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Research Article

A Prospective Non-Controlled Clinical Trial of Individualised Homoeopathic Treatment in the Management of Fibroadenoma of Breast

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Abstract Fibroadenoma as a disease has no particular etiology but most of the times it is said to be hormone dependent. Again, the hormonal imbalance is indirectly related to the stressful environment which today's women face, managing a home and a career. The conventional system of medicine recommends an excisional biopsy as treatment, after confirmatory biopsy to rule out malignancy. The other alternative treatments include removing the lump with the needle and destroying the lump without removing it (such as freezing called as cryoablation.) But in spite of these procedures there is always a chance of recurrence in the patient. The patient may also have bleeding and scarring due to these procedures. Merely treating an individual symptomatically has failed in the other system of medicine, to give permanent relief. In such a clinical condition Constitutional approach of homoeopathic medicines is taken up for the study.

The objectives of the study

- To know the efficacy of constitutional treatment in fibroadenoma.
- To study the role of constitutional remedies in the treatment of fibroadenoma.

Results and conclusion - This study includes clinical profiles of 30 patients, suffering from Fibroadenoma of breast. Constitutional homoeopathic medicines were administered with a view to reveal their effectiveness. The most indicated constitutional remedy, Conium covered with incidence of 13.33% with 4 cases of all the patients, then followed by Pulsatilla 10% with 3 cases. Bryonia, Silicea, Calc carb, Phytolacca, Sulphur, Lachesis covered 6.67% with 2 cases each. Sepia, Hydrastis, Iodum, Plumbum met, Bromium, Ignatia, Thuja, Graphites, Calc flour, Calc phos, Phosphorus with incidence of 3.33% with 1 case each. Intercurrent Remedy where Thuja was having highest incidence of 13.33% in 4 cases, Sulphur Tuberculinum, Syphilinum, Psorinum having 3.33% incidence each. Analysis of the result showed that out of 30 cases, 2(6.67%) recovered, 25(83.33%) improved and 3(10.00%) did not show any improvement. The results of this study have proved that the Homoeopathic medicines can definitely render immense benefit in cases of Fibroadenoma of breast when employed logically and judicially within the fabric of homoeopathy.

Keywords *Fibroadenoma of Breast; Benign tumours; Fibroadenoma; Tumours; Constitutional; Individualisation; Miasms*

Introduction

Historical Background-

Many surgeons and pathologists have attempted to shed light on benign breast diseases by introducing their own terminology but unfortunately this has often led to further confusion with such terms as Blood good's cysts, Reclu's disease, chronic mastitis, fibroadenosis, benign mammary dysplasia and mastodynia.

As a specific example, the term 'dysplasia' is often used by surgeons, pathologists and has different meaning for each group. A surgeon may refer to a nodular breast as being dysplastic, a pathologist might have described borderline histological changes as being dysplastic and a radiologist may call a dense breast dysplastic. All of these situations serve to cloak an unknown variable in a discrete but meaningless term.

A further concern is that some benign changes may be forerunners of malignancy. If imprecise terms are used to describe benign breast changes those at risk may not be properly identified and others who are not at increased risk of breast cancer may be needlessly worried. [1]

Breast tumors-

Tumors of the female breast are common and clinically significant. Among the important benign breast tumors are FA, phyllodes tumor (cyst sarcoma phyllodes) and intraductal papilloma. [2]

The most common benign tumor of the female breast is caused by growth of fibrous (Stromal) and glandular (epithelial) tissue and is called a Fibroadenoma. [4]

This is the most common benign tumor of the breast and is primarily seen in young girls. It is a small, freely mobile, painless swelling, which is clearly demarcated from the rest of the breast tissue. It may be unilateral, bilateral, or multiple (in 10-12 percent of cases). The surface is white with dark brown areas due to epithelial hypertrophy. [3]

Any well-defined, sharply delineated, rounded rubbery tumor which is freely moveable within the breast tissue and not attached to the skin in a girl under the age of 25 is in all probability a FA. Unlike other breast tumors or other breast lesions, a FA does not set up a fibroblastic proliferative response in the surrounding breast tissue. Since these tumors produce no symptoms and are nontender, they usually are discovered by accident. [5]

FAs are the most common benign tumors of the breast. They usually occur in young women (aged 20 – 35 years) and may occur in teenagers. Before 25 years of age, FAs are more common than cysts. They rarely occur after menopause, although occasionally they are found, often calcified, in postmenopausal women. For this reason, it is postulated that FAs are responsive to estrogen stimulation. Although the presence of a FA does not increase the risk of breast carcinoma, this subject still generate controversy. [6]

The usual presentation is a discrete, firm breast lump, mostly situated in the upper outer quadrant of the breast. Because of their mobility, these lumps are popularly known as breast mice. FA may be multiple in up to 20% of cases. Most lumps are 1-2 cm in diameter; those over 5cm are defined as giant FAs. [7]

This common benign neoplasm occurs most frequently in young women, usually within 20 years after puberty. It is somewhat more frequent and tend to occur at an earlier age in black than in white women. Multiple tumors in one or both breasts are found in 10 – 15% of patients. [8]

These usually arise in the fully developed breast during the 15-25-year period, although occasionally they occur in much older women. They arise from hyperplasia of a single lobule, and grow up to 2 – 3cm in size. They are surrounded by a well capsule and can thus be enucleated through a cosmetically pirate incision. However, in a patient under 30 years, these require excision unless associated with suspicious cytology they become very large, or if the patient expressly desires the lump to be removed. [9]
Incidence-

Fibroadenoma most often presents in clinical practice as a palpable, firm breast smooth, mobile mass in women less than 40 years of age. It is most common breast mass in the adolescent age group. The age range, however, is wide and Fibroadenoma may be present in the elderly, presumably remaining undetected from earlier years. The increasingly widespread use of screening mammography in asymptomatic women results in detection of clinically occult FAs in women older than 40 years of age.

Most Fibroadenoma are well circumscribed, are round or oval and have only one or two gentle lobulations. Occasionally, the radiographic appearance (lobulations or calcifications are suspicious for an occult carcinoma, and excisional biopsy or fine needle aspirations (FNA) cytology is required for diagnosis. An understanding of the histopathologic features of this lesion may help to explain the spectrum of radio graphic appearances. [10]

Etiology –

The development of Fibroadenoma is thought to be the result of an unopposed estrogenic influence on susceptible tissue. Some FAs increase in size during pregnancy and regress postpartum. [4]

This tumor is said to develop as the result of increased sensitivity of a focal area of the breast to estrogen. It is almost acceptable fact that there is some relationship between excess estrogen level and Fibroadenoma. [11]

The intense estrogen stimulation may either cause the entire breast to enlarge, in which case there is breast hypertrophy, or be confined to a localized area within the breast tissue, when FA appear. FAs are known to increase in size and to lactate during pregnancy and the puerperium. They have been shown to enlarge after estrogen administration. Histologic studies of the excised nodules after estrogen therapy show largely increased edema and hyperemia of the lobules and proliferation of ductules. With the termination of pregnancy or the withdrawal of estrogen the tumors shrink. [5]

FAs are thought to be the result of a minor aberration in the normal process of lobular development. Hormonal factors appear to be important in their growth, as evidenced by the clinical observation of the involution of FAs after menopause and their dramatic

increase in size during pregnancy. In postmenopausal women receiving estrogen alone, FAs may increase in size relative to the surrounding breast parenchyma. [12]

Pathology of contraception and hormonal therapy-

Effects on the breast-

It is generally accepted that steroid contraceptives are associated with a decreased risk of benign breast disease. [13]

Clinical Presentation:

The patient usually presents with a rubbery, firm mass easily palpable and distinct from surrounding parenchyma. The mass is mist often painless. However, occasional cyclic tenderness has been reported. Infraction of a Fibroadenoma produces focal discomfort in 50% of cases, but this is a rare finding and is most often seen in pregnant or lactating women.

Fibroadenoma are usually 1 to 4cm in diameter. An interval increase in size over several months frequently is observed. It has been reported that, in general fibro adenomas double in size 6 to 12 months and slow or cease growing when 2 to 3 cm in diameter. [10]

FAs that are allowed to grow after initial detection usually cease to grow when they reach 2 to 3 cm in diameter. Blacks more commonly develop FAs than whites, and they develop them at a younger age as well. FAs in blacks are also more likely to reoccur because FAs are more common in blacks; related lesions are also probably more common in blacks. Infarcts of the breast may occur during pregnancy or lactation with a resultant discrete mass. Approximately 1 of 200 FAs shows infarction. Pain and tenderness may occur during pregnancy and an inflammatory reaction may be accompanied by lymphadenopathy, leading to the clinical impression of carcinoma. [14]

Their characteristic clinical presentation is that of a well-defined palpable mass that is rubbery in texture and mobile. FAs are usually solitary, but they present as multiple lesions in 10% to 15% of cases. Although they have a characteristic clinical appearance, a clinical diagnosis of FA is accurate in only one half to two thirds of cases (33). However, in women younger than age 20, FAs account for 75% of breast biopsies. [12]

Symptoms-

(i) The pericanalicular or hard type usually occurs in younger girls between 15 and 30 years of age. Intracanalicular or soft fibroadenoma more commonly affects older group from 30 to 50 years of age.
(ii) This tumor is most commonly presented as a painless, slowly growing, solitary lump in the breast. While this tumour is often seen in the lower part of the breast.
(iii) Multiple fibroadenomata may be present in about 10% of cases.
(iv) Pain is usually conspicuous by its absence, though it may occasionally be complained of, particular when there is associated fibroadenosis.
(v) Though the hard variety is known for its slow growth and never attains a big size, yet intracanalicular fibroadenoma tends to be large in size due to rapid growth. Some discomfort or slight pain may be complained of due to its size rather than anything else.

(vi) Discharge through nipple is almost unknown. [11]

Clinical Breast Examination-

A visual or palpable breast abnormality cannot be treated if it is not first diagnosed. A study by Flecther and coworkers tested the ability of physicians in different specialties to detect lumps in silicone breast models. The amount of time spent on the examination, not physician experience or method, was found to be the most important variable associated with increased detection. Also important is detailed descriptive documentation of all findings, both positive and negative, in the medical record. Drawings are often very helpful and descriptive.

Physical examination of the breast is best done 1 to 2 weeks after the beginning of menses because of the following:

1. Luteal phase breast volume is increased by 20% because of vascular or lymph congestion.
2. Breast tactile sensitivity is increased.
3. There is a progesterone influenced increase in cystic glandular tissue due to increased DNA production and cell division.
   The breast examination should take place in two positions sitting and supine.

Fletcher and colleagues' study with silicon breast models showed that the technique of palpation is not related to successful palpation of a breast lump, so weather one uses a circular or up and down pattern is less important than the time spent doing the examination. [4]

Physical examination-

The breast changes slightly during the menstrual cycle. During the premenstrual phase, most women have increased innocuous nodularity and mild engorgement of the breast. Rarely, this can obscure an underlying lesion and make examination difficult. Finding should be carefully documented in the medical record to serve as a base line for future reference.

Investigation –

Definitive and reliable diagnosis of FAs can be achieved by combination of ultrasound investigation and FNAC in those under 35. [7]

Mammography-

The ACOG screening recommendations for mammography are listed below-

Self-breast examination – monthly beginning at age 20 years
Clinical breast examination – annually beginning at age 18 years
Screening mammography – baseline between ages 35 and 40 years

Screening referees to testing asymptomatic women. A diagnostic mammogram is done if a mass is palpated or any suspicious abnormality of the breast is noted.

The mammography report should note the presence of normal, benign suspicious or malignant findings. If a lesion is noted but is not a palpable, ultrasound may distinguish whether the mass is cystic or solid.

Mammography with a low dose film screen technique delivers about 0.1 rad per study. For comparison, a chest radiograph delivers about 0.025 rad per study. The false negative rate is about 10% to 15%. Therefore, the CBE is very important.

Xeromammography delivers about seven times more radiation to the midpoint of the breast but does provide better detail of classification.

Thermograph and Trans illumination have not demonstrated sensitivities good enough for screening purposes. Computerized axial tomography and magnetic resonance imaging are being investigation for the evolution of breast disease.

Dupont Radiopharmaceuticals is sponsoring a multicenter trial of breast scintigraphy (a noninvasive nuclear imaging technique) to determine whether it can be used a diagnostic test to distinguish between benign and malignant breast abnormalities, the test using sestamibi technetium as the radiotracer, would be complement to mammography and biopsy, sestamibi enters cells in proportion to their metabolic activity. This would allow clinicians to see where the tumor is. [4]

Breast ultrasonography of fibroadenomas has been well described. Although some fibroadenomas demonstrate classic ultrasonographic features of a round or oval solid mass with homogeneous internal echoes and smooth wall, breast ultrasonography is not reliable to differentiate a benign from a malignant solid mass. Close clinical mammographic follow-up is recommended and nonpalpable solid masses with radiographic benign features. Fibroadenoma not identified by ultrasonography are presumed to have echo characteristics identical to those of the surrounding breast parenchyma or fat. [10]

Fine needle aspiration- An accurate clinical history, including age, clinical examination, and weather a patient is pregnant or lactating is important in cytology interpretation because FNA can produce bleeding into breast tissue that may complicate mammographic interpretation, mammograms should be scheduled either before FNA or two weeks afterwards. [4]

Core biopsy-

Definitive diagnosis of a breast mass is made by histology, and this can be obtained by core, incisional, excisional needle localization, steriotactic biopsy. The role of core biopsy in the diagnosis of palpable and non-palpable breast masses is expanding. [4]

Open biopsy-

Incisional biopsy is partial removal of a mass. It is performed when the mass is too large for complete extirpation to obtain definitive histology and hormone receptor status. Excisional biopsy is complete removal of the mass. It is performed in an operating suite and usually under local anesthesia, although factors such as a large mass, multiple masses, or the desires of the patient may necessitate general anesthesia. The incision size should be marked with the patient in the sitting position. [4]

Diagnosis-

Upto the age of 25 years clinical diagnosis is enough. Mammography has no place in its routine diagnosis. With increasing age mammography and fine Needle Aspiration Cytology (FNAC) should be performed to exclude malignancy. [11]

Methodology

The present study consists of 30 patients who attended the OPD at A.M. Shaikh Homoeopathic Medical College & hospital. The 30 cases were selected on the basis of inclusion & exclusion criteria.

1. **Type of research**: Prospective case study
2. **Study Design:** Non- controlled clinical trial.
3. **Sample size:** Minimum 30 in number.

Inclusion criteria

A. Subjects under the age group of 40 years irrespective of socio- economic background and occupation will be taken up for the study.
B. All the diagnosed cases of fibro adenoma clinically, sonographically or by needle biopsy will be taken up for the study

Exclusion criteria

A. All the subjects who were under hormonal therapy.
B. Women with fibro adenoma suffering from any malignant conditions.

4. The cases were recorded keeping the holistic concept in mind. Case taking was done according to the schema of model case proforma.

5: Participant subjects

- **Size of sample:** On the basis of study design, size of sample is 30.
- **Duration of the study:** 1.6 year. Each case is followed for one year. 30th November 2019 – 30th April 2021
- **Follow up** - Follow up of cases once in a month for one year based on the improvement of subject's condition.

6: Result criteria

Recovered: Feeling of mental and physical well-being and if symptoms disappeared and normal functions are restored and no occurrence of complaints observed for a period of 6 months.

- Improved: Feeling of mental and physical well-being with marked disappearance of symptoms and signs for a period of less than 6 months.
- Not improved: No relief of symptoms and signs even after sufficient period of treatment.

Statistical Methods employed

- Paired t- test.

Ethical issues involved in the study

Ethical clearance had been obtained from the institution for this "A Prospective non-controlled clinical trial of Individualised Homoeopathic treatment in the Management of Fibroadenoma Of Breast."

Observation and Results

1) **Age Incidence**

Statistical study was conducted to identify the age group with highest incidence.

Table 1: *Statistical Table Showing Age Incidence*

Sl No.	Age group in years	Numbers of patients	Percentages
1	15 – 20	11	36.67 %
2	21 - 25	6	20.00 %
3	26 – 30	5	16.67 %
4	31 – 35	4	13.33 %
5	36 – 40	4	13.33 %

2) **Marital Status**

Table 2: *Table Showing Marital status*

Sl No.	Marital status	Numbers of patients	Percentages
1	Married	17	56.67 %
2	Unmarried	13	43.33 %

3) **Associated Complaints**

Table 3: *Table Showing Associated Complaints*

Sl. No	Associated complaints	No. of Patients	Percentage
1.	Diarrhoea	1	3.33%
2.	Nausea & vomiting	1	3.33%
3.	Backache	2	6.67%
4.	Recurrent Cold & coryza	2	6.67%
5.	Apthous ulcer	2	6.67%
6.	Constipation	3	10.00%
7.	Headache	3	10.00%
8.	Cough with croup	2	6.67%
9.	Irregular menses	3	10.00%
10.	Dysmenorrhoea	1	3.33%
11.	Pain in the lower limbs	2	6.67%
12.	Other complaints	2	6.67%

4) **Past History**

Table 4: *Table Showing Past History*

Sl. No	Past History	No. of Patients	Percentage
1.	Vaccination	30	100.00%
2.	Past history of similar complaints	6	20.00%
3.	Appendisectomy	2	6.67%
4.	Allergic rhinitis	1	3.33%
5.	Recurrent fever	1	3.33%
6.	Typhoid	5	16.67%
7.	Jaundice	2	6.67%
8.	Tonsillitis	1	3.33%
9.	Haemorrhoids	2	6.67%
10.	Tonsillectomy	1	3.33%
11.	Other diseases	4	13.33%

5) **Family History**

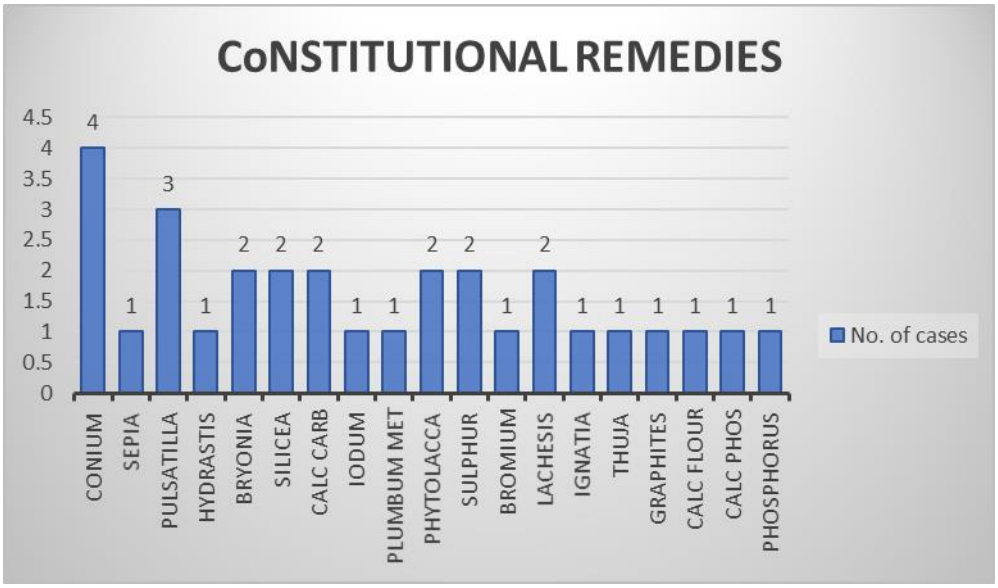
Table 5: *Table Showing Family History*

Sl. No.	Family history	No. of cases	Percentage
1	Hypertension	14	46.67%
2	Diabetes Mellitus	7	23.33%
3	Asthma	4	13.33%
4	Osteo-arthritis	2	6.67%
5	Myocardial Infarction	2	6.67%
6	Fibroid uterus	1	3.33%
7	Malignancy	1	3.33%
8	Skin disorder	2	6.67%
9	Similar complaints	1	3.33%
10	Pulmonary Koch's	1	3.33%
11	Inguinal hernia	1	3.33%
12	Rheumatism	1	3.33%
13	Paralysis	2	6.67%
14	Epilepsy	1	3.33%
15	Varicose veins	1	3.33%
16	Arthritis	5	16.67%
17.	Irregular menses	1	3.33%
18.	Dust allergy	1	3.33%
19	Accidents	3	10.00%
20.	Other disease conditions	5	16.67%

6) **Constitutional remedies**

Table 6: *Table Showing Constitutional Remedy*

Sl. No.	Constitutional remedies	No. of cases	Percentage
1	Conium	4	13.33 %
2	Sepia	1	3.33 %
3	Pulsatilla	3	10.00 %
4	Hydrastis	1	3.33 %
5	Bryonia	2	6.67 %
6	Silicea	2	6.67 %
7	Calc carb	2	6.67 %
8	Iodum	1	3.33 %
9	Plumbum met	1	3.33 %
10	Phytolacca	2	6.67 %
11	Sulphur	2	6.67 %
12	Bromium	1	3.33 %
13	Lachesis	2	6.67 %
14	Ignatia	1	3.33 %
15	Thuja	1	3.33 %
16	Graphites	1	3.33 %
17	Calc flour	1	3.33%
18	Calc phos	1	3.33%
19	Phosphorus	1	3.33%

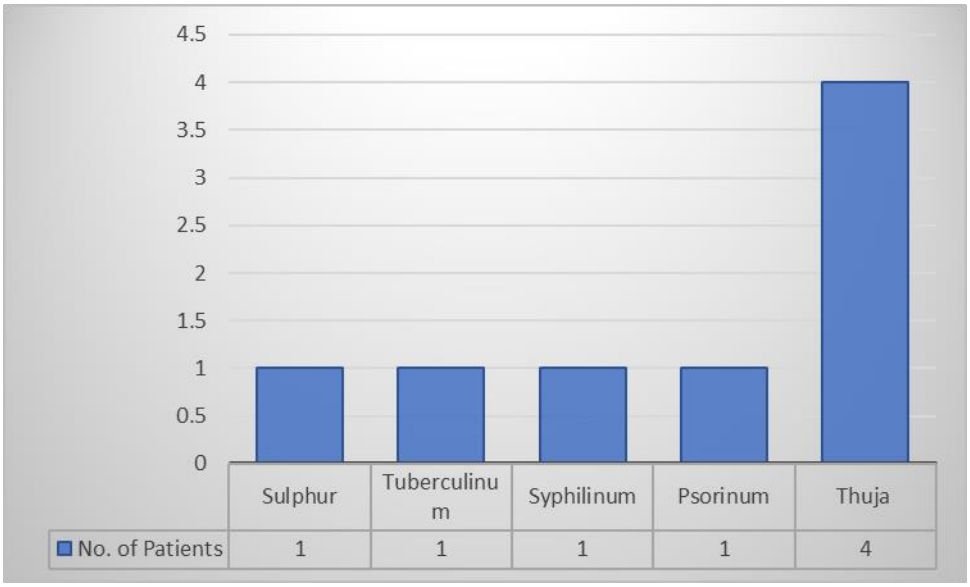


7) **Intercurrent Remedy**

To know the incidence of intercurrent remedies in order to know any block, paucity of symptoms.

Table 7: *Table Showing Intercurrent Remedies*

Sl. No.	Intercurrent Remedies	No. of Patients	Percentage
1.	Sulphur	1	3.33 %
2.	Tuberculinum	1	3.33 %
3.	Syphilinum	1	3.33 %
4.	Psorinum	1	3.33 %
5.	Thuja	4	13.33%

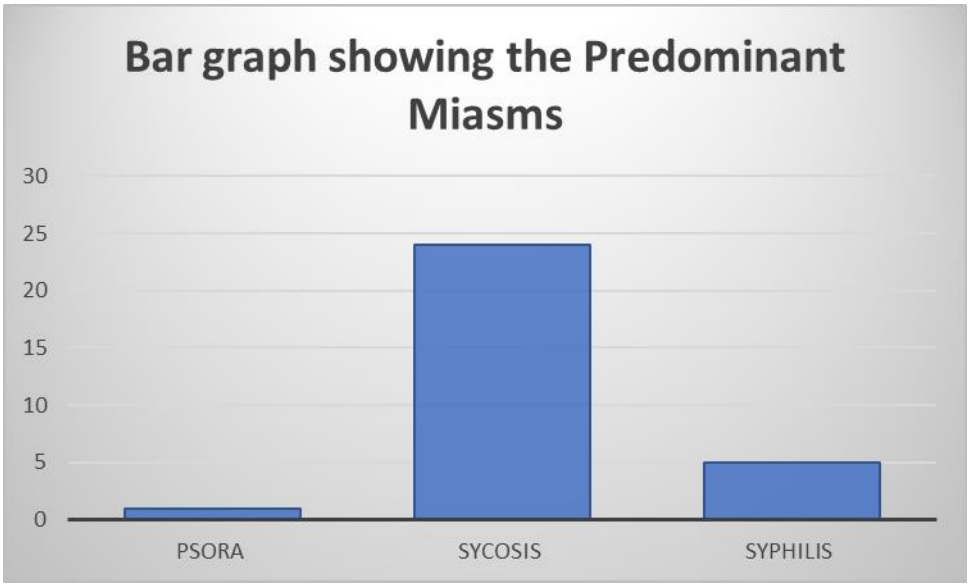


8) **Predominant Miasms**

This is to know the predominant miasms of mental symptoms.

Table 8: *Table Showing the Predominant Miasms*

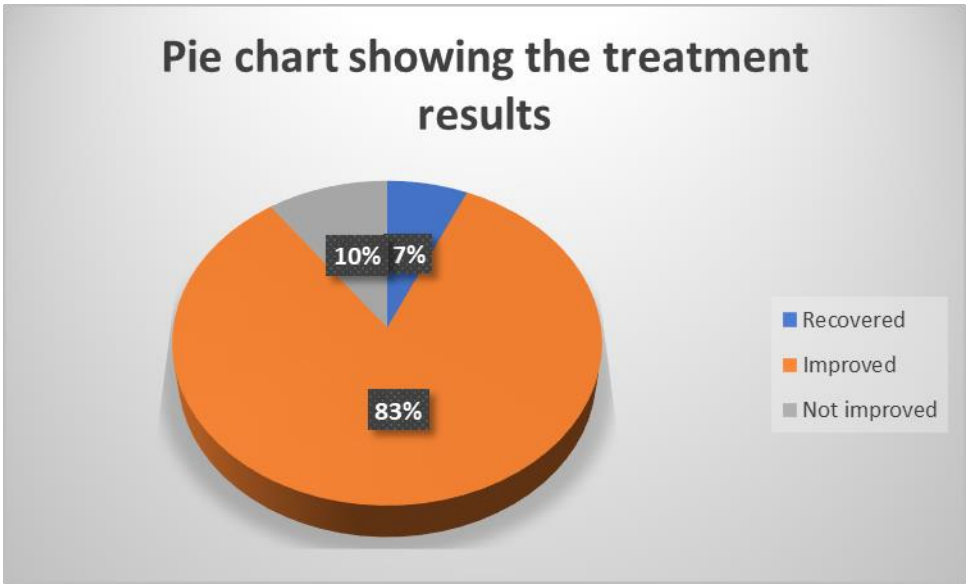
Sl. No.	Miasms	No. of cases	Percentage
1.	Psora	1	3.33%
2.	Sycosis	24	80.00%
3.	Syphilis	5	16.67%



9) **Result of Treatment**

Table 9: *Table Showing Result of Treatment*

Sl. No.	Results of treatment	No. of cases	Percentages
1	Recovered	2	6.67 %
2	Improved	25	83.33%
3	Not improved	3	10.00%



Discussion

Fibroadenomas are usually found as solitary lumps, but about 10 to 15% of women have multiple lumps that may affect both breasts.

Clinically the patient may present with a movable, painless, firm or rubbery lump with well-defined borders and may grow in size, especially during pregnancy. Most of the times the lumps enlarge before the menstrual cycle and the patient will have annoying pain which can result in a lot of discomfort.

Merely treating an individual symptomatically has failed to give permanent relief. So, a holistic approach has to be kept in mind while treating any disorder.

Homoeopathy being a holistic science offers an opportunity for holistic approach both to the disease and patient and each individual's constitution being different a constitutional and individualistic approach would be more appropriate to study and manage the cases of fibro adenoma of breast. 30 patients of Fibroadenoma of breast were taken up for the study and the results discussed.

Constitutional Remedies

According to Garth Boericke, "All treatment of difficult cases is constitutional and it has been found certain class of remedies is best for this purpose. In the present study, the most indicated constitutional remedy, Conium covered with incidence of 13.33% with 4 cases of all the patients, then followed by Pulsatilla 10% with 3 cases. Bryonia, Silicea, Calc carb, Phytolacca, Sulphur, Lachesis covered 6.67% with 2 cases each. Sepia, Hydrastis, Iodum, Plumbum met, Bromium, Ignatia, Thuja, Graphites, Calc flour, Calc phos, Phosphorus with incidence of 3.33% with 1 case each.

Intercurrent Remedy

Explaining about intercurrent remedies M. L. Dhawale opines. In the present study, Thuja was having highest incidence of 13.33% in 4 cases, Sulphur, Tuberculinum, Syphilinum, Psorinum having 3.33% incidence each.

Results of Treatment

As mentioned in the section of materials and methods, 3 parameters were used to assess the results:

1) Recovered 2) Improved 3) Not improved.

In the present study it has been observed that out of 30 cases of Fibroadenoma of breast, 2 cases i.e. 6.67% have recovered. There was a remarkable improvement in the mental, physical and symptomatic plane for more than six months.

25 cases i.e. 83.33% have improved. There was considerable amelioration of the symptoms along with sense of mental and physical well-being for a period of less than six months.

In 3 cases i.e. 10.00% there was no improvement. Non-compliance of the physician's advice during the period of treatment was often encountered with these patients.

All these patients, hailing from different places and backgrounds, have depicted the advantages of homoeopathic method of treatment over the modern medicine in treating Fibroadenoma of breast.

In the final analysis, it can be said that true cure takes place only according to the homoeopathic method of treatment. Hahnemann expresses a similar view in § 7-25 “homoeopathy is unquestionably the proper method by which, the quickest, most certain and most permanent cures are obtained since this healing art rests upon an eternal, infallible law of nature. The pure homoeopathic healing art is the only correct method, the one possible to human art, the straightest way to cure, as certain as that there is but one straight line between two given points”.

Conclusion

The results of this study have proved that the Homoeopathic medicines can definitely render immense benefit in cases of Fibroadenoma of breast when employed logically and judicially within the fabric of homoeopathy.

This study includes clinical profiles of 30 patients, suffering from Fibroadenoma of breast. Constitutional homoeopathic medicines were administered with a view to reveal their effectiveness. The gist of my entire study can be briefed in the following points.

The most common age of FAB was found between 15 – 20 years.

The highest incidence of FAB was found in married women.

There was strong evidence of recurrence of FAB with 20.00% history of similar complaints in the past i.e. in 6 cases.

Man is an organism who’s all the organs are connected to each other by an invisible energy, hence in the treatment of the diseases of its organ or organs the whole individual has to be considered.

Diseases like FAB have to be treated considering the individuality of each case, apart from the nosological diagnosis.

The more favorable results obtained after the study points to:

Curative power of potentised micro doses of Homoeopathic medicine, when selected, considering the individuality of the case of FAB.

Homoeopathic system of medicine treats FAB as a whole.

Once constitutional treatment is accomplished, it may prevent the development of FAB in next generation.

General mental and physical well-being of the patient can be accomplished from the constitutional remedy.

Miasm in the patient should be taken into account while selecting the Constitutional remedy.

Intercurrent remedies are very useful, to remove blockage, if caused by the miasms.

With the help of homoeopathic remedies, we can offer a better scope in treatment of FAB.
The unfavorable results found during the study points to:
The suppressive methods of treatment by the other systems of medicine made the disease more complex.

Difficulties in selecting similimum for the individual and non-compliance of the physician's advice during the period of treatment.

As understood from the survey of literatures of modern medicine, it is less effective and many said to be effective medicines have lot of side effects, when used for long time.

Homoeopathic medicines when used judiciously, on the basis of law of similar have no side effects. Also, it is found to be offering more favorable result when viewed from patient's angle.

Like every horizontal study, this study also suffers from limitations in terms of time-period and volume of the study. Hence, this study cannot be claimed as a complete one.

This study needs to be supplemented by further research in the areas, which were not taken up due to the time constraints. This study provides the initial stepping stones for the future edifice to be built.

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