

A Case of Intra-ductal Papilloma of the Breasts cured by Homœopathy

Patricia Hatherly BA DipEd IBCLC Dip App Sc (Hom)

I have worked in private practice as a Lactation Consultant for 7 years, and often have clients who require specialist help with breastfeeding problems. RE first consulted me when her baby (dob: 26/5/1994; 4th live child of 7 pregnancies) was a month old.

RE's breasts were very painful and tender (especially the nipples) with severe radiating pain shooting through the ducts both during and after feeds. The baby had classic colic symptoms of inconsolable crying after feeds with excessive borborygmi and flatus associated with a tendency to draw up the legs. The stool was copious, frothy and passed at most feeds with explosive force.

These symptoms were suggestive of transient lactose intolerance in the baby and thrush in the breasts of the mother. I have found, through clinical experience, that this situation responds well to dietary manipulation of the mother (ie: an increase of protein to match ideal body weight plus 20gms; an increase in complex carbohydrate and mono and poly-unsaturated fats, and strict avoidance of all simple carbohydrates including fruit until symptoms settle), accompanied by strict feeding management of scheduled feeds using one breast only at each feed.

As the breasts began to settle, the nipples aggravated. In keeping with Hering's *Law of Cure*, I have observed that this sequence of events in inflammatory breast conditions to be normal. (This Law states that: disease moves from the top of the body down; from the inside to the outside; from the most important organ to the least, and in the reverse order in which symptoms occurred.) I re-assured RE that the nipples would settle in due course, and encouraged her to treat the cracks with a lotion made from *Calendula* tincture, expressed breast milk and fresh air and sunlight.

However, when RE reported that her baby's stool was black and that she was vomiting large amounts of fresh blood after feeds. I referred her to her GP for confirmation of intra-ductal papilloma. She was subsequently referred to a surgeon who advised surgery.

RE was reluctant to undergo surgery, so returned to me to discuss possible homoeopathic treatment. Along with the cracked, bleeding nipples, the right breast had developed a cyst the size of a pigeon's egg on the lower medial aspect.

Initial repertorisation of the case suggested *Carcinosin*. However, it was decided to treat the case lesionally.

24/8/1994 Rx: *Thuja* 30c NMN

29/8/94 Bleeding now in right breast with pain
Rx: Bottle feed 24 hours and express for comfort

30/8/94 Bleeding settled; baby back on breast

2/9/94 RE phoned to report feeling: "really good"; lump right breast settled

- 5/9/94 Right breast has a lump behind the nipple with a series of smaller lumps on periphery of areola margin which "come & go"
Nipples sore and red; > Borax (1/2 teaspoon to 1 cup boiled water: bathe)
Rx: cabbage poultice on lump
- 12/10/94 Feeding from left breast twice a day; 3-4 feeds from right
Rx: *Thuja* LM/02; 5gtt in 10 mls water; pm; 5 succussions
- 21/10/94 Breasts feeling softer; sore if touched in cystic area
Nipples still red but not feeling the need for Borax
Has had dermatitis on hands; this has settled
Has < mentally/emotionally; feels: "bloody awful; can't sleep; vague; unfocused; forgetful"
Rx: *Thuja* LM/02; 5gtt in 1 cup water; take 1 teaspoon at night; 5 succussions
- 29/10/94 Left breast showing signs of thick, white discharge; using Daktarin
Right nipple inflamed
Left breast (on surface over where the most sensitive duct had been) showing signs of "some sort of growth"; RE described it as "a collection of blood vessels; not itchy"
Rx: Keep it clean but otherwise leave it alone
- 31/10/94 Phoned to report a large, hardened area on the top of the right breast, extending to axilla and around and under the breast; tender to palpate; using cabbage leaf.
Rx: Epsom Salts soak.
(One heaped tablespoon of Epsom Salts to a dish of warm water; soak the breast. Because Magnesium Sulphate is hygroscopic and the major constituent of breastmilk is water, the milk is drawn out into solution without the need to handle the breast).
This made the breast marginally softer, especially noticeable after a feed. Milk began to pour out of right breast while feeding from the left.
- 2/11/94 Hardness settled within 48 hours
"Growth" on left breast appears rough but not raised; brown with a pink margin
Forgetful; tired ++
Wart has appeared on right knee
Ankles puffy
Rx: *Medorrhinum* 1M
- 4/11/94 Phoned; ankles still puffy but urinating ++ today
Feeling really tired and shaky
Rx: Put baby on solids
- 8/11/94 Phoned; right breast no longer has general tenderness; feels it is concentrating in behind the nipple; painful to feed first feed of the day
Husband very negative; wants her to have surgery
Has a nose cold; mucous: yellow/green
Rx: Herbal Cough mix; Hypol; Vit C; Garlic & Horseradish capsules
- 14/11/94 Feeling good; nose and chest have settled
Right breast has <; general inflammation of ducts
Rx: *Thuja* LM/05; 5gtt in 1 cup (1 teaspoonful); pm; 5 succussions

- 18/11/94 Lump in right axilla
Rx: Cabbage leaf; massage during feed; try enface position
- 21/11/94 Lump in right axilla really red and sore; hard to touch
After feeds, gets a “plateau-type raised area around areola margin”
Husband still very negative; we rediscussed the surgery option; she was not keen to have surgery and wanted to stick to the Homœopathy while appreciating the slowness of the treatment.
Rx: *Bryonia* 30c
- 28/11/94 Much better; breast has settled
- 1/12/94 Right breast has flared again; hard across the top > cabbage poultice
Nipple sore and burning
Rx: Wait
- 9/12/94 Arthritic aches in right hip, knee, and left elbow, hip and knee
Feeling anti-social; retaining fluid
Constipated +
Breast feels as if it is emptying well; soft after feeds
Husband threatening to leave; there’s been no sex for 8 weeks and he’s complaining about her not having lost weight; blames me for making her eat so much food!
Rx: *Nat Mur* 30c NMN
- 21/12/94 Right nipple bleeding again and “pussy”
Blocked upper to outer quadrants; radiating pain yesterday; has settled; reports that breast is now “sore”
Fluid retention settled for one week only; has returned
Rx: Repeat *Nat Mur* 30C NMN
- 26/12/94 Right breast bleeding ++; baby’s stool black; baby vomiting blood+
Pain radiating from nipple through to her back
Rx: Stop feeding from that breast; express for comfort
- 27/12/94 I phoned; more settled; expressing; no blood but feels it would bleed if baby fed
Rx: Repeat *Thuja* LM 0/5 5gtt in 5 mls water; 3 doses 12 hours apart (no succussions)
- 29/12/94 RE phoned to report having this morning “disgorged a whole heap of pussy milk from the upper quadrant”; says she feels the outer and lower quadrants are still to clear.
Volunteered today that during the pregnancy, this quadrant’s nipple pore had covered over with a white bleb which grew and grew as the quadrant hardened.
She’d squeezed it and lost a “heap of pussy milk”.
Rx: Continue to pump
- 30/12/94 RE phoned; Reports that she used a hot needle to clear the pores of the other two quadrants. Blood filled the breast pump followed by “a long, sinewy string of tissue”.
Reports that “thick, green-yellow muck” is flowing freely from the breast while pumping.
Rx: *Silicea* 6x; tds; 5 succussions each am

3/1/95 No more pussy discharge; milk now clear and nipple healed
General mastitis S/S: malaise; fever; sweaty; nauseous; right axilla red and hardened.
Reports a lump below the right nipple...palpable
Also describes a cheesy discharge which collects on nipple and must be wiped away...smells: "off"
Rx: *Belladonna* 30c one dose

She was referred at this stage to a GP to determine if this new lump is an abscess which could be drained.

Report: no abscess; RE was sent for an ultrasound to rule out galactocele...NAD "probable papilloma"

6/1/95 General malaise has settled; glands in R axilla still tender
Still has soft, cheesy exudate from R nipple
Rx: *Hep Sulph* 30C bd until S/S settle

10/1/95 RE phoned to report that breast feels good; baby fed from it this am; no more discharge
Stop Rx and see me in one month

RE then went on to successfully breastfeed until her baby turned 2 years old.

Carcinosin 1M was prescribed in August 1995 following *Staphysagria*, *Sepia* and *Nat Mur*.

In the twenty-three years that I've been working with breastfeeding women, I've noticed an increased tendency to niggling inflammatory conditions of the breast during lactation. Among Lactation Consultants, it's referred to as "thrush in the ducts" and responds well to minimising sugar and yeast intake. As a homœopath, my instinct tells me that this situation is reflecting an increasing tendency towards breast cancer. The inflammatory response is part of the body's attempt to initiate some sort of healing. So, whenever I'm faced with such a pathology my antennae go up, and I suspect a potential breast cancer candidate if the condition is not handled well.

"The Literature" supports well the contention that lactation is protective against breast cancer; partly due, no doubt, to the fact that breast milk contains a prodigious list of protective factors including high amounts of sIgA and Interferon. Lactation, therefore, deserves to be preserved if at all possible; as the very act of having milk flowing through the ducts for months at a time is, in itself, very healing.

As homœopaths, we may well observe that the body's highest wisdom (the Vital Force) takes an opportunity at this time to perform an act of "Spring-Cleaning". With a direct passage to the outside, the *Law of Cure* can more easily be effected. By following basic homœopathic principles, the Simillimum can always be found and prescribed with confidence. Coupled with sound breastfeeding management techniques the situation can be well managed and the lactation preserved.

This article was published in *Similia* vol 10 (3) 1997