

Role Of Thuja Occidentalis In Management Of Fibroadenoma Of Breast

Sheeba S^{1*}, Remya S S²

¹Department of Obstetrics and Gynaecology, Sarada Krishna Homoeopathic Medical College, (Affiliated to the TamilNadu Dr. M.G.R Medical University, Chennai,), Kulaskeharam, Kanniyakumari District, Tamilnadu, India

²Department of Pharmacy Sarada Krishna Homoeopathic Medical College, (Affiliated to the TamilNadu Dr. M.G.R Medical University, Chennai,), Kulaskeharam, Kanniyakumari District, Tamilnadu, India

***Correspondence Author:**

Sheeba S, Department of Obstetrics and Gynaecology, Sarada Krishna Homoeopathic Medical College, (Affiliated to the TamilNadu Dr. M.G.R Medical University, Chennai,), Kulaskeharam, Kanniyakumari District, Tamilnadu, India.

Received: 23 Sep 2026, **Accepted:** 28 Sep 2026, **Published:** 30 Sep 2026

Citation: Sheeba S, Remya S S. Role Of Thuja Occidentalis In Management Of Fibroadenoma Of Breast. *Clin Immunol Microbiol Res.* 2026; 1(1), 01-06.

Abstract

Fibroadenoma of the breast is a benign tumor commonly seen in young women. It presents as a well-defined, painless, firm, and mobile lump in the breast. Fibroadenoma of the breast is the most common benign breast tumor, predominantly affecting women between 15 and 35 years of age, with an estimated prevalence of 9–10% in the general female population. It is a hormone-dependent tumor influenced by estrogen, progesterone, and growth factors, often presenting as a painless, mobile, well-defined lump.

Diagnosis is confirmed through clinical examination, ultrasonography (USG), and histopathology when necessary. While small fibroadenomas (<2 cm) may regress spontaneously, larger or symptomatic cases require intervention, which traditionally includes watchful waiting, medical therapy (e.g., tamoxifen), or surgical excision. Conventional treatment often involves observation, surgical excision, or minimally invasive procedures. Homeopathic medicine, particularly Thuja occidentalis, has been found to play a significant role in treating fibroadenoma due to its deep-acting anti-proliferative and anti-sycotic properties.

This retrospective study evaluates the efficacy of Thuja occidentalis in fibroadenoma management by analyzing past patient records. Medical records of female patients aged 15–40 years diagnosed with fibroadenoma and treated with Thuja occidentalis for at least one year were reviewed. Inclusion criteria included documented ultrasonography (USG) findings at baseline and follow-up, symptom progression, and prescribed potencies. Exclusion criteria included incomplete records, malignant or suspicious breast lumps, and cases requiring immediate surgical intervention.

The primary outcome was fibroadenoma size reduction (based on serial USG reports), while secondary outcomes included symptomatic relief, changes in palpation findings, and overall patient satisfaction. This paper aims to explore the role of Thuja occidentalis in treating fibroadenoma of the breast, its sphere of action, and case studies highlighting its effectiveness.

Keywords: Fibroadenoma, Homeopathy, Thuja occidentalis, Benign Breast Tumor, Sycotic Miasm

Introduction

Fibroadenoma of the breast is a common benign tumor, primarily affecting women between 15 and 35 years of age.

It presents as a firm, mobile, and well-defined lump, often detected during routine breast examinations or imaging studies. While fibroadenomas are non-cancerous, their size

and persistence can cause anxiety and discomfort. (1) The exact cause remains unclear, but they are strongly influenced by hormonal imbalances, particularly excess estrogen. Conventional management includes observation, hormone therapy, or surgical removal, but recurrence is possible after excision.(2)

Fibroadenoma is influenced by hormonal, genetic, and lifestyle factors. Hormonal influence, especially estrogen and progesterone, plays a key role, with increased risk during puberty, pregnancy, or hormone therapy. Age and reproductive factors such as early menarche and nulliparity contribute due to prolonged estrogen exposure. Genetic predisposition increases susceptibility, particularly in those with a family history of benign breast diseases. Lifestyle factors like a high-fat diet, excessive caffeine intake, obesity, smoking, and physical inactivity may promote fibroadenoma development. Oral contraceptive use before 20 years of age may slightly increase the risk. While benign, understanding these risk factors aids in prevention and early management. (3)

Fibroadenomas arise from the overgrowth of both stromal (connective) and epithelial (glandular) components of the breast lobules. These tumors are well-circumscribed, mobile, and firm, distinguishing them from malignant breast lumps(4). Major types include Simple Fibroadenoma, Uniform structure with no risk of malignancy, Complex Fibroadenoma may have cysts, calcifications, or epithelial hyperplasia, slightly increasing the risk of breast cancer, Giant Fibroadenoma larger than 5 cm, sometimes requiring removal due to cosmetic concern, Juvenile Fibroadenoma occurs in adolescents, growing rapidly but usually benign.

Clinical features include lump in the breast usually painless, round, and smooth with well-defined edges, mobility moves freely under the skin, often referred to as a “breast mouse”, size variation may increase in size due to hormonal influences, especially during pregnancy or menstrual cycles, tenderness occasionally present, especially during hormonal fluctuations. (5)

The diagnosis can be done using Clinical Examination by assessment of lump characteristics, Ultrasonography (USG), Mammography used in older women or when malignancy is suspected, Fine Needle Aspiration Cytology (FNAC) confirms the benign nature of the lump, Core Needle Biopsy performed if the diagnosis is unclear

Role of Homoeopathy in Fibroadenoma of Breast

Homeopathy offers a holistic approach to fibroadenoma treatment by addressing both the local tumor and the individual's overall constitution. Rather than suppressing symptoms or opting for invasive procedures, homeopathic remedies work on the body's self-healing mechanism, regulating abnormal tissue growth.(7,8) The homeopathic understanding of fibroadenomas places them under the sycotic miasm, which is associated with excessive proliferation, cysts, and nodular formations. Remedies are

prescribed based on symptom similarity and individual susceptibility, aiming to correct the internal imbalance that leads to tumor formation.(9)

Role of *Thuja occidentalis* in Fibroadenoma of Breast

Thuja occidentalis is a well-known anti-sycotic remedy in homeopathy, commonly used for treating abnormal growths, warts, cysts, and fibrous tumors. It has a profound effect on glandular affections and is particularly suited to cases where fibroadenomas are linked to suppressed skin conditions, vaccination history, or hormonal disturbances. (10) ,By acting on the lymphatic and glandular systems, the medicine *Thuja* helps in reducing indurations and abnormal tissue proliferation. Its deep-acting nature makes it a significant remedy in homeopathic management of fibroadenoma, providing a non-surgical and holistic alternative for treatment.(11)

Common indications of *Thuja occidentalis* in fibroadenoma:

Hard, nodular, painless breast lumps

History of suppressed skin eruptions or vaccinations

Strong sycotic miasm background (history of warts, polyps, or abnormal growths)

Sensation of heaviness or fullness in the breast

Methodology

This retrospective study was conducted by reviewing medical records of female patients diagnosed with fibroadenoma of the breast who received homeopathic treatment with *Thuja occidentalis*. The study included patients aged 15–40 years with ultrasonography (USG)-confirmed fibroadenomas measuring ≤ 5 cm, while those with malignant or suspicious breast lumps, multiple large fibroadenomas requiring immediate surgery, or incomplete medical records were excluded. Patient data, including clinical history, symptoms, USG reports, and prescribed *Thuja occidentalis* were analyzed. This study was conducted to evaluate the effectiveness of *Thuja occidentalis* in treating fibroadenoma of the breast through a homeopathic approach. The methodology involved patient selection, case-taking, repertorization, prescription of *Thuja occidentalis*, and follow-up assessments was done. Treatment outcomes were assessed based on multiple parameters, including fibroadenoma size reduction measured via serial USG reports at baseline, 3, 6, and 12 months of treatment. Additionally, symptomatic relief, changes in consistency on palpation, and overall patient satisfaction were recorded through follow-up consultations. Cases with documented resolution or significant reduction in fibroadenoma size were compared to those with minimal or no response to assess the effectiveness of the remedy.

The details of the cases collected are given below

Case 1 : A 28-year-old female presented with a 3 cm painless lump in the right breast since 6 months, diagnosed as fibroadenoma. She experiences pain occasionally on touch and before menses. All her physical generals are good except

sleep due to financial issues. Her menses was irregular, with delayed cycles since puberty. She also has a history of PCOS. She also mentioned that her sister is also suffering from fibroadenoma of breast. Thuja occidentalis 200C was prescribed weekly for three months. The lump reduced to 1.5 cm, and her menstrual cycles normalized.

Case 2 : 29-year-old female with multiple fibroadenomas in both breasts experienced premenstrual breast tenderness. Initially it was present only in right breast before 6 years. Now after pregnancy she has developed it in left breast also. She had pain even during her lactation and now experiences her pain before menses. The lump size varies from 3 to 5 cm. After the onset of menses, her pain is relieved. She also has a history of renal calculi before 3 years. Thuja occidentalis 200 was administered once a month. After four months, there was 60% reduction in size of lump

Case 3 : A 55-year-old female had a well-defined 2 cm lump in the left breast for six months. She also experienced a sensation of heaviness in the breast. She developed it gradually and she has itching in left breast. She had a history of uterine fibroid and has done hysterectomy. Later gradually

she began to experience these symptoms. All her generals are good and she is worried and anxious about her health. Thuja occidentalis 200C was given weekly. Gradually the size of the lump reduced.

Case 4 : A 19-year-old female complained of a mobile breast lump with mild pain since 1 year. Her pain occurs mostly on hard pressure and she occasionally experiences itching also. She had a history of polycystic ovarian syndrome (PCOS). Her mother also has a history of fibroadenoma of breast. All her physical generals are good. She experiences delayed and scanty menses along with weight. The size of the lump was 3.4 cm. Thuja occidentalis 200 was given monthly for five months, leading to a reduction in fibroadenoma size and improvement in PCOS symptoms

Case 5 : A 30-year-old female had a 2.5 cm fibroadenoma in the right breast since 3 years with cyclic tenderness before menses. Occasionally she has a mild watery discharge. She discomfort when moving in stairs and before menses. She also had pain during her lactation period. Nursing caused radiation of pain to shoulder. All her generals are good. Thuja occidentalis 200C was prescribed weekly.

Table 1: Cases of Fibroadenoma of Breast treated with Thuja occidentalis

Case	Age	Symptoms	Size of lump before treatment	Duration of symptoms
Case 1	28	Painless lump in right breast of 3cm size. Pain occasionally before menses and on touch	3 cm	6 months
Case II	29	Multiple lumps in both breast. Pain before menses. Each lump varies from 3 to 5 cm in size	3 to 5 cm	10 years
Case III	55	Hard lump in left breast with sensation of heaviness of mammae	2 cm	6 months
Case IV	19	Mobile painful lump along with itching and irregular menses.	3.4 cm	1 year
Case V	30	Painful lump in right breast with mild watery discharge. Pain when moving in stairs and before menses	2.5 cm	3 years

Result And Discussion

Selected 5 cases from Sarada Krishna OPD and the case were taken thoroughly and they have prescribed with THUJA OCCIDENTALIS 200. After 5 to 6 months of treatment under homeopathy, patients showed well improvement in their symptoms. The mechanism behind Thuja occidentalis' action in fibroadenoma can be attributed to: Anti-scyotic effect: Addresses abnormal tissue growth tendencies, Hormonal regulation: Affects estrogen metabolism, reducing hormonal imbalances, Lymphatic drainage stimulation: Helps in the resolution of indurations and cystic formations.

In the homeopathic treatment of disease, a drug is never given for its pathogenic action. Pathogenic doses may be given, however, for experimental purposes to a healthy person, in making what are called proving. In treating disease homeopathically the object is not to produce symptoms but to "remove them.(13) By means of the similar remedy in the minimum dose it is possible to do this in a direct manner

without producing symptoms. Homeopathy requires that the therapeutic dose must be capable only of producing a slight temporary aggravation or intensification of already existing symptoms, never of producing new symptoms.

Therefore, 5 solely selected cases with Fibroadenoma of Breast and cases were taken thoroughly. Patients showed different types of symptoms and severity also varies according to patients. After that 5 cases were prescribed Thuja occidentalis 200. All the cases show remarkable changes to the patient. Distribution and assessment of patients is given in table 2 and table 3 and classified by before and after taking medicine. While comparing cases, patients showed remarkable changes after taking medicine.

There was significant changes seen in all the 5 cases. Along with the improvement with the presenting complaints related to breast, other complaints such as the menstrual irregularities and physical general of the patient also

improved. This shows the efficacy of Thuja in treatment of Fibroadenoma of Breast. The individualized and symptomatic prescription in Homoeopathy along with Anti miasmatic effect of Thuja has brought about such cure in these patients without any side effects.

Table 2: Distribution of symptoms

Cases	First month	After 2 months	After 4 months	After 6 months
Case 1	Severe	Severe	Moderate	Moderate
Case 2	Moderate	Mild	Mild	Asymptomatic
Case 3	Moderate	Moderate	Moderate	Mild
Case 4	Severe	Moderate	Moderate	Moderate
Case 5	Mild	Moderate	Mild	Mild

Table 3: Assessment of symptoms before and after treatment

USG FINDINGS	Case 1	Case 2	Case 3	Case 4	Case 5
Before treatment	3 cm	3 to 5 cm	2 cm	3.4 cm	2.5 cm
After treatment	1.5 cm	3 to 5 cm	2 cm	2 cm	1 cm

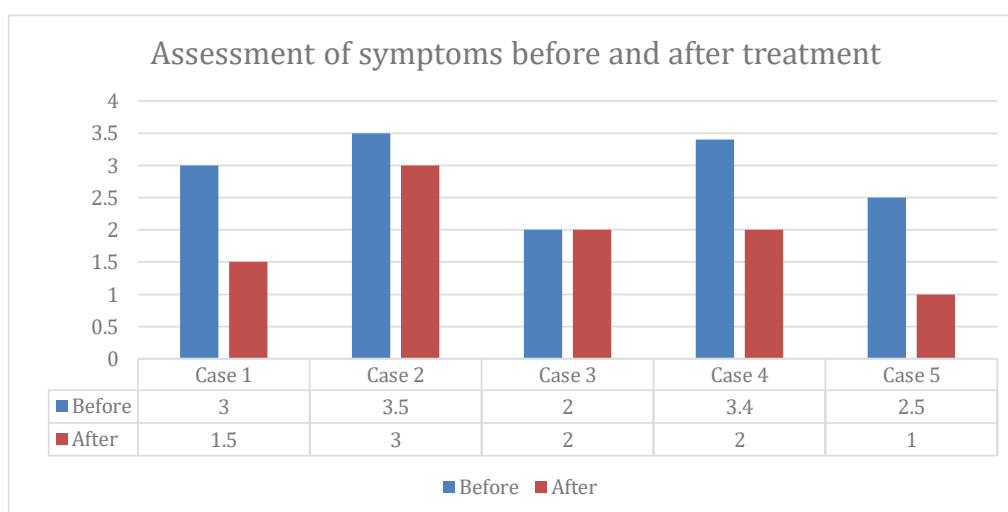


Figure 1: Representation of Before and After treatment

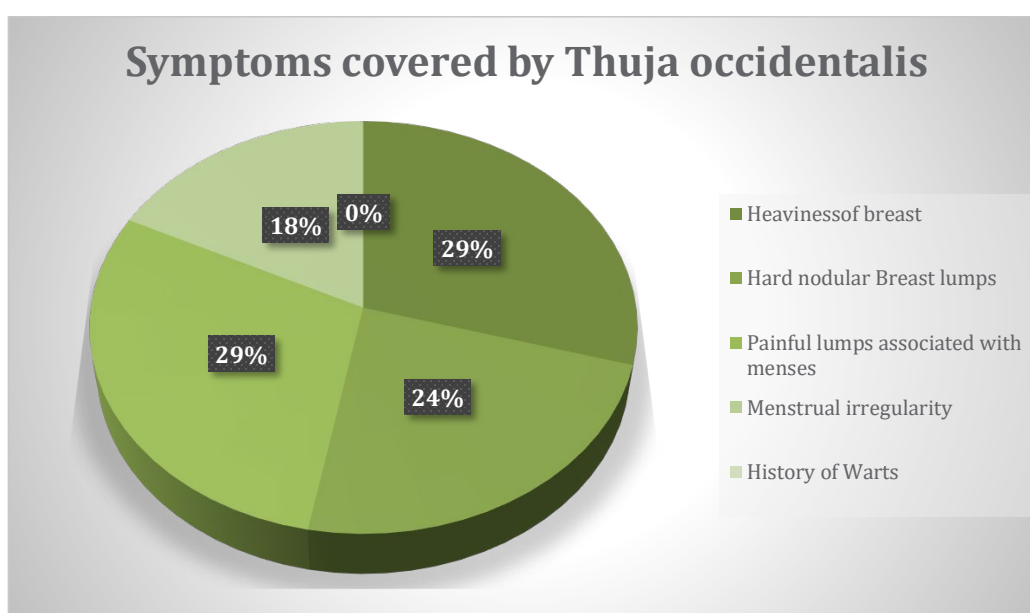


Figure 2: Common symptoms covered by Thuja occidentalis

Conclusion

This retrospective case study sheds light on the potential role of *Thuja occidentalis* in the management of fibroadenoma of the breast, a common benign breast tumor affecting women of reproductive age.(14) The analysis of case records suggests that individualized homeopathic prescription of *Thuja occidentalis* has shown promising clinical outcomes, particularly in terms of reduction in tumor size, relief from pain and tenderness, and improvement in the overall quality of life of patients.(15)

The findings align with the classical homeopathic understanding of *Thuja occidentalis*, which has long been recognized for its deep action on glandular, fibrotic, and abnormal proliferative conditions. (16) remedy's known influence on soft tissue growths, cystic formations, and its potential immune-modulatory effects make it a rational choice for fibroadenoma cases. In the analyzed cases, improvement was noted not only in terms of objective tumor regression but also in associated symptoms such as cyclical breast pain, discomfort, and psychological distress.(17)

Despite these encouraging observations, it is crucial to acknowledge the inherent limitations of a retrospective study. The absence of a control group, variations in patient histories, differences in potency selection and repetition, and the potential influence of confounding factors such as lifestyle and hormonal fluctuations make it difficult to establish a definitive causal relationship between *Thuja occidentalis* and fibroadenoma regression. Additionally, variations in follow-up durations across cases limit the ability to assess long-term outcomes and relapse rates.(18) Nevertheless, the results of this study serve as a strong basis for further investigation. They highlight the need for prospective clinical trials, preferably randomized controlled studies with standardized evaluation criteria, to objectively assess the efficacy of *Thuja occidentalis* in fibroadenoma management. Future research should also explore the remedy's possible mechanism of action, integrating modern diagnostic tools such as ultrasonography, histopathology, and biochemical markers to validate its therapeutic impact scientifically.(19)

In conclusion, *Thuja occidentalis* demonstrates significant potential as a homeopathic intervention for fibroadenoma of the breast.(20) While this retrospective study provides valuable clinical insights, it also underscores the importance of further structured research to establish its role with greater scientific rigor. The integration of homeopathy with evidence-based medicine can open new avenues for holistic, individualized, and non-invasive approaches to the management of benign breast tumors.

References

1. Sheeba, S., Kumar, M. M., Raju, J., & Krishna, K. G. (2025). The properties of breastfeeding on the mother-dyad's health are vital: Further challenging to succeed. *International Journal of Homoeopathic Sciences*, 9(1), 642-644. <https://doi.org/10.33545/26164485.2025>.

- v9.i1.1.1417
2. Boericke W. Pocket manual of homeopathic materia medica & repertory. New Delhi: B. Jain Publishers; 2007.
3. Kent JT. Lectures on homeopathic materia medica. New Delhi: B. Jain Publishers; 1995.
4. Sheeba S, Ramya SS, & Sanju S et al. "Clinical Efficacy of Anti-Miasmatic Treatment in the Management of Polycystic Ovarian Disease: Reflections on Homeopathic Perspective." *J Gynecol Matern Health* (2026): 129. DOI: 10.59462/3068-3696.4.1.129
5. Hahnemann S. Organon of medicine. 6th ed. New Delhi: B. Jain Publishers; 1996.
6. Sheeba S, Gokul Krishna K, Santhi V, Jose [initials]. Evaluating antioxidant properties of homeopathic *Fucus Vesiculosus* in DPPH and nitric oxide radical scavenging assays. [Internet]. Published Jan 2024 [cited 2025 Aug 18]. Available from: <https://www.researchgate.net/publication/384574224>
7. Reshmy KR, Sanju S, Nair SM, Reghu R, Sheeba S. Role of emotional intelligence in the enhancement of social life of students of homoeopathic medical college.
8. Clarke JH. A dictionary of practical materia medica. New Delhi: B. Jain Publishers; 2000.
9. Sheeba S, Shanthi Serene Sylum V, Sanju S, Ramya S S, Reshma Reghu. Miasmatic analysis and homoeopathic intervention in Leucorrhoea: A Retrospective approach [Internet]. October 2023 [cited 2025 Aug 18]. Available from: Research Gate. Sheeba S et al., *Int. J. Res. Bio. Med. Science*, 2023; 1.
10. Bhattacharjee N, Pathak S, Paul S, Khuda-Bukhs AR. Protective effect of *Thuja occidentalis* against DMBA-induced breast cancer with reference to oxidative stress: a mechanistic approach. *Biomed Pharmacother*. 2010;64(2):119-30.
11. Sheeba, S., Shinee, G. R., & Venugopal, K. G. (2021). Gestational diabetes mellitus in focus: A mini review. *International Journal of Homeopathy, Complementary and Alternative Medicine*, 1(1), 1-7. <https://ijhcam.org/index.php/ijhcam/article/view/28>
12. Guray M, Sahin AA. Benign breast diseases: Classification, diagnosis, and management. *Oncologist*. 2006;11(5):435-49.
13. Rahal RM, De Freitas-Junior R, Rahal CM, Prudente CB, Soares LR, Fernandes CM. Fibroadenoma: A clinical and pathological analysis. *Clinics (Sao Paulo)*. 2005;60(3):287-92.
14. Sheeba S, Krishna KG, Rotti PB, Chandra TM, Shahunaj F. Gynecological disorders in pregnancy: Anatomy, pathophysiology, and clinical perspectives. 4 <https://www.jocmr.com/issue-content/gynecological-disorders-in-pregnancy-anatomy-pathophysiology-and-clinical-perspectives-764>
15. Singh U, Singh B, Sinha N. A case of left mammary fibroadenoma successfully cured by homoeopathic therapy. *Int J High Dilution Res*. 2020;19(3-4):29-34.
16. Sheeba S., Gopukumar S.T., Ramya S., Sanju S., Reghu R., & Shimmal Chenthik JP. (2024). Exploring the Nexus of Nanoparticles and Homoeopathic Potentized Medicine: A Narrative Review. *Nano medicine & Nanotechnology*

-
- Open Access, 9(2), 000309. <https://doi.org/10.23880/nnoa-16000309>
17. Chand K, Lamba CD, Oberai P, Nayak C. Homoeopathic management of breast fibroadenoma. *Homoeopathic Links*. 2021;34(3):168-73.
 18. Sheeba S, Gopukumar ST, Ramya SS, Reghu R, Sanju S, Shimmal Chenthik JP. Clinical study of diabetes mellitus with effectiveness of homoeopathic medicine Sulphur, by managing diet and regimen. *Diabetes & Obesity International Journal*. 2023;8(4):000280. doi:10.23880/doi-16000281.
 19. Bhattacharjee N, Pathak S, Paul S, Khuda-Bukhsh AR. Protective effect of *Thuja occidentalis* against DMBA-induced breast cancer with reference to oxidative stress: a mechanistic approach. *Biomed Pharmacother*. 2010;64(2):119-30.
 20. Sheeba S, Gopukumar ST, Ramya SS, Sanju S, Reghu R, Chenthik SJP. The relationship between nanoparticles and homeopathic medicine: a mini review. *Nano medicine & Nanotechnology Open Access*. 2024;9(3):000318. doi:10.23880/nnoa-16000318.

Copyright:

©2026 Sheeba S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International license.