

## CANCER OF THE BREAST

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This subject is one that has intrigued me for many years due to the various aspects that it presents. The types are rather numerous. The age of the patient carries certain implications, e.g. the type of growth, the rapidity of metastasis, the resistance of the patient to the tumour and the type of treatment. The earlier the patient visits the physician and receives a very careful examination, the better are her chances for recovery.

There are a number of pitfalls in the diagnosis of cancer of the breast and these may be considered first as the non-malignant tumours of the mammary gland. In the evaluation of non-malignant cystic tumours of the breast, it is wise to avoid the term mastitis. There is no evidence to suggest that cystic disease is inflammatory. Many of these cysts do not reach the palpable stage of development and need not be considered. We are concerned solely with the later development that is found by the patients usually in the bath. At the time of the examination, the cyst may be found to be solitary, or there may be several with perhaps cystic degeneration of the entire breast. Since it is impossible to make a definite diagnosis, a biopsy is absolutely necessary, with a pathologic examination. Do not feel, if the biopsy is negative, that the patient may not develop cancer in the breast at a later time. There have been several cases in the practice of the writer where, after several biopsies a number of years apart, cancer has developed in the breast. Keep these patients under observation for years, seeing them at regular intervals. Haagensen gives 8 per cent in 103, as developing cancer after the removal of cysts from the breast. Cystic disease is found mainly in the third and fourth decades of life.

Adenosis and fibrous disease of the breast are common but they must be diagnosed correctly. If the surgeon could be certain that either of these was non-malignant, then he might

leave them undisturbed. He must, in all fairness to the patient, biopsy them and thus rule out carcinoma. Having the lesion exposed and accessible, he had best excise it, even after its non-malignant nature has been proved, and in so doing relieve the patient of the worry that its continued presence would give her. Neither hormone nor irradiation therapy should be used on either of these cases.

Permit me now to mention several other non-malignant diseases of the breast and briefly to suggest the treatment. *Mammary Duct Ectasia*: The importance of this condition is that it so closely resembles the clinical picture of carcinoma that it deserves very careful consideration and an early biopsy. The principal symptoms are breast tumour and discharge from the nipple. This is usually accompanied by pain that is different from the premenstrual type. Biopsy alone can differentiate it from malignancy. *Adenofibroma*: This deserves mention and these are tumours that are usually found any time after puberty and are the most frequent type of tumour found in young women. These tumours are very radioresistant and should be treated by simple excision. *Intraductal Papilloma*: The papillary neoplasms present the surgeon with one of the most difficult diagnostic problems. There are two main types: the benign intraductal papillomas, which are comparatively frequent, and the malignant papillary carcinomas which are rare. They both give rise to a serous or bloody discharge. Briefly, one must introduce a blunt needle into the duct and excise it for examination. Only the microscope will tell the difference. Breast infections or abscesses usually present no difficulties in diagnosis.

With the above preliminary introduction to tumours of the breast, let us now consider the great problem of cancer. Much study has been devoted to carcinoma of the female breast, but the ultimate cause is not yet known. Perhaps we are closer to it than for any of the other types of cancer. In extensive studies of the use of estrogen in both mice and dogs, it has been found that, while the administration of the estrogen did not produce carcinoma per se, it did promote the earlier development in the strains disposed to it. One may conclude from this that the

administration of estrogen to a woman, when there is a history of mammary carcinoma in the family, is not advisable. There seems to be a lower per cent of carcinoma of the breast in women where the breast has fulfilled its function of nursing and also the per cent is lower in those who have borne the greater number of children.

Women who develop breast cancer usually discover the disease themselves, either when bathing or dressing. In a series of 1033 ward cases, 92 per cent found the involvement, while only 5 per cent was found in the course of a physical examination.

Briefly the symptoms are as follows: The accidental discovery of a lump in the breast. The chief characteristic of the malignant lump is the hardness, which is more marked in carcinoma than in most of the other lumps that occur. Some of these lumps are as small as 5 mm. in diameter showing the accuracy of their palpitation.

*Pain:* This is probably a rather uncommon primary symptom. It may even be an unusual secondary one, the patient having only a feeling of tenderness on pressure. From the findings of many investigators one must conclude that the lump is the all important warning and that it usually is painless.

*Retraction:* Retraction of the nipple is likewise quite uncommon and is discovered when dressing or bathing. Many patients have retraction signs but have not recognized them.

*Redness of the skin:* This is quite rare and when found is probably diagnostic of the inflammatory type of cancer and may be considered inoperable.

*Nipple erosion:* Paget's type of carcinoma is manifested by erosion and itching about the nipple. This type of cancer should be the easiest for the patient and the physician to detect because of the discharge, erosion and the itching which is quite annoying to the patient. This type is neither silent nor invisible but, nevertheless, is missed oftener than the usual type of involvement. Always regard this trilogy of symptoms with the utmost gravity.

*Symptoms due to metastases:* While most of these symptoms mentioned above originate from the primary tumour, in a

small per cent of cases they originate in metastases. The primary lump may be so small that it is not detected by the patient and the first lump found is an axillary metastasis.

Do not be misled by the absence of the metastasis in the axilla. The first symptoms of a mammary carcinoma may be a pathological fracture or a persistent backache due to vertebral involvement. These latter cases are entitled to a very careful X-ray study of the spine and the long bones of the arm and leg.

When breast disease has been detected, either by the patient or by an examining physician, the next step is to prove its nature. In this task the physician depends on three kinds of evidence: a proper medical history, a careful physical examination of the breasts, and, when indicated, a properly conducted biopsy. Unfortunately in a paper of this character it is not possible to go into the subject of the methods of diagnosis of breast disease and the manner of making the examination of the suspected breast. The writer desires to take this opportunity of referring the listener to some excellent pamphlets on this subject as well as films that have been made for exhibition at county and state medical meetings.

The type of treatment depends on a number of factors: age of the individual; type of tumour; whether free of metastasis or not; if metastases are present, are they removable. If there is skeleton involvement, then the case is inoperable. The treatment will depend upon whether the surgeon has any preconceived ideas. Radical mastectomy is the mainly accepted method; in many quarters the operation may be preceded or followed by X-ray treatments. McWhirter has treated a large number with partial mastectomy followed by intensive X-ray treatment. He reports a 42 per cent, five-year survival rate and 25 per cent 10-year survival rate. The scirrhous type of growth in the aged usually does not require any treatment, since it grows slowly and seldom metastasises.

"Research of the past ten years has remarkably expanded knowledge of carcinogenesis and of the diagnosis and treatment of cancer. The clinician is now able to control the growth of cancerous tissue more effectively than ever before." As a result

of the investigations the control of cancer offers a more hopeful future. The National Cancer Institute has published some very helpful articles on this subject. Marques, in a paper on "The Chemistry of Tumours" delivered at the recent meeting of the California State Homœopathic Medical Society held in May 1957, gave some very interesting statistics on the study of the damaging capacity of some plants on tumour tissues. The studies were carried out using certain strains of mice and the results were very carefully tabulated. "Materials from twelve plants produced grossly and histologically demonstrable damage on the tumours of these animals. A relatively pronounced effect was induced by *Dioscorea villosa*, *Oxydendron* and *Spirea ulmaria*. Tumour damage of lesser degree was exhibited by nine other plants: *Apocynum andros*, *Asparagus off.*; *Cap-sella bursa pastoris*, *Equisetum arvense*, *Equisetum hyemale*, *Hydrangea arborescens*, *Juniperus communis*, *Parietaria off.* and *Polytrichum juniperum*. All of these remedies or drugs are used homœopathically. Extracts of these were administered in physiological doses and the results studied and evaluated in the light of histological and cytological findings in the tumour tissues of implanted animals.

"Perhaps some day this type of investigation may form the basis of some homœopathic research. If one reviews in his mind the indications for these remedies, he may be surprised to find how applicable they may be in some forms of cancer manifestations: *Dioscorea villosa*, for instance, with its characteristic pains, especially colic, in severe, painful affections of abdominal viscera. Mull over in your mind the symptoms of the other remedies mentioned and the writer is sure that certain indications will present themselves. Since the physiological doses of these plant extracts have already yielded demonstrable tissue changes in experimental animals, extension of such experiments in potentized attenuation may prove highly fruitful."

In the study of the cancer problem one must take into consideration the resistance of the patient to the invasion of a cancerous growth. This is entirely intangible, but from the homœopathic point of view a very definite avenue of approach

for a prescription. A very careful study of the patient will afford a basis for help in the well being of the individual who is suffering from cancer. So far as is known, no proving of a drug has produced a cancerous invasion of the prover. That however, does not preclude the search for the relief, perhaps the cure, of that large number of unfortunates that now appeal to us for help.

This paper constitutes, first, a plea for the early recognition of growths, either by the patient or the medical examiner; second, a very careful survey of the woman presenting herself for your care. Her life is very definitely in your hands and temporizing may cost her much suffering, whereas a systematic study of her case may lead either to recovery or, at least, to the prolongation of a useful life. Cancer of the breast is curable in a large per cent of cases.

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