Lumps, Bumps, & Discharges

Part of a preventive role for our bosom buddies is to be informed about breast lumps, their possible causes and when to seek medical help. Infections, injuries, non-cancerous growths, cysts, fibrocystic changes, xenohormones and even parasites all play a role in breast lumps. But painless lumps, nipple discharge, and rashes or skin inflammation on the breast can all signal breast cancer.

Educate yourself. You are the one who will feel and see these symptoms first.

In approximately 80% of cases, breast lumps are benign (non-cancerous). Benign conditions that can cause breast lumps include:

- Fibrocystic breasts
- Cysts
- Fibroadenomas
- Papillomas
- Phyllodes tumors (usually benign)
- Galactoceles
- Granular cell tumors
- Duct ectasia
- Fat necrosis

Unusual benign breast lesions include: lipoma, adenolipoma, fat necrosis and hematoma, abscess, mastitis, giant hypertrophy, Mondor's disease, galactocele, cyst with parasites, and nodular fasciitis (fibromatosis)

Infections

Mastitis is an infection of the breast, recognizable by the “itis” status. Bacteria can enter into the breast usually when we are breastfeeding or lactating through a nipple that has become cracked or sore. A hard painful area commonly thought of as a clogged milk duct can form. A good hot shower with lots of massage, followed by plying the breasts with hot towels may prevent an actual infection. Some infections may be a pus pocket or an abscess with connections down into the breast, or may be a wider area of redness that spreads out called cellulitis.

Although the medical answer will usually be an antibiotic, please think about the exposure you will be giving your baby to this class of drugs so early in life. Do all you can to stop infections in their track; but be wise and go to a doctor quickly when needed. Lugol’s liquid iodine would be my favorite product to use, and would definitely not be harmful but instead helpful to a baby. Another reason I love my alkalizing water machine is that it will produce acidic water that kills germs on contact. What a terrific natural way to kill bacteria on your breast. That’s why the Japanese use this water to disinfect their hospitals… I certainly haven’t heard of any crisis in Japan with many of the superbugs passed in American hospitals.
Body piercers are also at risk for increased breast infections that may be hard to treat.

**Injuries**

Usually lumps that occur after an obvious injury are not cancerous. Tiny blood vessels can rupture and cause bleeding that can be felt as a lump. These hematomas will go away on their own within a short period of time, just like a blood vessel that may rupture on your finger.

A trauma to the breast can cause fat necrosis, or damage to the fat cells. Although I could not find any information about working with these types of lumps, I would personally massage this area and make sure I was taking plenty of Vitamin E. I would also put a liquid iodine/iodide on this area. Many lumps have gone away with repeated applications directly on the lump. See iodine chapter for specific information.

**Non-cancerous growths that cause breast lumps**

Teenagers and pregnant women often develop fibroadenomas, or benign non-cancerous growths. The solid, firm tumors are usually painless or slightly tender and are very common in 30-35 year olds.

These are usually hormone realated. Monitor birth control pills very carefully. Eliminate caffeine products because they elevate estrogen levels. Analyze sources of xenohormones and eliminate from your environment.

I remember as a married 18 year old having my first traumatic pap smear and breast exam which did not show any problems. But less than a week later, I had a large lump in my breast. My old time family doctor was notified and a return visit scheduled that day. By that evening I was in a small hospital having the lump removed. All I remember was that a local was used and I was awake during the procedure to see a young nurse faint as they removed several lumps. I haven’t forgotten the experience, but I have forgotten the exact label that they used for the non-cancerous lumps that literally grew in a week.

**Macrocalkifications**

I’ve had trouble finding lots of information about this type of lump. After another biopsy about 15 years ago, my doctor told me it was a calcium based lump. It was not cancerous so I didn’t need to worry. I do understand now that they can determine if these are calcium lumps on a mammogram, but a biopsy was done on mine to make sure. Ask for more information about these—it might save you a biopsy.

This large lump was my bodies cry for help. I had an acidic body, so it was removing the acid overload, crystallizing it and storing it in my fatty tissues. It took me years to learn that I just needed to work toward normalizing my body ph to prevent these lumps from
reoccurring. So if you have recurring lumps, one of the easiest things to do is to alkalize your system. You need to be taking a broad spectrum of minerals, change your salt to an unrefined salt, and eat more fruits and vegetables. I would also consider taking some baking soda, or some apple cider vinegar daily (it has 19 minerals) to help alkalize your body. Cesium chloride, the most alkaline mineral, can also be taken for a short period to balance your body. (See complete chapter on ph balance)

Microcalcifications

These are tiny specks of calcium that raise a cancer concern if they are grouped together in areas of rapidly dividing cells. Your doctor may decide to order another mammogram or biopsy. Before another potentially dangerous x-ray is taken I would look at other options, especially thermograms. You could also work to alkalize your body and do a parasite cleanse (see information about parasites below) before the lumps are checked again.

Either type of calcifications can be other mineral deposits but are usually calcium within the fluid of a non-cancerous cyst, or dilated milk ducts. Lumps that occur after injuries to the breast, and specks in the arteries of the breast are also normally calcium deposits. These calcium deposits are not related to your intake of dietary calcium or calcium supplements. Again, they are more related to an overly acidic body.

Breast Cysts

Tiny fluid filled sacs within the breast tissue are usually benign. They usually use a needle biopsy to withdraw fluid, which can be a possible indication of a benign cyst because as a rule non-fluid solid growths do have more concern attached to them. Again, these cysts are very common and can be especially tender.

Fibrocystic Changes

During a mammogram in my early 40’s, the nurse helping me commented, “Oh, you poor thing!” She was talking about fibrocystic lumps in my breasts, and although I didn’t have any problems with tenderness, she definitely characterized them as lumpy. Thirty minutes of breast massages (see exercise chapter) helped to work these lumps out overnight. When I went for another breast exam, the diagrams of my breast with locations of lumps were crossed out. The doctor did ask what I had done, but was pretty unenthusiastic when he found out that massages had helped these lumps to reduce in just hours. I’m sure that I actually helped my lymphatic drainage and cleared out lots of extra toxins at the same time. Do the suggested exercises to help with fibrocystic breast problems.
This thermogram is of a 47 year old client already diagnosed with a simple fibrocyst in the upper left breast. The thermal finding at left (as indicated by the white arrow) is consistent with inflammation that can be associated with such a cyst. Note the absence of "hypervascularity" which typically accompanies active breast cancers.  

Breast Swelling/Enlargement

Our fatty tissues are the perfect storage site for toxins of all kinds. Pass the word around that massage/exercises should be common sense to every woman as a method to protect and clean our fatty tissues and help lymph drainage. Remember, as you collect pounds over the years, toxins are being stored in your body. The heavier you are, the more toxins you have.

In 1973, a study conducted by the Department of Occupational Health at Hebrew University-Hadassah Medical School in Jerusalem, compared cancerous breast tissue with non-cancerous tissue from elsewhere in the same woman's body. The concentration of toxic chemicals such as DDT and PCBs was "much increased in the malignant tissue compared to the normal breast and adjacent adipose tissue."

If you have problematic periods with tender breasts please see a naturopathic doctor. They can give you natural products that will alleviate both of these problems. One of my favorite products for this is from Deseret Biologicals and comes in a set: Hormone Combination and Female Balance. Standard Process has a trio of products, Black Current Seed Oil, Hypothalmex, and Symplex F that I also highly recommend.

Parasites

Filarial infection of the breast, though uncommon, is not rare. The larvae enter the lymphatic vessels of the mammary gland, causing lymphangitis, fibrosis, and disruption of lymphatic drainage. The larvae appear in late, inactive phases as serpiginous calcifications. Because patients with these parasites present with lumps in the breast, the findings are a cause for concern, since they are often clinically suspected to be malignant.

1 http://www.thermogramcenter.com/Images.htm
Although there is a global campaign to eliminate filariasis, 3 and make sure you take a parasite cleanser of some kind after returning from a trip. The medical profession may suspect parasites in an immigrant but not in an American. The truth is, Americans have more parasites that most other people, simply because we travel around the world, bringing home the world’s parasites and then do nothing to protect ourselves or others we are around. Other cultures have the common sense to do a parasite cleanse once in awhile.

My favorite cleanse, Parasite Complex, from Deseret Biologicals should be taken along with a lymph node drainer.

Another all purpose product that I use for many female problems is called 10 In 1, and is from GBG. It can easily be ordered from www.shopgbg.com/lbamber. This is the most potent natural product I have found in a liquid form for the best price anywhere. Most people are hitting and missing with supplements; they think they need Vit. C, so they buy it and then buy a bottle of Vit. E. until they have a barrel full of supplements. I would rather start my clients on a very good multi-purpose product that they can rely on and then add extra iodine or whatever else is needed. We have too many deficiencies today to be experimenting on ourselves by guessing what we need. We need everything—every month. We are the riches nation in the world— but we can only boast the 79th best in health because we are a mal-nourished nation.

**Fungal Colonies**

Dr. T. Simoncini, a Roman oncologist, has written the most interesting book that I’ve seen on cancer lately, *Cancer is a Fungus*.

**Nipple Discharge**

If a nipple discharge persists for more than one menstrual cycle or seems unusual, you should see your doctor. Postmenopausal women who have a nipple discharge should see a doctor promptly. These are some possibilities:

Discharge during pregnancy is common. The breasts may produce a milky discharge called colostrums during the last weeks of pregnancy. After childbirth, especially with stimulation of the nipple, a discharge may occur. A slightly bloody discharge sometimes occurs normally during pregnancy or breastfeeding. A normal discharge is a thin, cloudy,
whitish or almost clear fluid that is not sticky. One or both nipples sometimes discharge a fluid.

The color of discharge can give a clue to the problem, although this is definitely not a diagnosis. A bloody discharge may be caused by a non-cancerous breast tumor (such as a tumor in a milk duct, called an intraductal papilloma) or breast cancer. Breast cancer is the cause in less than 10% of women who have abnormal discharge. A greenish discharge is usually due to a fibroadenoma, a non-cancerous solid lump. A discharge that contains pus, sometimes yellow color, and smells foul may result from a breast infection. A large amount of milky discharge in women who are not breastfeeding may result from galactorrhea, a pituitary gland disorder. Tumors of the pituitary gland or brain, encephalitis (a brain infection), and head injuries can also cause a nipple discharge. Certain drugs, such as antidepressants and certain antihypertensives, can cause a nipple discharge. Oral contraceptives may cause a watery discharge.

A discharge from one breast is likely to be caused by a problem with that breast, such as a non-cancerous or cancerous breast tumor. A discharge from both breasts is more likely to be caused by a problem outside the breast, such as a pituitary tumor, or by drugs.

**How Are Breast Lumps Evaluated By Physicians?**

Whether a breast lump is first detected by a physician during a clinical breast exam or by the woman herself, the process of evaluation usually begins with a detailed patient history. The physician will ask the patient specific questions about the lump and her medical history to help identify the cause of the lump. Sample questions may include:

- How long have you had the lump?
- Does the lump change in size with your menstrual cycle?
- How long has it been since your last menstrual period?
- Have you recently been pregnant or are you breast-feeding?
- Have you experienced discharge from the nipple?
- Do you use hormone replacement therapy?
- Have you experienced any recent trauma to the breast?
- Have you had any previous breast biopsies? If yes, what were the diagnoses?
- Do you have a history of cancer?
- Do you have a history of other medical conditions?
- Have you had a mammogram or other breast imaging test before?

These questions can provide important information as to what is causing the lump. For example, a woman who has recently been pregnant and who is breast-feeding may have a galactoceole (milk-filled cyst). A woman who is taking hormone replacement therapy (HRT) may have more nodules in her breast due to the therapy. Trauma to the breast may cause a hematoma (a blood-filled packet), fat necrosis (swelling of fatty breast tissue), or a ruptured cyst (fluid-filled packet).
Learning the patient’s family and personal medical history can also be helpful. A family history of breast cancer can increase a woman’s chances of developing breast cancer herself. A personal history of non-cancerous conditions such as atypical hyperplasia (an abnormal increase in breast cells) or lobular carcinoma in situ (LCIS) can also increase the risk of breast cancer.

Once a thorough patient history is taken, the physician will perform a thorough clinical breast exam to investigate the lump and other areas of the breast and axilla (armpit). In addition to feeling for breast masses, the physician will check for any skin dimpling, nipple retraction, or other visual changes. The clinical breast exam typically lasts several minutes and the patient will usually need to raise her arms, place her hands on her hips and exert pressure, and lie down during the exam so the breasts can be examined from different angles.

After the clinical breast exam, the evaluation of a breast lump will differ depending on the woman’s age, history, and characteristics of the lump. The following descriptions provide information on how women in different age groups are typically evaluated:

- **Women age 30 or older:** A diagnostic mammogram is usually ordered. A diagnostic mammogram differs from the routine screening mammogram in that it involves additional x-ray views from different angles and/or special magnification. A diagnostic mammogram is used instead of a screening mammogram when a breast abnormality is present. Depending on the results of the mammogram, additional breast imaging (such as ultrasound) may be ordered. In many cases, further breast imaging will be ordered even if a mammogram does not show a suspicious abnormality. This is because a small percentage of breast cancers can be missed with mammography. Depending on the results of the mammogram and additional imaging tests, a breast biopsy may be performed. A biopsy involves removing a sample of breast tissue and examining it under a microscope to determine whether cancer cells are present. Sometimes, a biopsy (or fine needle aspiration—sampling of a few breast cells) will be performed even if breast imaging tests are normal. This usually happens when the physician suspects that the breast lump is suspicious regardless of the results of the imaging tests.

- **Women under age 30:** In this group of women, a mammogram may or may not be the first test ordered. This is because mammography is not always beneficial in younger women who tend to have dense breast tissue which can mask breast cancer and other abnormalities on a mammogram film. In some cases, ultrasound or other tests may be performed. However, mammography can still be beneficial in some women younger than 30. If the breast imaging tests reveal a suspicious abnormality, a biopsy may be ordered to examine a sample of breast tissue. As with women over age 30, a biopsy (or fine needle aspiration—sampling a few breast cells) may be performed even if breast imaging tests are normal. Again, this usually happens when the physician suspects that the breast lump is suspicious regardless of the results of the imaging tests.

**What are the symptoms of breast cancer?**

Medicinent.com shared this list about breast cancer symptoms. “The symptoms of breast cancer include painless breast lumps, nipple discharge, and inflammation of the skin of the breast.

Breast cancer usually causes no pain in the breast. Although women often worry about breast pain, most women with breast pain do not have breast cancer. Only about 6% of women with breast cancer have breast pain as their first sign of cancer.
Nipple discharge that occurs without the nipple being touched can be caused by benign (non-cancerous) growths. Examples of these growths are intraductal papillomas (non-cancerous growths that protrude into the milk ducts) and dilated areas of milk ducts (ductal ectasia). Nipple discharge can also be caused by cancer of the breast tissue. Because nipple discharge can be a sign of cancer, it needs to be evaluated by a doctor.

Skin changes on the breast, including redness and warmth, can sometimes be a sign of breast cancer. A form of breast cancer that commonly causes these signs of inflammation is Paget's disease of the breast. Most inflammation or rashes on the breast are not due to cancer. They may be caused by benign problems such as nipple eczema or a fungus infection. Still, any breast rashes should be evaluated by a doctor. Areas that are especially scaly and red, particularly if they are persistent, or if there is also nipple discharge, are often sampled (biopsied) to rule out cancer.” (1)

The Mayo Clinic has this list of ideas about breast lumps that need to be examined

- The breast lump is new or unusual and feels different from breast tissue in that breast or your other breast.
- The breast lump doesn't go away after your next menstrual period.
- You notice the breast lump has changed, for instance it gets bigger or becomes firmer.
- You have bloody, possibly spontaneous, discharge from your nipple.
- You notice skin changes on your breast, such as redness, crusting, dimpling or puckering.
- Your nipple is turned inward (inverted), although it isn't normally positioned that way.

Learn to take care of your breasts…they are your bosom buddies and deserve your very best attention. We learn about many things in our lives…it doesn’t take much to educate ourselves about the different types of lumps, bumps and discharge that can signal a serious problem in your system.