

# Effectiveness of homoeopathy for the treatment and management of idiopathic granulomatous mastitis in women: A case series

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## Abstract

**Introduction:** Idiopathic Granulomatous Mastitis (IGM) is a rare, debilitating, chronic inflammatory disease of the breast, occurring in women of the child-bearing age, which can clinically, and radiologically mimic abscess, tubercular infection or breast cancer. Homoeopathy can treat the disease by addressing its multifactorial origin, given its holistic approach. The paper presents a case series of 11 patients of IGM treated with classical homoeopathy in place of conventional methods. **Case Summary:** After exclusion of differential diagnosis of inflammatory breast lesions by radiology, and biopsy, the patients were given individualised homoeopathic treatment. Common symptoms were pain, single or multiple lumps, abscesses, sinuses, ulcers and discharge in various patients. Descriptive statistics, clinical observation and patient's feedback were used for analysis. 11 patients were followed up for a median period of 24 months. All 11 patients experienced subsidence of the lumps with no recurrence and general improvement in health, without any conventional medication or surgical intervention. The initial experience of resolution of IGM with homoeopathic treatment is encouraging. For an evidence-based evaluation of the results, larger numbers of case studies are required. The key to positive outcome of the case series was meticulous follow up of each patient and intervention with acute homoeopathic remedies, as indicated.

**Keywords:** Breast abscess, Homoeopathy, Idiopathic granulomatous mastitis, India

## INTRODUCTION

Idiopathic granulomatous mastitis (IGM) is an uncommon inflammatory condition of the breast of unknown etiology occurring in women of the childbearing age but may also occur in perimenopausal women and rarely in men. The common presentation is presence of firm to hard lumps that are usually unilateral. The patient may present with diffuse inflammation, erythema, and axillary lymphadenopathy, though absence of inflammatory changes may lead to misdiagnosis of malignancy. IGM is confirmed by biopsy as it can clinically and radiologically mimic other inflammatory conditions such as tuberculosis, fungal infections, Wegener's granulomatosis, histoplasmosis, and malignancy. Incidence of IGM is 2.4 in 100,000.

It is not known if IGM is caused by a bacterial infection or hormone changes. One study links it with deficiency of alpha anti-trypsin1.<sup>[1]</sup> It is also thought that IGM may be triggered by an autoimmune response to stimuli that may be multifactorial, in origin including lifestyle and stress. Microscopic examination of the tissue or fluid from the affected breast for the presence of infectious organisms is required for establishing a diagnosis of IGM by exclusion of infectious pathology. The diagnosis is confirmed by breast ultrasound-guided core needle

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biopsy, or excision biopsy. Conventional treatment options are oral steroids (prednisone) or methotrexate, antibiotics, anti tuberculous drugs, and surgical multidirectional excision of the abscesses,<sup>[1-5]</sup> which may have serious side effects. Homoeopathic individualized treatment is a safer and effective mode of treatment as indicated by the encouraging results of the cases presented herewith.

Between 2014 and 2019, patients keen on homoeopathic treatment with presenting symptoms of IGM were studied with homoeopathic case taking and confirmation of diagnosis by tissue biopsy in ten cases and MRI in one case. They received constitutional treatment with a single medicine in moderate-to-high potency. Intercurrent remedies and acute remedies were given as required.

All patients were parous females between 28 and 40 years of age, having breast fed their children. The lesions were unilateral in all, and number of lumps ranged from one to four. Number of fistulas and ulcers ranged from 1 to 8. During course of the treatment, there were occurrences of new lumps in seven women which were smaller, less painful, and resolved completely with the indicated acute homoeopathic remedies. The average duration of recovery was 2–10 months. Resolution of IGM was confirmed with breast ultrasound and clinical review.

### CASE 1

A 34-year-old woman having a 3-year-old child was first seen in June 2014, with a single 6–7 cm diameter lump with a sensation of heaviness behind the areola of her left breast [Figure 1]. She had been under



Figure 1: Case 1 lesions

conventional treatment since November 2013 with antibiotic cycles, hydrocodone, acetaminophen, sulfamethoxazole trimethoprim, omeprazole, clindamycin, ciprofloxacin, amoxicillin, doxycycline, and undergone incision and drainage, with surgical biopsy in April 2014. She also had hyperlipidemia, spring and fall allergies with itchy throat, ears swollen itchy eyes, and irregular menstruation since menarche. Her characteristic mental symptoms were feeling confined at home, and not appreciated which she expressed in a lamenting tone. She was irritable, impatient, and harsh in language, though loving and friendly. She was given *Calcarea Sulphuris* 200X, as one dose, as it relates to suppurations in tissues, when pus has found a vent, and continued inflammatory processes that do not heal. The reference, Complete Repertory 2017: Mind: LAMENTING, bemoaning, wailing; appreciated, because he is not (2); calc-s., querc-r. was also taken into account.

*Hepar sulphuris* 30 C every 4 h for 3 days was given as an acute remedy for “sensitiveness of affected parts” and promoting suppuration [Figure 2]. Her irritable personality was confirmatory for the choice. *Arnica* 200C was given as an intercurrent dose for acute tenderness in lumps. During course of the treatment, there was a sense of vibration in her left breast. Small pustules formed around the old scar and drained pus, Lumps started to shrink and resolved completely in 10 months [Table 1]. Her allergies showed significant regression and menstrual cycles regularized. There was no recurrence of IGM until reporting of this case. Ultrasound dated July 20, 2015 confirmed complete resolution of previously seen granulomatous lesions [Figure 3].

### CASE 2

A 35-year-old mother of a 5-year-old child approached in May 2016 with IGM diagnosed with surgical biopsy done 5 months back. She had three hard abscesses in her right breast with sharp shooting pain, eight fistulous ulcers discharging blood, pus, and serum [Figure 3]. She experienced hot flushes at night even though her temperature would be 98.5°F. She felt weak, had low appetite, and weight loss. She was egoistic, impatient, and remained angry because of her distressing

	Lyc.	Sil.	Hep.	Asaf.	Arn.	Cham.	Lach.	Calc-s.	Sol-a.	Carb-an.	Puls.	Cist.	Calc-i.	Ol-j.	Mang.	Calc-f.	Phos.	Kali-i.	Colch.	Iod.
Total	5	7	7	8	8	5	5	4	3	4	4	3	2	2	2	3	2	2	3	3
Rubrics	3	2	2	2	2	2	2	1	1	1	1	2	2	2	1	2	2	1	1	1
Kingdoms	Green	Blue	Blue	Green	Green	Green	Red	Green	Green	Blue	Green	Green	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
LAMENTING, bemoaning, wailing; appreciated, ... (2)																				
generalities; ABSCESSSES, suppurations; chronic (39)		Black		Black	Black	Black	Black	Black	Black											
mind; HARSHNESS, rough; affectionate, yet (3)											Black									
chest; ABSCESSSES, suppurations; mammae; left (3)												Black								
chest; NODULES; sensitive (7)													Black							
generalities; SENSITIVENESS; parts; affected (13)		Black		Black	Black	Black	Black	Black	Black											
mind; IRRITABILITY; impatience, with (11)																				

Figure 2: Case 1 Repertorization

**Table 1: Follow-up chart Case 1**  
**SL = Saccharaum lactis or placebo. OD = once a day.**  
**BD = bis in di (twice a day).**  
**A/F = Ailments from. S/O = Sensation of**

Case Number	Date	Symptoms	Prescription
<b>Case 1</b>			
	April 24, 2014	Biopsy: Severe granulomatous mastitis in the left breast tissue, with an active inflammatory component.	
	June 07, 2014	Breast abscess, Pus discharge, allergic coryza, itching eyes, and at weather change in spring and fall. Irregular menses. harshness, lamenting, and delusion Confined	<i>Cal.Sul.</i> 200X one dose, SL 1 month
	August 21, 2014	Reduction in purulent secretions, tender lumps persist. Coryza, itching eyes milder in intensity, during weather change. Menses every 40–45 days,	<i>Hep. sul.</i> 30C, OD 1 month
	September 6, 2014	Acute tenderness in Lumps	<i>Arn.mont.</i> 200C OD SL
	February 09, 2015	Lumps shrinking, occasionally increase in size and become tender	<i>Hep. Sul.</i> 30C OD 1 Month
	April 15, 2015	No episodes of flare ups. Sensation of vibration in lumps and aversion to be touched. Spring and fall allergies negligible. Menses regular and every 45 days.	<i>Arn.mont.</i> 200 OD 1 week. SL 1 month
	July 20, 2015	USG: Resolution of inflammatory lesion previously seen in the left breast. Blood total cholesterol reduced from 320 mg/dl to 220 mg/dl	
	July 21, 2015	Lump ruptured 2 months back, took 1 week time to heal. Now completely resolved	SL 1 month
	December 30, 2019	No recurrence of IGM	No treatment

symptoms. She expressed indignation about the situation at the workplace, as she was not given her rightful credit. She had taken several cycles of antibiotics and even steroids for 4 weeks.



**Figure 3: Case 2 lesions**

She was given *Tuberculinum* 1M, one dose for her loss of weight of about 2 kg in 2 months, hot flushes of heat at night, weakness, with a snappish temperament and weekly doses of *Staphysagria* 200C for 2 months. Complete 2017 Rep; mind; GRIEF; silent, pent up; indignation, with (2): 3Coloc., 3Staph [Figures 5 and 7]. A congested area appeared on the breast which resolved with *Silicea* 30X 2 pills BD for 1 day given as an acute remedy [Figure 4].<sup>[6]</sup>

During the 5 months of the treatment, the abscesses subsided, fistulae drained and healed, and there was no recurrence as per feedback after 24 months. Associated symptoms of evening fever disappeared and her weight improved. Her temperament improved. There has been no recurrence of IGM since. Ultrasound imaging was done to confirm that there was no evidence of residual granulomatous inflammation [Table 2].

### CASE 3

A 32-year-old mother of a 3-year-old child came in August 2016 with four exquisitely tender lumps in the left breast since 2 years and one discharging sinus [Figure 5]. She had lost both parents just before the first lump developed and she felt anxious about her health and that of her family, had fear of cancer, but put up a brave front to not affect her child. She was given *Calcarea carb* 1M single dose as she was tough outside and weak inside and had marked anxiety about health<sup>[7]</sup> and *Arnica* 200C as weekly doses, on the interpretation of effects of emotional impact [Figure 6]. One tender lump of 1 cm diameter came up after 10 days which resolved with *Arnica* 200C given as an acute dose. The lumps resolved within a month and no recurrence was seen since. She felt more confident and emotionally stable subsequently. Ultrasound imaging done at the end of the treatment confirmed absence of any inflammatory lesion in breast [Table 3].

### CASE 4

A 33-year-old mother of a 4-year-old child came in November 2017 with two abscesses in her left breast confirmed as IGM with biopsy. Her first painful lump

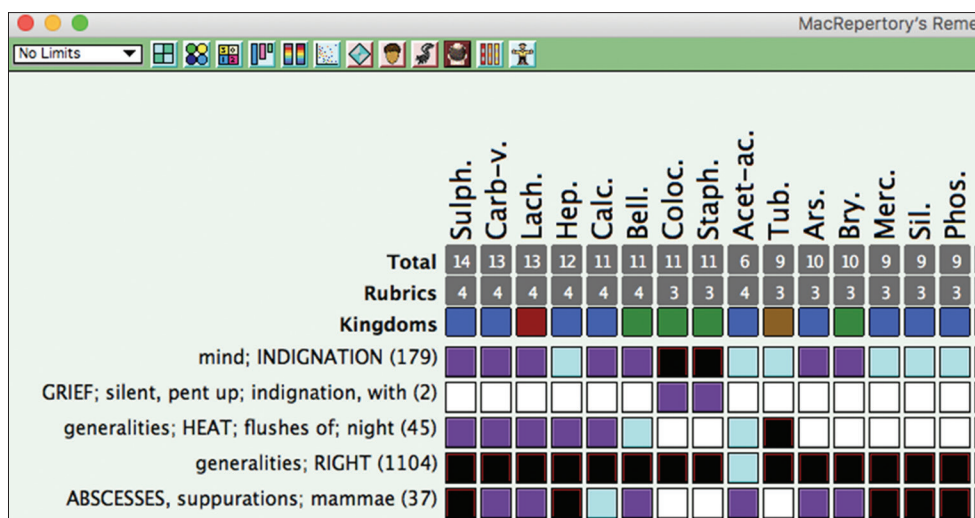


Figure 4: Case 2 Repertorization



Figure 5: Case 3 lesions

developed 2 months back and the second lump developed after biopsy of the first lump. The lump had a pin hole sinus draining drops of whitish pus and little blood. She had been given three cycles of antibiotics and analgesics and was advised surgery which she refused and decided to try homoeopathy. The associated complaints were recurrent vaginitis, body ache, and pain in the lower limbs on exertion. She seemed stingy, as she bargained for paying fees, selfish, as she was centered on her own needs, craved masala tea, and attention, and loved dancing. The reference, Complete 2017 Repertory: mind; BARGAINING (5): 3Puls., 3Sil., bry., cypra-e., sulph. was also taken into account [Figure 7].

She was given *Pulsatilla* 200C, weekly doses. A month later, 3–4 small abscesses developed and drained a small amount of blood and pus, when a single dose of *Silicea* 30X was given, followed by the resolution of abscesses within 6 weeks. Her

Table 2: Follow-up chart Case 2			
Case no.	DATE	SYMPTOMS	PRESCRIPTION
Case 2	February 21, 2019	Biopsy report: Extensive granulomatous tissue forming breast abscess	
	May 10, 2019	Right breast abscesses and eight fistulas draining pus, blood, serum, evening rise of temperature, low appetite, weight loss, indignation, and anger at symptoms	<i>Tuberc.</i> 1M one dose, <i>Staph.</i> 200C weekly doses for 2 months
	July 12, 2019	No evening temperature, gained weight, and occasional needle like pain. Five fistulas stopped draining pus and blood, three still oozing serum	Placebo 2 months
	December 19, 2019	Small abscess formation, with mild pain and swelling of size of a peanut. The previous three oozing fistulas remain as superficial ulcerations.	<i>Sil.</i> 30X 2 tablets BD for 3 days, Placebo for 2 months.
	March 13, 2020	USG right breast: No residual inflammation seen	
	December 20, 2020	No complaints	No treatment

leg pain and vaginitis episodes did not recur and there was no recurrence of lumps until reporting of this case. Ultrasound

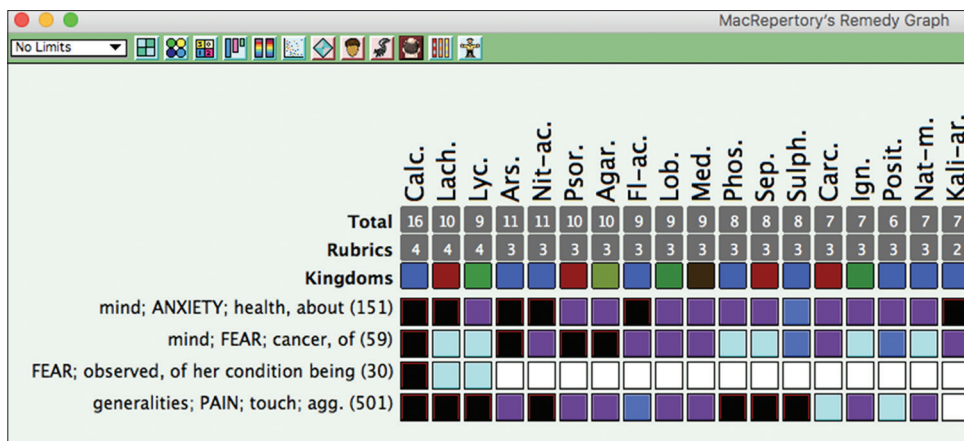


Figure 6: Case 3 repertorization

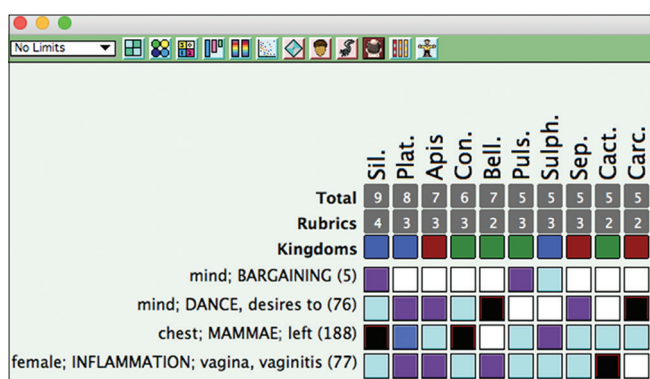


Figure 7: Case 4 Repertorization

imaging was done on February 15, 2019— to confirm resolution of previously seen granulomatous lesions in the breast [Table 4].

## CASE 5

In February 2016, a 28-year-old mother of a 5-year-old child came with a 3–4 cm diameter lump in her right breast since 10 months, occasionally draining pus and blood from a sinus since 3 months. She gave a history of a severe impact on the same breast by her child’s leg 7 months before the development of the lump. She had taken allopathic drugs earlier without any improvement. She was lazy, confused, self-centered, and feels lonely. The reference, Complete 2017 Repertory: chest; INJURIES, after; mammae, to (19): 4BELL-P., 4CON., 3Arn., 3Cund., ars-i. was also taken into account [Figure 8].

She was given *Bellis perrenis* 200C,<sup>[8,9]</sup> for 1 month. Follow-up was taken monthly, when size had reduced to 2 cm diameter and to 1 cm in 2 months. Two new lumps appeared in the same breast which resolved with one dose of *Silicea* 30X. After 10 months of follow-up, there was no lump confirmed on ultrasound [Table 5].

Table 3: Follow-up chart Case 3

CASE NO.	DATE	SYMPTOMS	PRESCRIPTION
CASE 3	July 21, 2016	FNAC report; Left breast lump: Benign cystic lesion with acute inflammation	
	August 14, 2016	Left breast lump 2 cm diameter, sinus discharging purulent serum, fear cancer, and anxiety health of family members being observed.	<i>Cal. carb.</i> 1M one dose, SL 1 month
	September 16, 2016	Size of lump reduced to 1 cm, tenderness on touch, and discharge reduced	<i>Arn. mont.</i> 200 weekly dose for 1 month
	November 20, 2016	One new lump appeared 1 month back, resolved after taking weekly dose.	<i>Cal. carb.</i> 1M, one dose, SL 2 months
	January 10, 2017	USG: No evidence of lump or cystic lesion.	
	February 01, 2017	No lumps palpable, no complaints	No treatment

## CASE 6

In July 2018, a 39-year-old mother of a 4-year-old child came with IGM confirmed with biopsy with four hard lumps in the right breast since 4 months, the largest being the size of an oblong lemon, with a burning sensation. One year before, she had abscesses in the left breast which were treated with antibiotics and surgically drained. She felt unwanted since 6 years of her marriage and had unexpressed hurt and anger due to her parents-in-law insulting her parents. Complete 2017 Rep: mind; ANGER; ailments from, agg.; suppressed

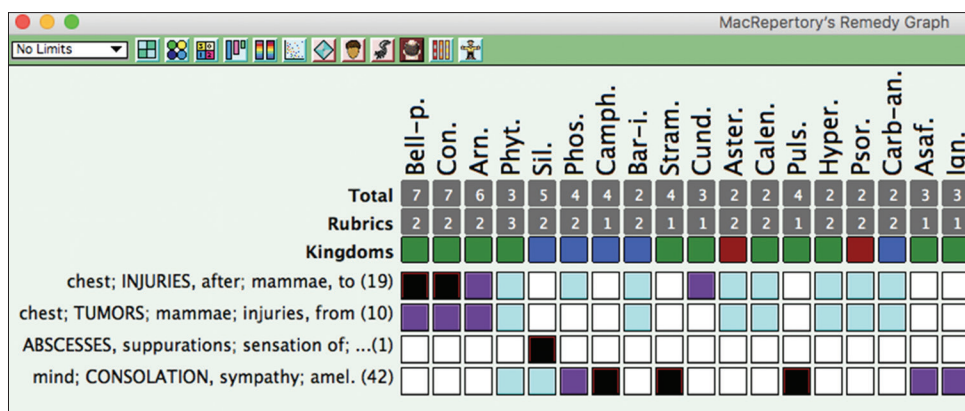


Figure 8: Case 5 Repertorization

CASE NO	DATE	SYMPTOMS	PRESCRIPTION
CASE 4	October 17, 2017	USG left breast: Thick walled dilated ducts and increased vascularity suggestive of granulomatous mastitis	
	November 20, 2017	Two abscesses in the left breast, sinus draining whites pus, and blood, recurrent vaginitis, body ache, <exertion, bargaining, and dance desire to	<i>Puls.</i> 200C weekly dose x 2 months
	February 01, 2018	3-4 new lumps size of a pea	<i>Sil.</i> 30X 3 tabs one dose
	June 11, 2018	No recurrence of lumps, but diffuse tenderness medial part of the left breast. Vaginitis episode few days back. No bodyache.	<i>Puls.</i> 200C weekly for 1 month
	November 04, 2018	One superficial lump left breast as if about to drain.	<i>Sil.</i> 30X 2 tabs one dose
	February 15, 2019	USG left breast shows resolution of previously seen inflammatory lesion.	
	June 12, 2019	No recurrence of breast lumps. No episode of vaginitis	No treatment

CASE NUMBER	DATE	SYMPTOMS	PRESCRIPTION
CASE 5	January 05, 2018	USG right breast: Focal area of the right breast tissue edema with probe tenderness, suggestive of benign inflammatory parenchymal lesion.	
	February 08, 2018	Right breast lump 3-4 cm in size, draining pus and blood off and on, A/F impact of child's head, lazy, confused, and consolation ameliorates	<i>Bel.per.</i> 200C , OD x 1 month
	March 19, 2019	Oozing from lump reduced. Rash on forearms and itchy	<i>Bel.per.</i> 200C OD x1 month
	July 02, 2019	Lump reduced to size of a grape, no pain, and no discharge. Rash reduced.	<i>Bel.per.</i> 200C once a week x 1 month
	August 27, 2019	Two new lumps size of a pea, occasionally drain on their own.	<i>Sil.</i> 30x one dose of three tablets.
	November 20, 2019	Only one lump, size of a pea, and slight tenderness.	<i>Bel.per.</i> 200C weekly dose x 1 month
	February 04, 2020	USG right breast shows resolution of parenchymal lesion	
	March 01, 2020	No lumps and no other complaints	No treatment

(36): 4IP.<sup>HeCo</sup>, 4LYC.<sup>KnCB</sup>, 4STAPH.<sup>KnCB</sup>, 3Aur.<sup>AllTF</sup>, 3Cham.<sup>KeJT</sup>, 3Germ.<sup>Sherr</sup>. Since the suppressed anger was much stronger than the unwanted feeling [Figure 9], she was given *Staphysagria* 200C weekly doses,<sup>[8,9]</sup> and reviewed every month. The largest abscess became tender during the 1<sup>st</sup> month, which was treated with one dose of *Silicea* 200X. This dose was chosen as the abscess was larger than 2 cm. It was followed by drainage of pus from a sinus which resolved within 7 days. There was progressive regression of lumps which completely resolved in 4 months. No recurrence has been seen since. Ultrasound imaging confirmed complete resolution of granulomatous lesions previously seen [Table 6].

### CASE 7

A 40-year-old mother of two children came in May 2017 with a 1-inch lump in her left breast, diagnosed as IGM with

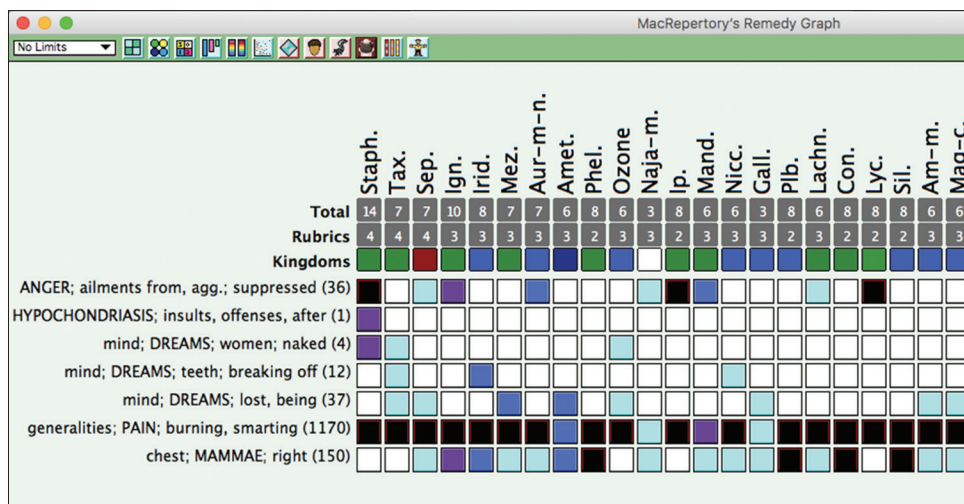


Figure 9: Case 6 Repertorization

Table 6: Follow-up chart Case 6

CASE NO.	DATE	SYMPTOMS	PRESCRIPTION
CASE 6	May 29, 2019	Biopsy of the right breast lump: Confirms granulomatous mastitis. USG: Interconnected hypo echoic areas with increased vascularity, suggestive of granulomatous mastitis.	
	July 09, 2019	Four lumps in the right breast, S/O burning, A/F emotional hurt, Suppressed anger - not being accepted, A/F insult, dreams of teeth broken, of naked women, and being lost	<i>Staph.</i> 200C weekly dose x 1 month
	August 13, 2019	Largest lump, pain, and tenderness.	<i>Sil.</i> 200X 4 pills one dose, <i>Staph.</i> 200C once every 15 days.
	September 17, 2019	After previous follow-up, large abscess drained pus, and black blood, Said, Now I can concentrate on the positive side of my life.	Placebo
	October 20, 2019	USG right breast shows resolution of previously seen granulomatous lesions.	
	October 23, 2019	No lumps in breast	No treatment given

biopsy, with pinching pain since 6 months. She also had a chocolate cyst in the left ovary and pain in the left temple before menses, which relieved when flow started. She felt dominated since her childhood and was molested by her cousin as a teenager, which shocked her, made her hateful

toward him, and contemplated about how she would take revenge. The reference Complete Repertory 2017: mind; HATRED; revenge, and (39): 4LACH., 4NAT-M., 4NIT-AC., 4SULPH., 3Agar., 3Anac. was also taken into account [Figure 10].

She was given *Lachesis* 200C as weekly doses.<sup>[6-10]</sup> The lump reduced and became indistinct in 1 month and completely resolved in 7 months with no relapse till date. Ultrasound imaging confirmed no trace of granulomatous lesions previously noted [Table 7].

### CASE 8

A 34-year-old mother of a 7-year-old child came in April 2018 with a 1-inch diameter lump in her right breast with sharp shooting pain. She had noticed the lump 2 years back and had been treated with anti-tuberculous drugs and prednisolone after having four inflammatory flare up episodes, when biopsy confirmed IGM. She felt she did not eat nutritious food due to her busy schedule and was very anxious about the harmful effects of allopathic drugs. She suffered from allergic cough and wheezing at every weather change [Figure 11]. She was given *Calcarea carb* 200C as weekly doses for her tendency to protect and nourish herself.<sup>[6-10]</sup> In 5 months, there were no signs of IGM as confirmed on ultrasound. Her allergic cough episodes showed significant reduction in severity. There has been no recurrence of IGM since, and confirmation was done with ultrasound imaging [Table 8].

### CASE 9

A 35-year-old mother of a 5-year-old child came in March 2018 with IGM diagnosed with biopsy, with four tender lumps in the right breast, sizes ranging from 0.5 to 1 inch in diameter since 2 years. The first lump appeared 2 years before in May 2016 a month after she took Tranexamic acid 500 mg for postmenstrual spotting. The lumps increased with purulent discharge from

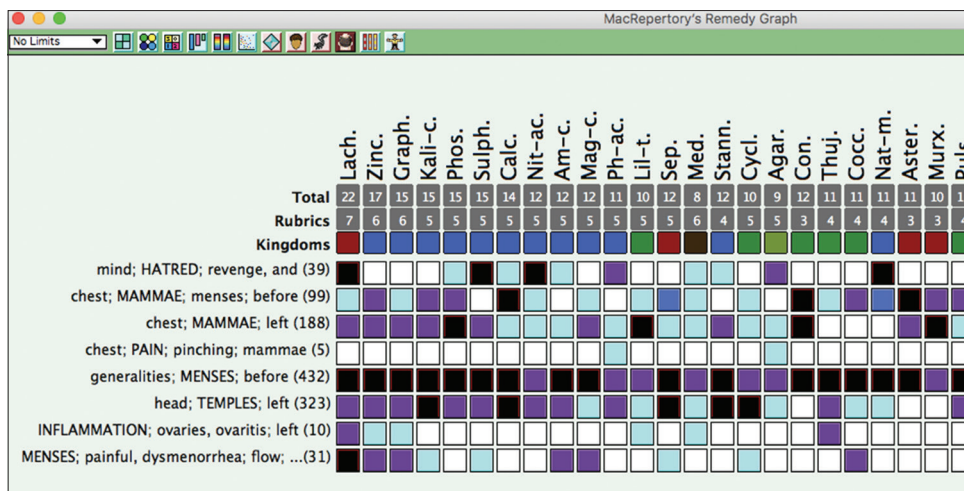


Figure 10: Case 7 Repertorization

Table 7: Follow-up chart Case 7

CASE NO	DATE	SYMPTOMS	PRESCRIPTION
CASE 7		Biopsy report: Periductal lobulocentric granulomatous inflammation and no evidence of Carcinoma	
	March 15, 2019	1-inch lump, left breast, pinching pain, < before menses, Chocolate cyst left ovary, with labor like pain<before menses, Left temple pain<menses, >after menses, h/o molestation, hatreded, and revenge desires	<i>Lach.</i> 200C weekly doses, 6 weeks.
	July 05, 2019	Lump softer, reduced to 3/4 <sup>th</sup> inch, diffuse, and barely palpable	<i>Lach.</i> 200C every 15 days, for 2 months
	August 12, 2019	Lump feels like a thin firm elongated area 2 cm, anger reduced.	<i>Lach.</i> 200C one dose per month
	October 01, 2019	Thickened area reduced to 1 cm length.	<i>Lach.</i> 200C one dose
	November 02, 2019	Lump barely covers 4 mm	<i>Lach.</i> 200C one dose
	January 02, 2020	USG left breast shows resolution of inflammatory lesion previously seen.	
	January 25, 2020	No trace of lump in Breast	No treatment.

nipple a year later for which antibiotics and surgical incision and drainage was done with recurrence of a lump. She was then

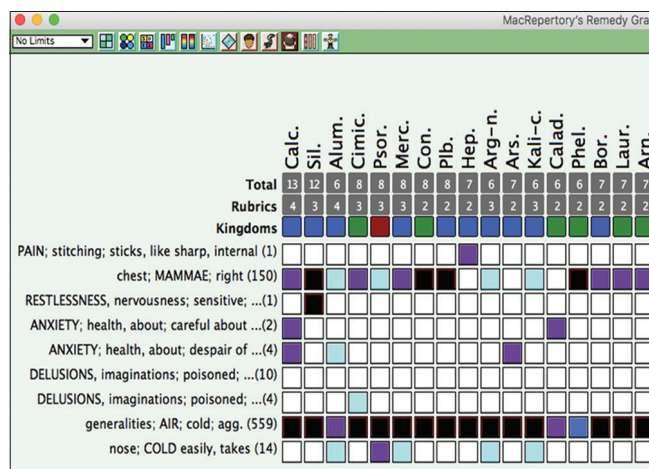


Figure 11: Case 8 Repertorization

given antituberculous drugs with no relief after which she sought homoeopathic treatment. She felt weak. She compulsively followed a fixed pattern for her activities and wanted to clean up all toxicity of allopathic drugs from her body. The reference Complete Repertory 2017: mind; FEAR; poisoned; being (37): HYOS., RHUS-T., 3Anac., Apis, Ars., 3Bapt. and also the rubric mind; FASTIDIOUS; work, in (3): ars., nux-v., sulph., confirmed *Arsenicum album* 200C, and was given as weekly doses [Figure 12]. Lumps softened, latest lump disappeared first, the third one discharged pus and healed, the second one shrunk, and the first one became tender, then resolved, after *Carcinosin* 200C was given as one intercurrent dose, as indicated by her desire for fixed patterns.<sup>[7]</sup> The treatment lasted 7 months during which her general health and energy improved and there was no recurrence of IGM since. Ultrasound imaging [Table 9] was done to confirm resolution of granulomatous lesions.

### CASE 10

In January 2017, a mother of two children, 1 week into her puerperium, came with three lumps of IGM above a



**Table 8: Follow-up chart Case 8**

CASE NO.	DATE	SYMPTOMS	PRESCRIPTION
CASE 8	January 06, 2018	Biopsy report: Section shows breast acini, ducts and ductules in fibroadipose stroma, densely infiltrated by inflammatory cells, and histiocytes. Scattered epithelial granulomas with longhand and foreign body Giant cells present.	
	April 09, 2018	Pain right breast, 1-inch diameter, since few months, when started with a hectic schedule, and skipped meals. Needle like pain in lump before menses, frequent coryza, cough, wheezing<winter, studious, anxiety health, and ill effects of allopathy	<i>Cal.carb.</i> 200C, weekly x 2 months
	June 18, 2018	Lump same, but sense of Well-being.	<i>Cal.carb.</i> 200C weekly dose x 2 months
	August 09, 2018	Molluscum contagiosum on genital area, lump reduced to size of grape, and more diffuse, ill-defined, and sharp pain only occasional, Coryza and cough episodes, less frequent, and mild	<i>Sulph.</i> 30C one dose
	November 11, 2018	USG right breast shows resolution of granulomatous inflammatory lesion previously seen.	
	December 01, 2019	No lump, Molluscum scabbed and disappeared. Wants to try for second child.	No treatment.

discharging sinus at the site of diagnostic surgical biopsy wound in her left breast [Figure 13].

The lumps started to develop on friction points 5 months back when she walked for a long time in tight fitting clothes in the sun. She is artistic, soft spoken, and friendly [Figure 14]. *Arnica* 200C was given weekly, based on the history of friction injury,

**Table 9: Follow-up chart Case 9**

CASE NO	DATE	SYMPTOMS	PRESCRIPTION
CASE 9	February 07, 2018	MRI imaging right breast-soft-tissue edematous/ inflammatory changes in almost entire breast Glandular Parenchyma suggestive of granulomatous Mastitis	
	March 29, 2018	Four tender lumps in right breast sizes 0.5 cm to 1 inch since 2 years, weakness from AKT, and surgical drainage, fastidious in work, delusion poisoned by allopathic drugs, Lumps softer, latest lump shrunk to half	<i>Ars.alb.</i> 200C weekly doses x 1 month
	April 19, 2018	Lump which had appeared third, Enlarged, and painful	<i>Ars.alb.</i> 200C weekly doses x 1 month
	May 13, 2018	The third lump discharged pus, Blood, and healed.	<i>Carc.</i> 200C one dose
	July 08, 2018	Second lump and oldest lump smaller in size but tender to touch.	SL 1 month
	August 28, 2018	Lumps barely palpable and non Tender	<i>Ars.alb.</i> 200C one dose
	October 16, 2018	USG right breast shows resolution of previously seen granulomatous lesions.	SL 1 month
	November 12, 2018	No lump palpable	No treatment

which led to shrinking of the lumps in 1 month, though the fistula continued to discharge. *Tuberculinum* 1M given as an intercurrent dose, confirming to her artistic nature,<sup>[6-10]</sup> healed it with healthy granulation. Duration of the treatment was 8 months with no recurrence since. Ultrasound imaging confirmed resolution of inflammatory lesions previously noted [Table 10].

### CASE 11

A 35-year-old mother of an 8-year-old child came in August 2017 with two lumps diagnosed on MRI as IGM with pricking needle like pains since 7 months. Lumps were bilateral for which she had been given oral steroids

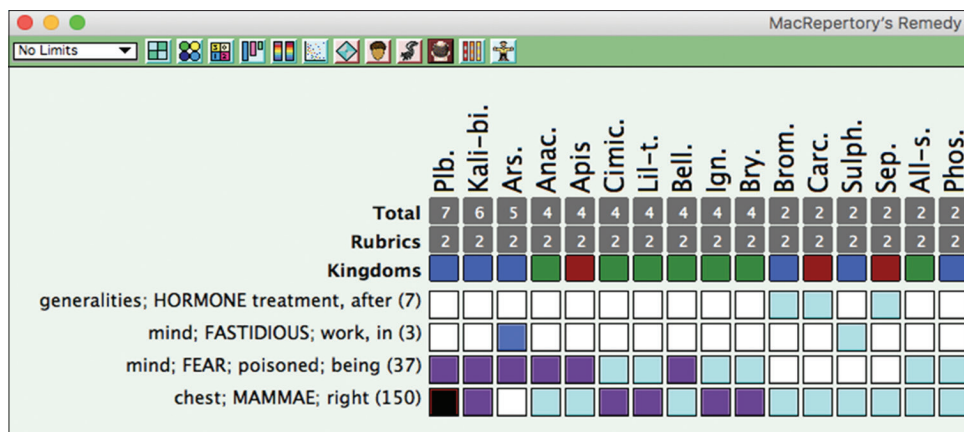


Figure 12: Case 9 Repertorization



Figure 13: Case 10 lesions

in tapering dosage, but relapsed in the right breast as dose reduced. She had been suffering from recurrent sinusitis and tonsillitis with high fever at every weather change since her childhood. She expressed her suppressed desire to have a second child since 1 year, as her husband was not keen. She was determined and obstinate by nature. Complete 2017 Rep: mind; SUPPRESSION of natural inclinations and desires; will, by, in order to proper (2): hott, sil [Figure 4].

She was given *Silicea* 200C as weekly doses [Figure 14]. The lump softened and shrank in size. One lump <1 cm appeared and resolved with continued regular medicine. There has been no relapse in IGM since December 2018, and her recurrent sinusitis and fever episodes also subsided reportedly. Ultrasound imaging confirmed resolution of granulomatous lesions previously noted [Table 11].

## RESULTS

To summarize, all 11 patients reported here recovered from IGM on an average of 8 months with no relapse for more than

Table 10: Follow-up chart Case 10

CASE NO	DATE	SYMPTOMS	PRESCRIPTION
CASE 10	January 04, 2019	MRI left breast: heterogeneously dense amorphous enhancement suggestive of granulomatous mastitis	
	January 21, 2019	Three lumps size of a grape in the left breast one sinus discharging serous fluid. A/F friction of tight clothes, artistic, and gentle,	<i>Arn.mont.</i> 200C BD x 2 months
	April 01, 2019	Discharging sinus healed and lumps smaller.	<i>Arn.mont.</i> 200C BD x 2 months
	June 10, 2019	Lumps same, not shrinking, and tenderness in lumps before menses	<i>Tuberc.</i> 1M, One dose, SL 1 month
	August 07, 2019	Lumps reduced to size of raisin and no tenderness	<i>Arn.mont.</i> 200C, OD x 1 month
	September 10, 2019	USG left breast shows no evidence of previously seen granulomatous lesions.	
	October 03, 2019	No lumps palpable	Treatment discontinued

24 months after resolution of the clinical signs. There was no requirement to resort to conventional methods of the treatment for managing acute inflammatory episodes during the course of homoeopathic treatment. General physical condition and

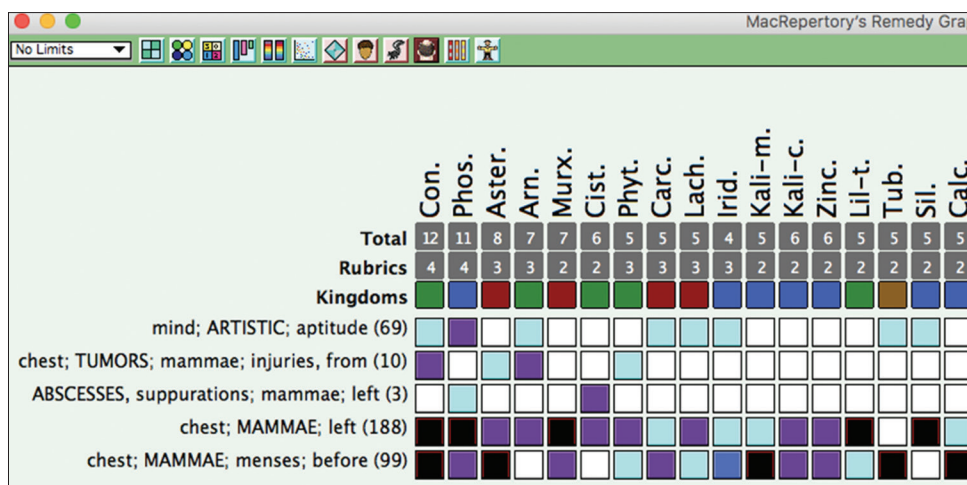


Figure 14: Case 10 Repertorization

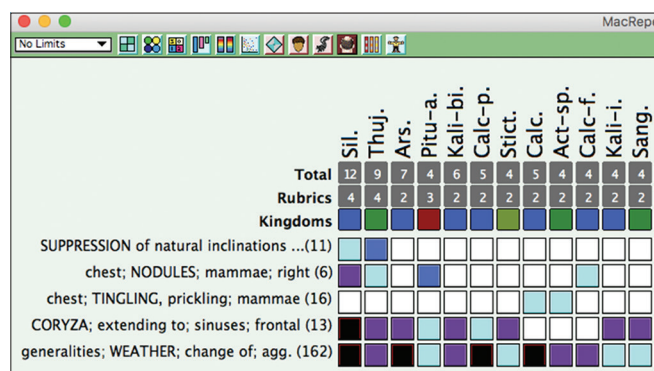


Figure 15: Case 11 Repertorization

Table 11: Follow-up chart Case 11			
CASE NO	DATE	SYMPTOMS	PRESCRIPTION
CASE 11	January 03, 2018	MRI right breast patch like localized hyper intense lesion in retroareolar area, with duct ectasia, and suggestive of inflammatory process	
	August 16, 2018	Two lumps 1 inch in diameter in the right breast, with pricking needle like pain, since 7 months, recurrent sinusitis, tonsillitis, high fever episodes weather change since childhood, and suppressed desire to have second child,	<i>Sil.</i> 200C weekly dose for 6 weeks
	October 30, 2018	Both lumps reduced to about 1 cm diameter, pricking pain before menses	<i>Sil.</i> 200C monthly dose
	January 02, 2019	No lumps since 1 month. Tendency to sinusitis reduced	Placebo 2 months
	February 10, 2019	USG right breast shows normal breast parenchyma.	
	March 04, 2019	No lumps palpable and no other complaints	No treatment.

mental stability of the patients were observed to improve in due course.

## DISCUSSION

In this study, IGM was seen to occur in women who have had at least one child and who have also breastfed. IGM is considered to be self-limiting, but causes significant morbidity thus impairing quality of life. If left untreated, it can lead to serious infection and one study<sup>[11]</sup> has even found it to coexist with cancerous change. There is no universally accepted consensus on the treatment protocol of IGM but steroids, antibiotics and wide surgical excision and drainage, even mastectomy, are conventional methods of managing it. These methods may cause significant side effects and relapses and are usually not tolerated well by the patients.

Homoeopathy, being a holistic method of therapeutics, is more effective in addressing IGM, including the multifactorial etiology in terms of life events, mental or physical trauma, and stress, as well as individualizing physical and mental characteristics. The results are encouraging as there was no relapse of symptoms. In fact, improvement was also observed in the general health of the patients during the follow-ups. No intervention with steroids, antibiotics, or surgery was required for all the 11 patients during the course of the treatment, since acute inflammatory episodes responded well to the indicated acute prescriptions.

## CONCLUSION

The case series suggests that homoeopathy can be considered as an effective method for the treatment of IGM. A larger number of cases and rigorous trials can be carried out to further confirm the results.

## DECLARATION OF PATIENT CONSENT

The authors certify that they had obtained all appropriate consent from the patients for their investigation reports and

other clinical information to be reported in the journal. The patients were made to understand that their name and initials will not be published, and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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## Efficacité de l'homéopathie dans le traitement et la prise en charge de la mastite granulomateuse idiopathique chez la femme: Une série de cas

**RÉSUMÉ Introduction:** La mastite granulomateuse idiopathique (MGI) est une maladie inflammatoire chronique rare et débilitante du sein, survenant chez les femmes en âge de procréer, qui peut ressembler cliniquement et radiologiquement à un abcès, une infection tuberculeuse ou un cancer du sein. L'homéopathie peut traiter la maladie en s'attaquant à son origine multifactorielle, étant donné son approche holistique. L'article présente une série de cas de 11 patients atteints d'IGM traités par l'homéopathie classique en remplacement des méthodes conventionnelles. **Résumé du cas:** Après exclusion des diagnostics différentiels de lésions inflammatoires du sein par radiologie et biopsie, les patientes ont reçu un traitement homéopathique individualisé. Les symptômes les plus courants étaient la douleur, des bosses uniques ou multiples, des abcès, des sinus, des ulcères et des écoulements chez différents patients. Des statistiques descriptives, l'observation clinique et les commentaires des patients ont été utilisés pour l'analyse. 11 patients ont été suivis pendant une période médiane de 24 mois. Les 11 patients ont vu leurs bosses s'affaïsser, sans récurrence, et leur état de santé s'améliorer, sans qu'aucun médicament conventionnel ou intervention chirurgicale ne soit nécessaire. Les premières expériences de résolution de l'IGM par un traitement homéopathique sont encourageantes. Pour une évaluation des résultats fondée sur des preuves, un plus grand nombre d'études de cas est nécessaire. La clé des résultats positifs de la série de cas a été le suivi méticuleux de chaque patient et l'intervention avec des remèdes homéopathiques aigus, comme indiqué.

## Wirksamkeit der Homöopathie bei der Behandlung und Pflege der idiopathischen granulomatösen Mastitis bei Frauen: Eine Fallserie

**ABSTRAKT Einführung:** Die idiopathische granulomatöse Mastitis (IGM) ist eine seltene, schwächende, chronisch entzündliche Erkrankung der Brust, die bei Frauen im gebärfähigen Alter auftritt und klinisch und radiologisch einen Abszess, eine tuberkulöse Infektion oder Brustkrebs vortäuschen kann. Die Homöopathie kann die Krankheit aufgrund ihres ganzheitlichen Ansatzes behandeln, indem sie auf die multifaktoriellen Ursachen eingeht. In diesem Artikel wird eine Fallserie von 11 IGM-Patienten vorgestellt, die mit klassischer Homöopathie anstelle von konventionellen Methoden behandelt wurden. **Zusammenfassung der Fälle:** Nach Ausschluss der Differentialdiagnose von entzündlichen Brustläsionen durch Radiologie und Biopsie erhielten die Patientinnen eine individuelle homöopathische Behandlung. Häufige Symptome waren Schmerzen, einzelne oder mehrere Knoten, Abszesse, Nebenhöhlen, Geschwüre und Ausfluss bei verschiedenen Patienten. Für die Analyse wurden deskriptive Statistiken, klinische Beobachtungen und die Rückmeldungen der Patienten herangezogen. 11 Patienten wurden im Median über einen Zeitraum von 24 Monaten nachbeobachtet. Bei allen 11 Patienten bildeten sich die Knoten zurück, ohne dass sie erneut auftraten, und ihr allgemeiner Gesundheitszustand verbesserte sich, ohne dass eine konventionelle medikamentöse oder chirurgische Behandlung erforderlich war. Die ersten Erfahrungen mit der Auflösung von IGM durch homöopathische Behandlung sind ermutigend. Für eine evidenzbasierte Bewertung der Ergebnisse ist eine größere Anzahl von Fallstudien erforderlich. Der Schlüssel zu einem positiven Ergebnis der Fallserie war die sorgfältige Nachsorge jedes Patienten und die Intervention mit akuten homöopathischen Mitteln, wie angezeigt.

## महिलाओं में अज्ञातहेतुक ग्रैनुलोमैटस मास्टिटिस के उपचार और प्रबंधन के लिए होम्योपैथी की प्रभावशीलता: एक मामला का श्रृंखला

**परिचय:** इडियोपैथिक ग्रैनुलोमैटस मास्टिटिस (आईजीएम) स्तन की एक दुर्लभ, दुर्बल, पुरानी बीमारी है, जो बच्चे को जन्म देने वाली उम्र की महिलाओं में होती है, जो नैदानिक रूप से, और रेडियोलॉजिकल रूप से फोड़ा, ट्यूबरकुलर संक्रमण या स्तन कैंसर जैसी हो सकती है। होम्योपैथी अपने समग्र दृष्टिकोण को देखते हुए, अपने बहु-कारकीय मूल की पहचान करके रोग का इलाज कर सकते हैं। पेपर पारंपरिक तरीकों के स्थान पर शास्त्रीय होम्योपैथी के साथ इलाज किए गए आईजीएम के 11 रोगियों की एक केस श्रृंखला प्रस्तुत करता है। **केस सारांश:** रेडियोलॉजी, और बायोप्सी द्वारा विकट स्तन घावों के विभेदक निदान के बहिष्करण के बाद, रोगियों को व्यक्तिगत होम्योपैथिक उपचार दिया गया था। सामान्य लक्षण दर्द, एकल या कई गांठ, फोड़ा, साइनस, अल्सर और विभिन्न रोगियों में स्त्राव थे। वर्णनात्मक आंकड़ों, नैदानिक अवलोकन और रोगी की प्रतिक्रिया का उपयोग विश्लेषण के लिए किया गया था। 11 रोगियों को 24 महीनों की औसत अवधि के लिए जांच किया गया था। सभी 11 रोगियों ने किसी भी पारंपरिक दवा या सर्जिकल हस्तक्षेप के बिना स्वास्थ्य में कोई पुनरावृत्ति और सामान्य सुधार के साथ गांठों की कमी का अनुभव किया। होम्योपैथिक उपचार के साथ आईजीएम के संकल्प का प्रारंभिक अनुभव उत्साहजनक है। परिणामों के साक्ष्य-आधारित मूल्यांकन के लिए, बड़ी संख्या में मामले के अध्ययन की आवश्यकता होती है। मामले की श्रृंखला के सकारात्मक परिणाम की कुंजी प्रत्येक रोगी के अनुवर्ती और तीव्र होम्योपैथिक उपचार के साथ हस्तक्षेप था, जैसा कि संकेत दिया गया है।

## Efectividad de la homeopatía para el tratamiento y manejo de la mastitis granulomatosa idiopática en mujeres: Una serie de casos

**ABSTRACTO la introducción** La mastitis granulomatosa idiopática (IGM) es una enfermedad inflamatoria crónica poco frecuente, debilitante de la mama, que se presenta en mujeres de edad fértil, que puede simular clínica y radiológicamente absceso, infección tuberculosao cáncer de mama. La homeopatía puede tratar la enfermedad abordando su origen multifactorial, dado su enfoque holístico. El artículo presenta una serie de casos de 11 pacientes de IGM tratados con homeopatía clásica en lugar de métodos convencionales. **Resumen del caso:** Tras la exclusión del diagnóstico diferencial de lesiones inflamatorias de mama por radiología y biopsia, los pacientes recibieron tratamiento homeopático individualizado. Los síntomas comunes fueron dolor, bultos simples o múltiples, abscesos, senos paranasales, úlceras y secreción en varios pacientes. Para el análisis se utilizaron estadísticas descriptivas, observación clínica y retroalimentación del paciente. se realizó un seguimiento de 11 pacientes durante una mediana de 24 meses. Los 11 pacientes experimentaron hundimiento de los bultos sin recidiva y mejoría general de la salud, sin ningún medicamento convencional ni intervención quirúrgica. La experiencia inicial de resolución de la IGM con tratamiento homeopático es alentadora. Para una evaluación basada en la evidencia de los resultados, se requieren un mayor número de estudios de caso. La clave para el resultado positivo de la serie de casos fue el seguimiento meticuloso de cada paciente y la intervención con remedios homeopáticos agudos, como se indica.

顺势疗法对妇女特发性肉芽肿性乳腺炎的治疗和管理的有效性: 一个案例系列

抽象的简介: 特发性肉芽肿性乳腺炎 (IGM) 是一种罕见的、衰弱的、慢性乳腺炎症性疾病, 发生在育龄妇女身上, 在临床上和放射学上可以模仿脓肿、结核感染或乳腺癌。顺势疗法可以通过解决其多因素的起源来治疗这种疾病, 因为它的整体方法。本文介绍了11名IGM患者的病例系列, 用经典的顺势疗法代替传统方法进行治疗。案例摘要: 在排除了放射学和活检对乳腺炎症病变的鉴别诊断后, 对患者进行了个体化的顺势治疗。常见的症状是疼痛、单个或多个肿块、脓肿、窦、溃疡和不同患者的分泌物。采用描述性统计、临床观察和病人的反馈进行分析。对11名患者进行了中位数为24个月的随访。所有11名患者都经历了肿块的消退, 没有复发, 健康状况普遍改善, 没有任何常规药物或手术干预。用同济疗法解决IGM的初步经验是令人鼓舞的。为了对这些结果进行循证评估, 需要更多的病例研究。该系列病例取得积极成果的关键是对每个病人进行细致的随访, 并根据需要使用急性同济疗法进行干预。