Small Breasts (Breast Hypoplasia/Micromastia): Causes, Diagnosis, Treatment and the Role of Unani Medicine

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Introduction: "Doctor, My Breasts Are Very Small. Is Something Wrong With Me?"

This is a question that many young women ask with hesitation:

"Doctor, my breasts are very small compared with other women. Is this a disease? Is there a hormonal problem? Can medicines increase their size?"

My first message to every patient is simple and reassuring:

Having naturally small breasts does not automatically mean that you have a disease.

Breast size differs greatly from one woman to another. Just as people differ in height, body shape, facial features and body weight, breast size and shape also show a very wide range of normal variation.

Some women naturally develop relatively small breasts despite having completely normal hormones, normal menstrual cycles, normal fertility and normal sexual health. In these women, there may be nothing medically wrong that requires treatment.

The term **breast hypoplasia**, sometimes called **mammary hypoplasia, hypomastia or micromastia**, is more appropriately used when breast tissue has genuinely failed to develop adequately or when there is a developmental abnormality.

This distinction is extremely important because I do not believe every woman who is dissatisfied with her breast size should automatically be prescribed hormones, herbal medicines or cosmetic procedures.

The first responsibility of a physician is to determine whether we are dealing with:

- normal small breasts,

- delayed puberty,
- true breast hypoplasia,
- significant breast asymmetry,
- a congenital breast-development disorder,
- nutritional or hormonal problems,
- or simply dissatisfaction with a normal body variation.

Only after understanding the cause should treatment be discussed.

Normal breast development usually starts during puberty under the influence of hormones, particularly estrogen. The timing and extent of development vary considerably between individuals. Puberty in girls commonly begins between approximately 8 and 13 years, and breast development is usually one of its first signs. Genetics, nutrition, general health and body composition all influence this process.

What Are "Small Breasts"?

There is no universally accepted cup size below which a woman's breasts become medically abnormal.

A woman may have relatively small breasts simply because that is her natural body structure. This is not the same as a developmental disorder.

In medical practice, I become more interested in possible **breast hypoplasia or developmental problems** when there are features such as:

- very little or virtually no breast development after puberty,
- significant difference between the two breasts,
- unusual tubular or constricted breast shape,
- widely spaced breasts associated with other developmental features,
- lack of expected pubertal development,
- absent or very irregular menstruation,
- signs suggesting an ovarian, thyroid or pituitary disorder,
- severe undernutrition or eating disorder,
- or an associated congenital chest-wall abnormality.

A specific developmental condition known as **tuberous or tubular breast deformity** may involve reduced breast volume, a narrow or constricted breast base, elevated breast fold, enlarged or protruding areola and breast asymmetry. It generally becomes apparent during puberty.

Therefore, breast size alone should never be used to diagnose breast hypoplasia.

Understanding Normal Breast Development

A woman's breast contains several types of tissue, particularly:

- glandular tissue involved in milk production,
- milk ducts,
- fatty tissue,
- connective tissue,
- blood vessels,
- nerves,
- the nipple and areola.

The amount of fatty tissue has an important influence on visible breast size. This is one reason why two women with normal breast development may have very different breast volumes.

During puberty, ovarian estrogen helps stimulate development of breast tissue. Breast growth occurs gradually rather than overnight, and the two breasts do not necessarily grow at exactly the same speed.

In fact, having some degree of breast asymmetry is extremely common.

The American College of Obstetricians and Gynecologists notes that during puberty one breast may initially appear larger than the other and that some difference can remain even after development is complete.

Therefore, slight asymmetry should not automatically create fear.

Causes of Small Breasts or Breast Hypoplasia

There is no single cause. During consultation, I consider several possibilities.

1. Genetics and Family Characteristics

Genetics is one of the most important influences on body shape and breast development.

If women in a family generally have a smaller body frame or smaller breasts, a daughter may develop similarly.

This is usually normal physiology rather than illness.

Genetic influence also affects:

- timing of puberty,
- height,
- body-fat distribution,
- skeletal structure,
- and the response of tissues to reproductive hormones.

A woman can therefore have small breasts while having completely normal estrogen levels, menstruation, ovulation and fertility.

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2. Natural Body Type

Breasts contain considerable fatty tissue.

Women who are naturally lean or have a low percentage of body fat may therefore have less breast volume.

This does **not** necessarily mean that breast glands are defective.

Similarly, increasing body weight may increase breast volume in some women because of fat accumulation, but deliberately becoming overweight merely to enlarge the breasts is not medically advisable.

Our aim should always be a healthy body composition rather than pursuing a particular cup size.

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3. Delayed Puberty

Occasionally a young girl who appears to have very small breasts is actually experiencing delayed puberty.

Current medical references generally recommend evaluation when a girl has **no breast development by around 13 years of age**, when puberty starts but then stops progressing, or when menstruation has not occurred by approximately age 15 in the presence of otherwise expected development.

Delayed puberty may sometimes simply run in families. However, possible medical causes include:

- ovarian disorders,
- hypothalamic or pituitary problems,
- thyroid disease,
- chronic systemic illness,
- genetic conditions such as Turner syndrome,
- inadequate nutrition,
- eating disorders,
- and excessive physical exercise.

These situations need proper medical investigation rather than cosmetic breast treatment.

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4. Hormonal Problems

Patients frequently assume:

“Small breasts mean low estrogen.”

This is not always true.

A healthy adult woman with naturally small breasts may have completely normal hormone levels.

Hormonal investigation becomes more relevant when small or absent breast development occurs together with symptoms such as:

- absent menstruation,
- very irregular periods,
- infertility,
- poor pubertal progression,
- abnormal growth,
- symptoms of thyroid disease,
- nipple milk discharge when not breastfeeding,
- excessive facial or body hair,
- or other evidence of endocrine dysfunction.

Depending on the patient's history, evaluation may include reproductive and thyroid hormones.

Hormone treatment should therefore be used **only when a genuine hormonal disorder has been diagnosed**, not simply because a patient wants larger breasts.

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5. Poor Nutrition and Very Low Body Weight

Adequate nutrition is necessary for normal growth and reproductive development.

Severe undernutrition, eating disorders and extremely low body weight can interfere with the hormonal signals controlling puberty and menstruation.

In adolescents, undernutrition and excessive exercise are recognized causes of functional hormonal suppression and delayed pubertal development.

I therefore ask young patients about:

- current body weight,
- recent weight loss,
- dieting,
- appetite,
- exercise pattern,
- protein intake,
- menstrual history,
- and overall physical development.

Correcting nutritional deficiency is more important than giving a so-called breast-enlargement product.

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6. Congenital Breast Hypoplasia

In some patients, the breast does not develop normally because of a congenital developmental abnormality.

Breast hypoplasia can be isolated or may occasionally occur with conditions affecting the chest wall or other structures.

The medical literature describes congenital and acquired forms of breast hypoplasia as well as developmental conditions such as tuberous breast deformity.

These patients require individualized assessment because treatment differs substantially from treatment for an otherwise healthy woman with naturally small breasts.

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7. Tuberous or Tubular Breasts

Tuberous breast deformity is different from simply having small breasts.

Typical features may include:

- a narrow breast base,
- underdevelopment of the lower part of the breast,
- unusually high breast fold,
- enlarged areola,
- breast tissue protruding into the areola,
- tubular rather than rounded breast shape,
- and significant asymmetry.

Modern reviews confirm that this is a developmental breast anomaly that becomes evident around puberty and varies greatly in severity.

Mild cases may require no treatment unless the patient is distressed. More pronounced cases are generally evaluated by a plastic or reconstructive surgeon if correction is desired.

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8. Weight Loss

A considerable reduction in body weight may decrease breast volume because breasts contain fatty tissue.

This is particularly noticeable after:

- major dieting,
- illness,
- bariatric surgery,
- or major lifestyle-related weight loss.

It does not necessarily represent breast disease.

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9. Pregnancy, Breastfeeding and Hormonal Changes

Breasts normally change during pregnancy and breastfeeding.

After breastfeeding ends, some women feel that their breasts have become smaller or less full than before pregnancy.

This reflects changes in glandular tissue, fat, skin and supporting structures and is not necessarily an abnormality.

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10. Age-Related Changes

Breast composition changes gradually with age.

Skin elasticity, glandular tissue and fat distribution change, particularly around menopause.

The breasts may therefore:

- lose fullness,
- become softer,
- sag,
- or appear smaller or different in shape.

Again, this should be distinguished from a sudden unexplained change in one breast.

Symptoms and Signs Associated With Breast Hypoplasia

Small breast size itself is generally an **appearance rather than a symptom**.

In genuine developmental hypoplasia, possible findings include:

- markedly reduced breast volume,
- failure of expected breast development during puberty,
- significant asymmetry,
- tubular or constricted breast shape,
- a wide space between the breasts,
- disproportionately large or protruding areolae in some developmental conditions,
- and associated menstrual or pubertal abnormalities when an endocrine disorder is present.

Some women also experience emotional consequences such as:

- embarrassment,

- reduced body confidence,
- fear of intimate relationships,
- anxiety,
- repeated comparison with others,
- or excessive concern about physical appearance.

These feelings deserve respectful attention.

At the same time, treatment should not reinforce the false belief that every normal female body must conform to one particular breast size.

Are Small Breasts Dangerous?

In most women, **no**.

Naturally small breasts are not a disease and do not inherently indicate poor health.

They do not mean that a woman is less feminine, less sexually healthy or infertile.

Breast size is also not a reliable measure of milk-producing ability. Research on lactation shows that visible breast size does not by itself predict milk production because outward size depends substantially on fat, whereas milk production depends on functional glandular tissue. True mammary hypoplasia or insufficient glandular tissue, however, can reduce milk supply in some women.

Do Small Breasts Cause Infertility?

No. Small breast size by itself does not cause infertility.

This is an important misunderstanding I regularly want patients to avoid.

A woman may naturally have small breasts and still have:

- normal ovaries,
- regular ovulation,
- normal menstrual periods,
- normal hormone levels,
- and normal fertility.

However, an underlying hormonal condition can sometimes cause **both** inadequate breast development and reproductive problems.

For example, a disorder that causes estrogen deficiency or delayed puberty may also cause:

- absent periods,
- irregular ovulation,
- or fertility difficulties.

In such cases, we treat the underlying reproductive-endocrine condition rather than trying simply to enlarge the breasts.

This is where evaluation of breast development can sometimes become relevant to my broader work in reproductive and infertility medicine.

When Should You See a Doctor?

I recommend medical evaluation when:

- there has been virtually no breast development by around age 13,
- menstruation has not started by approximately age 15,
- puberty started and then stopped progressing,
- one breast is dramatically different from the other,
- breast size or shape changes suddenly,
- a new breast lump appears,
- there is blood or unusual nipple discharge,
- the nipple suddenly turns inward,
- the breast skin becomes dimpled, thickened or persistently red,
- persistent localized breast pain develops,
- menstruation becomes absent or severely irregular,
- or there are other hormonal or reproductive symptoms.

A new lump, nipple discharge, skin dimpling, persistent redness or a new change in breast size or shape deserves medical assessment regardless of whether the breasts are large or small.

Diagnosis: How I Evaluate a Patient With Concern About Small Breasts

A good diagnosis begins with conversation—not a prescription.

When a patient consults me, I first try to understand **why she believes her breast development is abnormal**.

1. Detailed Medical History

I may ask about:

- age at onset of puberty,
- when breast development started,
- age at first menstrual period,
- whether periods are regular,
- family pattern of breast development,
- family history of delayed puberty,
- body weight and recent weight changes,
- dietary habits,
- excessive exercise,
- chronic medical problems,
- pregnancy and breastfeeding history,
- medication use,
- fertility concerns,
- thyroid symptoms,
- previous breast or chest surgery,
- and psychological distress related to body image.

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2. Physical Examination

When clinically necessary and with appropriate consent and privacy, examination may assess:

- overall pubertal development,
- body weight and nutritional status,
- breast symmetry,
- breast shape and developmental pattern,
- signs of tuberous breast,

- chest-wall abnormalities,
- and evidence of endocrine disorders.

The objective is not to judge cosmetic appearance.

The purpose is to distinguish normal variation from a genuine medical condition.

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3. Hormonal Investigations

Hormone testing is **not required for every woman with small breasts**.

When symptoms suggest hormonal or pubertal abnormality, selected investigations may include:

- FSH,
- LH,
- estradiol,
- thyroid tests,
- prolactin,
- and other tests depending on menstrual and reproductive history.

In adolescents with genuinely delayed puberty, current medical guidance includes clinical examination, gonadotropins such as LH and FSH, estradiol, assessment of growth and sometimes bone-age imaging, pelvic imaging or genetic testing according to the clinical picture.

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4. Ultrasound or Mammography

I want to correct another common misconception.

A mammogram is **not routinely required merely because a woman's breasts are small**.

Breast imaging is selected according to:

- age,
- symptoms,
- presence of a lump,
- sudden asymmetry,
- family or personal risk,

- and findings on clinical examination.

If a suspicious lump or other breast symptom is present, ultrasound, mammography or further investigation may be required as appropriate.

Treatment of Small Breasts

Treatment depends completely on the cause.

There is no single medicine appropriate for every patient.

1. When the Breasts Are Normally Developed but Naturally Small

In this situation, **medical treatment may not be necessary at all**.

Reassurance and accurate information can be extremely valuable.

A woman's health, fertility, femininity and sexual function should never be measured by breast size.

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2. Correcting Nutritional Problems

When a patient is underweight or nutritionally deficient, I focus on restoring general health.

This may include an individualized diet containing adequate:

- protein,
- healthy fats,
- complex carbohydrates,
- vegetables,
- fruits,
- nuts and seeds,
- iron,
- calcium,
- vitamin D,
- and other micronutrients according to need.

The goal is healthy nutritional recovery—not forced breast enlargement.

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3. Treatment of an Underlying Hormonal Disorder

If investigation confirms an endocrine disorder, treatment is directed at that condition.

For example, properly diagnosed pubertal hormone deficiency may require specialist-supervised hormone replacement.

Current medical guidance supports estrogen therapy in appropriately selected girls with delayed puberty or hypogonadism, with dose and timing determined medically.

Estrogen should never be taken on your own simply to increase breast size.

Unnecessary hormonal treatment may cause adverse effects and can disturb normal reproductive physiology.

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4. Psychological and Body-Image Support

For some patients, the greatest difficulty is not physical disease but emotional distress.

Counselling can be valuable when concern about breast size is causing:

- severe anxiety,
- avoidance of relationships,
- persistent low self-esteem,
- social withdrawal,
- or obsessive comparison with others.

Good medical care should support both physical and emotional health.

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5. Breast Augmentation Surgery

For an adult with fully developed breasts who understands the benefits and limitations and still wants a substantial permanent increase in volume, cosmetic breast augmentation may be considered after consultation with an appropriately qualified plastic surgeon.

Options may include:

- breast implants,
- autologous fat transfer in selected patients,
- or reconstructive procedures for developmental abnormalities.

Breast implants can increase breast volume, but patients must understand that implants are **not lifetime devices**.

The U.S. FDA states that complications can include:

- capsular contracture,
- pain,
- infection,
- rupture or deflation,
- changes in breast or nipple sensation,
- asymmetry,
- additional operations,
- and uncommon implant-associated malignancies including BIA-ALCL, particularly associated with certain implant surfaces.

Cosmetic surgery should therefore be an informed decision rather than an impulsive response to social pressure.

Can Medicines or Herbs Permanently Enlarge the Breasts?

This deserves a very clear answer.

Many internet products claim that capsules, oils, powders or herbs will permanently enlarge healthy adult breasts.

Some contain plants promoted because they contain **phytoestrogen-like compounds**.

However, scientifically reliable evidence showing that commercially marketed herbal breast-enhancement products can safely and predictably produce permanent breast enlargement is lacking.

A published medical review of “bust-enhancing” herbal products concluded that evidence for effectiveness was lacking and raised concerns about long-term safety because some ingredients may have hormonal activity.

Therefore, I do **not** advise women to consume random breast-enlargement capsules, hormonal mixtures or internet products without professional evaluation.

Natural does not automatically mean harmless.

The Ministry of AYUSH's pharmacovigilance programme also specifically emphasizes that the assumption that “natural is always safe” is incorrect and that traditional medicines require appropriate safety monitoring.

Role of Unani Medicine in Small-Breast Concerns

As a physician trained in Unani medicine, I consider Unani care most useful when it is practiced rationally, individually and safely.

Classical Unani medicine approaches health through the concept of maintaining physiological balance and considers factors such as:

- food and drink,
- physical activity and rest,
- sleep,
- psychological state,
- elimination,
- and the individual's overall constitution or *Mizaj*.

The Ministry of AYUSH describes four major therapeutic approaches in Unani medicine:

1. **Ilaj-bil-Ghiza – Dietotherapy**
2. **Ilaj-bil-Tadbir – Regimenal therapy**
3. **Ilaj-bil-Dawa – Pharmacotherapy**
4. **Ilaj-bil-Yad – Surgery**

Unani medicine also emphasizes the **Asbab-e-Sitta Zarooriya**, or six essential factors influencing health, including air, diet, activity and rest, psychological activity and rest, sleep and wakefulness, and retention and evacuation.

I believe this whole-person approach has an important place in women who have nutritional, lifestyle, menstrual or general reproductive-health concerns.

At the same time, responsible Unani practice must distinguish traditional therapeutic principles from claims that have not been confirmed by modern clinical research.

My Unani Approach to a Patient Concerned About Small Breasts

At Saira Health Care, my approach is not:

“Your breasts are small, therefore take this medicine.”

Instead, I work step by step.

Step 1: Decide Whether There Is Actually a Medical Problem

I first differentiate:

normal small breast size

from

true breast-development abnormality.

This step prevents unnecessary medicine.

Step 2: Assess Menstrual and Reproductive Health

I look at:

- menstrual regularity,
- pubertal history,
- pregnancy history,
- fertility concerns,
- symptoms suggesting endocrine dysfunction,
- and reproductive health as a whole.

For me, the menstrual cycle is often an important clinical clue to hormonal health.

Step 3: Assess Nutrition and Body Composition

A severely underweight woman cannot be treated appropriately without improving nutritional status.

Dietotherapy—**Ilaj-bil-Ghiza**—therefore has practical relevance when inadequate nutrition is contributing to poor general health.

The emphasis is on improving nourishment and physiological health rather than promising a particular cup-size increase.

Step 4: Correct Lifestyle Factors

Sleep, physical activity, psychological stress and nutritional habits affect overall endocrine and reproductive well-being.

In Unani medicine, these factors form part of the traditional framework of health preservation.

A personalized programme may therefore address:

- healthy sleep,

- balanced physical activity,
- stress control,
- digestive health,
- appropriate food choices,
- weight management,
- and general reproductive wellness.

Step 5: Individualized Unani Pharmacotherapy Where Appropriate

Where an individualized Unani medicine is considered appropriate, I select treatment according to the patient's complete clinical situation rather than simply prescribing a “breast enlargement medicine.”

Medicines should be:

- appropriately selected,
- quality controlled,
- used in suitable doses,
- monitored for unwanted effects,
- and reviewed according to the patient's progress.

Patients should also tell their physician about all conventional medicines, contraceptives, supplements or herbal products they are using because interactions can occur.

Step 6: Investigate Suspected Hormonal Disease

If a patient's history suggests thyroid disease, ovarian dysfunction, delayed puberty, significant menstrual disturbance or another endocrine condition, I believe modern diagnostic investigations are extremely valuable.

Traditional and modern medicine should not compete where a blood test, ultrasound or specialist examination can provide important information.

Step 7: Refer When Another Specialist Is More Appropriate

Responsible treatment also means knowing when a patient needs another specialist.

Depending on the findings, I may advise consultation with a:

- gynecologist,
- endocrinologist,
- breast specialist,
- plastic or reconstructive surgeon,
- psychologist,
- or lactation specialist.

For example, a patient with a new breast lump should not simply receive herbal treatment.

Similarly, a patient requesting breast implants needs detailed counselling from a qualified plastic surgeon.

What Unani Treatment Can and Cannot Promise

I believe patients deserve absolute clarity.

Unani treatment may be used as part of an individualized programme to support:

- nutritional health,
- healthy body weight,
- digestive and general health,
- sleep and lifestyle,
- menstrual and reproductive wellness,
- and certain diagnosed conditions for which supervised Unani management is considered appropriate.

What I do not promise

I do not believe it is scientifically appropriate to promise that:

“This herb will permanently increase every woman's breast by one or two cup sizes.”

Human anatomy does not work so predictably.

If a woman's breasts are structurally normal and puberty is complete, there is currently no well-established herbal treatment that can guarantee substantial, permanent breast enlargement.

An honest physician should explain this before treatment begins.

Fenugreek, Fennel, Wild Yam and Other "Breast Enlargement Herbs"

Patients frequently ask me about herbs advertised online such as:

- fenugreek,
- fennel,
- wild yam,
- and various phytoestrogen-containing preparations.

The important issue is that the presence of a naturally occurring plant compound does not prove that consuming that herb will safely enlarge the human breast.

Some herbs can influence hormonal pathways or interact with medicines.

For this reason, I do not recommend self-treatment with concentrated herbal hormone products merely because social-media advertising calls them "natural estrogen."

Any medicinal herb should be used for a defined clinical reason and under qualified supervision.

Does Breast Massage Increase Breast Size?

Massage may temporarily:

- improve local relaxation,
- improve the feeling of skin softness,
- and provide a sense of well-being.

However, massage should not be advertised as a scientifically proven method for permanently creating new glandular breast tissue or substantially enlarging the breasts.

Breast massage must also be avoided or medically reviewed if there is:

- an unexplained lump,
- acute inflammation,
- skin infection,
- recent surgery,
- severe pain,
- or another unresolved breast condition.

Can Exercise Increase Breast Size?

The breast itself is not muscle.

Therefore, exercise does not directly enlarge breast glandular tissue.

However, exercises that strengthen the **pectoralis muscles** underneath the breasts may improve:

- posture,
- chest-wall strength,
- upper-body tone,
- and the overall appearance of the chest.

Exercise is valuable for health, but it should not be presented as a guaranteed breast-enlargement treatment.

Small Breasts and Sexual Confidence

Breast size does not determine a woman's sexual health.

Sexual confidence is influenced by many factors:

- relationship quality,
- body image,
- emotional security,
- hormones,
- sexual desire,
- comfort,
- communication,
- and overall health.

I frequently remind patients that sexual wellness should not be reduced to one anatomical measurement.

Media images and digitally modified photographs can create unrealistic expectations regarding female anatomy.

A healthy sexual relationship depends far more on physical and emotional well-being than breast size.

Small Breasts and Fertility: The Saira Health Care Perspective

My principal focused practice at **Saira Health Care** is in **sexual disorders and infertility**.

This is relevant because occasionally a patient comes for a breast-development concern and we discover that she also has:

- absent menstruation,
- irregular menstrual cycles,
- suspected hormonal dysfunction,
- difficulty conceiving,
- abnormal ovulation,
- or another reproductive problem.

In such situations, I do not treat breast appearance in isolation.

I evaluate the woman's broader reproductive health.

Saira Health Care's published physician profile identifies me as Founder and Chief Physician and lists my qualifications including BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK, with a clinical focus involving sexual and reproductive-health disorders.

My additional professional training listed for this clinical work includes:

Masters in Male Infertility – MasterHealthPro (HealthPro)
and
Integrated Sexual and Reproductive Health – ISRH, UNFPA.

The purpose of such multidisciplinary training is not to claim expertise outside appropriate professional limits. Rather, it helps me look at reproductive health as an interconnected system and recognize when hormonal, fertility, sexual-health or specialist referral issues require attention.

Saira Health Care's Contribution to Sexual Disorders and Infertility Care

At Saira Health Care, we have tried to build a model in which patients can discuss intimate health problems without embarrassment or judgement.

Sexual and reproductive problems are frequently surrounded by myths.

Patients may be told:

- small breasts mean infertility,
- semen appearance proves fertility,
- every sexual problem is caused by weakness,
- every hormonal problem requires hormone tablets,
- natural medicine can never cause side effects,
- or one medicine will cure every reproductive condition.

These statements are medically misleading.

Our approach emphasizes:

- detailed clinical history,
- individualized evaluation,
- appropriate investigations,
- interpretation of fertility and reproductive reports,
- lifestyle management,
- supervised Unani treatment where appropriate,
- modern medical treatment or referral when indicated,
- and follow-up rather than indiscriminate medication.

I believe the greatest contribution of any responsible sexual and reproductive-health clinic is not simply the number of medicines it provides.

It is the quality of diagnosis, patient education and follow-up it provides.

What Does "Successful Treatment" Mean?

Patients often search online for "small breast treatment success stories."

I want to explain how I view success.

Success does **not always mean increasing breast size**.

For one woman, successful treatment may mean discovering that her breast development is completely normal and relieving years of unnecessary anxiety.

For another patient, success may mean correcting severe nutritional deficiency and restoring healthy menstruation.

For a young patient with delayed puberty, success may mean identifying the underlying endocrine problem and arranging proper treatment.

For a woman with fertility concerns, success may mean discovering that breast size itself is not responsible and instead identifying the genuine reproductive problem.

For a patient with significant congenital breast asymmetry, success may mean referring her to an experienced reconstructive surgeon and helping her make an informed decision.

And for another woman, success may simply mean accepting that her naturally small breasts are a healthy variation of the human body.

That is why I do not believe responsible healthcare should manufacture dramatic before-and-after claims.

Individual results vary, and genuine patient experiences should only be published with appropriate consent and accurate medical documentation.

Frequently Asked Questions

Are small breasts a disease?

Usually not.

Naturally small breasts are commonly a normal anatomical variation. Medical assessment becomes important when breast development appears absent or abnormal or when other symptoms are present.

Can small breasts mean low estrogen?

Sometimes estrogen deficiency can impair breast development, but breast size alone cannot diagnose low estrogen.

Many women with small breasts have completely normal hormone levels.

Can small breasts cause infertility?

No.

Breast size itself does not cause infertility.

However, a hormonal condition may sometimes affect both breast development and reproductive function.

Can small-breasted women breastfeed?

Many can.

Visible breast size is not a reliable indicator of milk-producing ability. True breast hypoplasia or insufficient glandular tissue can cause reduced milk production in some women, but having small breasts alone does not establish this diagnosis.

Can estrogen tablets enlarge the breasts?

Estrogen can stimulate breast development when prescribed for specific hormonal deficiencies or delayed puberty.

It should **not** be taken simply for cosmetic breast enlargement without medical indication because hormonal treatment has risks and requires appropriate supervision.

Can Unani medicine increase breast size?

Unani medicine can play a useful supportive role in individualized nutrition, lifestyle, general health and selected reproductive-health problems.

However, current scientific evidence does not justify guaranteeing permanent breast enlargement in a normally developed adult woman through herbs or Unani medicines alone.

Can fenugreek or fennel permanently enlarge breasts?

There is insufficient reliable clinical evidence to guarantee safe, permanent enlargement from such herbs.

“Natural” should never be interpreted as automatically safe.

Is breast augmentation permanent?

Implants can provide substantial augmentation, but breast implants are not lifetime devices.

Future monitoring and additional operations may be required, and potential risks must be discussed carefully before surgery.

Warning Signs That Should Never Be Ignored

Regardless of breast size, please seek medical evaluation if you notice:

- a new lump in the breast or armpit,
- unexplained swelling,
- persistent skin redness,
- dimpling or an orange-peel appearance,
- unexplained change in the shape of one breast,
- a newly inverted nipple,
- bloody or unexplained nipple discharge,
- persistent localized pain,
- or another new change that is unusual for you.

These symptoms do **not automatically mean cancer**, but they should be properly examined rather than self-treated.

My Message to Patients

If you have small breasts, please do not begin by assuming:

“Something is wrong with me.”

Start with a better question:

“Is my breast development normal for my body, or is there a medical reason that needs investigation?”

There is an enormous difference between these two situations.

If your development is normal, you may not need treatment.

If there is a nutritional problem, treat the nutritional problem.

If there is a hormonal disorder, diagnose and treat the hormonal disorder.

If there is delayed puberty, investigate delayed puberty.

If there is congenital hypoplasia or a tuberous breast deformity, discuss the appropriate reconstructive options.

And if emotional distress is the main problem, that deserves compassionate attention too.

At **Saira Health Care**, my approach is to combine appropriate modern diagnostic understanding with the individualized and holistic principles of Unani medicine wherever they can be used safely and responsibly.

I believe traditional medicine becomes stronger—not weaker—when it is practiced with scientific honesty.

No patient should be given false hope.

No woman should be made to feel abnormal simply because her breasts are naturally small.

And no herbal, hormonal or surgical treatment should be started until we understand what we are actually treating.

Conclusion

Small breasts are very commonly a normal anatomical variation rather than a disease.

True breast hypoplasia is different and may occur because of developmental, congenital, nutritional or hormonal factors. Significant asymmetry, failure of normal pubertal development, menstrual abnormalities and unusual breast shape may require further evaluation.

Diagnosis should begin with a detailed medical and menstrual history, nutritional assessment and appropriate examination. Hormonal investigations and imaging are used selectively according to clinical findings rather than automatically.

Treatment should target the underlying cause.

Unani medicine offers a traditional whole-person framework emphasizing diet, lifestyle, regimenal measures and individualized pharmacotherapy. These approaches may be valuable in supporting appropriate patients, particularly where nutrition, lifestyle and reproductive well-being require attention. However, herbal or Unani medicines should not be promoted as guaranteed methods for permanent enlargement of normally developed breasts because reliable clinical evidence for such a claim is lacking.

When major cosmetic enlargement is desired after breast development is complete, modern surgical options such as implants or fat transfer can be discussed with an appropriately qualified plastic surgeon after considering their benefits, limitations and risks.

My philosophy at **Saira Health Care** is therefore simple:

Understand the patient first. Identify the cause second. Treat only what genuinely requires treatment.

That is the foundation of responsible sexual, reproductive and integrative healthcare.

About the Author

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Focused Practice in Sexual Disorders & Infertility

Qualifications & Professional Training

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- MD
- CGO
- Certificate in Infertility – MGBIMS, Delhi
- Certificate in Urology – London, UK
- Masters in Male Infertility – MasterHealthPro (HealthPro)
- Integrated Sexual and Reproductive Health – ISRH, UNFPA

Saira Health Care's current physician profile describes Dr. Nizamuddin Qasmi's focused work in sexual disorders, infertility and reproductive-health concerns and lists BUMS, MD, CGO, Certificate in Infertility and Certificate in Urology – London, UK among his professional qualifications.

Medical Disclaimer

This article is intended for patient education and general health information. It is not a substitute for individual diagnosis, physical examination or treatment by a qualified healthcare professional.

No herbal, Unani, hormonal or other medicine should be started solely for breast enlargement without proper medical assessment. Treatment outcomes vary according to age, anatomy, underlying diagnosis, hormonal status, nutrition and other individual factors.

A new breast lump, unexplained nipple discharge, skin change, sudden asymmetry or other concerning breast symptom should receive appropriate medical evaluation without delaying care for alternative or cosmetic treatment.