

Homoeopathic Management in a Case of Gynecomastia and Hyperthyroidism

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ABSTRACT

Gynecomastia is the term used to describe the benign growth of glandular breast tissue in men. Males of any age, from infancy to old age, can be affected by it. It is explained by the formation of breast tissue that is larger than 2 cm. Nearly all cases—are physiological, however it's critical to identify pathological causes because they require specialised care or treatment. Up to 70% of all boys and up to 2/3 of all adult males develop pubertal gynecomastia, which can be felt when being examined. Physiological gynecomastia is usually seen in newborns, adolescents, and older men. A case of a 20 year old boy is presented here who was presented with pathological gynecomastia and hyperthyroidism was treated with individualised homoeopathic medicine. The gynecomastia and hyperthyroidism disappeared within a short period of treatment with general improvement of the patient.

Keywords: Physiological Gynecomastia, Pathological gynecomastia, Repertorisation, Individualised homoeopathic medicine.

INTRODUCTION

Gynecomastia is described as a benign, unilateral or bilateral enlargement of glandular breast tissue in men. It occurs in newborn, pubertal, and elderly males, which signifies a trimodal age distribution. During puberty 50 to 60% boys experienced Gynecomastia which is generally bilateral and perhaps asymmetric in size. Almost all cases are physiological; It has been observed that physiological gynecomastia get resolved within 6 months to 2 years after onset. Persistence indicates the presence of a pathological condition which requires a specific treatment¹. By comparing the location of the subareolar tissue on palpation to the adjacent subcutaneous adipose tissue in the anterior axillary fold or

other areas on the chest wall, gynecomastia can be distinguished from lipomastia, commonly known as fatty breasts or pseudogynecomastia². Gynecomastia is present in 60–90% of neonates and generally settles spontaneously in less than a few weeks. Almost 60% boys during their puberty age of 14 develop gynecomastia. However, in most cases this settles down within a span of a few months. By the age of 19, the prevalence of the disease remains at 5–15% only. After puberty, gynecomastia occurs in 33–41% of normal males aged 25–45 and in 55–60% of males over 50 years of age. Gynecomastia is strongly associated with the existence of obesity³. *Gynae* denotes “woman” and *mastos* denotes “breast” in Greek³.

Causes of gynecomastia⁴

| Physiological factors | Aging or Puberty |
|------------------------|---|
| Endocrine tumours | Pituitary, Adrenocortical and Testicular tumours, or ectopic hCG-secretion. |
| Endocrine dysfunctions | Hyperthyroidism, Hypogonadism, Obesity or refeeding |
| Non-endocrine diseases | Renal failure or HIV and Cirrhosis, |
| Drug-induced factors | Medications, illicit drugs or anabolic steroids. |
| Idiopathic factors | |

Physiological Gynecomastia⁵:

Physiological gynecomastia occurs soon after birth in both sex due to high level of estradiol and progesterone during pregnancy. These hormones stimulate breast tissue in the neonates. Another pathway is neonatal surge of gonadotropins and raised conversion of steroid hormone precursors to sex steroids. It can carry on for a few weeks after birth. Puberty creates secondary conditions in which gynecomastia can occur. Gynecomastia is a common symptom occurring in healthy aged people due to increased aromatase activity.

Non physiological Gynecomastia

- **Persistent pubertal gynecomastia:** Additional evaluation is recommended if physiologic gynecomastia persists after 2 years or after age 17. Use of drugs or substances related to gynecomastia or other disorders may be a factor⁶
- **Cirrhosis:** Liver damage can impair hepatic degradation of estrogen and increase levels of sex hormone-binding globulin, leading to elevated peripheral estrogen⁶.
- **Chronic renal insufficiency:** Malnutrition occurs in up to 40% of patients with renal failure and may contribute to gynecomastia in men. Although dialysis ameliorates gynecomastia caused by malnutrition, only renal transplantation eliminates nutritional and hormonal causes of gynecomastia⁶.
- **Primary hypogonadism:** Gynecomastia may be the only symptom in men with primary hypogonadism⁶.
- **Hyperthyroidism:** Gynecomastia occurs in 10-40% of men with hyperthyroidism, but it is rarely the only symptom⁶.

- **Estrogen-secreting tumors:** The most common clinical manifestation of adrenal tumour is gynecomastia in adults. The symptoms of excess mineralocorticoid and presence of an abdominal mass along with weight loss indicate gynecomastia. In case of testicular cancer gynecomastia may be the first sign⁷.
- **Non-estrogen-secreting tumors⁷:** Different types of neoplasms have the potential to produce gynecomastia by increasing the rate of human chorionic gonadotropin (hCG). This includes choriocarcinoma, gastric carcinoma, renal cell carcinoma, and gastric carcinoma. The aromatase activity in the Leydig cells increases due to high levels of hCG hormone which results in excess E2.

CASE PROPER

Patient details:

A 20-year-old Muslim boy with low socioeconomic status reported to NIH OPD on 8th February 2019 with unilateral enlargement of breast with hyperthyroidism for 1 year. Slight tenderness present in the right sided breast. No nipple discharge present, no overlying skin changes noticed, no testicular swelling and masses have been noticed. No history of undescended testis and any kind of viral infections (i.e. mumps). Now no modern medication should be undertaken. The patients should be interviewed alone to assess potential illicit drug use. The patient had unexpected weight loss for the last 8 months, from 65 kg to 54 kg, and profuse sweating over the back, face, neck. Excessive hair fall starts from the last 4 to 5 months. Gets irritated easily. Feeling overtired and strong desire for sleep for the last 3 to 4 months.

PAST HISTORY: History of typhoid 7 years ago.

FAMILY HISTORY

Paternal side: Uncle is suffering from cirrhosis of liver and gynaecomastia.

Maternal side: Grandfather- Mentally disturb

Own side: NAD

GENERALITIES

Physical general

Appetite: Increased. Cannot tolerate hunger.

Thirst: Moderate, 2-3 litres/day.

Desire: Egg, sweets, warm food.

Aversion: Meat

Intolerance: Nothing particular

Tongue: Clean and moist.

Stool: Passes irregularly and hard in consistency.

Urine: Normal

Sweat: profuse sweating over the neck, back, face.

Sleep: Sound.

Dreams: Nothing particular.

Relation with hot and cold: Chilly patient

Mental general

1. Cannot tolerate contradiction.
2. Desire for company.
3. Fear of darkness.
4. Fear of ghosts.
5. Gets irritated easily.

6. Difficulty in comprehending.

General survey: No anaemia, cyanosis, oedema, jaundice, or clubbing was noted clinically.

Her weight was about 54 kg. BP- 140/90 mm Hg, pulse- 78/min, respiratory rate- 18/min.

On examination: Tenderness present in right sided breast.

Diagnosis: Pathological gynecomastia with hyperthyroidism.

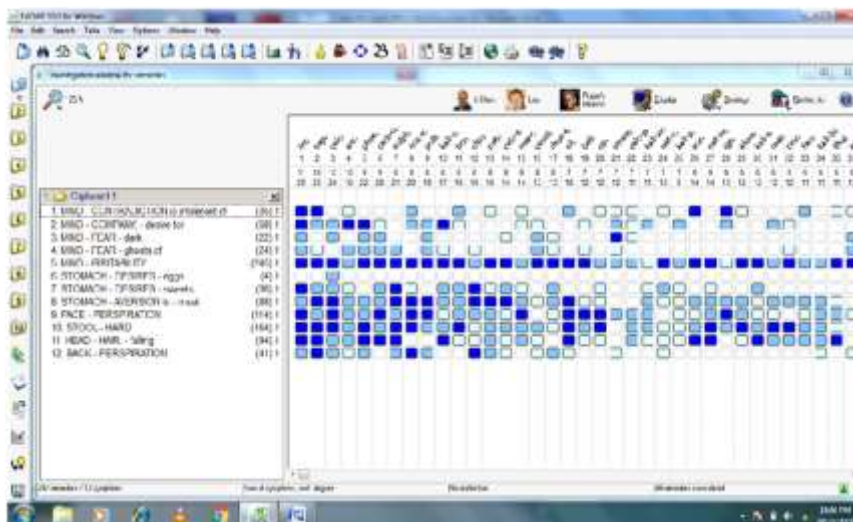
Analysis and evaluation of symptoms:

1. Cannot tolerate contradiction.
2. Desire for company.
3. Fear of darkness.
4. Fear of ghosts.
5. Gets irritated easily.
6. Difficulty in comprehending.
7. Chilly patient.
8. Desire for eggs and sweets.
9. Aversion for meat.
10. Sweat so profuse on face, back, neck.
11. Stool too hard in consistency.
12. Excessive hair fall.

Miasmatic Analysis:

All the presenting symptoms were subjected to miasmatic analysis with the help of comparison of the chronic miasms. This shows the mixed miasmatic with predominance of psora.

Repertorialsheet^{8,9}:



RESULT

Repertorization was done using Kent’s repertory in RADAR software (Version 10.0.08), Lycopodium clavatum covered the maximum number (11) with maximum marks (29). It was prescribed after consultation with Homoeopathy Materia Medica and led to great results.

Prescription: On the basis of the totality of symptoms, Lycopodium 30C was prescribed. Placebo was administered for 1 month.

Advice: Blood for TSH

Follow ups:

| Sr. No. | Date | Medicine | Follow ups |
|---------|------------|-------------------------|---|
| 1. | 08/02/2019 | Lycopodium Clavatum 30 | |
| 2. | 20/03/2019 | Lycopodium Clavatum 200 | Breast returns in normal shape, Fatigue reduced. Weight reduction steady |
| 3. | 25/04/2019 | Placebo | Excess hair fall stopped. TSH returns to normal levels.Consistency of stool was better than previous. Weight reduction is steady. |
| 4. | 28/05/2019 | Placebo | No recurrence of any symptoms. |



Fig.1: Before treatment



Fig. 2: After treatment



Fig. No.3 – Before Treatment

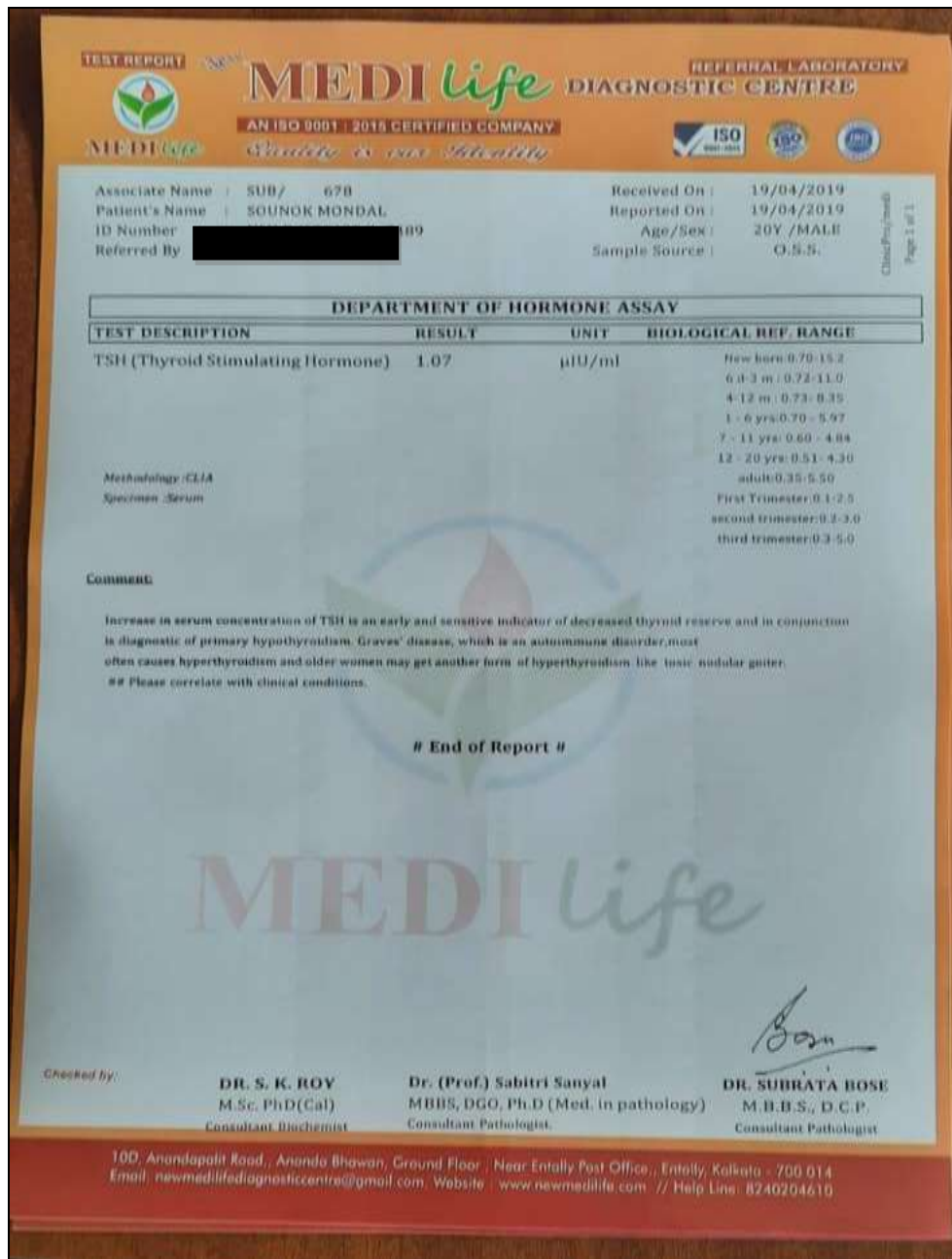


Fig. 4: After treatment

DISCUSSION

After taking a detailed case history and repertorisation, *Lycopodium clavatum* 30C was given as a constitutional medicine, marked improvement reappeared within 30 days, followed by overall improvement in the other symptoms. The same medicine was repeated. The repertorisation was done and after evaluation, based on the knowledge of *Materia Medica*, *Lycopodium clavatum* were the most similimum remedies. *Lycopodium clavatum* was selected as the first prescription after

evaluating the symptoms, validating with the knowledge of *Materia Medica*¹⁰. Overall improvement is obvious through photographic evidence. Thus, this case report identifies the role of individualised homoeopathic medicine in gynecomastia with hyperthyroidism.

CONCLUSION

Homoeopathic medicines have sufficient potential to improve the gynecomastia of patients, reduce hyperthyroidism and limit disease progression without any systemic

side effects and can be used curatively. safe as a holistic treatment. However, this was a single case study and required a randomised controlled trial that could be replicated for future scientific validation.

Declaration by Authors

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Conflict of Interest: The authors declare no conflict of interest.

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