

**AN INDIVIDUALIZED HOMOEOPATHIC APPROACH IN THE MANAGEMENT OF
FIBROADENOMA OF BREAST: A CASE REPORT****Prof. Dr. Priya Vitthal Patil*¹**¹Head of the Department, Department of Surgery, MNR Homoeopathic Medical College and Hospital, Sangareddy, Telangana.***Corresponding Author: Prof. Dr. Priya Vitthal Patil**

Head of the Department, Department of Surgery, MNR Homoeopathic Medical College and Hospital, Sangareddy, Telangana.

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ABSTRACT

Background: The most prevalent benign breast tumour, fibroadenoma, primarily affects young women and adolescents. Even if a breast lump is benign, finding one frequently causes significant anxiety and fear of cancer, which leads to needless surgery. Imaging and cytological examinations have advanced to the point where accurate diagnosis is now feasible and conservative treatment is supported in certain cases. **Aim:** The role of individualized constitutional homoeopathic treatment in the conservative management of benign breast fibroadenoma using objective and subjective outcome measures. **Materials and Methods:** A 19-year-old girl with right breast fibroadenoma was the subject of a retrospective single-case study. Fine needle aspiration cytology (FNAC), ultrasonography, and clinical examination were used to confirm the diagnosis. The selection of a remedy was based on miasmatic evaluation, constitutional characteristics, and the totality of symptoms. Clinical follow-up and serial ultrasonography were used to evaluate the treatment outcomes. **Results:** Following constitutional homoeopathic treatment with *Conium maculatum*, the fibroadenoma's size was measurably reduced on ultrasonography, and the associated symptoms of anxiety and discomfort also improved. There were no known adverse effects. **Conclusion:** This case report shows that homoeopathic treatment provides an effective and non-invasive therapeutic method for the conservative management of benign breast fibroadenoma based on the patient's overall symptoms and ongoing monitoring.

KEYWORDS: Fibroadenoma; Constitutional homoeopathy; Individualization, Benign breast tumour; *Conium maculatum*.

INTRODUCTION

A significant percentage of breast lumps in teenagers and young women are fibroadenomas, the most common benign tumour of the female breast.^[1] Classified under ANDI (Aberration of Normal Development and Involution), it typically manifests between the ages of 15 and 25 and represents a departure in the normal growth of breast tissue rather than a true neoplastic disease.^[2] Fibroadenoma manifests clinically as a firm, movable, painless lump that is frequently discovered by accident.^[3]

The finding of a breast lump frequently triggers significant anxiety and psychological suffering, especially in young girls, despite its benign nature and low chance of malignant development.^[4] For most breast

masses in the past, surgical excision biopsy was recommended due to limits in diagnostic certainty. High-resolution ultrasonography, mammography, and FNAC have made it possible to accurately distinguish fibroadenoma from malignant lesions, which allow conservative treatment in certain situations.^[5]

Particularly in young individuals, current surgical guidelines increasingly suggest monitoring for tiny, asymptomatic fibroadenomas. Homoeopathy, which provides individualized, holistic, non-invasive treatment, offers a full recovery. According to homoeopathy, illness is a manifestation of a dynamic imbalance that impacts on a person's mental, emotional, and physical planes.^[6] The objective of this case study is to provide scientific

evidence of the outcome of the constitutional homoeopathic treatment of benign breast fibroadenoma.

Homoeopathic Miasmatic Approach to Fibroadenoma

To understand any living phenomenon, a comprehensive understanding is essential. In the context of homoeopathy, the term holistic refers to the dynamic unity that the living organism represents, which is more than the sum of its parts.^[7] Humans are not merely a collection of physical features like muscles, nerves, and organs; rather, they are unique individuals with mental, emotional, and physical aspects that together make up the whole individual.^[8]

As medical practice becomes more specialized, it can be challenging to combine disparate knowledge to create a cohesive understanding of the patient.^[9] Samuel Hahnemann, on the other hand, overcame this constraint by developing an approach that examines the patient and the treatment as whole entities. He introduced an individualized method by discovering the therapeutic law of similars, which chooses a medication for a patient based on all their symptoms rather than just a few pathological results.^[10]

According to this theory, illness is a manifestation of a disruption in the dynamic equilibrium (vital force) of the person, including the mental and physiological domains in relation to the internal and external environments, rather than a local or structural problem. The concept of miasms is crucial to understanding the chronic nature, course, and manifestation of disease, including benign tumorous disorders like fibroadenoma, in this holistic perspective.^[11]

Psoric Miasm

Psora, according to Hahnemann, is the basic miasm that underlies most chronic illnesses. A psoric background can be the source of even massive benign growths and sarcomatous lesions. Ectodermal tissues are frequently involved in psoric symptoms, which are frequently linked to functional disruptions as opposed to destructive pathology. Clinically, hypersensitivity, poor skin conditions, burning, and itching are the hallmarks of psora. Psora-related tumorous tendencies typically arise from abnormal cellular function rather than aggressive structural alteration.^[12]

Sycotic Miasm

The main symptom of sycotic miasm is aberrant tissue development and proliferation. Incoordination in cellular proliferation causes sycotic tumours, which are usually well-encapsulated, to grow disproportionately. Any age can see the development of these growths, which typically affect endodermal tissues. Clinical manifestations of sycosis include cysts, recurrent abscesses, fibrous growths, and post-operative scar tissue. A mostly sycotic miasmatic background is frequently seen in fibroadenoma, a benign, encapsulated breast tumour.^[13]

Syphilitic Miasm

Destructive and degenerative processes are hallmarks of syphilitic miasm. This miasm causes tumours to lose their encapsulation, which can result in cellular necrosis, ulceration, and disintegration. These pathological alterations are more generally seen in later life stages and are typically linked to tissues of mesodermal origin. Clinical signs of syphilis include ulcerated sores, hemorrhage, suppuration, and increasing tissue degradation, all of which point to a more serious illness.^[13]

Miasmatic Assessment

The case was assessed as predominantly sycotic miasm, indicated by localized overgrowth, encapsulation, and benign tumour formation. Emotional suppression acted as a maintaining cause.

Homoeopathic Therapeutics for Fibroadenoma^[14,15]

Homoeopathic management of fibroadenoma is based on individualization and constitutional prescribing. Several remedies have a marked affinity for the mammary glands and are selected according to symptom totality and miasmatic background.

Asterias rubens is indicated in left-sided breast affections with induration, neuralgic pain radiating to the arm, and associated axillary gland enlargement, aggravated at night and in cold, damp weather.

Bryonia alba is suited to robust individuals with hard, painful breast lumps, where pain is stitching in nature, aggravated by motion and relieved by rest and pressure, especially during menstruation.

Calcarea carbonica is indicated in lymphatic, flabby individuals with breast swelling and tenderness before menses, profuse menstruation, and general sensitivity to cold and damp conditions.

Calcarea fluorica is useful in hard, stony, fibrous indurations of the breast, particularly in adolescents and cases with a tendency toward fibrous growths.

Conium maculatum is one of the most frequently indicated remedies in fibroadenoma, especially in hard, indurated, painful breast lumps with axillary gland involvement, aggravation before and during menses, and sensitivity to pressure or touch.

Murex purpurea is indicated in sensitive females with breast pain associated with uterine complaints, particularly during menstruation.

Hydrastis canadensis is suited to debilitated individuals with glandular induration of the breast and associated digestive weakness.

Scrophularia nodosa is useful in nodular glandular swellings of the breast, especially in scrofulous constitutions.

Silicea terra is indicated in hard breast lumps with a tendency toward suppuration in cold-sensitive, scrofulous individuals.

Phytolacca decandra is a glandular remedy indicated in hard, painful, and sensitive breast tumors, often associated with axillary gland enlargement and inflammatory features.

Case Details^[16]

Preliminary Data

- Age: 19 years
- Sex: Female
- Marital status: Unmarried
- Occupation: Student
- Socioeconomic status: Middle class

Chief Complaints

- Lump in the right breast for a few weeks
- Pain radiating from the right breast to the right upper limb
- Anxiety and fear related to the breast lump and possible surgery

History of Presenting Complaints

The patient was apparently healthy until she developed a pulsating pain in the right upper extremity, which gradually descended towards the hand. After a few days, she noticed a lump in the right breast, situated in the upper outer quadrant. Initially, the lump was painless; however, over time, it was associated with discomfort and a sense of heaviness.

The pain and discomfort were distinctly aggravated before and during menstruation. There was no history of nipple discharge, skin discoloration, ulceration, fever, weight loss, or trauma to the breast. The patient experienced marked anxiety after noticing the lump due to fear of malignancy and apprehension regarding surgical intervention.

Past History

No history of major acute or chronic illnesses such as tuberculosis, diabetes mellitus, thyroid disorders, or hormonal therapy. No history of surgery or significant trauma. Childhood illnesses were uneventful.

Family History

- Father: Deceased (road traffic accident, one year prior)
- Mother: Apparently healthy
- Sibling: One brother, apparently healthy
- Grandparents: History of hypertension and diabetes mellitus. No family history of breast or gynecological malignancy was reported.

Personal History

- Appetite: Normal
- Desires: Spicy food
- Aversions: Not marked
- Thirst: Increased
- Bowels: Regular
- Urine: Normal
- Sleep: Sound and refreshing
- Perspiration: Normal
- Thermal reaction: Not marked

Menstrual History

- Age at Menarche: 15 years
- Cycle: Regular, every 28 days
- Duration: 3–4 days
- Flow: Scanty
- Associated complaints: Pain in right upper limb and breast before and during menses

Mental and Emotional State

The patient was calm, mild, and sensitive by nature. Following the sudden accidental death of her father one year prior, she became emotionally withdrawn and preferred limited social interaction. She avoided mixing with friends and sought the company of her mother and brother for emotional security. She was sensitive to loud noises and quarrels and preferred a quiet environment.

She expressed fear and anxiety regarding her breast complaint, particularly apprehension about surgery. The grief was silent and internalized rather than expressive. These mental and emotional features were considered significant and characteristic for constitutional remedy selection.

Physical Examination

General Physical Examination

The patient was conscious, cooperative, and well oriented to time, place, and person. Vital signs were within normal limits. No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or oedema were noted.

Systemic Examination

- Cardiovascular system: Normal
- Respiratory system: Normal
- Gastrointestinal system: Normal
- Nervous system: Normal

Local Examination of the Breast

Inspection: Both breasts appeared symmetrically. No visible swelling, skin changes, scar marks, nipple retraction, or discharge were observed.

Palpation: A hard, well-defined, freely movable lump was palpated in the upper outer quadrant of the right breast. The lump was non-tender and not fixed to the skin or underlying structures. No axillary lymph node enlargement was detected.

Investigations Before Treatment

- Ultrasonography (Right breast): Well-defined solid

lesion measuring $3.2 \times 1.8 \times 2.6$ cm, suggestive of fibroadenoma.

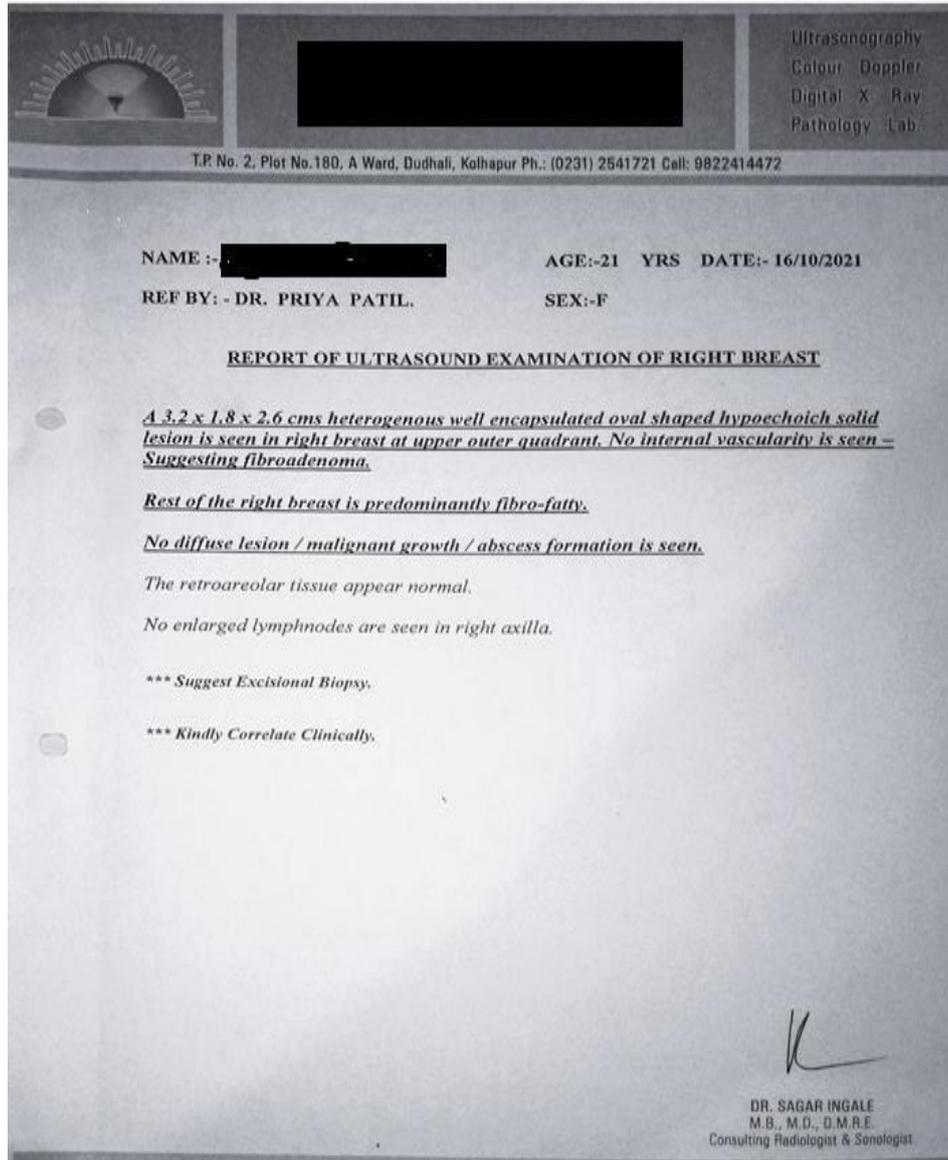


Fig. no. 1: Ultrasonography report of Right Breast before treatment.

Case Analysis and Evaluation

Characteristic Symptoms

- Hard, movable lump in the right breast
- Pain radiating to right upper limb
- Aggravation before and during menses
- Scanty menstruation
- Silent grief following father's death
- Emotional withdrawal and need for close company
- Desire for spicy food
- Increased thirst

Reportorial Approach Using Different Homoeopathic Repertories

For the systematic selection of the indicated remedy, reportorial analysis was carried out using multiple

standard homoeopathic repertories. Rubrics related to breast tumors, glandular involvement, and associated characteristics were analyzed to support the constitutional prescription.

1. J. T. Kent's Repertory^[17]

(Kent J.T., *Repertory of the Homoeopathic Materia Medica*)

- **Chest – Tumors – Mammae**
- **Mammae – Tumors, like a walnut**
- **Mammae – Tumors – Left side**

Kent's repertory highlights the localization, consistency, and laterality of mammary tumors, which are important characteristics in fibroadenoma.

2. Boericke's Repertory

(Boericke W., *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*)

- Female Sexual System – Tumors
- Female Sexual System – Nodosities

This repertory explains tumorous and nodular affections of the female breast and reproductive system, supporting remedies acting on glandular tissues.

3. Robin Murphy's Homoeopathic Medical Repertory^[18]

(Murphy R., *Homoeopathic Medical Repertory*)

- Breast – Tumors / Breast growths
- Breast – Tumors – Fibroid
- Breast – Tumors – Hard
- Breast – Tumors – Nodular
- Breast – Tumors – Stony, nodulated, movable, not attached to skin
- Breast – Tumors – Painful, sensitive, lancinating pains
- Axillary glands – Swelling – Painful – Burning
- Breast – Tumors – Left side

Murphy's repertory provides detailed pathological and sensory descriptors, including consistency, mobility, pain character, and axillary gland involvement, which are particularly relevant in fibroadenoma cases.

4. Synthesis Repertory (Dr. Frederik Schroyens)^[19]

(Schroyens F., *Synthesis: Repertorium Homoeopathicum Syntheticum*)

- Chest – Tumors – Mammae

- Chest – Tumors – Mammae – Right
- Chest – Tumors – Mammae – Fibroid / Fibrocystic
- Chest – Tumors – Mammae – Hard / Scirrhus
- Chest – Tumors – Mammae – Painful
- Chest – Tumors – Mammae – After injury
- Chest – Tumors – Mammae – Accompanied by perspiration

The Synthesis repertory offers refined clinical rubrics, allowing correlation between pathological findings and constitutional symptoms.

5. Boger-Boenninghausen's Characteristics Repertory (BCCR)^[20]

(Boger C.M., *Boenninghausen's Characteristics and Repertory*)

- Chest – Mammae – Tumors

BCCR explains characteristic localization and tissue affinity, supporting confirmation of remedies affecting mammary glandular pathology.

Summary of Repertorial Analysis

The repertorial evaluation across multiple standard repertories consistently shows:

- Mammary tumors with fibroid, hard, nodular consistency
 - Right-sided predominance
 - Painful and sensitive nature
 - Associated axillary gland involvement
- Repertorial Sheet

Remedy Name	Phos	Lyc	Puls	Con	Ars	Nux-v	Nat-m	Verat	Bell
Totals	18	16	16	15	15	14	13	13	12
Symptoms Covered	6	6	6	7	6	5	5	5	6
Kingdom	✘	✔	✔	✔	✘	✔	✘	✔	✔
[Complete] [Mind]Grief:Silent, pent up: (150)	3	2	4	3	3	1	4	3	1
[Complete] [Mind]Company:Desire for: (229)	4	4	3	4	4	3	1	3	1
[Complete] [Mind]Sensitive, oversensitive:Noise, to: (372)	3	4	4	4	3	4	4	2	4
[Complete] [Generalities]Food and drinks:Spices, condiments, p...	4	1	3		3	3	3	3	
[Complete] [Chest]Tumors:Mammae:Right: (9)				1					1
[Complete] [Chest]Tumors:Fibroid, mammae: (5)				1					
[Complete] [Generalities]Tumors:Hard: (23)	2	4		1	1				3
[Boening] [Menstruation]Concomitants before menses:Limbs:...			1						
[Boening] [Menstruation]Concomitants during menses:Limbs:U...	2	1	1	1	1	3	1	2	2

Based on characteristic generals, mentals, and particulars, repertorial analysis supported the selection of *Conium maculatum*, a well-known remedy for glandular indurations of the breast with menstrual aggravation and emotional suppression.

Prescription

- Remedy: *Conium maculatum* 200C

- Dose: Single dose
- Diet and lifestyle advice: Reassurance regarding benign nature of condition and importance of regular follow-up.

Follow-up and Outcome

Date	Follow up	Prescription
11-11-2021	Pain in the right-hand, menses regular, no change in lump in the breast	Sac lac – BD 1month
15-12-2021	Pain in the right hand slightly reduced, no change in lump in the breast	Sac lac – BD 1 month
10-01-2022	Pain in the right hand before menses, no lymph node enlargement in the axilla. No change in lump in right breast	Conium 1M 1 dose Sac Lac – BD 1 Month
12-02-2022	Patient feels better, now she can manage her work alone, Pain is better	Sac Lac – BD 2 months
8-06-2022	Pain reduced, menses are regular, lump in the breast slightly reduced	Conium 1M – 1 dose Sac Lac – BD 1 month
15-07-2022	All complaints were reduced, Lump size reduced	Sac lac – BD 3 months
16-10-2022	Patient feel better no complaints, lump size is reduced; small lump is palpated further USG and FNAC suggested	Conium 1M – 1 dose Sac lac – BD – 1 month

The patient was reviewed at monthly intervals. Gradual reduction in pain, anxiety, and menstrual aggravation was observed. No new symptoms developed.

After Treatment Investigation

- Ultrasonography: Reduction in size of fibroadenoma to $2.7 \times 2.2 \times 1.7$ cm.

Computerised Laboratory Digital X-Ray / OPG
 4D Scanning EEG
 Color Doppler Hormonal & Drug Assays
 Echocardiography Allergy Testing ADVANCE FETAL ECHOCARDIOGRAPHY & NT SCAN CENTRE

2149, B Ward, Opp. G. N. Chambers, Kolekar Tikli, Mangalwar Peth, Kolhapur, Ph: 0231-2646663/2628118, Email: shrutika2010@rediffmail.com

Pt. Name :	[REDACTED]	Age/Sex :	22 Yrs./F
Ref. By :	Dr. PATIL PRIYA	Date :	19-Nov-2022

ULTRASOUND OF RIGHT BREAST

E/o A well defined oval heterogeneous lesion measuring 27 x 22 x 17 mm seen in the right breast, between the 12 and 1 O'clock position. This lesion is showing low grade vascularity and posterior shadowing. No obvious calcification seen. Surrounding fat tissue planes are intact Findings S/O Fibroadenoma.

Skin of the breast is normal.
 Nipple and areolar complex is normal.
 The axillary tail region is normal.
 There is no evidence of axillary lymphadenopathy.

ADV : - Clinical correlation.

Dr. R. C. Chinchonikar Dr. Sanjay Desai Dr. S. A. Aflor Dr. Zuber Fetele Dr. Shrikant Pawar Dr. Santosh Sandekar Dr. Vinod Wagle
 M. D. Pathology M. D. (Radiology) M.B.B.S., D.M.M.D. M.B.B.S., D.M.R.T. M.B.B.S., D.M.R.T. M. D. (Radiology) M.B.B.S. (Medicine)

Emergency Service 24Hrs - 0231-2646663, 9921464242, 9850133900

Fig. no. 2: Ultrasonography report of Right Breast after Treatment.

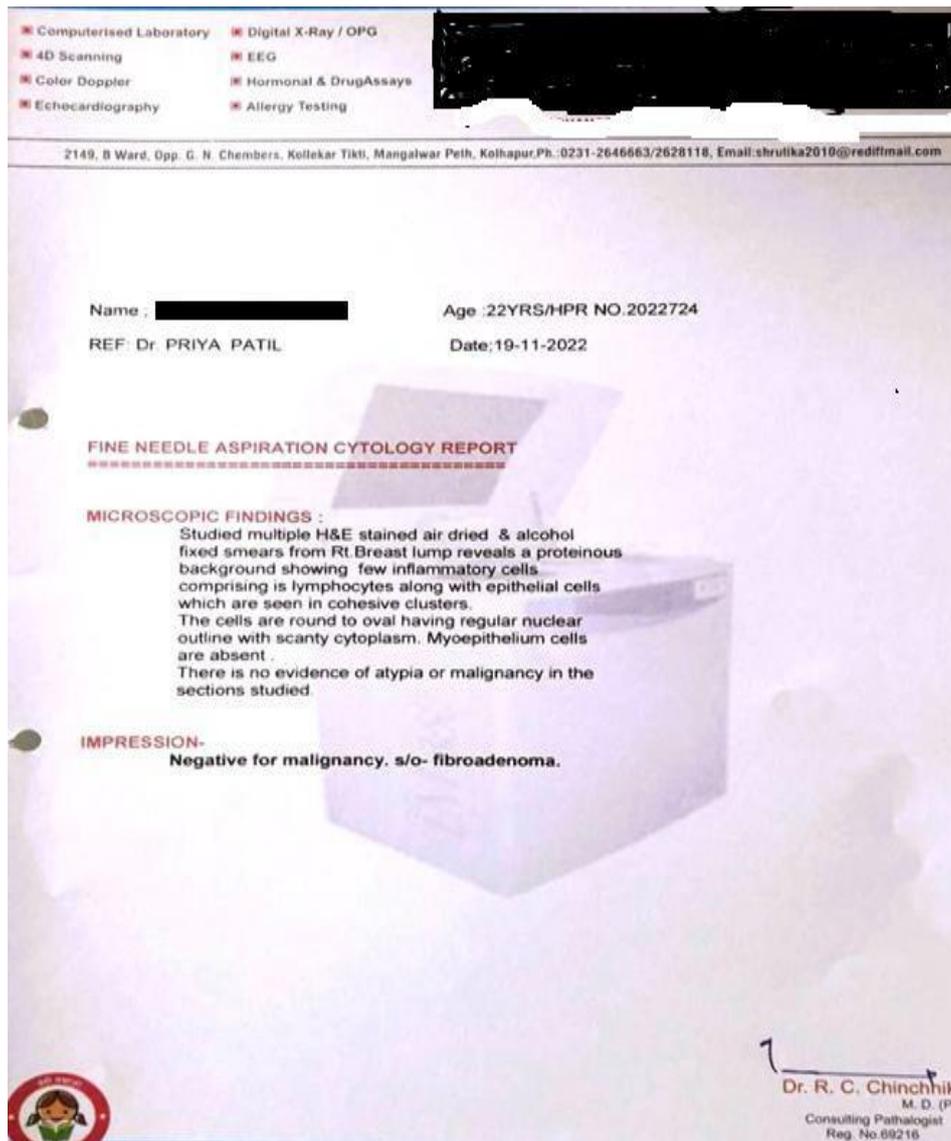


Fig. no. 3: FNAC report after Treatment.

ASSESSMENT OF RESULT

The case demonstrated objective reduction in tumour size along with subjective improvement in associated symptoms and emotional well-being. No adverse effects were reported during the treatment period.

DISCUSSION

Fibroadenoma is a benign breast condition with minimal risk of malignant transformation. The primary clinical challenge lies not in morbidity but in the psychological distress experienced by young patients and the potential overtreatment through surgical excision. Conservative management with regular monitoring is now widely accepted for small, asymptomatic fibroadenomas.

Homoeopathy offers a holistic approach that addresses not only the local pathology but also the constitutional susceptibility and emotional state of the patient. In the present case, the selection of *Conium maculatum* was guided by characteristic glandular induration, laterality, menstrual aggravation, and emotional suppression

following grief. The observed reduction in tumour size on ultrasonography provides objective support to clinical improvement.

It is important that homoeopathic management does not negate the role of modern diagnostic methods or surgical referrals when indicated. Rather, it complements conservative management by offering a non-invasive therapeutic option under careful supervision.

Limitations

This report documents a single case and therefore cannot be generalized. Long-term follow-up and larger, systematically designed clinical studies are required to establish efficacy and recurrence.

CONCLUSION

This detailed case report demonstrates the potential role of individualized constitutional homoeopathic treatment in the conservative management of benign breast fibroadenoma. Objective reduction in tumour size, along

with symptomatic and emotional improvement, was observed without adverse effects. Homeopathy may be considered a supportive, non-invasive option in carefully selected cases, provided that accurate diagnosis, regular monitoring, and ethical clinical practice are ensured.

Declarations

Informed Consent: Obtained from the patient for academic and publication purposes.

Conflict of Interest: None declared.

Source of Funding: None.

Ethical Approval: Not applicable for retrospective single case documentation.

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