A case report of fibroadenosis alleviated with Homoeopathy

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Abstract

Fibroadenosis also known as fibrocystic breast disease constitutes the most frequent benign disorder of the breast causing constant breast pain. The only known treatment in conventional medicine is anti-inflammatory medicines which give temporary relief or surgical excision which results in scarring of breast tissue. The homoeopathic literature shows that cases related to breast lump, mastitis, etc. have been treated successfully; however, no case study/research trial has been documented till date in any peer-reviewed journal. The case reported here is of fibroadenosis in 31-year-old female who was treated successfully with individualised homoeopathic medicine within 6 months with no recurrence. Phytolacca was prescribed as a constitutional remedy on the basis of totality of symptoms and after repertorisation. Investigatory procedures such as mammography and ultrasonography were done before and after to record resolution of cysts. The patient has been observed for more than 1 year without recurrence which can be considered as near permanent cure through individualised homoeopathic treatment. Resolution of cysts in this case of fibroadenosis with Homoeopathy can be considered a lead to explore the utility of alternative modes of treatment such as Homoeopathy to give a better therapeutic option for such surgical conditions.

Keywords: Cyst, Fibroadenosis, Fibrocystic disease, Homoeopathy, Lump in breast

INTRODUCTION

Fibroadenosis also known as fibrocystic breast disease is a common benign breast disease characterised by varying degree of fibrocystic changes in the breast tissue. The fibrocystic breast has a dense irregular and lumpy consistency. The most common presenting symptoms are breast pain, tender nodularities which are round and moveable in breasts and sensitive nipples. These symptoms may change throughout the menstrual cycle that is increase in size of the cyst and tenderness before menstrual cycle and usually stop after menopause.[1,2] Such changes generally affect women of reproductive age group between 20 and 50 years of age. It may be multifocal and bilateral.[3]

Types of fibrocystic breast disease are:[2]

• Fibrosis - this is fibrous tissue similar to scar tissue. It feels rubbery, firm or hard to touch
• Cysts - These are fluid-filled sacs. Microscopic cysts are too small to feel. These may get bigger and form macrocysts, which may be 2.5–5 cm (1–2 inch) across.

As per records, fibroadenosis is known to be affecting an estimated 30%-60% of women. Although the exact pathogenesis of the entity is not clear, hormonal imbalance, particularly estrogen predominance over progesterone, seems to play an important role in its development. Fibrocystic changes comprise both cysts (macro and micro) and solid lesions, including adenosis, epithelial hyperplasia with or without atypia, apocrine metaplasia, radial scar and papilloma.[4]

Treatment

There is no definite treatment available for fibroadenosis. Removing fluid through fine-needle aspiration may help relieve symptoms of pain or pressure. However, the fluid may return later. In most of the cases, over-the-counter pain relievers such as non-steroidal anti-inflammatory medicines are given to temporarily relieve the pain.[2] Alternatively, surgery is advised in cases of constant recurrence of pain in spite of pain relievers. However, scarring of breast tissue and recurrence of disease after surgery are the prime cause due to which patients opt for alternative treatments.

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Diagnosis
Mammography and ultrasonography (USG) are done to evaluate a mass in a patient with fibrocystic condition. Mammography is usually the first imaging test to be done in women above 35 years of age when unusual breast changes are detected during a physical examination. USG alone may be used in women under 30 years of age.[4] Ultrasound breasts are commonly performed in conjunction with mammography for confirmation as they produce clear images of the breast and helps distinguish between fluid-filled breast cysts and solid masses.

Prognosis
As per conventional treatment, pain, tenderness and cyst formation may occur at any time until the menopause, when symptoms usually subside, except in patients receiving hormonal replacement therapy.[4]

Case Report
A 31-year-old married female presented in outpatient department (OPD) of Dr. D.P. Rastogi Central Research Institute of Homoeopathy, Noida, with complaint of burning pain in the breasts for 4–5 months which aggravated on touch, pressure and before menses. Pain was occasionally burning in character. Ultrasound breasts [Figure 1] and mammography [Figure 2] revealed fibroadenosis in both breasts. She had been advised anti-inflammatory and pain killer medicines in case of acute pain, which gave her temporary relief and was asked to opt for surgery. However, the patient did not want to go for surgery with fear of scarring and recurrence in the future. Thus, she opted for homeopathic treatment. Fine-needle aspiration cytology was also advised; however, the patient was not willing to go for any invasive test.

On examination, cystic swellings were felt in periareolar region of both breasts.

Apart from the main presenting complaints, she also reported about pain in both knee joints for 1 month which was aggravated on continuous walking. Thermal reaction was chilly and there was aversion to sour/acidic food. Thirst for small quantities of water at shorter intervals was present.

Following symptoms were considered for repertorisation:
- Fibrocystic tumours
- Pain in breasts on touch
- Pain in breasts before menses

Figure 1: Ultrasound breasts report at the beginning of treatment

Figure 2: Mammography report at the beginning of treatment
Wadhwa: Fibroadenosis case

- Burning pain in breasts
- Aversion to sour food
- Pain in knees, agg. walking
- Thirst for small quantities of water at frequent intervals
- Thermal reaction - chilly.

Repertorisation was done using RADAR 10 software\(^5\) (Synthesis repertory 9.0 version), Archibel Homoeopathic software. Repertorial result is shown in Table 1.

**Intervention**

*First prescription (2 September 2015)*

Phytolacca 30/tds/1 week followed by Placebo 30/tds/1 week.

**Basis of prescription**

Medicine selected as per repertorisation and in consultation with Homoeopathic Materia Medica was Phytolacca. Furthermore, fibrocystic disease, pain aggravation on touch and burning pains which were predominant symptoms were covered by Phytolacca; therefore, Phytolacca was prescribed. In this case, as there was acute pain and tenderness. Therefore, medicine was prescribed in 30C thrice a day for a week. In subsequent follow-ups, potency was changed based on assessment of symptom/sign improvement as mentioned in Table 2.

**Follow-up**

Follow-up of patient was assessed fortnightly or earlier as per the requirement. The patient adhered to the medical intervention even after initial aggravation of symptoms after raising the potency from 30C to 200C.

On examination on 7 November 2015, the cystic swellings in subareolar region were found with mild tenderness. Thus, the potency was changed from centesimal to 50 Millesimal (LM) which brought overall improvement. USG was repeated after 6 months of treatment which showed complete resolution of fibroadenosis [Figure 3]. Patient was prescribed SL 30 three times a day for 6 months as there was complete disappearance of symptoms.

Details of follow-ups are given in Table 2.

**Results**

Patient improved symptomatically gradually after prescription of Phytolacca in 50 Millesimal (LM) potencies. There was a significant reduction in pain along with cystic swellings which resolved completely over 6 months duration. Ultrasound breasts done after 6 months at Dr. D.P. Rastogi
Central Research Institute of Homoeopathy, Noida, revealed normal study with complete resolution of cysts. Ultrasound was repeated after 1 month again from another laboratory to confirm the findings which also revealed normal scan [Figure 4].

**Discussion**

It has been well known that conventional treatment can help relieve the complaints associated with fibroadenosis and there are chances of recurrence, scarring, etc. whereas in this case treated with individualised homeopathic medicine, there has not only brought relief in the signs and symptoms but also no recurrence has been reported in 1-year duration of follow-up.

*Phytolacca* is frequently used and supposed to be a specific remedy for glands, especially mammary glands. As seen clinically, *Phytolacca* is useful in majority of cases presenting with mastitis, breast tumours, abscesses and even cancer of breast. However, in this case, after case history recording, repertorisation and consultation with Materia Medica, *Phytolacca* was prescribed on the basis of individualisation and totality of the symptoms and not just as a specific remedy. As a result, there was complete recovery in breast pain along with resolution of cysts. Apart from the presenting complaints of pain in breasts, associated symptoms such as pain in both knee joints also improved as medicine was given on constitutional basis. Thus, this case record reflects that any constitutional remedy having specific organ affinity will surely bring complete recovery and at a faster pace.

The patient showed improvement in beginning which proved correct selection of medicine, but there was aggravation of symptoms after raising the potency. The acuteness of pain in breasts required repetition of medicine but in much milder symptoms after raising the potency. Therefore potency was further raised by 1-dilution. Thus, in chronic diseases, every correctly chosen homoeopathic medicine, even those whose action is of long duration, may be repeated daily for months with ever increasing success.

USG: Ultrasonography; OPD: Outpatient department; LM: 50 Millisemal; SL: Sac lac- blank pills

**Table 2: Follow-up**

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Symptoms</th>
<th>Medicine with doses, repetition</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/09/2015</td>
<td>Burning pain in breasts decreased but was present on pressure, knee pain-same</td>
<td><em>Phytolacca</em> 30C/tds/1 week, followed by SL 30C/tds/1 week</td>
<td>There was mild relief in pain, so same medicine was repeated again</td>
</tr>
<tr>
<td>31/10/2015</td>
<td>Pain in breasts and knee did not improve further</td>
<td><em>Phytolacca</em> 200C/3 dose SL 30/tds/1 weeks</td>
<td>There was no further improvement in symptoms</td>
</tr>
<tr>
<td>07/11/2015</td>
<td>Pain in breast increased. There was constant pain and heaviness in breast even without touch and pressure knee pain-same</td>
<td><em>Phytolacca</em> 0/1/tds/2 week</td>
<td>There was aggravation of symptoms after 200 potency, so frequent repetition in minimum potency was required. Thus, LM potency was selected</td>
</tr>
<tr>
<td>01/12/2015</td>
<td>Pain in breast was much better. There was also improvement in knee pain</td>
<td><em>Phytolacca</em> 0/2/tds/2 week</td>
<td>There was improvement in symptoms; so next higher LM potency was prescribed</td>
</tr>
<tr>
<td>19/01/2016</td>
<td>Pain in breast was much better but not completely relieved. Pain was absent on touch but was present on pressure and before menses (in decreased intensity) knee pain-much better</td>
<td><em>Phytolacca</em> 0/3/tds/2 week</td>
<td>There was marked improvement in symptoms but not complete relief. Therefore potency was further raised</td>
</tr>
<tr>
<td>02/02/2016</td>
<td>Patient was much better. No pain in breast for 2 weeks Mild knee pain due to over exertion Advice: USG breast was advised to assess the status of disease</td>
<td>SL 30/tds/1 week</td>
<td>There was complete disappearance of symptoms. So placebo was prescribed</td>
</tr>
<tr>
<td>20/02/2016</td>
<td>There was no pain in breast for the last 1 month. Pain in knee was also much better</td>
<td>SL 30/tds/1 month</td>
<td>USG breasts [Figure 3] showed normal study with complete resolution of fibroadenosis</td>
</tr>
<tr>
<td>10/03/2016</td>
<td>There was no pain in breast and knee joints for the last 2 months</td>
<td>SL 30/tds/1 month</td>
<td>Relief in symptoms and no signs present, so SL was prescribed</td>
</tr>
<tr>
<td>15/04/2016</td>
<td>There was no recurrence of symptoms; so patient was advised to report in OPD in 1-3 months interval</td>
<td>SL 30/tds/2 months</td>
<td>USG breasts [Figure 4] done outside reconfirmed normal scan with complete disappearance of fibrocystic changes</td>
</tr>
<tr>
<td>20/06/2016</td>
<td>There was no recurrence of symptoms</td>
<td>SL 30/tds/2 months</td>
<td>There was no recurrence of symptoms; so SL was prescribed</td>
</tr>
<tr>
<td>25/08/2016</td>
<td>No recurrence has been reported in the last 5-6 months interval. Patient was advised to report in case of any recurrence of symptoms</td>
<td>SL 30/tds/2 months</td>
<td>There was no recurrence of symptoms; so SL was prescribed</td>
</tr>
</tbody>
</table>

USG: Ultrasonography; OPD: Outpatient department; LM: 50 Millisemal; SL: Sac lac- blank pills
showed normal scan with complete resolution of cysts. This clearly shows homeopathic approach with proper selection of medicine, potency and repetition of dosage is more scientific with promising results as compared to conventional medicine.

**CONCLUSION**

Homoeopathy is a specialised system of medicine which treats the patient as a whole and not just the disease. Non-recurrence of complaints for 1 year and disappearance of fibroadenosis on USG within 6 months are a documentary evidence of complete resolution with Homoeopathy in the light of modern medicine.

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Wadhwa: Fibroadenosis case

Fibroadenosis case

Fibroadenosis is a benign condition of the breast that often causes pain and discomfort. In the conventional medicine, the only known treatment option is the administration of anti-inflammatory medications, which provide temporary relief or surgery, which leads to the formation of scars in the breast tissue. In homeopathic literature, cases related to breast lumps, mastitis, etc. have been successfully treated. To date, there has been no clinical study or case report published in a peer-reviewed journal. This article presents the case of a 31-year-old woman who was successfully treated with an individualized homeopathic medicine within six months without any recurrence. Phytolacca was prescribed as a constitutional remedy based on the totality of symptoms and repertorization. Mammograms and ultrasound were performed before and after the treatment to document the resolution of the cysts. The patient has not experienced a recurrence for more than a year, which can be considered as almost permanent healing through individualized homeopathic treatment. This case illustrates that homeopathy can be a better therapeutic option for such surgical conditions.

Informe de un caso de fibroadenosis aliviada con homeopatía

Resumen

La fibroadenosis, también conocida como Enfermedad fibroquística de la mama, constituye el trastorno benigno más frecuente de la mama que causa un dolor mamario constante. El único tratamiento conocido en medicina convencional son los antiinflamatorios que procuran un alivio transitorio, o la ecisión quirúrgica que da lugar a la formación de cicatrices en el tejido mamario. En la bibliografía homeopática, se presentan casos relacionados con formaciones mamarías, mastitis, etc. que se han tratado con éxito. No obstante, hasta la fecha no se ha documentado ningún ensayo de investigación o estudio de casos en ninguna revista revisada por pares. El caso clínico referido en este artículo es una fibroadenosis en una mujer de 31 años de edad que fue tratada satisfactoriamente con un medicamentos homeopático individualizado en 6 meses sin presentar recurrencias. Se prescribió Phytolacca como remedio constitucional a partir de la totalidad de los síntomas y de la repertorización. Se efectuaron mamografías y ecografías antes y después del tratamiento para registrar la resolución de los quistes. El seguimiento de la paciente abarca más de un año sin recurrencias, lo que puede considerarse como curación casi permanente gracias al tratamiento homeopático individualizado. Este caso ilustra que la homeopatía puede ser una mejor opción terapéutica para tales condiciones quirúrgicas.
Wadhwa: Fibroadenosis case

Un rapport de cas de fibroadénose atténué avec l’homéopathie

Résumé
La fibroadénose également connue sous le nom de maladie fibrokystique du sein constitue le trouble bénin le plus fréquent du sein provoquant une douleur constante au sein. Le seul traitement connu dans la médecine conventionnelle consiste à prescrire les médicaments anti-inflammatoires qui donnent un soulagement temporaire ou une excision chirurgicale qui entraîne la cicatrisation du tissu mammaire. La littérature homéopathique montre que les cas liés aux masses dans le sein, la mastite, etc. ont été traités avec succès ; cependant, aucune étude de cas/essai de recherche n’a été documenté jusqu’à ce jour dans une publication approuvée par des collègues. Le cas signalé ici concerne la fibroadénose chez une femme âgée de 31 ans qui a été traitée avec succès par des médicaments homéopathiques personnalisés dans les 6 mois suivant la manifestation de la maladie sans récurrence de celle-ci. La Phytolacca a été prescrite comme remède constitutionnel sur la base de l’ensemble des symptômes et après la répertorisation. Les procédures d’investigation telles que la mammographie et l’échographie ont été effectuées avant et après la prise de médicaments pour constater la résolution des kystes. La patiente a été observée pendant plus d’un an sans que la maladie ne se manifester, ce qui peut être considéré comme un traitement quasi-permanent par le biais d’un traitement homéopathique personnalisé. Ce cas illustre que l’homéopathie peut être une meilleure option thérapeutique pour de telles conditions chirurgicales.