



A Case of FIBROADENOMA Cured with Individualized Homoeopathic Medicine- Evidence Based Homoeopathy

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ABSTRACT

Introduction: Fibro-adenomas are the most common benign tumor of female breast having distinct clinical and Histopathological findings. This case report of fibroadenoma highlights clinical presentation along with proper investigation reports like ultrasound, individualized homoeopathic treatment provided and ongoing follow-up. Palpable mass, nodular swelling, pain, redness and changes in the breast appearance along with fibrous and glandular tissue components are emphasized for proper diagnosis. Homoeopathic literature shows that case of fibro-adenoma had been successfully treated with individualized homoeopathic medicine. Individualized homoeopathic approach to breast fibro-adenoma ensures improved outcomes in mental, emotional as well as physical wellbeing.

Case summary: The case report presented here was a 23 year old female patient, from Repertory OPD, Homoeopathy Hospital, North Eastern Institute of Ayurveda and Homoeopathy, Shillong. The patient was treated with individualized homoeopathic medicine (Phosphorous30, 200) for one year, with significant improvement and progressively decreases in size of tumor.

KEYWORDS: Fibroadenoma, Histopathological findings, Individualized homoeopathy.

INTRODUCTION

The breasts are the modified sebaceous glands within the superficial fascia of the anterior chest wall. The average adult breast weighs 200-300 grams and is composed of 80% fat and connective tissue and 20% glandular tissue. The breast is composed of 15-20 lobes arranged in a radial fashion extending from the nipple. Each lobe has one terminal collecting duct and each collecting ducts converge into Sub-areola lactiferous sinus. Each lobe contains 20-40 lobules which contain 10-100 alveoli. Coopers ligaments extend from the skin to the pectoralis major fascia. Shortening of this coopers ligament by tumor growth results in skin retraction. ^[1]

Fibro-adenoma is the most common benign neoplasm of breast, characterized by proliferation of epithelial and stromal cells components occurring in females of reproductive age group 14-35 yrs with the reported incidence of 27.6% in women aged 18-40 yrs. The incidence decreases with increasing age group and is least common in post menopausal females. In adolescent females, the overall incidence of fibro-adenoma is 2.2%. Approximately one-third of fibro-adenoma will regress in size or disappear over time. Fibro-adenoma can be removed surgically or followed clinically if the diagnosis has been confirmed. The nodules are firm, rubbery texture and circumscribed, painless and there is not related with menstrual cycle in terms of size. There is no relative risk for malignancy. ^[7]

Several factors contribute to the development of fibro-adenomas, including hormonal, genetic and environmental factors. Hormones like estrogen, progesterone helps in growth and maintenance of breast tissue. ^[2] Reproductive factors are significant contributors to the risk of fibro-adenoma development. Factors such as early onset of menstruation (menarche) and nulliparity (not given birth) have high chances of developing Fibroadenoma. These reproductive factors along with hormonal changes contribute to the growth and development of these benign breast lesions. ^[2]

Cellular and Histology features:

Fibro adenomas are biphasic, comprising two primary components: epithelial (glandular) and stromal (connective tissue) elements. The epithelial component forms gland-like structures resembling ducts and lobules, responsible for milk production. Meanwhile, the stromal component consists of spindle-shaped cells within a collagen-rich matrix, providing structural support and contributing



to the firm texture of the lesion. ^[3]The predominant stromal cells are fibroblasts, specialized in producing collagen and other extracellular matrix components, defining the unique texture of fibro-adenomas. ^[4] Histologically, fibro-adenomas are a lobulated or well-circumscribed appearance, with distinct lobules separated by fibrous tissue. ^[5]

Despite standard histological features, fibroadenomas exhibit cellular variability, containing cystic spaces, calcifications, or hyalinized areas characterized by dense, pinkish tissue. These variations highlight the diverse histological presentations within the spectrum of fibroadenomas. ^[5]

Risk Factors:

The occurrence of fibroadenoma follows a distinct pattern concerning age and gender,

- **Prevalence:** predominantly diagnosed in women aged 15 to 35yrs, rare in postmenopausal women and uncommon in males. ^[5]
- **Hormonal Changes:** Hormonal factors are important in the development and growth of fibro-adenomas, with hormonal changes seen during puberty, pregnancy, and the menstrual cycle. Women with hormonal imbalances or undergoing hormone replacement therapy face an increased risk due to the responsiveness of fibro-adenoma cells to estrogen and progesterone. Reproductive factors like early menarche and nulliparity contribute in development of fibro-adenoma growth. ^[6]
- **Hereditary:** A familial history of fibro adenoma. Although the genetic mechanisms remain not properly explained, a familial predisposition to fibro-adenomas has been observed, particularly in cases where close relatives have experienced these lesions. ^[6]

CLINICAL PRESENTATION

Signs and Symptoms

- A fibroadenoma is most often detected during a medical examination or during self examination, usually as a discrete solitary breast mass of 1 to 2 cm. The majority is situated in the upper outer quadrant. ^[9]
- A fibroadenoma is usually smooth, mobile, nontender, and rubbery texture in consistency. ^[9]
- Classically round or oval in shape, firm and rubbery in consistency, smooth, and very mobile; hence their common name - a breast mouse. ^[10]
- Generally not painful, they can be associated with some tenderness. ^[10]

DIFFERENTIAL DIAGNOSIS

The differential diagnoses for breast fibro-adenoma include the following:

- Breast cyst
- Breast carcinoma
- Phyllodes tumor
- Breast lymphoma
- Metastasis to the breast from another primary site. ^[8]

PROGNOSIS

The prognosis of fibro-adenoma is good because it is a benign mass that shrinks in size over time in most cases. ^[8]

CASE REPORT

HISTORY

A 23 year old female patient residing in Mawdiangdiang, Shillong, Meghalaya reported to Repertory OPD, at Homoeopathy hospital, North Eastern Institute of Ayurveda and Homoeopathy, on 22 June 2023. She came with a chief complaint of swelling in the left axilla, of the size 1.0 × 0.6 cm. She presented with pain and redness of left axilla. The onset of pain was gradual. Pain from left axilla was extending to shoulder and left arm. The character of pain was sharp, stitching type. Pain score-8/10. Pain was worse from touch, motion, night and lying on affected side and got relief by lying on unaffected side.

On examination of left axilla, Inspection: redness, no scar mark;



On Palpation: the swelling is small in size, nodular, fixed, hard, small marble like consistency; there is local rise of temperature and pain on touching.

Along with this there was heaviness and pain in both breasts. Pain score 5/10. The pain got worse from motion, lying on supine position and gets relief lying on lateral position. There was breathing difficulty also.

In her mentals- The patient was introvert by nature, sensitive. Irritability was marked, on getting angry she suppressed her anger and kept quiet. Aversion to crowd, preferred to be alone and overthinking of thoughts. Patient had fear of dogs .

Amongst other features of the patient, patient was fair complexion, moderately build, appetite was good, can tolerate her hunger well, and always prefer warm food; water intake was less, thirst less and prefer cold water; patient desire sour, salty food. There was no particular aversion but intolerance to jackfruit which causes diarrhea; perspiration scanty on palms, soles, on face esp. nose and upper lip. Decubitus sleeps laterally and on the edge of bed, sleep was sound refreshing. Patient got thermally affected by both extreme of temperature.

So in this case we considered most characteristic symptoms of the patient for repertorization. The symptoms which were selected: Among mental symptoms: Sensitive and timidity fear of dogs and patient always prefer to be alone was taken.

Amongst physical general symptoms: patient is thirstless and desire for sour food and desire for cold water had been chosen.

Amongst particular symptoms: swelling in the axillary glands, accompanied with stitching pain in the mammae and glandular affections were taken for repertorization.

INTERVENTION

First prescription:

Basis of prescription: The medicine was selected after repertorization (Table 1) of characteristic symptoms, and in consultation with Homoeopathic Materia Medica. The case was repertorized using RADAR software using SYNTHESIS REPERTORY by Dr. Fredrick Schroyens. Moreover Phosphorous was selected as it covered the most important symptoms, such as at mental sphere patient was timid, sensitive, and preferred to be alone and there was marked fear of dogs; at physical level patient was thirst less and always prefer cold water and there was desire for sour food, and characteristic feature of patient there is glandular affection, swelling with sharp stitching pain in the glands of axilla, pain and heaviness of breast and thermally patient is affected by both extremes of temperature. The potency selected was 30C after consulting principles of posology and Organon of medicine. Phosphorus 30, one dose, early morning empty stomach was prescribed. On subsequent follow-ups (Table 2); the remedy was repeated, depending upon the assessment of improvement of the patient.

Table1: Repertorization table of first prescription done using RADAR Software using SYNTHESIS Repertory.

NORTH EASTERN											
Fibroadenoma Xyz -											
This analysis contains 693 remedies and 11 Intensity is considered Sum of symptoms (sorted degrees)		phos.	sulph.	lyc.	nat-m.	bell.	puls.	ars.	calc.	hus-t.	sil
		1	2	3	4	5	6	7	8	9	10
		11	11	11	11	10	10	10	10	10	9
		21	21	20	19	21	21	18	18	15	20
1. Clipboard 1											
▶ 1. MIND - SENSITIVE	(439)	1	3	3	3	3	3	2	2	1	3
▶ 2. MIND - TIMIDITY	(222)	1	3	3	3	2	1	4	2	3	2
▶ 3. MIND - COMPANY - aversion to	(297)	1	1	2	2	4	2	2	1	1	2
▶ 4. MIND - FEAR - dogs, of	(38)	1	1	1	1	4	2		1		1
▶ 5. STOMACH - THIRSTLESS	(220)	1	1	1	2	1	2	3	2	1	1
▶ 6. CHEST - AXILLA; COMPLAINTS OF - Glands	(36)	1	1	2	1	1	1		1	3	1
▶ 7. CHEST - PAIN - Axillae - stitching pain	(62)	1	1	2	2	1		1	1		1
▶ 8. CHEST - PAIN - Mammae	(178)	1	2	2	1	1	3	1	2	2	3
▶ 9. CHEST - SWELLING - Axillae - Glands	(71)	1	3	2	2	2	2	2	1	2	3
▶ 10. GENERALS - FOOD AND DRINKS - sour food, ac...	(185)	1	2	2	1	2	1	2	2	1	
▶ 11. GENERALS - FOOD AND DRINKS - cold drink, co...	(276)	1	3	1	2	1	2	1	3	2	1



Follow-up and outcome

Follow-up of the patient was assessed every 7 to 15 days or as required. The data wise detailed follow-up is summarized below in table 2.

Table 2: Details of Follow-Up and Prescription

Date	Symptoms	Selected Medicine with doses and repetition
22 nd June 2023	Swelling in left axilla, on palpation- small, nodular, fixed, hard consistency, sharp stitching pain, radiating to shoulder and left arm, reddish discoloration. Pain score 8/10. <lying on affected side, morning. >nothing particular Advised for USG of both breast and axilla.	<ul style="list-style-type: none"> Phosphorus 30C (one dose, early morning empty stomach) Followed by Rubrum
28 th June 2023	Swelling in the left axilla, pain reduced, soft consistency, size reduced on palpating, slight reddish discoloration. Swelling and Pain in the left upper quadrant of both breasts. Pain constant. pain score 5/10 <lying on lateral side, morning. >nothing particular. USG Report- patchy fibroadenosis both breast scattered along B/L Parenchymal quadrants. Focal hypo echoic lesion in left axilla with internal debris.(FIG-1)	<ul style="list-style-type: none"> Phosphorus 30C (one dose, EMES) Followed by Rubrum
14 th July 2023	Swelling in left axilla reduced. Pain-absent. Size-reduced. Discoloration- redness decreased. Swelling on both breasts same. Pain-reduced. No discoloration on affected side.	<ul style="list-style-type: none"> Phosphorus 30C(1 dose, EMES) Followed by Rubrum
20 th July 2023	Pain In Both Breasts Same, Upper Quadrant. No discoloration. No scar mark Size: same.	<ul style="list-style-type: none"> Phosphorus 30C one dose empty stomach Followed by Rubrum
17 th August 2023	Size of the swelling in breast reduced Swelling in axilla –absent.	<ul style="list-style-type: none"> Phosphorus 30C one dose empty stomach. Followed by Rubrum



	Pain in breast reduced but still persists slightly.	
11 th October 2023	No new complaints No swelling Pain in breast no more	<ul style="list-style-type: none"> • Rubrum for 2 months
13 th December 2023	No new complaints Patient feels better Advised Ultrasonography (Breast Scan)	<ul style="list-style-type: none"> • Rubrum for 3 months
21 th March 2024	Patient feels better No new complaints	<ul style="list-style-type: none"> • Rubrum for 2 months
22 nd May 2024	Patient feels better No new complaints	<ul style="list-style-type: none"> • Rubrum for 1 month
29 th June 2024	USG (Breasts scan)- structurally normal bilateral breast tissues. (FIG-2)	No medication given. Patient advised to revisit in case of any complaints.

RESULT

The swelling which was nodular, small in size and soft consistency in the left axilla and in the breast reduced after the treatment for about 1 year. Pain reduced significantly. No scar mark. Initially phosphorus 30C showed improvement. However much significant improvement was observed with repeated doses of Phosphorus 30C at longer intervals for one year with proper follow up. USG report revealed the swelling in the breast completely disappeared. Patient feels better as a whole.

DISCUSSION

The patient presented with swelling in the left axilla of size 1.0 × 0.6 cm, with pain, redness of left axilla. The onset of pain was gradual and extending from left axilla extending to shoulder and left arm. Pain score - 8 / 10.

Along with this there was heaviness and pain in both breasts. Pain score 5 /10.

This case treated with Homoeopathic medicine showed complete cure in a follow up period of one year. Homoeopathy with its high safety profile and easy administration methods, it is very effective in acute as well as chronic cases.

In this case of Fibroadenoma, after careful and proper case taking, repertorization and finally after consulting Materia Medica, Phosphorus 30C was prescribed. The patient showed marked improvement symptomatically which signifies correct selection of medicine and potency. This case shows the effectiveness of Homoeopathic medicine in the treatment of Fibroadenoma, when prescribed according to Homoeopathic principles.

CONCLUSION

Our master Dr. Hahnemann has said, there is no disease, but sick individual. Homoeopathy is a holistic approach of medicine, in which we treat patient as a whole, not a particular organ or disease. It is the individual who is sick. In aphorism 1 of Organon of medicine 5th and 6th edition written by Dr. Hahnemann, it is mentioned that, ‘THE PHYSICIANS HIGH AND ONLY MISSION IS TO RESTORE THE SICK, TO HEALTH, TO CURE AS IT IS TERMED’. [11] So depending on every individual case, the Homoeopathic medicine selected will be different. When a patient comes to homoeopathic physician, peculiar characteristic rare symptoms representing the patient as a whole is chosen and an individualized homoeopathic medicine is prescribed. In this case of fibro-adenoma of breast Phosphorus 30C had been prescribed.

LIMITATION OF THE STUDY

It is single case report of fibro-adenoma, cured by homoeopathy. In future, case series can be recorded and published to establish the efficacy of homoeopathic medicines in case of fibro-adenoma.



INFORMED CONSENT

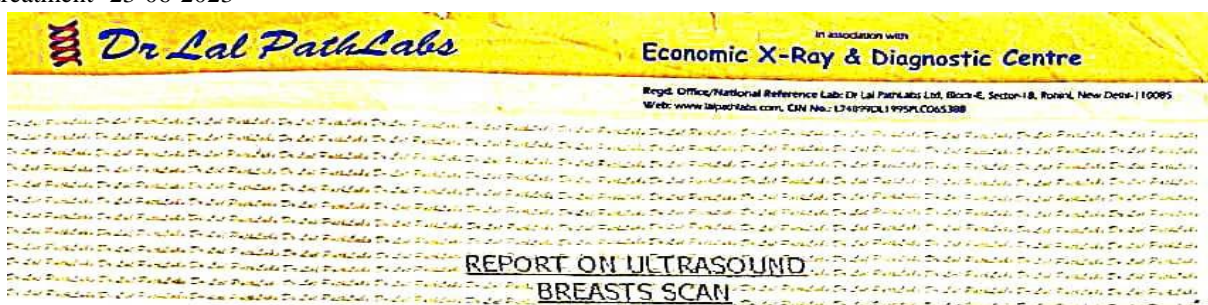
The patient has agreed that her clinical information can be reported in the journal. The patient understood her names and initials will not be included in the manuscript and due efforts will be taken to conceal her identity.

ACKNOWLEDGEMENT

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Investigation: USG REPORTS (Fig. 1)

Before treatment- 23-06-2023



NAME: [REDACTED] **AGE/SEX:** 22YRS/FEMALE.
DATE: 23/06/2023. **REFD BY:** DR. NEIGRIHMS.

Visualized both breasts are normal-sized in appearance, showing some patchy irregular strands of fibro-fatty tissues scattered along bilateral glandular parenchyma.

No well-defined mass or cyst noted. No prominent ductal dilatation/obstruction seen. No abnormal colour uptake or obvious inflammation detected on Doppler parameters.

Both nipples are grossly normal. No abnormal puckering or retraction of areola and sub-areolar areas noted bilaterally during scanning. No abnormal collection observed.

No significant abnormality noted along right axillary region and axillary tail areas. Focal hypo-echoic lesion noted in left axilla with internal debris (size ~ 1.0 x 0.5 cm).

IMP: ABOVE USG REVEALS PATCHY FIBROADENOSIS INVOLVING BOTH BREASTS, SCATTERED ALONG BILATERAL PARENCHYMAL QUADRANTS. FOCAL HYPO-ECHOIC LESION IN LEFT AXILLA WITH INTERNAL DEBRIS (Possibly inflammatory lesion undergoing infection).

[Signature]
Dr. A. Goswami, MD;
(Consultant Radiologist)

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action.
Tel: +91-11-3988-5050, E-mail: lalpathlabs@lalpathlabs.com



Investigation: USG REPORTS (Fig. 2)

AFTER TREATMENT: Follow up USG Report on 29-06-2024

Dr Lal PathLabs In association with **Economic X-Ray & Diagnostic Centre**
 Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
 Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

**REPORT ON ULTRASOUND
BREASTS SCAN**

NAME: [REDACTED] **AGE/SEX:** 23YRS/FEMALE.
DATE: 29/06/2024. **REFD BY:** DR. NEIAH.

Visualized both breast quadrants reveal no abnormal SOL, collection or calcification. No glandular parenchymal inflammation seen. No well-defined mass or cyst noted.

No prominent ductal dilatation seen scattered within both breast tissues. No abnormal glandular collection detected on either side at the time of examination.

Both nipples are grossly normal. No abnormal puckering or retraction of areola and sub-areolar areas observed bilaterally during high-resolution scanning.

No significant abnormality noted along bilateral axillary region and axillary tail areas.

IMP: STRUCTURALLY NORMAL BILATERAL BREAST TISSUES.

[Signature]
Dr. A. Gajwani, MD;
 (Consultant Radiologist)

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