Table 8: Follow-up chart Case 8

<table>
<thead>
<tr>
<th>CASE NO.</th>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE 8</td>
<td>January 06, 2018</td>
<td>Biopsy report: Section shows breast acini, ducts and ductules in fibroadipose storm, densely infiltrated by inflammatory cells, and histiocytes. Scattered epithelial granulomas with longhand and foreign body Gian cells present.</td>
<td>Cal.carb. 200C, weekly x 2 months</td>
</tr>
<tr>
<td></td>
<td>April 09, 2018</td>
<td>Pain right breast, 1-inch diameter, since few months, when started with a hectic schedule, and skipped meals. Needle like pain in lump before menses, frequent coryza, cough, wheezing-winter, studious, anxiety health, and ill effects of allopathy.</td>
<td>Ars.alb. 200C weekly doses x1 month</td>
</tr>
<tr>
<td></td>
<td>June 18, 2018</td>
<td>Lump same, but sense of well-being.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>August 09, 2018</td>
<td>Molluscum contagiosum on genital area, lump reduced to size of grape, and more diffuse, ill-defined, and sharp pain only occasional, Coryza and cough episodes, less frequent, and mild.</td>
<td>Sulph. 30C one dose</td>
</tr>
<tr>
<td></td>
<td>November 11, 2018</td>
<td>USG right breast shows resolution of granulomatous inflammatory lesion previously seen.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>December 01, 2019</td>
<td>No lump, Molluscum scabbed and disappeared. Wants to try for second child.</td>
<td>No treatment</td>
</tr>
</tbody>
</table>

Table 9: Follow-up chart Case 9

<table>
<thead>
<tr>
<th>CASE NO</th>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE 9</td>
<td>February 07, 2018</td>
<td>MRI imaging right breast-soft-tissue edematous/inflammatory changes in almost entire breast Glandular Parenchyma suggestive of granulomatous Mastitis</td>
<td>Ars.alb. 200C weekly doses x1 month</td>
</tr>
<tr>
<td></td>
<td>March 29, 2018</td>
<td>Four tender lumps in right breast sizes 0.5 cm to 1 inch since 2 years, weakness from AKT, and surgical drainage, fastidious in work, delusion poisoned by allopathic drugs,</td>
<td>Ars.alb. 200C weekly doses x1 month</td>
</tr>
<tr>
<td></td>
<td>April 19, 2018</td>
<td>Lumps softer, latest lump shrunk to half</td>
<td>Ars.alb. 200C weekly doses x1 month</td>
</tr>
<tr>
<td></td>
<td>May 13, 2018</td>
<td>Lump which had appeared third, Enlarged, and painful</td>
<td>Carc. 200C one dose</td>
</tr>
<tr>
<td></td>
<td>July 08, 2018</td>
<td>The third lump discharged pus, Blood, and healed.</td>
<td>SL 1 month</td>
</tr>
<tr>
<td></td>
<td>August 28, 2018</td>
<td>Second lump and oldest lump smaller in size but tender to touch.</td>
<td>Ars.alb. 200C one dose</td>
</tr>
<tr>
<td></td>
<td>October 16, 2018</td>
<td>Lumps barely palpable and non tender</td>
<td>SL 1 month</td>
</tr>
<tr>
<td></td>
<td>November 12, 2018</td>
<td>USG right breast shows resolution of previously seen granulomatous lesions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>November 26, 2018</td>
<td>No lump palpable</td>
<td>No treatment</td>
</tr>
</tbody>
</table>

which led to shrinking of the lumps in 1 month, though the fistula continued to discharge. *Tuberculinum* 1M given as an intercurrent dose, confirming to her artistic nature, healed it with healthy granulation. Duration of the treatment was 8 months with no recurrence since. Ultrasound imaging confirmed resolution of inflammatory lesions previously noted [Table 10].

Case 11

A 35-year-old mother of an 8-year-old child came in August 2017 with two lumps diagnosed on MRI as IGM with pricking needle like pains since 7 months. Lumps were bilateral for which she had been given oral steroids...
in tapering dosage, but relapsed in the right breast as dose reduced. She had been suffering from recurrent sinusitis and tonsillitis with high fever at every weather change since her childhood. She expressed her suppressed desire to have a second child since 1 year, as her husband was not keen. She was determined and obstinate by nature. Complete 2017 Rep: mind; SUPPRESSION of natural inclinations and desires; will, by, in order to proper (2): hot, sil [Figure 4].

She was given *Silicea* 200C as weekly doses [Figure 14]. The lump softened and shrank in size. One lump <1 cm appeared and resolved with continued regular medicine. There has been no relapse in IGM since December 2018, and her recurrent sinusitis and fever episodes also subsided reportedly. Ultrasound imaging confirmed resolution of granulomatous lesions previously noted [Table 11].

**Results**

To summarize, all 11 patients reported here recovered from IGM on an average of 8 months with no relapse for more than 24 months after resolution of the clinical signs. There was no requirement to resort to conventional methods of the treatment for managing acute inflammatory episodes during the course of homoeopathic treatment. General physical condition and

---

*Table 10: Follow-up chart Case 10*

<table>
<thead>
<tr>
<th>CASE NO</th>
<th>DATE</th>
<th>SYMPTOMS</th>
<th>PRESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASE 10</td>
<td>January 04, 2019</td>
<td>MRI left breast: heterogeneously dense amorphous enhancement suggestive of granulomatous mastitis</td>
<td><em>Arn.mont.</em> 200C BD x 2 months</td>
</tr>
<tr>
<td></td>
<td>January 21, 2019</td>
<td>Three lumps size of a grape in the left breast one sinus discharging serous fluid. A/F friction of tight clothes, artistic, and gentle,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>April 01, 2019</td>
<td>Discharging sinus healed and lumps smaller.</td>
<td><em>Arn.mont.</em> 200C BD x 2 months</td>
</tr>
<tr>
<td></td>
<td>June 10, 2019</td>
<td>Lumps same, not shrinking, and tenderness in lumps before menses</td>
<td>Tuberc. 1M, One dose, SL 1 month</td>
</tr>
<tr>
<td></td>
<td>August 07, 2019</td>
<td>Lumps reduced to size of raisin and no tenderness</td>
<td><em>Arn.mont.</em> 200C, OD x 1 month</td>
</tr>
<tr>
<td></td>
<td>September 10, 2019</td>
<td>USG left breast shows no evidence of previously seen granulomatous lesions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>October 03, 2019</td>
<td>No lumps palpable</td>
<td>Treatment discontinued</td>
</tr>
</tbody>
</table>
mental stability of the patients were observed to improve in due course.

**Discussion**

In this study, IGM was seen to occur in women who have had at least one child and who have also breastfed. IGM is considered to be self-limiting, but causes significant morbidity thus impairing quality of life. If left untreated, it can lead to serious infection and one study has even found it to coexist with cancerous change. There is no universally accepted consensus on the treatment protocol of IGM but steroids, antibiotics and wide surgical excision and drainage, even mastectomy, are conventional methods of managing it. These methods may cause significant side effects and relapses and are usually not tolerated well by the patients.

Homoeopathy, being a holistic method of therapeutics, is more effective in addressing IGM, including the multifactorial etiology in terms of life events, mental or physical trauma, and stress, as well as individualizing physical and mental characteristics. The results are encouraging as there was no relapse of symptoms. In fact, improvement was also observed in the general health of the patients during the follow-ups. No intervention with steroids, antibiotics, or surgery was required for all the 11 patients during the course of the treatment, since acute inflammatory episodes responded well to the indicated acute prescriptions.

**Conclusion**

The case series suggests that homoeopathy can be considered as an effective method for the treatment of IGM. A larger number of cases and rigorous trials can be carried out to further confirm the results.

**Declaration of Patient Consent**

The authors certify that they had obtained all appropriate consent from the patients for their investigation reports and
other clinical information to be reported in the journal. The patients were made to understand that their name and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

REFERENCES

Efficacité de l'homéopathie dans le traitement et la prise en charge de la mastite granulomateuse idiopathique chez la femme: Une série de cas

RÉSUMÉ Introduction: La mastite granulomateuse idiopathique (MGI) est une maladie inflammatoire chronique rare et débilitante du sein, survenant chez les femmes en âge de procréer, qui peut ressembler cliniquement et radiologiquement à un abcès, une infection tuberculose ou un cancer du sein. L'homéopathie peut traiter la maladie en s'attaquant à son origine multifactorielle, étant donné son approche holistique. L'article présente une série de cas de 11 patients atteints d'IGM traités par l'homéopathie classique en remplacement des méthodes conventionnelles. Résumé du cas: Après exclusion des diagnostics différentiels de lésions inflammatoires du sein par radiologie et biopsie, les patientes ont reçu un traitement homéopathique individualisé. Les symptômes les plus courants étaient la douleur, des bosses uniques ou multiples, des abcès, des sinus, des ulcères et des écoulements chez différents patients. Des statistiques descriptives, l'observation clinique et les commentaires des patients ont été utilisés pour l'analyse. 11 patients ont été suivis pendant une période médiane de 24 mois. Les 11 patients ont vu leurs bosses s'affaisser, sans récidive, et leur état de santé s'améliorer, sans qu'aucun médicament conventionnel ou intervention chirurgicale ne soit nécessaire. Les premières expériences de résolution de l'IGM par un traitement homéopathique sont encourageantes. Pour une évaluation des résultats fondée sur des preuves, un plus grand nombre d'études de cas est nécessaire. La clé des résultats positifs de la série de cas a été le suivi méticuleux de chaque patient et l'intervention avec des remèdes homéopathiques aigus, comme indiqué.

Wirksamkeit der Homöopathie bei der Behandlung und Pflege der idiopathischen granulomatösen Mastitis bei Frauen: Eine Fallserie


Mहिलाओं में अजात्मेऽतुक ग्रैनुलोमेटस मास्टिस्टिस के उपचार और प्रबंधन के लिए होम्योपैथी की प्रभावशीलता: एक मामला का श्रृंखला

परिचय: इडियोपैथिक ग्रैनुलोमेटस मास्टिस्टिस (आईजीएम) स्तन की एक दुःखद, दुर्लभ, पुरानी बीमारी है, जो बच्चों को जन्म देने वाली उम्र की महिलाओं में होती है, जो नैदानिक रूप से, और बस्तियों से ऐसा समान है। बालिकाओं में होती है, जो नैदानिक रूप से, और बस्तियों से ऐसा समान है। होम्योपैथी अपने समग्र श्रृंखला को देखते हुए, अपने बुद्धि-कारकीय मूल व्यक्ति के लिए एक इलाज का प्रस्तुत तरीका है। प्रेषण पर, पूरे महानंद और शास्त्रीय होम्योपैथी के साथ, आईजीएम के 11 रोगी की एक कृत्रिम होम्योपैथी का उपचार दिया गया था। अपने समग्र श्रृंखला को देखते हुए, अपने बुद्धि-कारकीय मूल्यवान करके रोग का इलाज कर सकते हैं। प्रेषण पर, पूरे महानंद और शास्त्रीय होम्योपैथी के साथ, आईजीएम के 11 रोगी की एक कृत्रिम होम्योपैथी का उपचार दिया गया था।
Efectividad de la homeopatía para el tratamiento y manejo de la mastitis granulomatosa idiopática en mujeres: Una serie de casos

ABSTRACTO la introducción La mastitis granulomatosa idiopática (IGM) es una enfermedad inflamatoria crónica poco frecuente, debilitante de la mama, que se presenta en mujeres de edad fértil, que puede simular clínica y radiológicamente absceso, infección tuberculosa o cáncer de mama. La homeopatía puede tratar la enfermedad abordando su origen multifactorial, dado su enfoque holístico. El artículo presenta una serie de casos de 11 pacientes de IGM tratados con homeopatía clásica en lugar de métodos convencionales. Resumen del caso: Tras la exclusión del diagnóstico diferencial de lesiones inflamatorias de mama por radiología y biopsia, los pacientes recibieron tratamiento homeopático individualizado. Los síntomas comunes fueron dolor, bultos simples o múltiples, abscesos, senos paranasales, úlceras y secreción en varios pacientes. Para el análisis se utilizaron estadísticas descriptivas, observación clínica y retroalimentación del paciente. Se realizó un seguimiento de 11 pacientes durante una mediana de 24 meses. Los 11 pacientes experimentaron hundimiento de los bultos sin recidiva y mejoría general de la salud, sin ningún medicamento convencional ni intervención quirúrgica. La experiencia inicial de resolución de la IGM con tratamiento homeopático es alentadora. Para una evaluación basada en la evidencia de los resultados, se requieren un mayor número de estudios de caso. La clave para el resultado positivo de la serie de casos fue el seguimiento meticuloso de cada paciente y la intervención con remedios homeopáticos agudos, como se indica.