

Case Report

Study on Breast Lump and Its Homoeopathic Management

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ABSTRACT

Each case was studied independently and follow up evaluation after homoeopathic treatment was based on ultrasonography, mammography and serologically by tumour markers. Maximum cure rate was noticed in fibroadenosis (55.93%) followed by inflammatory lesions (44.46%) while remarkable improvement was noticed in fibrocystic disease (57.4%) and fibroadenoma (51.66%). Only one case of carcinoma breast showed improvement on study of tumour marker. In inflammatory lesions response was very good from the beginning. Benign cystic lesions required meticulous selection of well indicated constitutional medicine. Fibroadenoma cases showed excellent response. Therapeutic efficacy of homoeopathic medicines in cases of carcinoma patients needs a more detailed study on the basis of recent prognostic criteria, like tumour markers.

Keywords: Fibroadenosis, Fibroadenoma, Adenocarcinoma, Mastitis, Breast Lump, Tumour Marker Ca- 15.3.

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INTRODUCTION:

The diseases of breast are among the commonest maladies of women, not only because of its large volume and complex structure, but also because of its extreme sensitiveness, to endocrine influences. The balance between pituitary, ovarian and thyroid hormonal stimuli over the breast is very delicate. Normal breast epithelium contains oestrogen and progesterone receptors. Females with endogenous oestrogen excess clearly show increases proliferative index of breast epithelial cells leading to development of pathological entities like fibroadenosis, fibrocystic disease, fibroadenoma and even carcinoma. Carcinoma requires a genetic predisposition coupled with environmental factors in addition to hormonal disbalance. A BREAST cancer susceptibility gene BRCA 1 and BRCA 2 gene is traced to be located on chromosome 17q21 and 13q12.3 along with mutation of p53 gene in carcinoma BREAST cases. Response to homoeopathic medicines in BREAST diseases is well known fact but due to lack of documentary evidences we were not able to establish our pathy on a scientific research platform. Present study is an attempt to collect the documentary evidences to establish the

response of homoeopathic medicines on various breast diseases.

Epidemiology

Review of literature reveals that scanty literature is available in field of benign breast diseases regarding its epidemiology. In a joint study conducted at LTMGH and medical college, Sion and Mumbai. Fibroadenoma and fibroadenosis were the commonest lesions detected and tuberculous mastitis being the commonest type of chronic recurrent mastitis.

International variation in both incidence and mortality is one of the most striking features of breast cancer. Rates are high in USA, Scotland, Australia, Canada and certain part of West Europe and low in Japan, India and Africa. Breast cancer causes 3,76,000 deaths a year worldwide, about 9,00,000 were diagnosed every year with disease. More than half of the cases are in industrialized countries about 2,00,000 in Europe and 1,80,000 in North America. Mortality rate from breast cancer increased in last 60 years in every country.

Aims and objectives

To scientifically establish the efficacy of homoeopathic medicines in BREAST diseases on

the basis of modern diagnostic tools and techniques.

To know the spectrum of breast diseases prevalent in eastern part of the India.

To study the relationship between the age and different Pathological lesions of breast.

Scientifically trace the exact pathologic lesions by various diagnostic tools e.g. FNAC, ISH, Mammography, Biopsy and Tumour marker to make a disease wise record of the patient for follow up study after their homoeopathic management.

Material and methods

Cases studied - A total of 480 cases a breast lesion were registered at Purte, Priya memorial Shree ram medical and homoeopathic research centre Gorakhpur, up, India during a period ranging from January 2000 to December 2006 out of which 288 cases presented as breast lump. Patient taking oral contraceptive pills were excluded from the study

Diagnostic tools applied

Thorough clinical examination and detail clinical history was taken of each set in all clinically suspected cases of lump in breast, Mammography FNAC USG Serological study for tumour marker biopsy was advised as per requirement. Diagnosis was established in the basis of clinical assessment radiological and pathological investigations

Homoeopathic treatment prescribed

Organ specific medicine was selected along with constitution medicines as shown in table. The main drugs employed in present study are also mention with individual case. A case in question has to be individualized as per her mental physical and particular symptoms including identification of the underlying miasm.

Follow up of cases

Monitoring of the cases was done after homoeopathic management by relevant diagnostic tools mentioned above at regular intervals.

Observations

Clinical complaints in various study groups

The distribution of clinical symptomatology reveals three main symptoms for benign breast diseases...lump, pain and discharge. LUMP associated with pain was seen in fibroadenosis, breast abscess and recurrent mastitis. Common location of breast abscess was beneath the nipple showing tenderness and abscess point. Discharge from nipple was usually serious sometimes mixed with blood. Usually patient consulted when she found a cyst or a small mass in the BREAST. In few cases lesion was also painful

and tender especially before the menstrual periods. Fibroadenoma patients are usually symptomless and reported that they have discovered it accident. Quadrant wise distribution of fibroadenoma shows higher incidence in upper quadrant of the breast. Further bilateral involvement was noticed in 5 cases of fibrocystic disease, 13 cases of fibroadenosis and 30 cases of fibroadenoma. Carcinoma breast patient presented with hard LUMP having blood stained sanguinous or serious discharge from nipple along with retraction of nipple and puckered skin. In 3 cases axillary group of lymph nodes were also enlarged.

Ultrasonographic, mammographic findings and fnac

There is dictum that every breast lump must be considered as malignant until and unless proved otherwise. This emphasizes the urgent need of the investigations to rule out carcinoma. Although ultrasonography and mammography are non invasive techniques, which can distinguish cysts from solid lump and was well acceptable by all the patients in whom, it was advised and was found as a useful tool for follow up study, but due to lack of precision, FNAC was found to be a better tool for arriving at a particular diagnosis and to rule out carcinoma. Both FNAC and mammography are the important and acceptable tools for diagnosis in case of breast lump but final court of appeal in all disputed cases is usually histopathology to reach the final diagnosis in case of carcinoma. The process of biopsy is cumbersome, so monitoring of efficacy of the treatment in all the case of carcinoma breast is carried out by tumour marker CA-15.3. by evaluating the rise and fall in the level of CA- 15.3 prognosis of a breast cancer patient can be assessed.

Treatment prescribed

Main drug of choice are shown in table below

Constitutional Medicine	Under Current Medicine	Short Acting Medicine
Arsenicum Album 200,1m, 10m, 50m	Carcinocin 200,1m, 10m, 50m	Asterias Rubens200,1m, 10m, 50m
Calcarea Carb 200,1m, 10m, 50m	Sulphur200,1m, 10m, 50m	Bryonia 200,1m, 10m, 50m
Natrum Mur 200, 1m, 10m, 50m	Tuberculinum200,1m, 10m, 50m	Belladonna 200,1m, 10m, 50m
Lycopodium 200,1m, 10m, 50m	Thyroidinum200,1m, 10m, 50m	Conium Mac 200,1m, 10m, 50m
Pulsatilla 200,1m, 10m, 50m	Thuja Occ200,1m, 10m, 50m	Lapis Albus200,1m, 10m, 50m
Sepia200,1m, 10m, 50m		Cimicifuga200,1m, 10m, 50m
Silicea200,1m, 10m, 50m		Phytolacca200,1m, 10m, 50m
		Cal Flour200,1m, 10m, 50m
		Hepar Sulph200,1m, 10m, 50m

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