

Fibroadenoma of The Breast: A Comprehensive Review Of Clinical Evaluation And Homoeopathic Management

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ABSTRACT

Fibroadenoma is the most common benign breast tumor; predominantly affecting young women between 15–30 years of age. It presents as a well-defined, mobile, painless breast lump and is often influenced by hormonal factors. This article discusses the anatomy, physiology, pathology, clinical evaluation, and diagnostic approaches to fibroadenoma, along with contemporary management strategies. Special emphasis is given to the role of homoeopathic therapeutics in managing fibroadenoma, highlighting individualized remedies based on symptomatology. Early detection through self-breast examination and triple assessment plays a crucial role in differentiating benign from malignant conditions. Homoeopathy offers a non-invasive, holistic approach aimed at reducing tumor size, alleviating symptoms, and improving overall health.

AIMS

- *To study fibroadenoma of the breast in detail, including its clinical and pathological aspects.*
- *To evaluate the role of homoeopathic medicine in the management of fibroadenoma.*
- *To emphasize the importance of early detection and breast health awareness.*

OBJECTIVES

- *To describe the anatomy and physiology of the breast relevant to fibroadenoma.*
- *To analyze the clinical presentation and diagnostic methods for fibroadenoma.*
- *To outline the triple assessment approach (clinical, imaging, and pathological evaluation).*
- *To explore homoeopathic remedies indicated in fibroadenoma cases.*
- *To promote self-breast examination and personal hygiene practices for early detection and prevention*

MATERIALS AND METHODS

This article is based on a literature review and conceptual analysis.

- *Sources include standard textbooks of anatomy, physiology, gynecology, pathology, and homoeopathic materia medica and repertories.*
- *Repertorial references such as Kent, Boericke, BBCR, Phatak, and Boenninghausen were utilized.*
- *Clinical insights were supported by previously published studies on breast self-examination and fibroadenoma prevalence.*
- *No direct experimental or interventional study was conducted.*

KEYWORDS: *Fibroadenoma; Benign breast tumor; Breast lump; Breast health awareness; Triple assessment; Self-breast examination; Homoeopathy; Homoeopathic therapeutics; Breast pathology; Individualized treatment; Breast imaging; Young women; Benign breast disease; Materia medica; Repertory analysis.*

REVIEW OF LITERATURE

INTRODUCTION

The breast or Mammary gland (Latin breast) is the most Important structure present in the pectoral region. The breast is found in both sexes, but is rudimentary in the male. It is well developed in the female after puberty. It forms an important accessory organ of the female

reproductive system, and provides nutrition to the newborn in the form of milk.¹

Location

The breast lies in the superficial fascia of the pectoral Region. A small extension of the superolateral part, called the axillary tail of Spence, passes through an opening in the Deep fascia and lies in the axilla. The opening is called foramen of Langer.²

Shape

The shape of breast is variable. It may be hemispherical conical, pyriform, pendulous or flat.²

Extent

1. Vertically, it extends from the second to the sixth Rib.
2. Horizontally, it extends from the lateral border of the sternum
3. m to the midaxillary line.¹

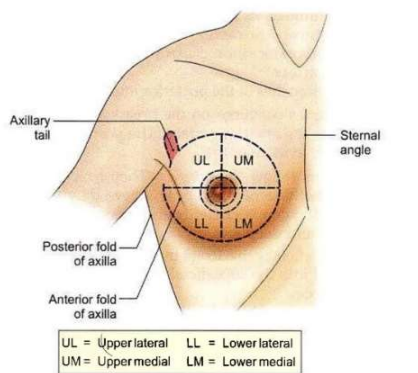


Fig. 3.5: Extent of the breast

Figure 1: Extent of the Breast

Image source: Textbook of B. Chaurasia's Human Anatomy Volume 1 6th Edition.

Structure of the breast

The structure of the breast may be conveniently studied By dividing it into the skin, the parenchyma, and the Stroma.¹

It covers the gland and presents the following features.

Skin

1. A conical projection, called the nipple, is present just Below the centre of the breast at the

level of the fourth Intercostal space 10 cm from the midline. The nipple is pierced by 15 to 20 lactiferous ducts.

2. The skin surrounding the base of the nipple is pigmented and forms a circular area called the areola. This region is rich in modified sebaceous glands, particularly at its outer margin.

Parenchyma

It is a compound tubulo-alveolar gland which secretes milk. The gland consists of 15 to 20 lobes. Each lobe is a cluster of alveoli, and is drained by a lactiferous duct. The lactiferous ducts converge towards the nipple and open on it.

Stroma

It forms the supporting framework of the gland. It is partly fibrous and partly fatty. The fibrous stroma forms septa, known as the Suspensory ligaments of Cooper, which anchor the skin and gland to the pectoral fascia.⁵

Arterial Supply

The breast is highly vascular. It is supplied by branches of the following arteries

1. Internal thoracic (mammary) artery, a branch of the Subclavian artery, through its perforating branches.
2. The lateral thoracic, superior thoracic and acromiothoracic (thoracoacromial) branches of the axillary artery.
3. Lateral branches of the posterior intercostal arteries.¹

Venous drainage

The veins follow the arteries. They first converge to the base of the nipple, where they form an anastomosing venous circle, from where veins run in superficial and deep sets.

1. Superficial veins drain into the internal thoracic.
2. Deep veins drain into the axillary and posterior intercostal veins.²

Lymphatic drainage

The breast is supplied by the anterior and lateral cutaneous branches of the 2nd to 6th intercostal nerves (4th to 6th) intercostal nerves, as per 42nd Edn. Gray's Anatomy) nerves convey sensory fibres to the skin and autonomic fibres to smooth muscle and to blood

vessels. The nerve do not control the secretion of milk. Secretion is control by the hormone prolactin, secreted by the pars anterior the hypophysis cerebri. The diagnosis and management breast disease should be done carefully.

Lymphatic drainage of the breast assumes great importance to the surgeon because carcinoma of the breast spreads mostly along lymphatics to the regional lymph nodes. The subject can be described under two heads, the lymph nodes, and the lymphatics.²

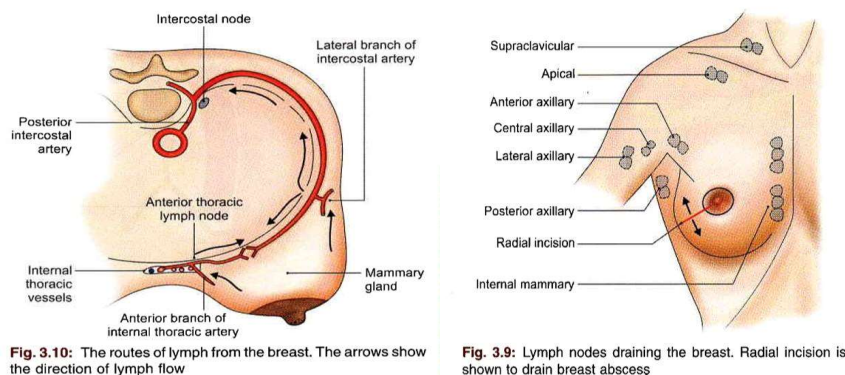


Figure 2: (a) The Routes of Lymph from the breast. The arrow show the direction of Lymph flow, (b) Lymph nodes draining the breast. Radial incision is shown to drain breast abscess.

PHYSIOLOGY OF BREAST

Role of Hormones In Growth Of Mammary Gland

Various hormones are involved in the development and Growth of breasts at different stages:

1. Estrogen
2. Progesterone
3. Prolactin
4. Placental hormones
5. Other hormones.

1. Estrogen

Growth of Ductile System Estrogen causes growth and branching of duct system; So, the normal development of duct system in breasts at puberty depends upon estrogen. Estrogen is also responsible for the accumulation of fat in breasts.³

2. Progesterone

Growth of Glandular Tissue The development of stroma of the mammary glands Depends upon progesterone activity. Progesterone also stimulates the development of glandular tissues.³

3. Prolactin

Prolactin is necessary for milk secretion. However, it also plays an important role in growth of mammary Glands during pregnancy.³

4. Placental Hormones

Estrogen and progesterone secreted from placenta are essential for further development of mammary glands during pregnancy. Both the hormones stimulate the proliferation of ducts and glandular cells during pregnancy.³

5. Other Hormones

Growth hormone, thyroxine and cortisol enhance the overall growth and development of mammary glands in all stages. Relaxin also facilitates the development of mammary glands. It is secreted by corpus luteum, Mammary glands and placenta.³

GYNECOLOGICAL EXAMINATION

Breast Examination

This should be a routine especially in women above the age of 30 to detect any breast pathology, the important being carcinoma. In India, breast carcinoma is the second most common malignancy in female, next to carcinoma cervix.

1. Self-breast examination (SBE) is done by the patient herself (p. 475). If they feel or see any concerning symptoms or abnormality such as redness, pain, skin changes or a mass.
2. Clinical breast examination (CBE) is done by a skilled professional. CBE includes visual inspection combined with palpation of the breasts and axilla (ACOG – 2014). Clinical breast examination is recommended every 1 to 3 years for women aged 20 to 39 years and yearly thereafter (ACOG, ACS and NCCN – 2014) is done. Palpation of the entire breast tissue from mid sternum to posterior axillary line and from inframammary crease to the clavicle.³

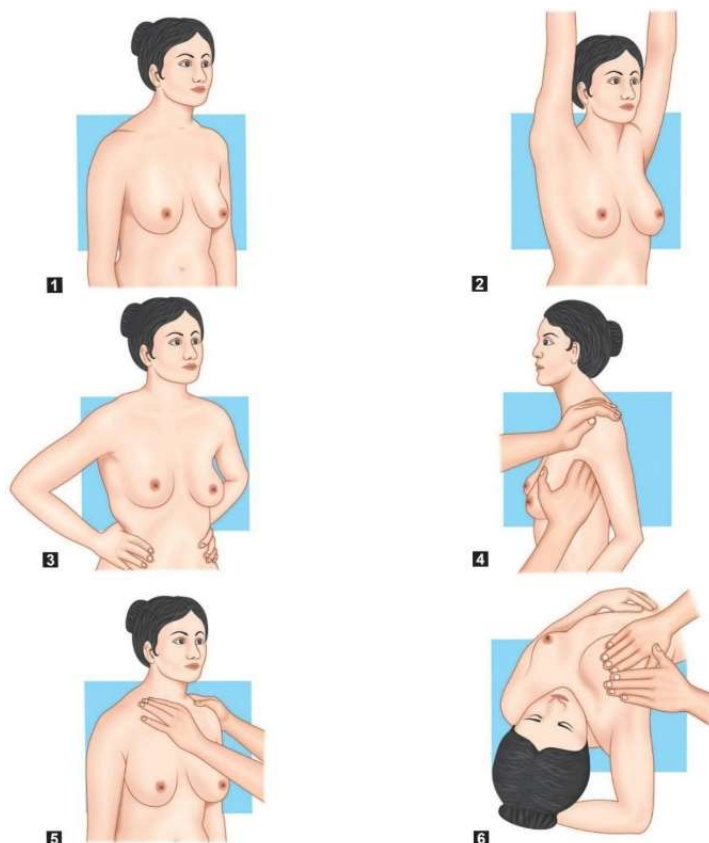


Figure 3: Examination of the breasts: 1. Inspection with the arms at her sides; 2. Inspection with the arms raised above the head; 3. Inspection with hands at the waist (with contracted pectoral muscle); 4. Palpation of the axillary nodes; 5. Palpation of the supraclavicular nodes; 6. Palpation of the outer half of the breast (a pillow is placed under the patient's shoulder)

BREAST IN GYNECOLOGY

Gynecologists are the primary health care personnel for women. The role of a gynecologist in women's breast care are:

- Creating breast self-awareness
- Performing clinical breast examination
- Giving instructions for breast self-evaluation
- Evaluation of all breast masses
- Organizing routine screening mammography
- Organizing diagnostic procedures, referral for specialized care.

To evaluate individual women's risk factors based on family history medical examination.

Breast is one of the target organs for the various hormones, of particular estrogens, progesterone, and prolactin. As such, many a breast related complaint or disease is associated with endocrine dysfunctions.

Development: The breast develops at 6-8 weeks from

The "milk ridge" which is an ectodermal thickening that extends longitudinally from the axilla to groin. Pectoral part of the ridge persists and the rest regresses.

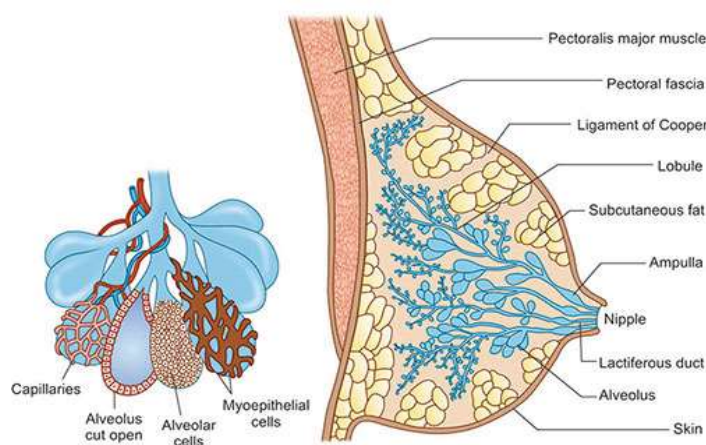


Figure: 4

At birth: There is only nipple with system of ducts without alveoli. Due to maternal estrogen, the growth becomes exaggerated with occasional mucoid discharge (witch milk). The involution usually is completed by 1-2 weeks after birth.

Puberty changes: The breast duct growth is primarily stimulated by estrogen. The alveolar cells and sebaceous glands are stimulated by progesterone. The maturation of the breast components is accelerated by growth hormone, adrenal hormones, thyroid hormone, prolactin, and insulin.³

EVALUATION OF A BREAST LUMP

Breast cancer is the most common (30%) of all cancers and is the second (next to lung cancer) common cause of cancer deaths in women. A breast cancer grows for 6-8 years before reaching a diameter of 1 cm. After that it doubles within a year. A breast mass detected by a

woman who performs BSE at monthly examination is 2 cm.

It is difficult to distinguish a benign breast lump from a malignant one by clinical examination. However, findings on clinical examination should be supported with investigations like imaging studies and pathology report. Then it is helpful for management.

Screening and Diagnostic Methods for Breast Carcinoma

Breast carcinomas are generally without any symptoms to start with. Screening can detect breast cancer at an earlier stage (Tables 34.10 and 34.11). Ideally, screening should be performed for all women from 40 years of age. Earlier detection improves the survival rate. Five-year survival is about 85% when axillary lymph nodes are not involved.

Different screening modalities are:

Breast self-examination (BSE): The American College of Obstetricians and Gynecologists (ACOG) and American Cancer Society (ACS) recommend breast self-awareness which for some patients include BSE.

Clinical breast examination (CBE) by a physician

- Inspection
- Palpation
- ACOG recommended CBE for every 3 years from age 20-30 and annually.

Breast imaging

- Screening mammography
- Diagnostic mammography
- Ultrasonography
- Magnetic resonance imaging (MRI)
- Digital mammography, positron emission tomography

Clinical Breast Examinations Inspection

Inspection is performed while the patient is sitting with arms relaxed by her sides. Both the breasts are observed for contour, symmetry, nipple positions, and any skin changes. Patient is asked to press her hands on her hips so as to contract the pectoralis major muscles. Skin

dimpling and nipple retraction if any, may be obvious with this method.

Palpation

Entire breast is palpated methodically by quadrant with the pads of the fingers (most sensitive) both in upright and in supine positions.

Generally, a malignant mass is felt firm, nontender, fixed with ill-defined borders. Entire axilla and the supraclavicular areas are palpated for any lymph nodes. Nipple is compressed for any discharge. CBE is best done during the first half of the menstrual cycle.³

Breast Imaging

Mammography (MGY) is the most effective screening method for detection of nonpalpable and minimally invasive breast cancer. It uses X-ray photons. However, it has a false negative rate of 10-15%. It should be combined with CBE and BSE. Two views, one mediolateral oblique (MLO) side view and the other craniocaudal view (CC) are to be taken for each breast.

Characteristic features suggestive of malignancy are-presence of a mass, asymmetric soft tissue densities and architectural distortion. Spiculated microcalcifications especially clustering or branching pattern are more suspicious but this is not a specific sign of malignancy. Radiation risks of mammography are negligible.

Mammographic findings are summarized following the American College of Radiology Breast Imaging Reporting and Data System (BI-RADS). Category 4 and 5 are suspicion and warrant biopsy and category 6 is malignant.

Digital mammography (DM) is more accurate in younger women (<50 years). DM can combine several images into 3D image (tomosynthesis) to reduce the false negative rate.

In the presence of any suspicious mass, one should always perform biopsy, irrespective of the mammographic findings.

Ultrasonography is useful to differentiate a cystic lesion from a solid one. Solid masses with ill-defined borders and complex cystic lesions are considered suspicious. Ultrasound cannot

detect microcalcifications. It also helps to take biopsy from a deep seated nonpalpable lesion.



Figure: 5

MRI: Interventional MRI can be used for MRI-guided surgery. However, MRI has low specificity (37-97%) besides that it is time consuming and expensive. Limitations of MRI are: It cannot detect microcalcifications and there is loss of image quality on respiratory movements. Therefore, MRI should be used combined with mammography USG and CBE to improve the detection rate.

PET (p. 101) has improved tumor detection rate. PET can differentiate malignant tissues from benign tissues and metastatic diseases. But it has reduced sensitivity for detection of masses <1 cm.³

Breast Biopsy

Triple test: It includes-CBE, imaging and needle

Biopsy, when all components are benign the risk of breast cancer is low (<1%) whereas if all are suggestive of cancer, the risk is high (99%). FNAC has a false negative rate of 20% and overall specificity is 98%.

However, the lump should be excised regardless of the results of other two if any of the three assessments suggests malignancy.

Breast biopsy is essential for the confirmation of diagnosis. Biopsy is generally done as an outpatient procedure.

Fine-needle aspiration cytology (FNAC) is done for cytologic evaluation inserting a narrow gauge (22G) needle into a breast lesion. This is a simple and cheap procedure with no morbidity. Unfortunately, false-negative diagnosis may be high (up to 20%) and it cannot differentiate a noninvasive carcinoma from an invasive one.

Core needle biopsy (CNB) is done for histologic diagnosis. It is highly accurate (98%) and specific (100%) in confirming malignancy. CNB is performed under tactile, stereotactic or ultrasound guidance using local anesthesia or MRI. CNB helps definitive histologic diagnosis, tumor grade, lymphatic invasion and hormone receptor status. It is done using a larger needle (9 to 14 gauge) than FNA.

Open biopsy is performed either as a primary procedure or when the results of FNAC/CNB are inconclusive. With excisional biopsy, the lesion is completely removed under local anesthesia. Incisional biopsy is done where only a portion of the mass is excised for confirmation of diagnosis.

Breast tissue sampling: It includes: (a) Bloody nipple discharge; (b) Persistent breast mass; (c) Suspicious mammography; (d) Nipple retraction or elevation. Least invasive technique that can provide a diagnostic specimen should be used.³

BREAST IN OBSTETRICS

The change in the breasts is best evident in a primigravida

Size:- Increased size of the breasts becomes evident even in early weeks. This is due to marked hypertrophy and proliferation of the ducts (estrogen) and the alveoli (estrogen and progesterone) which are marked in the peripheral lobules. There is also hypertrophy of the connective tissue stroma. Myoepithelial cells become prominent. Vascularity is increased which results in appearance of bluish veins running under the skin. Quite often, the 'axillary tail' (prolongation of the breast tissue undercover of the pectoralis major) becomes enlarged and painful. There may be evidence of striation due to stretching of the cutis.

NIPPLES AND AREOLA

The nipples become larger, erectile and deeply pigmented. Variable number of sebaceous

glands (5-15) which remain invisible in the nonpregnant state in the areola, become hypertrophied and are called Montgomery's tubercles. Those are placed surrounding the nipples. Their secretion keeps the nipple and the areola moist and healthy. An outer zone of less marked and irregular pigmented area appears in second trimester and is called secondary areola.

SECRETION

Secretion (colostrum) can be squeezed out of the breast at about 12th week which at first becomes sticky. Later on, by 16th week, it becomes thick and yellowish. The demonstration of secretion from the breast of a woman who has never lactated is an important sign of pregnancy. In latter months, colostrum may be expressed from the nipples. For normal changes and lactation.³

Pathology of fibro adenoma of breast:

Fibroadenoma is a benign biphasic tumor of fibrous and epithelial elements. It is the most common benign tumor of breast. Mostly occurs at the age between 15 to 30 years of age. Clinically, fibroadenoma generally appears as a solitary, discrete, freely mobile nodule within the breast. Rarely, fibroadenoma may contain in situ or invasive lobular or ductal carcinoma, or the carcinoma may invade the fibroadenoma from the adjacent primary breast cancer.⁷

Morphologic Features:

Grossly, typical fibroadenoma is small (2-4 cm diameter), solitary, well encapsulated, spherical or discoid mass. The cut surface is firm, grey white, slightly myxoid and shallow slit like spaces formed by compressed ducts.

Less commonly, a fibroadenoma may be fairly large in size upto 15 cm in diameter, and is called giant fibroadenoma but lacks histologic features of cystosarcoma phyllodes. Microscopically, fibrous tissue comprises most of a fibroadenoma. The arrangements between fibrous over-growth and ducts may produce two types of patterns which may coexist in the same tumour. These are intracanalicular and pericanalicular patterns.

Intracanalicular pattern is one in which the stroma compresses the ducts so that they are reduced to slit-like clefts lined by ductal epithelium or may appear as cords of epithelial

elements surrounding masses of fibrous stroma. Pericanalicular pattern is characterised by encircling masses of fibrous stroma around the patent or dilated ducts. The fibrous stroma may be quite cellular, or there may be areas of hyalinised collagen. Sometimes, the stroma is loose and myxomatous.⁷

Variants A Few Morphologic Variants of Fibroadenomas Have Been Described:

1. Occasionally, the fibrous tissue element in the tumour is scanty, and the tumour is instead predominantly composed of closely-packed ductular or acinar proliferation and is termed tubular adenoma.
2. If an adenoma is composed of acini with secretory activity, it is called lactating adenoma seen during pregnancy or lactation.
3. Juvenile fibroadenoma is an uncommon variant of fibro-adenoma which is larger and rapidly growing mass seen in adolescent girls but fortunately does not recur after excision.⁷

Repertorial Approach

a) Kent Repertory

Chest – Nodules – mammae – PG No 838. ⁸

b) BBCR Repertory

Chest – Mammae – nodes, induration – PG No 770. ⁹

c) Phatak Repertory

Mammae: Mammae, nodes in – PG No 256. ¹⁰

d) TPB Repertory

Sensation and Complaints: Glands – indurations – pgno.197¹¹

e) Boericke Repertory

Female Sexual System: Induration, hardness – PG No 832¹²

Homoeopathic Therapeutics

Conium Maculatum

- Growth of Tumors.
- Cancerous Diathesis
- Enlarged Glands
- Acts on glandular system, engorging and indurating it, altering its structure like scrofulous and cancerous conditions.

- Mammae lax and shrunken, hard, painful to touch(mastitis)
- Breasts enlarge and become painful before and during menses¹³

Phytolacca Decandra

- Pre-eminently glandular remedy
- Heavy, stony, hard swollen or tender breast.
- Tender and sore breast before and during menses.
- Severe stinging pains throughout the breast.
- Tumours or hard nodes of the breast with enlarged axillary glands.
- Breast is hard, painful and purple hue.
- Nipples are cracked, very sensitive inverted.¹⁴

Bromium

- Scrofulous enlargement and induration of glands.
- Tumour in breasts, with stitching pains; worse left.
- Stitching pains from breast to axillae.
- Sharp shooting pain in left breast, Worse pressure.¹³

Graphites

- Induration of breast.
- Nipple sore, cracked and blistered.
- Painful mammae¹³

Carbo Veg

- Lump in the breast with indurations.
- Indurations of the axillary glands.
- Breasts are hard and swollen.
- Swollen breast with impending abscess.¹⁴

Silicea

- Breasts are very hard and painful.
- Inflammation of breast to control the formation of pus.

- To absorb the remaining induration.
- Hard lumps in the mammae threatening suppuration.
- Nipples crack and ulcerate easily.
- Fistulous ulcers of the mammae.¹⁴

Calcarea fluorata

- Hard knots and hard glands in female breast.
- Breast nodes and tumours.

Carbo Animalis

- Painful indurations in the breast.
- Indurations especially in the right breast.
- Darting pain in the breast.
- Hard painful nodes in the breast.¹⁴

Scrophularia nodosa

- Has much affinity for breast tissue.
- Enlarged glands.
- Epithelioma.
- Nodosities in breast, tumours.¹⁴

Chimaphila umbellate

- Very large breast.
- Tumour in breast with the sharp pain.
- In young unmarried woman there is painful breast tumour
- There will be suppression of milk.
- Rapid atrophy of breast, not ulcerated.¹³

Role of Self-Breast Examination

Cross-sectional study was carried out in a medical college & hospital. Females were counseled and taught about the importance and method of self breast examination. Then patients of breast diseases who attended the surgery outdoor clinics and gave detailed clinical

history were delineated and findings were recorded in a standard proforma.

Results: There was more than 300 % increase in the number of patients after the self breast awareness campaign which is great success. 66% patients were found to have a significant pathology. Among benign breast diseases, fibroadenoma was the most common lesion constituting (68.12%) cases. Benign breast diseases are commonly seen in younger age group and usually presented with either breast lumps or nodularity.¹⁵

Personal Hygiene in Fibroadenoma

Fibroadenoma is a benign tumor influenced mainly by hormonal factors, maintaining good personal hygiene is important for overall breast health, comfort, and early detection of abnormalities.

Key Aspects of Personal Hygiene:

1. Cleanliness of the Breast

- Daily washing of the breasts with mild soap and water
- Proper drying to prevent fungal or bacterial infections
- Helps maintain skin integrity and detect changes early

2. Proper Undergarments

- Use of clean, well-fitting bras
- Avoid tight bras that may cause discomfort or mask lumps
- Cotton fabric is preferred to reduce sweating and irritation

3. Skin Care

- Regular observation for:
 - Redness
 - Rashes
 - Dimpling or skin changes
- Maintaining healthy skin helps in noticing abnormal signs early

4. Menstrual Hygiene Awareness

- Increased breast tenderness during menstrual cycle is normal

- Awareness helps differentiate cyclical changes vs abnormal lump (like fibroadenoma)

5. Healthy Lifestyle

- Balanced diet and regular exercise
- Helps maintain hormonal balance
- Reduces risk of benign breast disorders¹⁶

Early Detection of Fibroadenoma

Early detection of fibroadenoma is important to differentiate benign breast lumps from malignant conditions and to ensure appropriate management.

1. Triple Test Approach

Journal literature consistently recommends the triple assessment for evaluating any breast lump:

Components:

a) Clinical Breast Examination (CBE)

- Performed by a healthcare professional
- Fibroadenoma typically presents as:
 - Firm
 - Mobile
 - Well-defined lump

b) Imaging

- Ultrasound (preferred in young women)
- Mammography (if indicated, especially >35 years)

c) Pathological Examination

- Fine Needle Aspiration Cytology (FNAC) or biopsy
- Confirms diagnosis

2. Guideline-Based Recommendations

Evidence-based guidelines emphasize:

- Any breast lump should undergo systematic evaluation using triple assessment

- Ultrasound is first-line imaging in younger patients
- Biopsy is required if:
 - Lump is growing
 - Features are suspicious
 - Diagnosis is uncertain

3. Role of Early Detection

- Helps rule out breast cancer
- Reduces unnecessary anxiety
- Allows conservative management in most fibroadenoma cases
- Prevents delayed diagnosis of serious conditions¹⁵

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REFERENCES

1. Chaurasia BD. *Human Anatomy*. Vol. 1. 6th ed. New Delhi: CBS Publishers; Year not specified.
2. Chaurasia BD. *Human Anatomy*. Vol. 1. 10th ed. New Delhi: CBS Publishers; Year not specified.
3. Sembulingam K, Sembulingam P. *Essentials of Medical Physiology*. 6th ed. New Delhi: Jaypee Brothers Medical Publishers; Year not specified.
4. Konar H. *DC Dutta's Textbook of Gynecology*. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; Year not specified. p. 82–83.
5. Konar H. *DC Dutta's Textbook of Gynecology*. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; Year not specified. p. 471–472.
6. Dutta DC. *Textbook of Obstetrics including Perinatology and Contraception*. 10th ed. New Delhi: Jaypee Brothers Medical Publishers; Year not specified. p. 46.
7. Mohan H. *Textbook of Pathology*. 8th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019.

8. Kent JT. *Repertory of the Homoeopathic Materia Medica*. 6th American ed. New Delhi: B Jain Publishers; p. 838.
9. Boger CM. *Boger Boenninghausen's Characteristics and Repertory*. New Delhi: B Jain Publishers; p. 770.
10. Phatak SR. *A Concise Repertory of Homoeopathic Medicines*. 4th ed. New Delhi: B Jain Publishers; p. 256.
11. Allen TF. *Boenninghausen's Therapeutic Pocket Book*. New Delhi: B Jain Publishers; p. 197.
12. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*. 3rd rev ed. New Delhi: B Jain Publishers; p. 231.
13. Murphy R. *Lotus Materia Medica*. 3rd ed. New Delhi: B Jain Publishers; Year not specified.
14. Boericke W. *Boericke's New Manual of Homoeopathic Materia Medica with Repertory*. 3rd rev ed. New Delhi: B Jain Publishers; Year not specified.
15. Kartika N, Wardani R. Self breast check-up as an effort to improve early detection behavior of mammae fibroadenoma (FAM) in adolescent women. Institut Ilmu Kesehatan Strada Indonesia; 2022 Nov.
16. Caseldine J. Breast self-examination for the early detection of breast cancer. 1988 Apr.

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