



THE ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF BREAST ABSCCESS: AN EVIDENCE-BASED CASE REPORT

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Abstract: A breast abscess is a localized collection of pus within breast tissue, typically resulting from bacterial infection, most commonly *Staphylococcus aureus*. It often arises as a complication of mastitis. Common symptoms include painful swelling, redness, warmth, fever, and fluctuation in the affected area. Long continued and recurrent breast abscesses may lead to several complications such as fistula formation or systemic infection and finally go for conventional surgery and drainage. The homeopathic system of medicine offers a non-invasive, holistic method for managing such conditions. This case report presents a forward-looking, interventional strategy for treating breast abscess using individualized homeopathic care.

Case Summary: This case report describes a 31-year-old lactating woman who suffered from repeated breast abscess for last 6 months and came for homoeopathic treatment. Through proper case taking, analysis and evaluation of the case, *Silicea 200C* was prescribed based on constitutional totality using Kent's Repertory and consulting Homoeopathic Materia Medica. After *one and half months* of treatment, the abscess subsided as well as mentally and physically the patient became healthy. Patient was kept under observation for another 3-4 months and there was no recurrence. It highlights homoeopathy treatment is effective in this type of cases for improvement and wellbeing without any invasive or surgical measure.

Keywords: Breast abscess, Case Report, Homoeopathy, *Silicea terra*, Kent's Repertory .

Introduction:

Breast abscess, a localized and painful accumulation of purulent material within the breast tissue. Although commonly arising as a complication of mastitis in breastfeeding women, it's important to note that such abscesses can also occur in non-lactating individuals and even in males. The pathogenesis of these abscesses is predominantly bacterial, with *Staphylococcus aureus* being the most frequently isolated pathogen ^[1]. These microorganisms typically grow on the skin and gaining entry into the breast tissue through various mechanisms, including nipple abrasions, duct obstruction, or compromised skin integrity.

During breastfeeding, a blockage or infection in the milk ducts may occur—a condition called mastitis. If left untreated, it can turn into an abscess. The infection often originates from bacteria entering through cracked or sore nipples or due to improper milk drainage. Risk factors include poor breastfeeding technique leading to nipple damage, incomplete breast emptying during feeds, causing milk duct blockage and faulty breast pumps that apply harmful pressure on the breast. Factors of non-lactational abscesses may include nipple piercings, breast trauma, medical procedures like biopsies or surgeries, which can occasionally introduce infection leading to abscess formation.

The clinical presentation of a breast abscess is often characterized by a group of distinct symptoms. Patients commonly report a painful, tender lump or swelling in the breast, which may feel warm or hot to the touch and appear with redness ^[2]. The area over the abscess might also exhibit induration or fluctuance upon palpation. Systemic signs of infection are also frequently present, including fever, chills, and a general feeling of malaise or fatigue. In some cases, there may be purulent discharge from the nipple or the affected area of the skin. Other reported symptoms can include headache, myalgia, and even nausea or vomiting.

The epidemiological profile of breast abscesses highlights their prevalence primarily among women aged 18 to 50 years ^[3]. In nursing mothers, where milk stasis and nipple trauma can create adverse environment for bacterial proliferation, the incidence of breast abscesses ranges from 0.4% to 11% ^[4].

However, the occurrence in non-lactating women is also notable, with increased susceptibility observed in individuals with risk factors such as obesity and smoking ^[4]. Non-lactational abscesses have a greater recurrence rate, although they are more invasive than needle aspiration, which can cause scarring and poor cosmesis.

The evolution of medical science has refined therapeutic approaches for breast abscesses. While incision and drainage were once the standard approach, current practices now lean toward minimal invasive interventions, with fine-needle aspiration (FNA) recognized as the

first-line therapy for abscesses smaller than 5 cm [5]. This approach offers several advantages, including reduced scarring and improved cosmetic outcomes. In addition to that oral anti-staphylococcal antibiotics play a crucial role in combating the underlying infection, and serial aspirations may be required in complex cases involving persistent infection or obstructed lactiferous ducts [5].

Homoeopathy offers a gentle, natural, and individualized approach to managing breast abscesses. It may help reduce pain and inflammation, encourage natural drainage of pus, and support healing. It's non-invasive, has minimal side effects than conventional care. But for serious infections, medical supervision is crucial.

PATIENT INFORMATION:

A 31-year-old, married, lactating woman came to outpatient department of Mahesh Bhattacharyya Homoeopathic Medical College and Hospital, Howrah, West Bengal, with the complaint of pain in upper outer quadrant of her right breast which is tender to touch, fluctuant, locally increased temperature and fever for last 15 days.

History of present complaint: In this case the patient was previously treated with allopathic medicine. She completed her antibiotic course which was prescribed by her doctor. But after 3 days when the course ended the pain and tenderness reappeared. After that the doctor advised for fine needle aspiration with some another course of antibiotics. However, the patient is unwilling to go for any kind of surgical intervention because of its complications, therefore he came for homoeopathic treatment.

Past History: There is no significant past history.

Family History: Mother is suffering from type-2 Diabetes Mellitus.

Generalities of the Patient:

- Physical general: Physically she is feeling weak for some days.
- Appetite- decreasing appetite.
- Thirst- normal (about 2 lit. per day).
- Desire- chicken, pungent and hot food.
- Intolerance- nothing
- Thermal relation: Patient is chilly, palms are cold to touch.
- Stool- Constipation for long. Stool is difficult of expel, recedes back, takes much time.
- Perspiration- has much offensive odor, more on axilla and feet.
- Sleep- interrupted
- No menstrual bleeding during lactational period.

- Tendency to slow wound healing.
- Mental general:
 - Obstinate.
 - Irritable.

Systemic and local examination:

General examination: She is well oriented with time, place and person, moderately built and nourished, no abnormality detected in any of the systems. Under the tongue temperature was 100degree F. Pulse is rapid.

Local examination: On examination the right breast exhibits noticeable swelling with a palpable lump approximately 4 cm in size located in the upper outer quadrant, reddish, hot to touch, markedly tender, with pus formation beneath the skin. No axillary lymph nodal involvement.

Totality of symptoms:

The totality of symptoms was developed by combining characteristic physical generals and particulars to individualize the patient.

1. Swelling of upper outer quadrant of rt breast with pus formation.
2. Swollen lump is red, hot to touch with much tenderness.
3. Chilly patient.
4. Stool constipated, difficult to expel.
5. Tendency to slow wound healing.
6. Offensive perspiration.
7. Patient is obstinate.

Table 1: Repertorisation from Hompath FireFly[6]

← Repertorisation								
Symptoms: 6 Remedies: 189 Applied Filter								
Remedy Name	Hep	Sil	Nit-ac	Sulph	Lach	Merc	Calc	Nux-v
Totality / Symptom Covered	17 / 6	17 / 6	16 / 6	16 / 6	13 / 6	13 / 6	13 / 5	12 / 4
[Kent] [Mind]Obstinate: (70)	2	2	2	2	1	1	3	3
[Kent] [Perspiration]Odour:Offensive: (59)	3	3	3	3	2	3		3
[Kent] [Rectum]Constipation (see inactivity):Difficult stool (see inactivity)...	3	3	3	3	3	2	2	3
[Kent] [Generalities]Heat:Vital,lack of: (108)	3	3	3	2	2	2	3	3
[Kent] [Generalities]Abscesses:Glands: (33)	3	3	2	3	2	3	3	
[Kent] [Generalities]Wounds:Heal,slow to: (32)	3	3	3	3	3	2	2	

Therapeutic intervention:

After repertorization, from Kent's Repertory[7] leading remedies with the score from highest to lowest were: Hep sulph > Silicea > Nit acid > Sulphur > Lach and so on. Silicea was selected as it was covering the totality and also in Silicea there is easy suppuration, lack of vital heat, much offensiveness in perspiration, constipated stool and her stubborn peronality. As Silicea covers the totality of symptoms of the present case and patient's overall symptom similarity matches mostly with Silicea, so as a constitutional remedy, Silicea terra was selected completely by the consultation from Homoeopathic materia medica [8][9] and through the guidance from Kent's repertory, along with some management (hot compression, loose and airy inner garments) for the treatment of this case of Breast Abscess.



First visit: 21/11/2024



Second visit: 28/11/2024



Third visit: 05/12/2024



Fourth visit: 19/12/2024



Fifth visit: 02/01/2025

Table 2: Follow up schedule: The follow-up appointments along with accompanying photographs

Date of first and follow up visit	Indications for prescription/ totality	Medicine with repetitions and doses
1 st visit: 21/11/2024	Breast abscess with marked tenderness and suppuration associated with fever. Patient is not able to breastfeed due to severe tenderness.	Silicea200C/2doses with placebo for next 7 days
1 st follow up: 28/11/2024	Pain and tenderness slightly reduced but suppuration not subsided. Fever not present. Able to breastfeed now.	Silicea200C/1dose placebo for next 7 days
2 nd follow up: 05/12/2024	A small amount of pus has been discharged, and the patient is experiencing symptomatic relief.	Placebo for 15 days
3 rd follow up: 19/12/2024	Abscess reduced in size. Patient is feeling better.	Placebo for next 15 days
4 th follow up: 02/01/2025	No recurrence of any complaint. Patient is leading her daily life without any recurrence.	Placebo for next 15 days.

Table 3: Assessment of the case according to MONARCH: Modified Naranjo Criteria for Homoeopathy [10]

Item	Yes	No	Not sure or N/A
Was there an improvement in the main symptom or condition for which the Homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptoms?	+1		
Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1		
Did overall well-being improve? (Suggest using a validated scale)	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms: from organs of more importance to those of less importance, from deeper to more superficial aspects of the individual, from the top downwards			0
Did 'old symptoms' (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
Are there alternate causes (other than the medicine) that, with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)		+1	
Was the health improvement confirmed by any object evidence? (Lab test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		

Total score = 10

Result:

The patient with recurrent breast abscess showed complete recovery following individualized homeopathic treatment with Silicea terra. Symptoms including pain, swelling, and pus formation resolved within six weeks, with no recurrence during a four-month follow-up. The Modified Naranjo score of 10 confirmed a definite therapeutic effect

Discussion:

Traditional medication has long-lasting negative effects, patients frequently turn to homoeopathy in search of a gentle, safe, and effective treatment method. This case demonstrated how individualized homoeopathic treatment worked wonders for a patient with breast abscess. There are several medicines for treating discharging abscesses in different homoeopathic materia medica. One highly effective medicine among these is Silicea, which was first presented by Samuel Hahnemann in his chronic disease ^[11]. Its efficacy lies in its capacity to manage chronic infections, discharges, and suppuration.

Its fibro plastic activity, which encourages granulation and scarring, is accountable for this. This medicine was prescribed for the patient following repertorization, which emphasise on Silicea's effect on discharging sinuses. However, after taking Silicea, all the redness and swelling improved right away. A "definite" association between the medication and the result was suggested by the final causal attribution score of 10, which was determined using the Modified Naranjo Criteria (definite ≥ 9 ; probably 5-8; possible 1-4; doubtful ≤ 0). Following homoeopathic individualized treatment, the case completely cured. After full recovery, routine follow-up also guarantees that there was no recurrence.

Conclusion:

This case has improved based on the Modified Naranjo criteria and clinical evidence of a progressive reduction in pus discharges in the afflicted area after taking Silicea, an individualized homoeopathic medication. The wound healed properly after one and half months of follow-up, and every follow-up visit was thoroughly documented with photographic records that were taken from the same angle and in the same lighting.

In the cases of abscess we do not need to aspirate and lab tests to know the causative organism which is needed for allopathic practitioners. The characteristic sign and symptoms along with physical and mental generals of the patient is enough for us to find the similimum.

Homoeopathic treatment, especially for chronic diseases, aims not just at the presenting symptoms but also at addressing the underlying miasm to achieve a deeper and more lasting cure which prevent the tendency of recurrence of abscess by well selected 'anti- miasmatic' remedies. Thus with proper doses of similimum homoeopathic medicine and some management (hot compression, loose and airy inner garments) we can have excellent prognosis in breast abscess.

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Declaration of patient consent:

The patient has given her clear approval for her visual representations and supporting clinical data to be included in the journal in the format specified. The patient agrees that her name and introductory information will not be published and that every effort would be made to conceal her identity; nonetheless, complete anonymity cannot be guaranteed.

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