

Highlights

- Myths Regarding Breast Cancer
- Myths Regarding Breast
- Male Breast Cancer
- General Preventive Guidelines for Cancer

Inside

- 1 Introduction
- 2 Diagnosis Of Breast Cancer
- 3 Self Examination
- 4 Homoeopathic Treatment

Breast Cancer

Promoting indigenous efforts in Health Care Services.

By Dr. Sahni BS MS (H)

Introduction

A cancerous tumor of breast tissue, the most common cancer in women and the second leading cause of cancer death for women in the World. The rate increases between 30 to 50 years of age and reaches a second peak at 65 years of age. Risk factors include a family history of breast cancer, no children, exposure to radiation, young age when menstruation began, late menopause, being overweight, diabetes, high blood pressure, long-term cystic disease of the breast, and, possibly, hormone therapy after menopause. Women who are over 40 years of age when they bear their first child and patients with cancer in other areas also have a greater risk of getting breast cancer. Beginning symptoms, found in most cases by self-examination, include a small painless lump, thick or dimpled skin, or nipple withdrawal. As the tumor grows there may be a nipple discharge, pain, ulcers, and swollen lymph glands under the arms. The diagnosis is made by a careful physical examination, a breast scan (mammography), and examination of tumor cells.

Tumors are more common in the left than in the right breast and in the upper and outer parts of the breast. Spreading through the lymph system to

lymph nodes under the arm (axillary) and to bone, lung, brain, and liver is common. Surgical treatment, depending on the tumor, may be a radical, modified radical or simple removal of the breast (mastectomy), with the removal of axillary nodes.

X-ray therapy, chemotherapy, or both including Homoeopathic drugs are usually given after surgery. If estrogen receptors are found in breast tumors, the ovaries, adrenal glands, or the pituitary gland are removed.

Breast cancer seldom occurs in men, but those with Klinefelter's syndrome are at 60 times greater risk. The best chance for successful treatment occurs when cancer is found early. Mammograms, or special x-rays of the breast, can detect more than 90 percent of all cancers and should be part of every woman's breast health program, along with breast self-exam and physical exam by a doctor. If a cancer is found early, it is more than 90 percent likely to be completely curable.

Treatment options include surgery, chemotherapy, and radiation therapy including Homoeopathic Medicines. However, a diagnosis of breast cancer does not mean a woman must lose her breast.

Diagnosis of Breast Cancer

Mammography is the most widely used method for detecting breast cancer. If a mammogram shows a "suspicious" area, a woman's doctor may wish to have a biopsy performed to examine the tissue and determine if it is cancerous. This procedure may be performed as a surgical biopsy. For this test, a woman needs to come to the hospital for an outpatient surgical procedure to remove the tissue to be examined.

Breast-imaging specialists in the Department of Radiology are now refining and demonstrating the benefits of stereotactic needle biopsy, a procedure for diagnosing a suspicious area that can be seen on a mammogram but is too small to be felt. The procedure uses computer-imaging techniques to guide a needle into the breast to collect abnormal cells from a suspicious area observed on a x-ray.

For many women, stereotactic needle biopsy can spare them a more uncomfortable and expensive surgical biopsy. It can also allow them to start their treatment sooner. It is said, "If you find a woman's cancer early, you can save her life."

BREAST CANCER

Facts About Breast Cancer

- ◆ Every woman is at risk for breast cancer.
- ◆ Breast cancer is the most common form of cancer in women throughout the world. It occurs rarely in men.
- ◆ Breast cancer is the second leading cause of cancer death for women between the ages of 35 and 54.
- ◆ Eighty percent of women who are diagnosed with breast cancer are over the age of 50.
- ◆ Women of low socioeconomic status are more likely to be diagnosed with late-stage disease and die of the disease.
- ◆ Over 70 percent of breast cancer cases occur in women who have no identifiable risk factors.
- ◆ The cause of breast cancer is unknown.
- ◆ Over 80 percent of breast lumps are proven benign, but a physician must evaluate any breast lump.
- ◆ More than 1.6 million breast cancer survivors are alive in America today. The five-year survival rate after early-stage diagnosis and treatment is over 90 percent.

Myths About Breast Cancer

1. Breast cancer doesn't run in my family, so I don't have much to worry about.

You may have slightly less cause for anxiety, but more than 80 percent of breast cancers occur in women with absolutely no family history of the disease.

As for how much family history increases your risk, it depends on which family member had the disease -- and when. If a first-degree relative (mother, sister) had cancer in one breast, and she

became ill *after* menopause, then your chances are one in seven, only slightly higher than the one-in-eight risk all women face. But if a first-degree relative had the disease in both breasts before menopause, your risk of also developing cancer could be as high as 80 percent

2. If you've had a negative mammogram, you don't have to be concerned for a while.

Although mammograms can catch a tumor long before you can feel it, they can have a high rate of false negatives -- incorrect assurances that there's nothing wrong. The danger may be particularly great for pre-menopausal women:

X-rays work by showing contrasts between a dense object (a tumor) and a less dense area (such as fat tissue), but younger women's breasts tend to be denser, making it more difficult to detect a tumor.

That's one of the reasons you should examine your breasts every month, even if you've just gotten a clean bill of health from your radiologist.

3. The best time to do a breast self-exam is while showering.

If that's the only convenient place for you, it's better than not doing an exam at all. But finding irregularities early requires an intimate knowledge of your breasts' interior structure, and wet, soapy hands can make it more difficult to probe deeply. "Breasts are three-dimensional and women need to examine the entire depth of the breast tissue, starting at the skin surface, then pressing midway through the breast tissue, and finally feeling all the way down to the chest wall."

Also, standing up isn't the best position for the exam. "You want to feel the breast tissue in the thinnest plane you can get, which is lying down."

4. If I find a lump, there's a pretty good chance it's breast cancer.

Even if a doctor is suspicious enough to order a biopsy, chances are heavily in favor of a growth being benign, especially in younger women. "In women under 35, most lumps turn

out to be benign, solitary tumors called fibroadenomas." As women get into their forties, fluid-filled cysts become more common, but among premenopausal women, at least eight out of ten lumps are not cancerous.

5. If I do get breast cancer, a mastectomy gives me my best shot at survival.

A woman may make the psychological leap of assuming "the more I suffer, the more I deserve to be cured" -- a natural reaction to a frightening disease. Natural but misguided. "Women don't die of this disease because it comes back in the breast, but because of a spread to the bones or liver."

"If the cancer hasn't spread before surgery, a mastectomy and breast-preserving lumpectomy, followed by a course of radiation treatments offer the same outcome. And if it has already spread, you need other treatment to cure the distant metastasis."

6. I don't drink or smoke and I eat a low-fat diet, so my chances of getting breast cancer are practically nil.

You may have improved your odds, but adopting these healthful habits won't give you any guarantees.

Even more firmly established risk factors -- early first menstruation, first child at a later age, genetic predisposition -- aren't found in all cases. "Fully half of breast cancer cases have *no* known risk factors."

7. If a lump hurts, it's not cancerous.

Usually that's the case -- in fact, one of the key signals that can differentiate a cancerous tumor from a benign cyst or other harmless growth is pain. But don't fail to have a lump checked just because it's painful. "My doctor told me if it hurts that much, it's probably an infection in the lymph system," said Donna Riddick of Seattle, who, at age 34, tried to ignore the intermittent pain in her breast." Finally, after a year, she underwent a biopsy and then had a cancerous tumor the size of an almond removed.

BREAST CANCER

"Pain occurs in fewer than 10 percent of cases, "but it does happen."

8. If you have lumpy breasts, you're more likely to eventually get breast cancer.

At one time, doctors thought this might be the case, but now, it seems, there's no connection between the factors that cause most kinds of benign lumps and those that lead to cancer. One kind of benign growth, however, called atypical hyperplasia (abnormal proliferation of cells) could eventually become cancerous. But it's rare -- only about 3 percent of all breast biopsies find this condition.

9. Breast cancer can be caused by an injury to the breast.

Sometimes an injury will be the stimulus that results in discovery of a tumor -- an injury causes you to pay more attention to your breasts -- but trauma doesn't lead to cancer. "The hypothesis would be that cancer comes from damage to cells, but known biology of breast cancer says this isn't the way it starts."

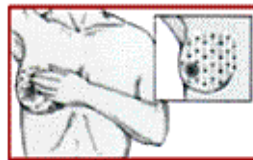
Breast Self-examination

To get started:

Check your breast 3 days after your period ends (or on the first day of the month, if you no longer have periods). You may want to do this while you are in the shower. While your body is wet and soapy, use the pads of 3 fingers (using 3 kinds of pressure -- light, medium, and deep) to check both breasts for lumps. Move your fingers in one of the patterns pictured -- circles or rows -- whichever way feels comfortable to you.

Areas to check:

1. Outside -- armpit to collar bone, and below breast
2. Middle -- the breast itself
3. Inside -- the nipple area.



Feel your breasts for lumps. (Use circles or rows.)



Also check under your arms, up to your collar bone, and below your breasts.



Gently squeeze your nipples.



With your arms raised over your head, look for any changes (puckering, size/shape, redness, discharge) in your breasts. Then, put your hands on your hips and look again.



Things to look for after you shower:

1. Liquid coming from your nipples
2. Puckering of the skin
3. Redness or swelling
4. Change in size or shape

Breast self-examination can also be done lying down in bed. Do the test in whatever place or position seems most comfortable and effective for you. If you feel any lumps or see any changes, call your doctor.

Remember: Women usually find lumps themselves. Most breast lumps are not cancers. And finding cancer early is your best chance for a cure.

Myths About Breasts

(That Grown Women Still Believe)
As any doctor will attest, otherwise well informed women harbor notions about their breasts that range from confused to exaggerated to just plain wacky.

Myth: Breast skin is highly sensitive.

Skin is skin. "Treat breast skin as you would any other." As long as you're not allergic, feel free to smooth on cortisone creams self-tanning lotions, moisturizers, depilatories; all are perfectly safe.

Myth: Jogging without a bra can damage breasts.

Chances are you will feel some pain if you run while bra-less; that's because connective tissue is being strained by the weight of the breasts' free-flopping ducts and lobules.

And if you're very large-breasted, a bra with good support will help ease back strain. "

But you can't do any medical harm to yourself by working out without a bra." And it won't cause sag, either.

Myth: Fibrocystic breasts are abnormal. All women have some degree of fibrocystic change, which can include lumpiness, premenstrual tenderness, and swelling. "All these things are normal for most women." Most important, even women with extensive fibrocystic change are probably at no increased risk for breast cancer.

Myth: If you have small breasts, it will be harder to breast-feed.

Nonsense. Small breasts are generally equipped with the same number of milk ducts as large breasts. "Size has nothing to do with the capacity to make milk."

Myth: Larger-breasted women have a greater risk of getting cancer.

There is absolutely no connection between the size of a woman's breasts and her vulnerability to cancer.

Male Breast Cancer

Do men get breast cancer?

Many people are unaware that men can develop breast cancer. Every year in this country approximately 1000 men will develop carcinoma of the breast. These men frequently experience surprise, confusion, and a sense of isolation. While the average age at diagnosis is around 65 years, the problem can occur in younger (or older) men.

How common is it?

For every 100 women who develop breast cancer in the US, one male is diagnosed with the equivalent disease. The overall incidence is between 0.1 and 3.4 cases per 100,000 man-years. This makes male breast cancer one of the rarest malignancies, contributing to the generally low level of public awareness.

What causes it?

Just as the causes of female breast cancer are still under study, the precise cause (or causes) of male breast cancer are still under study. Men have glandular breast tissue that is subject to hormonal influences. Excess estrogen, especially around the time of puberty, has been identified as a possible factor. Men with Klinefelter's syndrome have an increased risk of developing breast cancer, as do men who take estrogens or estrogen-like compounds. Androgen (and possibly progesterone) exerts a protective influence. Men who are deficient in androgen seem to also be an increased risk (for example, men who have testicular atrophy from mumps orchitis, injury, or undescended testes).

Brain tumors and conditions associated with excess production of prolactin have also been implicated in some cases of male breast cancer. Men who work in steel mills, blast furnaces, rolling mills, or other environments of intense heat have a slightly increased incidence of breast cancer (probably due to thermal suppression of androgen

production). Radiation to the chest wall increases the risk of breast cancer in men, as in women. Finally, genetic factors have been identified in some cases of male breast cancer.

Is there a genetic basis?

In a series from Iceland, a strong familial tendency has been identified with over 40% of cases of male breast cancer diagnosed over the past 40 years being traced to 21 families. A family history of breast cancer (both male and female) is common in men with breast cancer. The breast cancer genes BRCA-1 and BRCA-2 are under study in this population.

To date, mutations in BRCA-2 (but not BRCA-1) have been identified in a significant subset of male breast cancer patients.

Is Gynecomastia related to breast cancer?

Gynecomastia (literally "female breast") is a condition in which the male breast enlarges and becomes tender. In some cases hyperplastic changes are florid and the differential diagnosis from cancer may be difficult. There have not been any reported cases of gynecomastia progressing to carcinoma, but two case reports of gynecomastia with atypical changes suggest that such progression may occasionally occur. The major problem with gynecomastia is that the differential diagnosis between gynecomastia and breast cancer is sometimes difficult. Both cause subareolar masses, and both may be associated with pain and tenderness (although both are more common with gynecomastia).

What are the signs and symptoms of male breast cancer?

The most common symptom is a breast mass. The mass is usually firm, non-tender, and sub-areolar (although occasionally tumors occur in other areas). In several series, the average tumor size was approximately 2.5 cm. Because of the short distance to the nipple, nipple retraction, ulceration, or destruction are also common (occurring

in almost half of the patients in one series).

Nipple discharge, either bloody or serous, is distinctly abnormal in men and must be fully investigated by cytology, galactography, or biopsy. A special kind of breast cancer, Paget's disease, may appear to be a rash or irritation of the nipple. Biopsy is required to make the diagnosis.

How is male breast cancer diagnosed?

Because most cases present with a palpable mass, fine needle aspiration cytology is extremely useful.

Nipple discharge can be smeared on microscope slides and examined microscopically. Biopsy may be needed for confirmation. Because the condition is so rare, general screening by mammography, ultrasound, or other methods is not recommended. High-risk individuals may require more careful periodic evaluation.

How do men's breasts differ from those of women?

Most of the breast tissue in a man is concentrated in the area immediately behind the nipple and areola. In most men, this tissue remains rudimentary. Androgen appears to suppress any tendency for ductal proliferation. As men age and the overall level of androgen decreases, some physiologic enlargement of the breasts can occur. In most men this is asymptomatic and of no concern. Because most of the breast tissue is beneath the nipple/areola complex, this is where most male breast cancer starts.

There is a rich plexus of lymphatics beneath the nipple and areola in both men and women, and the sub-areolar location of most male breast cancers allows easy access of tumor cells to these lymph channels.

What hormonal influences have been identified?

The strongest association is with estrogen. The rate of estrogen receptor positivity (ranging from 64% to 87%) is significantly higher among men than

BREAST CANCER

women with breast cancer. Risk is increased in males with partial androgen insensitivity. Elevated prolactin has been identified as an etiologic factor

How is it treated?

The treatment depends upon the stage of the disease. Surgery forms the first line of defense and is generally used. Stages I and II are locally operable and are generally treated by modified radical mastectomy. More advanced disease may require radical mastectomy, or may be treated with a lesser procedure coupled with radiation and chemotherapy.

Homoeopathic Medicines if prescribed in totality of symptoms in early cases many times avoid unnecessary surgery, radiation and chemotherapy.

After surgery, the decision to proceed with chemotherapy or radiation or Homoeopathic medicines depends upon the precise stage of the disease. This decision is made after the pathologist examines the breast and lymph nodes that were removed at the time of surgery.

What is the prognosis for male breast cancer?

When men and women who are the same age and with the same stage disease ("age and stage-matched") are compared, survival is equivalent in most series. In at least one series, male patients fared worse than their female counterparts) and it has been hypothesized that the anatomy of the male breast, with close proximity of the tumor to the skin and nipple allows early access of cancer cells to the dermal and sub-areolar lymphatics, favoring more rapid spread. Finally, since men generally have more advanced disease at the time of diagnosis than women, the overall prognosis of male breast cancer is generally felt to be worse. Just as with female breast cancer, tumor stage and grade are important prognostic factors.

General Preventive Dietary Guidelines for Cancer

There is much you can do to help prevent cancer. Smoking has been scientifically proven to cause cancer, so if you smoke, stop. What you eat can also have an effect on whether you develop cancer. The following are dietary recommendations for preventing cancer:

- Reduce the amount of fat in your diet to 30% of your total daily calorie intake.
- Limit the amount of alcohol you drink to one or two drinks a day.
- Limit the amount of charbroiled, smoked, and salted foods you eat.
- Maintain your ideal weight.
- **Eat foods high in:**
 - Vitamin A--apricots, peaches, carrots, spinach, asparagus, squash, and sweet potatoes
 - Vitamin C--oranges, lemons, grapefruit, strawberries, tomatoes, cabbage, and walnuts
 - Vitamin E--lettuce, alfalfa, and vegetable oils
 - Fiber--fresh vegetables and fruits, whole grain breads and cereals, nuts, beans, and peas.

HOMOEOPATHIC TREATMENT

ARSENICUM ALB: This remedy corresponds to the general phenomena of the cancerous diathesis. Its special indications in any form of tumor, be it cancer or not, the sharp burning and lancinating pain, the weakness and debility and the general Arsenicum symptoms.

ASTERIAS RUBENS: Useful in cancer of the breast: worse left. Left breast feels as if pulled inward, and pain extends over inner arm to end of little

finger. Numbness of hand and fingers of left side. Cancer mammae even in ulcerative stage. Acute, lancinating pain. axillary glands swollen hard and knotted.

BARYTA IODIDE: Hard cancerous tumors of the breast.

BROMINE: is sometimes useful for mammary cancer.

CALCAREA FLUORICA: This remedy is most useful for knots, kernels or hardened lumps in the female breast, accompanied with indurated glands of stony hardness; the enlargements may occur in the fasciae. It will prevent the development of cancer, and should be considered always in the cases where the breasts present suspicious lumps.

CARBO ANIMALIS: Mammary cancer, scirrhus, gland indurated in little nodes, the parts being as hard as stone; skin bluish and mottled axillary glands swollen; drawing pains through mammae.

CARCINICIN: It acts favorably and modifies all cases in which either a history of carcinoma can be elicited, or symptoms of the disease itself exist. (J.H. Clarke, M.D.) Carcinoma of the mammary glands with great pain and induration of glands.

CONDURANGO: This remedy has achieved considerable reputation in treating various forms of carcinoma. The main indication in this remedy is ulceration of corners of mouth.

CONIUM MAC: Great hardness of the infiltrated glands, with flying stitches in them worse at night. Cancer, mammary tumors of beginning of scirrhus; chief remedy, especially useful after contusions and bruises, it corresponds particularly to glandular bruises.

HYDRASTIS: This remedy in simple glandular tumors of the breast; here it allays the pain retards the growth and improves the patient generally. The dyspeptic symptoms of the remedy lead to its choice. The hydrastis treatment is one of the best known in cancer.

BREAST CANCER

LAPIS ALBUS: Several cases of incipient scirrhous of the mammary gland, presenting retraction of the nipple, and the other characteristic symptoms have been cured with this remedy. Dr. E. G. Jones recommends Lapis in malignant diseases of the uterus where the discharges are black and offensive and intense burning pains all through the diseased part.

LOBELIA ERINUS: Malignant growths of breasts.

PHYTOLACCA: Cancers of the breast when the tumors is hard, painful and purple.

PLUMB. IODAT: Indurations of mammary glands, especially when a tendency to become inflamed appears; sore and painful. Indurations of great hardness and associated with a very dry skin. Inflamed indurated masses in the female breast slowly developing. The hard, unchangeable character, the slow development and the supervention of painful inflammations therein are the elements of decision.

SCROPHULARIA NODOSA: Powerful medicines whenever enlarged glands are present. Nodosities in the breasts.

SILICEA: This remedy will often abate the pains of cancer.

TRIFOLIUM PRA: It retards the progress of cancer.

WARNING

The above given details about the medicines for treatment of Breast Cancer should be taken under the proper guidance of a qualified & registered Homoeopathic Physician.

“ Under no circumstances one should take these medicines by itself ”.

References

- 1> MayoClinic.com
- 2> [Murphy's Materia Medica](#)