'website : www.ijacare.in e-ISSN No.: 2457-0443
INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Role of Individualized Homeopathic Intervention in Management of Fibroadenoma Breast: An Evidence- Based Case Report

Sourav Koley,[1] Pratima Pramanik,[2] Ritu Hatai,[3] Avirup Basu [4]*

[1] Senior Medical officer & In- charge, CGHS WC, Timarpur, New Delhi, Govt. of India. [2] Assistant professor, Department of Obstetrics and Gynaecology, Metropolitan Homoeopathic Medical College and Hospital, Kolkata, West Bengal, India [3] Post Graduate Trainee, Department of Homoeopathic Materia Medica, Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, West Bengal, India [4]Assistant professor, Department of Surgery, Metropolitan Homoeopathic Medical College and Hospital, Kolkata, West Bengal, India.

ABSTRACT:

Fibroadenoma commonly known, as 'Breast Mouse' is freely mobile, benign fibroepithelial tumour of the breast. They are most frequently encountered in women of reproductive age, although they may be diagnosed at any age. The fibroadenoma comprises a proliferation of both stromal and epithelial components. The mechanisms underlying fibroadenoma pathogenesis is incompletely understood till date. The thought of breast lumps, developing breast cancer induces intense mental stress that leads to many emotional disorders and can affect the self-esteem and self-image of the woman. This case report shows a diagnosed case of Fibroadenoma of breast which was treated in the Outpatient department. The mentioned case was treated and recovered with individualized Homoeopathic medicine, *Calcarea carbonica* 200, without recurrence and further complications. This evidence directs towards a positive outcome of using the Homoeopathic medicines alone in the treatment of Fibroadenoma and other benign lesions of breast and the idea of individualization forms the revolutionary ground of future medical guidelines.

KEYWORDS: Breast mouse, Breast lump, *Calcarea carbonica*, Fibroadenoma, Homeopathy.

Received: 12.07.2024 Revised: 15.08.2024 Accepted: 11.09.2024 Published: 21.09.2024

Quick Response Code

***Corresponding Author:**
Dr. Avirup Basu
Assistant Professor, Department of Surgery,
Metropolitan Homoeopathic Medical College and Hospital, Kolkata, West Bengal, India.
Email: dravirupbasu@gmail.com

INTRODUCTION:

Fibroadenomas (FAs) are common benign lesions of the breast that usually present as a single breast mass in young women, typically under the age of 40 years. [1,2] They are the product of hyperplastic processes, rather than true neoplasms. [1] The growing mass of fibroblasts draws glands and nonspecialized

stroma into it in a way that gives rise to an organized internal structure. [3,4] It is characterized by the rubbery texture and well-defined borders. It is typically present as palpable breast lumps, often with no associated nipple discharge. [4] They are slow-growing, firm and solitary nodules, although synchronous and metachronous multifocal lesions have also been described in the literature. [5] Fibroadenomas of the breast present as usual variety, which is 5cm or less and large variant called giant fibroadenoma which is greater than 5 cm in diameter. [6] Simple fibroadenomas have a reported incidence of 7-13% in women from adolescence through the mid-20s. Although they can develop at any stage of life, the highest incidence is typically observed between the ages of 15 and 35. The prevalence rates may vary across different populations and ethnic groups. [7] In India, the prevalence of fibroadenoma is more in 3rd decade of life, followed by predominance in 2nd decade. The upper outer quadrant of the breast is more prone to be affected. [8] FAs have been clinically observed to be hormone dependent—stimulated by oestrogen, progesterone and lactation during pregnancy, as well as shrinking during menopause. [1,9]

Patients sometimes may develop bilateral or multiple myxoid FAs, and bilateral and/or multiple FAs have been significantly associated with family history. [10] Abnormal genetic mutations, hormonal involvement are presently probable risk factors behind the appearance of FAs. [11] Although intensive studies have revealed the presence of highly recurrent mutations and the genomic landscapes of FAs, the mechanisms underlying the transcriptional differences in epithelial and stromal cells between FAs and normal breast tissues remain largely unknown. [12] In today's world, modern lifestyle disorders, contraceptive pills use, excessive anxiety, depression and other psychological disturbances are acting as major risk factors to develop FAs. [13,14]

Breast fibroadenomas can be diagnosed through clinical examination (manual breast examination and palpation), imaging (mammography or ultrasound), and cytology (fine-needle aspiration cytology or core biopsy). [1,15] The preferred management of fibroadenomas is complete excision. However, this approach can lead to undesirable scarring or to extensive ductal damage. [1] It leads the patient to search for alternate therapies. Homoeopathy is the traditional and conventional therapeutic system in the world. Plenty of cases are treated and recovered successfully by Homoeopathic medicines but there is a lack of evidence and a gap in reporting of the cases. This leads to less acceptance of this therapy. In this case report, a case of Fibroadenoma of breast is presented (**Figure 1**), which was successfully recovered by Homoeopathic treatment (**Figure 2**).

CASE REPORT:

A female patient aged about 42 years, attended the OPD on 21st March 2023. She was a housewife. She was complaining of multiple lumpy lesions in both breasts for last 2 years (**Figure 1**). On examination, the lesions were firm, freely mobile, palpable. There was no discharge from the nipple. She went to an Allopathic physician and was asked to do sono-mammography for diagnostic confirmation. According to the ultrasound report, it was diagnosed as fibroadenoma of breast. She used some hormonal therapies. But she got no improvement. She presented that her mother suffered from chronic bronchitis and her father suffered from hypertension. She was anxious of her complaint and attended the outpatient department.

General symptoms (Physical and Mental):

She had a very good appetite. She couldn't tolerate the hunger. She had a desire for egg, meat and sweet. She used to take 4litres of water daily. Her tongue was moist, flabby, imprinted. She usually perspired much, mainly on the head and neck. It was sour smelling. Her bowel was regular but usually constipated. She was a chilly patient. She used to take rest after meal, especially in the afternoon. She was dull in nature and very reluctant in behaviour.

Analysis of the case:

After analysing the case, characteristic mental symptoms, such as, reluctant behaviour, wants to take rest after meal every time and physical symptoms, such as desire for egg, meat, profuse sour smelling sweat mainly on head and neck, constipated bowel habit, thermally chilliness, were taken to form the *totality of symptoms* and considering the important mental and physical general symptoms, the case was repertorised with Kent's Repertory using Zomeo pro (**Figure 3**).

Totality of the symptoms:

Patient came to the Outpatient Department with multiple nodular swelling in both breasts. She had desire for egg, meat. Sweat was profuse, sour smelling, mainly on head and neck. Stool was hard and constipated. Thermally, she was chilly patient. She wanted to take rest after every meal.

THERAPEUTIC INTERVENTION:

Considering the miasms and the totality of symptoms, *Calcarea carbonica* 200, 2 doses were prescribed on 21st March, 2023. On the second visit, no improvement was noticed. As the mental and physical general symptoms were still indicative of *Calcarea carbonica*, she was followed up by a placebo. After 4 months, *Calcarea carbonica* 200, 2 doses were repeated on 5th June, 2023. Size of the lump was reduced. When the condition became stand still, 0n 12th September, 2023 she was prescribed *Calcarea carbonica* 1M, 1dose. A detailed timeline of the treatment has been discussed in (**Table 1**).

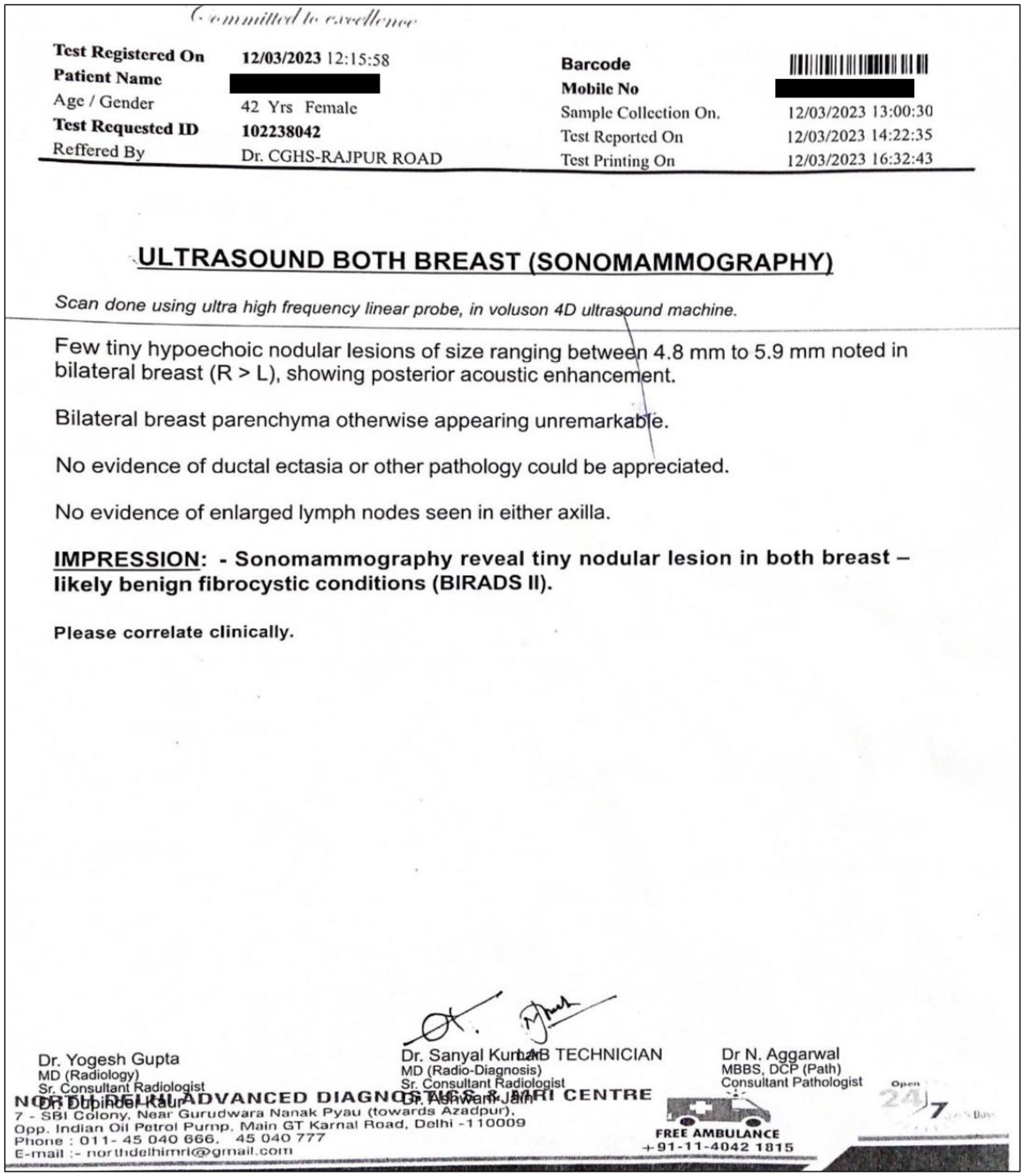
Table- 1: Therapeutic intervention and detail timeline:

Date of visit	Observation	Therapeutic intervention
21/03/2023	Multiple freely movable, firm, lumpy lesions in both breasts for last 2 years (**Figure 1**)	*Calcarea carbonica* 200, 2 doses, once in a day in empty stomach for 2 days
25/04/2023	No improvement was noticed	*Placebo* was given
05/06/2023	No improvement was noticed	*Calcarea carbonica* 200, 2 doses, once in day in empty stomach for 2 days
18/07/2023	Size of the lump was reduced	*Placebo* was given
12/09/2023	Condition was stand still	*Calcarea carbonica* 1M, 1 dose, once in a day in empty stomach for 1 day
17/10/2023	Size of the lump was much reduced.	*Placebo* was given
18/12/2023	No lump was visible in both breasts. Patient in general was better. (**Figure 2**)	*Placebo* was given.

Table- 2: Modified Naranjo Criteria for *Homoeopathy:*

Item	**Yes**	**No**	**Not sure or N/A**
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?			0
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
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)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = 9



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Test Registered On	**12/03/2023** 12:15:58	**Barcode**	
Patient Name	[redacted]	**Mobile No**	[redacted]
Age / Gender	42 Yrs Female	Sample Collection On.	12/03/2023 13:00:30
Test Requested ID	**102238042**	Test Reported On	12/03/2023 14:22:35
Reffered By	Dr. CGHS-RAJPUR ROAD	Test Printing On	12/03/2023 16:32:43

ULTRASOUND BOTH BREAST (SONOMAMMOGRAPHY)

Scan done using ultra high frequency linear probe, in voluson 4D ultrasound machine.

Few tiny hypoechoic nodular lesions of size ranging between 4.8 mm to 5.9 mm noted in bilateral breast (R > L), showing posterior acoustic enhancement.

Bilateral breast parenchyma otherwise appearing unremarkable.

No evidence of ductal ectasia or other pathology could be appreciated.

No evidence of enlarged lymph nodes seen in either axilla.

IMPRESSION: - Sonomammography reveal tiny nodular lesion in both breast – likely benign fibrocystic conditions (BIRADS II).

Please correlate clinically.

Dr. Yogesh Gupta
MD (Radiology)
Sr. Consultant Radiologist
Dr Dubinder Kaur

Dr. Sanyal Kumar LAB TECHNICIAN
MD (Radio-Diagnosis)
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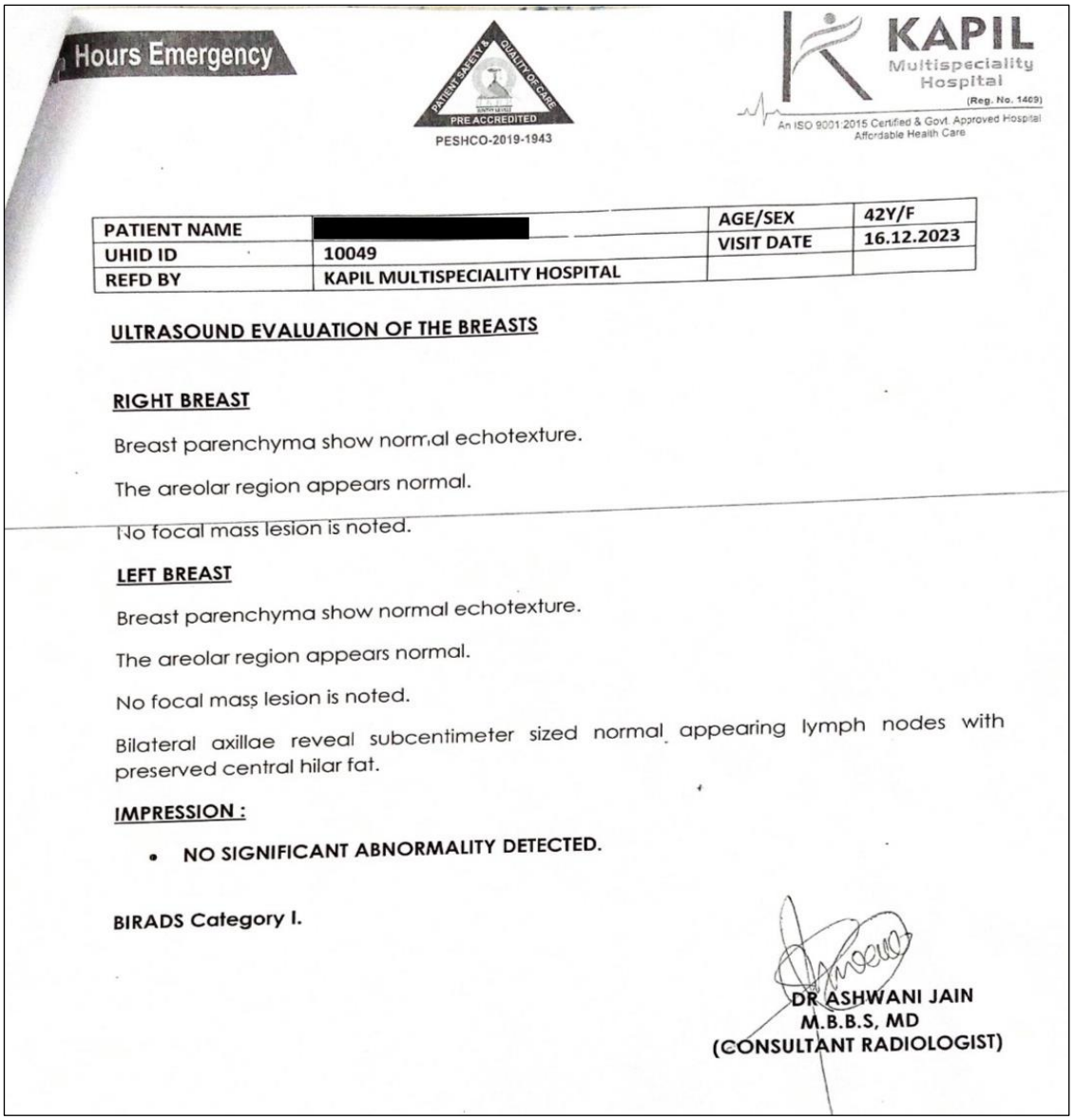
Figure 1: Sonomammography before treatment



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PATIENT NAME	[redacted]	AGE/SEX	42Y/F
UHID ID	10049	VISIT DATE	16.12.2023
REFD BY	KAPIL MULTISPECIALITY HOSPITAL		

ULTRASOUND EVALUATION OF THE BREASTS

RIGHT BREAST

Breast parenchyma show normal echotexture.

The areolar region appears normal.

No focal mass lesion is noted.

LEFT BREAST

Breast parenchyma show normal echotexture.

The areolar region appears normal.

No focal mass lesion is noted.

Bilateral axillae reveal subcentimeter sized normal appearing lymph nodes with preserved central hilar fat.

IMPRESSION :

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

BIRADS Category I.

DR ASHWANI JAIN
M.B.B.S, MD
(CONSULTANT RADIOLOGIST)

Figure 2: Sonomammography at the end of treatment

Remedy	Calc	Sil	Mag-c	Merc	Sulph	Ars	Hep	Lyc	Nit-ac	Sep	Ferr	Graph	Nat-m	Carbn-s	Nux-v
Totality	12	12	11	11	11	11	11	11	11	11	10	10	10	10	10
Symptoms Covered	5	4	5	5	5	4	4	4	4	4	5	5	5	4	4
[Kent] [Stomach]Desires:Meat:	0	0	2	1	1	0	0	0	0	0	1	1	1	0	0
[Kent] [Stomach]Desires:Eggs:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Perspiration]Profuse:	3	3	2	3	2	3	3	3	2	3	3	1	3	3	2
[Kent] [Perspiration]Odour:Sour:	1	3	3	3	3	3	3	3	3	3	1	2	1	2	2
[Kent] [Stool]Hard:	3	3	2	2	3	2	2	3	3	3	2	3	3	3	3
[Kent] [Generalities]Heat:Vital,lack of:	3	3	2	2	2	3	3	2	3	2	3	3	2	2	3

Figure 3 : Repertorial analysis using HOMPATH ZOMEO software

DISCUSSION:

Fibroadenomas are one of the most common benign tumours of the breast in the adolescent females accounting for about 2/3rd of all the breast lumps and more than half of all the biopsied breast lesions. They occur mostly due to overgrowth of glandular tissue under the influence of hormonal changes that the girls undergo at the time of puberty. Fibroadenomas are most common in women in their 20 s and 30 s, but they can be found in women of any age. It is estimated that about 10% of the world's female population suffer from fibroadenoma once in a lifetime. The peak age for fibroadenoma in Caucasian women is in their 20 s whereas in African, American, Hispanic and some other countries, it is found earlier in late teens. There are usually three types of FAs; simple, juvenile, multicentric. [16] Microscopically FAs are divided into two categories: Simple fibroadenomas, they are often less cellular, do not increase the risk of breast cancer. Complex fibroadenomas contains other components such as epithelial calcifications, apocrine metaplasia, sclerosing adenosis, and cysts larger than 3 mm in diameter. Complex fibroadenomas can slightly increase the risk of breast cancer. [17]

It is utmost important to manage the cases of benign breast masses presenting in adolescents to the needs of the patient. [18] This is the base of Homeopathic *Individualization*, where above the disease symptoms, patient's individual need is taken. The individual sign and symptoms of the patient are the outwardly reflected picture of the internal essence of the vital force. This is also known as the *totality of the symptoms*. Thus, Homeopathy acts through holistic approach, which not only includes internal cause of disease formation, but also the fundamental basis of disease manifestation. [19] This case report describes the importance of single individualized constitutional Homoeopathic treatment in the case of Fibroadenoma of breast. The remedy, *Calcarea carbonica was* prescribed according to the symptoms of the patient and after doing proper repertorisation. Individualized case evaluation was done. The possible causal attribution to the clinical outcome of homoeopathic intervention on the patient was assessed with the help of 'Modified Naranjo Criteria for Homoeopathy' (MONARCH) [20] whose total score was 9 (**Table 2**), which is at par to maximum score The case was recovered after *Homoeopathic individualistic treatment*. Regular follow-up also ensures that there was no recurrence after complete recovery.

CONCLUSION:

This case report goes one step further in demonstrating the efficacious treatment of Fibroadenoma of breast with individualized homeopathic medicine without any adverse effects of drug reactions or recurrence of the disease symptoms.

Limitation of study:

This case report is not sufficient to draw any conclusion rather good quality, well-designed studies are required to establish the efficacy of Individualized homeopathic medicines in managing Fibroadenoma of breast.

Patients consent:

The patient has consented that her medical reports and other clinical information will be published in the journal; She has understood that her name and initials will not be included in the manuscript.

Acknowledgement:

The authors deeply acknowledge the patient for allowing us to collect the data.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor*:* Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:
Koley S, Pramanik P, Hatai R, Basu A. Role of Individualized Homeopathic Intervention in Management of Fibroadenoma Breast: An Evidence- Based Case Report. Int. J. AYUSH CaRe. 2024;8(3):394-402.

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