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Post-surgical discharging breast sinuses treated homoeopathically: A case report

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Abstract

Breast sinus may form as a complication of breast abscess due to inadequate drainage of the abscess or it may be due to injudicious antibiotic treatment. Breast abscesses are frequently encountered among women in their childbearing years, particularly during lactation, primarily attributed to *Staphylococcus aureus* infection. In instances of hospital-acquired cases, a notable propensity for penicillin resistance is observed, and the most efficacious course of treatment involves the utilization of surgical incision for abscess drainage, under modern method. Owing to the prolonged adverse effects stemming from conventional pharmacotherapy, patients often incline toward the domain of homeopathy for a safe, mild, and efficacious therapeutic approach. A 36-year-old female sought care at the outpatient department of D.N.De Homoeopathic Medical College and Hospital, presenting with pus discharge from three distinct opening on the left breast, persisting for the last 3 months following a surgical incision of her breast abscess. This case is improved as per modified Naranjo criteria and clinical evidence of gradual decrease of pus discharges in the affected area subsequent to the administration of individualized homoeopathic medicine *Silicea*. The wound healed properly within five months of follow-up, with comprehensive documentation meticulously executed in the form of photographic records, each captured from the same perspective and under consistent lighting conditions at every subsequent visit.

Keywords: Breast sinus, breast abscess, *Silicea*, modified naranjo criteria

Introduction

Breast sinus can result from the rupture of an abscess, leading to the development of a draining sinus and subsequently a mammary fistula^[1]. This mammary fistula represents a chronic condition and is the final stage of what is referred to as the “mammary duct-associated inflammatory disease sequence”^[1].

Notably, mammary fistulae, which can arise as a complication of breast infections, occur in approximately 1-2% of women with mastitis. Breast abscesses, another complication, develop in 3 to 11% of women with mastitis, with a reported incidence of 0.1 - 3% in breastfeeding women^[1]. Interestingly, about 50% of infants with neonatal mastitis go on to develop a breast abscess^[1]. It's essential to recognize that breast abscesses in lactating and non-lactating women have distinct clinical entities and pathogenesis^[1].

Breast abscesses are most commonly encountered during the lactational period caused by *Staphylococcus aureus*^[2]. It may be non-lactational also in patients with duct ectasia and periductal mastitis^[2]. Crack or fissure in the nipple, retracted nipple, oral cavity infection in the child is included as precipitating factors^[2]. In untreated case abscess may rupture through the skin resulting in necrosis of the skin of the breast, ulceration and discharge^[2].

Traditionally, the treatment of such mammary sinuses has been primarily surgical, which may involve secondary intention healing or primary closure under antibiotic coverage.^[1] Unfortunately, these surgical procedures often result in traumatic outcomes, leading to the discontinuation of breastfeeding and the formation of unsightly scars^[3]. These scars can have a significant impact on the physical and mental well-being of female patients^[3].

The field of Homoeopathic Medicine offers promising alternatives for treating such cases without resorting to surgical intervention^[4]. In this case study, *Silicea*, a homoeopathic medicine prescribed based on the totality of the case on a centesimal scale, played a pivotal role in improving the patient's clinical condition and overall health.

Case Report

A 36-year-old female patient presented with pus discharge from three opening on her left breast for the past 3 months, following a surgical incision of a breast abscess. There was no discharge from the nipple. Three opening were observed in the upper and outer quadrant of the left breast, through which yellow pus was discharging, along with a scar inferior to discharging sinuses. Eczema of the nipple and areola was also noted.

History of present complaints: It started 3 months prior after the surgical incision of her breast abscess. She had been taking allopathic medicines for 3 months without any significant relief. When the condition did not respond to medication and another surgical procedure was advised, she sought treatment at the OPD of D.N.De Homoeopathic Medical College and Hospital.

Past history: Patient had experienced measles during childhood.

Family History: There were no significant details recalled in the family history.

Physical Generals: Thermal reaction- chilly patient, was unable to tolerate cold weather. She had a normal appetite and good thirst, drinking 2-3 liters per day. She had desires for cold food and sweets and an aversion to warm foods. Her tongue was slightly coated and dry, her stool was regular and hard, and the urine was normal. She had a tendency to sweat excessively.

Local and Systemic Examination: Systemic examination was normal. Local examination showed tenderness, redness and temperature of left breast but no abnormalities were found in the right breast. Three openings were visible in the upper and outer quadrant of the left breast, discharging yellow pus along with a scar inferior to discharging sinuses.

No palpable swelling or axillary lymphadenopathy was evident.

Analysis of the case: After analyzing the case while taking into account the overall physical generals and particular symptoms, we assessed the totality. This includes the factors such as the nature of the discharge, thermal reaction of the patient, desire for cold foods, along with hard stool, as well as profuse perspiration.

Miasmatic Analysis of the case: Based on the provided details (Table 1), it appears that the case could primarily be addressed with treatment focused on Psoric tendencies along with some Syphilitic and Sycotic manifestation^[5].

Table 1: Miasmatic analysis

Symptoms	Miasmatic analysis
Yellowish discharge	Sycotic
Thermal reaction- chilly	Psoric
Perspiration- profuse	Psoric
Desire for cold food	Syphilitic
Hard stool	Psoric

Repertorization: After considering the totality presented above, repertorization was performed using the Repertory of the homoeopathic Materia Medica by J. T Kent^[6] as well as the software version of Homopath Firefly, which indicated the following medicines for the case depicted in fig- 1^[7]. The scores, from highest to lowest are as follows: Phosphorus > Silicea > Lyco > Calc > Kali-bi > Nat-m etc. After consulting the Materia Medica Silicea 200, 1 dose was finally prescribed ahead of Phosphorus.




Repertorisation						
Symptoms: 5 Remedies: 234 Applied Filter						
Remedy Name	Phos	Sil	Lyc	Calc	Kali-bi	Nat-m
Totality / Symptom Covered	13 / 5	13 / 5	11 / 5	11 / 4	11 / 4	10 / 5
[Kent] [Skin]Ulcers:Discharges:Yellow: (55)	2	2	1	2	3	1
[Kent] [Perspiration]Profuse: (133)	2	3	3	3	3	3
[Kent] [Generalities]Heat:Vital,lack of: (108)	3	3	2	3	3	2
[Kent] [Stool]Hard: (164)	3	3	3	3	2	3
[Kent] [Stomach]Desires:Cold:Food: (14)						

Fig 1: Repertorization from Homopath Firefly

Prescription

On the date of 11/03/2021, Silicea 200, 1 dose was prescribed along with placebo for 15 days.

Table 2: Follow up schedule: The follow-up appointments are presented in a table format, along with accompanying photographs-

Visit	Present condition	Photograph	Prescription
1 st visit 11/03/2021	Three pus discharging sinus on left breast, with tender to touch.		<ol style="list-style-type: none"> 1. Silicea 200, 1 dose OD x 1day. 2. Placebo 1 drachm, 4 globules twice a day for two weeks.
2 nd visit 20/03/2021	Discharging slowly, tenderness decreases than before.		<ol style="list-style-type: none"> 1. Placebo 1 drachm, 4 globules twice a day for two weeks.
3 rd visit 05/04/2021	Discharging decreased much, slight tenderness. Healing in progress.		<ol style="list-style-type: none"> 1. Placebo 1 drachm, 4 globules twice a day for 1 month.

4 th visit 28/08/2021	The wound healed properly. No tenderness. Nipple and areola became clear. Only scar remain in the affected area.		1. Placebo 1 drachm, 4 globules twice a day for 1 month.
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Table 3: Modified Naranjo criteria ^[8]

Items	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
3. Was there an initial aggravation of symptoms? (need to define in glossary)			0
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?	+1		
5. Did overall wellbeing improve? (suggest using validated scale)			0
6 (A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
6 (B) 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	+1		
7. Did “old symptoms” (defined as non-seasonal and non- cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8. Are there alternate causes (other than the medicine) that – with a high probability – could have caused the improvement? (consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9. Was the health improvement confirmed by any objective evidence? (e.g., lab test, clinical observation, etc.)	+2		
10. Did repeat dosing, if conducted, create similar clinical improvement?			0

Total score

As the total score is ‘9’. So causal attribution is definite and the improvement is solely due to homoeopathic medicine is observed.

Discussion

The case showed a patient with post-surgical breast sinuses responded very well with individualized homoeopathic medicine. In various homoeopathic materia medica, there are numerous explanations regarding the treatment of discharging sinuses. Among these, Silicea, which was introduced by Samuel Hahnemann, stands out as a highly effective medicine ^[9]. Its effectiveness lies in its ability to control suppuration, discharges, and chronic fistulous ulcers. This is achieved through its fibro plastic activity, which promotes granulation and scarring. After repertorization with a focus on Silicea’s influence on discharging sinuses, this medicine was prescribed for the case ^[10, 11]. Remarkably, the patient experiences immediate improvement in terms of signs and symptoms following the administration of Silicea. Modified Naranjo Criteria was used for assessing final causal attribution score and the total score was 9, thus suggesting a ‘definite’ association between the medicine and the outcome (definite ≥ 9 ; probable 5-8; possible 1-4;

doubtful ≤ 0).

Conclusion

The selection of a homoeopathic medicine based on the totality of symptoms demonstrated encouraging results in treating post-surgical breast sinuses. This underscores the importance of individualization in homoeopathy. While it’s essential to note that a single case study doesn’t establish a definitive conclusion, the outcomes are promising. Further research in such cases could generate interest and support the adoption of homoeopathic medicine as a treatment choice for patients.

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Declaration of patient consent

In the prescribed format, the patient has provided her unequivocal consent for the inclusion of her visual representations and ancillary clinical data within the journal. The patient comprehends that her nomenclature and introductory particulars shall remain withheld from publication, and diligent endeavours shall be undertaken to obscure her identity; nevertheless, absolute anonymity cannot be warranted.

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Conflict of Interest: Not available

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