

Homoeopathy in Post-Surgical Invasive Ductal Carcinoma of Breast- A Case Report

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Abstract:

Breast cancer is the most common cancer among women in the world of which triple-negative breast cancers are with poor prognosis and limited survival rate. Management of breast cancer requires multidisciplinary treatment: surgery, radiotherapy, hormone, chemotherapy, and immunotherapy. The adjuvant therapies after surgery have definite adverse effects which can affect the quality of life of the patient. This case report is meant to provide a testimony of a post-mastectomy case managed with homoeopathy. A 74-year-old female presented with pain and oedema along right upper arm 1 month after modified radical mastectomy of right breast, diagnosed with invasive ductal carcinoma of triple-negative status and stage IIIA was treated with homoeopathically indicated remedy Calcarea Carbonicum in 200C potency repeated in an interval of 2 weeks along with a specific remedy for breast cancer Phytolacca Decandra in 200C potency administered in three pills twice daily. The pain assessment and follow up was done using the Visual Analogue Scale, quality of life assessment was done by validated questionnaire by WHO along with a comparison of clinical outcome and changes in CT Thorax. This case highlights the scope of homoeopathy in post-surgical cases of cancers.

Keywords: Breast cancer, Case report, Homoeopathy, VAS score, Quality of life.

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Introduction

Breast cancer has ranked number one cancer among Indian females with an age-adjusted rate as high as 25.8 per 100,000 women and mortality of 12.7 per 100,000 women. As per data reports from various latest national cancer registries the age-adjusted incidence rate of carcinoma of the breast was found as high as 41 per 100,000 women for Delhi, followed by Chennai (37.9), Bangalore (34.4) and Thiruvananthapuram District (33.7).^[1] Worldwide, breast cancer is the most common invasive cancer in women. Breast cancer comprises 22.9% of invasive cancers in women and 16% of all female cancers.^[2-3] In 2008, breast cancer caused 458,503 deaths worldwide (13.7% of cancer deaths in women and 6.0% of all cancer deaths for men and women together). The number of cases worldwide has significantly increased since the 1970s, a phenomenon partly attributed to modern lifestyles.^[4-5] The terminology for the most common type of breast cancer has changed from invasive ductal carcinoma, not otherwise specified (NOS) (2003) to invasive carcinoma of no special type (NST) (2012).^[6] Triple-negative breast cancer (Oestrogen receptor (ER)-negative, progesterone receptor (PR)-negative, Human epidermal growth factor receptor-2 (HER2/neu)- not overexpressed) has distinct clinical and pathologic features, and is a clinical problem because of its relatively poor prognosis, aggressive behaviour and lack of targeted therapies, leaving chemotherapy as the mainstay of treatment.^[7] The Nottingham Histologic Score or Bloom-Richardson grading is made on the basis of assigning a numeric value to each of three tumour characteristics: tubule formation, nuclear pleomorphism, and mitotic counts. The three values are added together and the result is a score ranging from 3 to 9.^[8] (Table-2). Currently, only chemotherapy is routinely used as a systemic treatment in patients with Triple-negative breast cancer.^[9] A number of studies

reveal the possible side effects of chemotherapy in cancers.^[10-12]

Homoeopathy is an alternative system of medicine based on the law of similars in which patients are treated in a holistic approach. It is a safe and cost-effective method of treatment with no side effects. Homoeopathy has a definite role in the treatment of breast cancers as well as cases with post-mastectomy status. Homoeopathy can be considered as an alternative for the post-surgical adjuvant therapies having various side effects.^[10-12] This case report intends to show the role of homoeopathy in post-surgical cases of cancer.

Case Presentation:

A female patient of 74 years, presented with pain and oedema along the medial aspect of the right upper arm, came to Govt. Homoeopathic Hospital, Kurichy, Kottayam on 13-6-2019. The complaint started 2 years ago as a painless hard swelling on the upper quadrant of the right breast which was gradually increasing in size. Biopsy was done and she was diagnosed with carcinoma of the right breast. Then modified radical mastectomy (MRM) of the right breast was done on 9.5.2019. The histopathology of MRM specimen shows invasive carcinoma of no special type (invasive ductal carcinoma as per earlier classification), Modified Bloom Richardson grade II (07/09), stage III-A with Nottingham prognostic index 6.4 (Table-2). 9/22 of resected axillary lymph nodes showed metastatic deposits with perinodal spread. Lymphovascular emboli were present with adjacent breast tissue showing a focus of infiltrating neoplasm. On receptor assay, it showed ER negative, PR negative and HER-2 negative status and Ki67 labelling index as 20%. The patient was not willing to follow up with the conventional treatment protocol after MRM including chemotherapy and radiation therapy. She wished to take homoeopathic treatment. Informed consent was obtained from the patient before the treatment.

The patient has a strong family history of cancer, with a history of colon cancer in her late father and breast cancer for her two elder sisters. The patient had a history of fibro adenoma of the right breast at 28 years of age for which lumpectomy was done. She is well built, with 68 kg weight and 169 cm height. The pain along the right upper arm is severe which is marked with a score of 8 on the Visual Analogue scale (VAS), she has diminished appetite, desire for sweets and aversion to milk. She is affectionate, industrious and sad stories affect her profoundly. Her pulse rate was 68/minute, BP-140/80 mm of Hg and afebrile. On examination of the right breast surgical scar was present with no signs of inflammation or ulceration of the site. The left breast was normal. No axillary or supraclavicular lymphadenopathy was noted on both sides. After detailed case taking and repertorisation of the symptoms Calcarea Carbonicum was

selected as the single individualized remedy and it was given in 200C potency once in 2 weeks. As it is triple-negative breast cancer with a poor prognosis, the remedy Phytolacca Decandra 200C was also given as a specific remedy for cancer of the breast which was administered as 3 pills twice daily. The outcome of the treatment was assessed by comparison of clinical presentation, VAS score for pain and changes in CT thorax after the treatment. Visual analogue scale is widely used in pain assessment. VAS is a reliable and valid scale for those aged more than 18 years^[17]. The VAS score on the first day of treatment was 8. The validated questionnaire by WHO to assess the quality of life (WHOQOL BREF) was used to make an assessment of the quality of life of the patient with regard to six domains such as physical, psychological, level of independence, social relationships and environment.^[18]

Table -1: Time Line of Treatment:

Date	Follow Up	Prescription
13/6/2019	Pain and oedema along right upper arm Appetite-diminished VAS score-8 On histopathology 9/22 axillary lymph nodes show metastatic deposits with perinodal spread	Rx 1. Calcarea carb / 2dose 2. phytolacca decandra 200/ (3-0-3)
9/7/2019	Pain along the inner side of the right upper arm relieved-(VAS score-6) edema persists. Appetite improved BP- 140/90 mm of Hg No homeopathic aggravation of symptoms was observed.	Rx 1. Calcarea carb / 2dose 2. phytolacca decandra 200/ (3-0-3)
13/8/2019	Pain better-(VAS score 4) edema slightly relieved O/E –no axillary or supraclavicular lymphadenopathy noted Earlier the patient has some weakness in doing the household works, now it is better. BP- 136/80	Rx 1. Calcarea carb / 2dose 2. phytolacca decandra 200/ (3-0-3)

11/ 9/2019	Better for pain and edema (VAS score 1) O/E –no axillary or supraclavicular lymphadenopathy noted Generally better	Rx 1. Calcarea carb / 2dose 2. phytolacca decandra 200/ (3-0-3)
18/11/2019	Generally better (VAS score 1)	Rx 1. Calcarea carb / 2dose 2. phytolacca decandra 200/ (3-0-3)
18/2/2020	Generally better (VAS score 1) CT Thorax <ul style="list-style-type: none"> No evident metastatic lesion in vertebrae and ribs No intrapulmonary or mediastinal mass lesion No evident focal lesion in the chest wall. 	Rx 1. Calcarea carb / 2dose

Table- 2: Grade conversion table for carcinoma [8]

BR/ Nottingham Histologic Scores	BR Grade	Nuclear Grade	Terminology	Histologic Grade	SEER Code
3-5	Low	1/3; 1/2	Well differentiated	I,I/III,1/3	1
6,7	Intermediate	2/3	Moderately differentiated	II,II/III;2/3	2
8,9	High	2/2;3/3	Poorly differentiated	III,III/III,3/3	3
----		4/4	Undifferentiated/anaplastic	IV,IV/IV,4/4	4

Reports:

DISCHARGE SUMMARY

DEPARTMENT OF GENERAL AND MINIMAL ACCESS SURGERY

Consultant Surgeon
Dr. Bheetha N. Abraham M.S. (General) F.M.A.S. F.I.A.G.S.
Dr. Jibu Eapen Mathew M.S. F.M.A.S. FIAGES
Dr. Birith Mathew M.S. F.M.A.S. FIAGES

Dr. Annu Sandhya MS. (General Surgery)
Dr. Allen Neelu MS. (General Surgery)
Dr. Sharon MBBS (DNB)

REG/FP NO : 818945 / A253922 NAME : [REDACTED]
AGE : 73 Y ADMITTED ON : 08-05-2019
SEX : FEMALE DISCHARGED ON : 11-05-2019
WARD/BED NO : BT 4 / BT 411 CONSULTANT : Dr. JIBU EAPEN MATHEW M.S.F.M.A.S.FIAGES
ADDRESS : PULICKAL MADUKA P.O. KOTTAYAM

Diagnosis
CARCINOMA RIGHT BREAST

PROCEDURE : RIGHT MODIFIED RADICAL MASTECTOMY UNDER GA ON 09/05/2019

Present History/Clinical Summary
Patient presented with complaints of swelling (R) breast. No c/o pain swelling gradually increased in size. No nipple discharge. No lump (L) breast.

Physical Examination
BP - 130/80mmHg PR - 84/min Temp - 36.6

Systemic Examination
CVS - S1, S2 (+)
Chest - clear
CNS - No FND

Local examination : 5 x 4 cm hard lump in the upper outer quadrant of right breast irregular margin, skin over swelling normal. Nipple areolar complex - normal. No puckering, tethering. (R) axilla NAD (L) breast and axilla normal.

Investigations
LABORATORY INVESTIGATION
[09-05-2019]
HAEMOGLOBIN : 11.4gm/dl [12-15gm/dl]
P.C.V : 35% [36-47%]
Histopathology report (HP. No. 1795/19) : Invasive carcinoma - Nuclear grade 2

Fig-1: Discharge summary of the patient

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IMMUNOHISTOCHEMISTRY REPORT

Reported: 08/06/2019, 12:43pm

Name: [REDACTED] Age: 73 years Sex: F

OP.NO: 818945 IP.NO: A 253922 Wd/Unit: Oncology
Ref By Dr: Unni S Pillai HP.No. 1991/19

Histopathological Diagnosis: Right MRM specimen showing features of INVASIVE CARCINOMA OF NO SPECIAL TYPE (NST), MODIFIED BLOOM RICHARDSON GRADE II (87/89) - MULTIFOCAL.

Receptor Assay

ER	Negative
PR	Negative
Her-2	Negative
Ki 67 labelling index	20%

Dr. DIVA JACOB Pathologist Dr. RINCY THOMAS Pathologist Dr. ANJU FRANCIS Pathologist DR. T. G. BINDU Pathologist
Dr. T. G. BINDU MURUGU MD (FRCR) PATHOLOGIST
TCMC Reg No 19778
CARLIAS HOSPITAL
THELLAKOM P.O. KOTTAYAM

Note: Cancer specimens will be processed for maximum period of 2months. Other specimens will be discarded

Fig-2: Immunohistochemistry report

HISTOPATHOLOGY REPORT

Name: [REDACTED] Age: 73 years Sex: F
 OP NO: 818945 IP NO: A 251922 Wd/Unit: Surgery
 Ref By: Dr. Jiba Eapen Mathew HP NO: 1991/19

Clinical diagnosis: Carcinoma breast right.

Specimen: Right MRM

Gross: Right MRM specimen measuring 29.5x18.5x4cm. Skin bearing nipple and areola measuring 19.5x18cm. C/s shows a grey white lesion in the upper outer quadrant measuring 4.2x3.9x3.2cm. Adjacent breast tissue shows a whitish firm area measuring 0.1mm. C/s of axillary pad of fat shows multiple lymphnodes, the largest measuring 0.2cm.

Margins:

Margins	Away from lesion
Deeper resection margin	1.1cm
Nearest adipose tissue margin	4.1cm
Skin	0.5cm

MICROSCOPY

Tubular Pattern - 20%

Nuclear pleomorphism with prominent nucleoli - Moderate

Lobular pattern - Absent

Mitotic figures - 2-3/hpf

Stromal lymphoplasmacytic response - Mild

Stromal hyalinisation - Mild

Microcalcification - Absent

Necrosis - Present

Lymphovascular emboli - Present

Perineural tumour infiltration - Absent

Insitu component - Present - 5% - Cribriform and solid pattern.

Adjacent breast tissue - Shows a focus of infiltrating neoplasm having similar morphology. (Maximum dimension - 0.1mm)

Nipple and areola - Free of neoplastic infiltration / Paget's disease

Fig 3: Histopathology report

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DEPARTMENT OF LABORATORY MEDICINE

Name: [REDACTED] OP NO: 818945 HP NO: 1991/19

Resection margins
 All resection margins are free.

Axillary nodes
 Isolated - 22
 Involved - 09
 Size of largest affected node - 2cm
 Perinodal infiltration - Present.

Staging
 TNM Classification: pT3 N2a
 Stage Grouping: Stage III A
 Nottingham Prognostic Index = 6.04

IMP: Right MRM specimen showing:-

- Features of INVASIVE CARCINOMA OF NO SPECIAL TYPE (NST), MODIFIED BLOOM RICHARDSON GRADE II (67/69) - MULTIFOCAL.
- ALL RESECTION MARGINS ARE FREE.
- 09/22 AXILLARY LYMPHNODES SHOW METASTATIC DEPOSITS WITH PERINODAL SPREAD.

Dr. Diya Jacob Pathologist
 Dr. Rincy Thomas Pathologist
 Dr. Anju Francis Pathologist
 Dr. T.G. Bindu Pathologist

Fig 4: Histopathology report

SCANRON
 Building Healthy Relations

Name: [REDACTED] (73yrs / Female)
 Doctor: Dr. [REDACTED]
 Sc No: 33147

C. T Scan- Thorax Plain

Type of study - Plain

Lung fields on both sides show no significant abnormality.

No e/o pleural / interstitial thickening. No e/o fibrosis / calcification.

No e/o pleural effusion bilaterally.

Trachea is centrally placed with no evident luminal abnormality.

No significant mediastinal lymphadenopathy is noted in plain study.

Cardia is normal. No e/o chamber enlargement.

Visualized vertebrae and ribs are normal.

No evident focal lesions in chest wall.

IMPRESSION

Old case of ca. breast right mastectomy status

- Lung fields on both sides show no significant abnormality
- No e/o intrapulmonary/ mediastinal mass lesion
- No evident metastatic lesions in vertebrae / ribs

Sugg: Clinical correlation

Fig 5: CT -Scan- Thorax- after treatment

SCANRON
 Building Healthy Relations

Examinee Details: [REDACTED]
 Age & Gender: 73 Years / Female
 Telephone: 9947896290

Referred by: [REDACTED]

Sample Details: SPLY-49580
 Sample Date: 18-Feb-2020 9:36 am
 Result Date: 18-Feb-2020 11:34 am

HAEMATOLOGY

Observation and Remarks	Reference Range
BLOOD ROUTINE (HB, TC, DC, ESR)	
Haemoglobin	11 - 16
TOTAL COUNT	4,000 - 11,000
DIFFERENTIAL COUNT	
NEUTROPHILS	40 - 70
LYMPHOCYTES	20 - 40
EOSINOPHILS	1 - 6
MONOCYTES	0 - 3
BASOPHILS	0 - 1
Erythrocyte Sedimentation Rate	0 - 20
Platelet Count	1.5 - 4.5

BIOCHEMISTRY

Random Blood Sugar	80 - 150
Creatinine	0.6 - 1.4

Fig 6: Haematology report

Results and Discussion:

The patient had improved with the betterment of the quality of life after homeopathic treatment even after not following the conventional post-surgical adjuvant therapies. The outcome of the treatment was assessed by changes in the clinical picture along with a comparison of VAS score for pain management which showed a good improvement from score 8 to 1 and the patient is able to do her day-to-day activities easier. The assessment of changes in quality of life is also done by a validated questionnaire by WHO (WHOQOL BREF) which showed a good improvement for her complaints. CT Thorax was also done to compare the outcome which showed normal findings.

Chemotherapy is the keystone of treatment in TNBC which accounts for a number of side effects.^[10-12] Homoeopathic treatment in post-surgical cancerous conditions might be an effective treatment option for patients with triple-negative breast cancers and it bypasses the use of adjuvant therapies with certain side effects. There are some studies revealing the effectiveness of homoeopathic treatment in cancers.^[13-16] In breast cancer patients post-surgical pain persists with severity which can be relieved by homoeopathic medicines. In a case series report published it is given injection therapy with Traumeel (Heel GmbH, Baden-Baden, Germany), a medication with analgesic properties used in homotoxicology for treatment of the pain associated with trauma as well as a mediator of inflammation,

was proposed as an innovative approach for pain relief after breast cancer treatment. ^[18-19] In a randomized double-blind placebo-controlled clinical trial involving 66 patients with breast cancer of post-surgical status who were undergoing radiotherapy, homoeopathic medicines *Belladonna 7cH* and *X-ray 15cH* were used to treat acute radiodermatitis successfully^[20]. The above case of a 74-year-old female with post MRM status having triple-negative invasive ductal carcinoma of the breast is such a case managed with homoeopathy. The symptoms of the patient was improved with betterment in quality of life and changes in VAS score. The patient had reported that she has good relief for the pain along with general relief physically and mentally. Now she can do her day to day activities and household works smoothly.

Conclusion:

Being an aggressive variety with a poor prognosis, triple-negative breast cancers have some challenges regarding the treatment and research is ongoing to develop better systemic treatment options. Homoeopathy treats patients as a whole and not just symptoms. It can also be considered as an alternative for post-surgical adjuvant therapies with side effects.

Limitation of study:

However, as this is a single case study and cancer of the breast is associated with an unpredictable outcome, well-designed studies may be taken up for further validation of results.

Written Informed Consent:

Ethical clearance for this study was obtained from the Institutional ethical committee, Athurasramam, NSS Homoeo medical college, Sachivothamapuram, Kottayam. Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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