

Syllabus

Endometriosis.....	1
Fibroid Tumors	3
Ovarian Cysts.....	4
Human papilloma virus (HPV).....	5
Herpes.....	7
Cervicitis	8
Vaginal Infection (Vaginitis).....	9
Benign Breast Symptoms: Breast Pain, Lumps, Cysts, And Nipple Discharge.....	13
Uterine Prolapse.....	18
Sources:.....	19

Common women diseases

Endometriosis

Endometriosis is an increasingly common condition. The tissue that forms the lining of the uterus, the endometrial lining, normally grows inside the uterine cavity (and is responsible for monthly menstrual cycles). In endometriosis, for some reason, this tissue grows in other areas of the pelvis and sometimes even outside the pelvis entirely. (There are documented cases of endometriosis in the lining of the lungs and even in the brain.) The most common site for endometriosis is in the pelvic organs, especially behind the uterus, but it can also occur on the pelvic side walls (which surround the internal organs in the pelvic cavity), and sometimes on the bowel. Endometriosis is sometimes associated with infertility and pelvic pain, though not always. Since fibroids and endometriosis are often present in the same individuals at the same time, everything I say about fibroids often applies to endometriosis as well. Like fibroids, endometriosis is related to diet, immunity, hormone levels, and blocked pelvic energy.

Symptoms

Endometriosis is classically associated with pelvic pain, abnormal menstrual cycles, and infertility. These symptoms vary a great deal from woman to woman. Some women with advanced endometriosis have never had any symptoms at all and don't even know that they

have the disease until their doctor diagnoses it. Others, with only minimal endometriosis, may nonetheless have debilitating pelvic pain and cramps almost continuously. Most women are somewhere in between these two extremes.

Treatment

Women with symptomatic endometriosis do best with a comprehensive treatment program (Detox, Diet, Herbs chapter) that fully supports their immune systems while they remain open to finding out what they need to change about their lives. They have come to a greater understanding of what they need to learn for true healing, not just masking of their physical symptoms.

Hormon Therapy is the most common treatment for endometriosis, which I do not recommend at all. Once diagnosed, HRT acts on the pituitary gland to make a woman temporarily menopausal, thereby allowing the endometriosis to regress by stopping its cyclic hormonal stimulation. When hormone levels are decreased, symptoms often disappear and the disease itself becomes inactive. The problem with this approach is that don't really cure the disease; It simply shuts down the hormonal stimulation of it for a while. In addition, some women do not tolerate well the side effects of this treatment. HRT can have masculinizing side effects, such as hair growth, weight gain, hot flashes, thinning vaginal tissue, bone loss and voice deepening. Yet some women badly need these hormonal treatments as a respite from pain, even though the pain often recurs once the drug is discontinued.

Natural progesterone often works very well to relieve endometriosis symptoms and is the next treatment following dietary improvement. Natural progesterone helps counteract endometriosis by decreasing the effects of estrogen on the endometrial lesions. Natural progesterone is free from side effects and is very well tolerated. (Zein Pharma Yam root 500 mg, after forty 2 pills daily, before 1 pill till ovulation and 2 pills after ovulation)

It is very important to completely omit dairy from your diet. Symptoms usually diminish or disappear completely within a short frame of time.

If natural treatments and dietary changes do not reverse the disease surgery that removes the endometriosis can be very helpful. If any endometriosis is left behind after this conservative surgery, the pain is likely to recur. Pelviscopic surgery, done correctly, has a pain recurrence rate of only about 10 percent. In these women, the pain is frequently associated not with endometriosis but with fibroids, adhesions, or adenomyosis.

Fibroid Tumors

Fibroids are benign tumors of the uterus. They grow in various locations on and within the uterine wall itself or in the uterine cavity. Standard medical practice to gauge the size of a fibroid is to compare the size of a uterus with a fibroid with the size of the uterus at various stages of pregnancy. Thus, a woman will be told that she has a fourteen-week-size fibroid if her uterus is as big as it would be if she was fourteen weeks pregnant. Fibroids are made from hard, white gristly tissue. They are present in 20 to 50 percent of all women. No one knows, from a conventional medical standpoint, what causes them. Caroline Myss teaches that fibroid tumors represent our creativity that was never birthed, including “fantasy” images of ourselves that have never seen the light of day and creative secrets of our other “selves.” Fibroids also result when we are flowing life energy into dead ends, such as jobs or relationships that we have outgrown. Fibroids are often associated with conflicts about creativity, reproduction, and relationships.

Symptoms

Most women do not have symptoms from their fibroids. These uterine growths usually come to a woman’s attention on routine pelvic examination. Whether a fibroid is symptomatic has to do with its size and location within the uterus. Those that are located in the muscle wall of the uterus just under the surface (subserosal) may not be symptomatic. But those growing into the uterine lining itself (submucosal) often cause heavy or irregular bleeding. Some fibroids are attached to the inside or even the outside of the uterus by a thin stalk. These are known as pedunculated fibroids. If they are on the outside of the uterus, they are sometimes confused with ovarian tumors. Some women with fibroids have extremely heavy periods, resulting in anemia, fatigue, and even an inability to leave the house during the heaviest days. If the fibroids are growing quickly, if a woman’s hormones are in flux (which is common around the time of menopause), or if she’s been under a great deal of stress, she can even develop hemorrhaging from uterine fibroids.

Women who have both fibroids and endometriosis may experience menstrual cramps, pelvic pain, or both. Most fibroids can be treated conservatively by letting them be and having an examination every six months to a year or so to monitor their growth.¹

Treatment

Treatment is almost the same as for endometriosis. It is very important to omit refined carbs, dairy and red meat from the diet. If you have an estrogen excess treat it with lots of veggies, DIM supplements and natural progesterone Zein Pharma Yam root. In Hungary we have a tea blend called Hölgyi tea <https://holgyitea.hu/> which has proved to be very effective if taken for 3 – 6 month daily. Regular women yoga practice and meditation also can help curing the disease.

Ovarian Cysts

We women are meant to express our creative natures throughout our lives. Our creations will change and evolve as we ourselves grow and develop. Our ovaries, too, are always changing, forming, and reabsorbing those small physiological cysts. As long as we express the creative flow deep within us, our ovaries remain normal. When our creative energy is blocked in some way, abnormally large cysts may occur and persist. Energy blockages that create ovarian cysts may result from stress. Such stress is not necessarily negative; for example, a woman may have a job that she loves but may sometimes simply neglect her need for rest. A cyst may be the result.

The left side of the body represents the female, receptive, yin side, while the right side is the more analytic, action-oriented yang, male side. And amazingly, these differences are reflected in the differing connections of each ovary in the brain. Most of the ovarian cysts are on the left side— symbolic, I feel, of the wounded feminine in this culture. Many women try to imitate male ways of being in the world that don't always fit their inner needs.

In premenopausal women in general, cysts that are less than four centimeters in diameter are considered normal. A cyst larger than four centimeters may be watched for a few months to see if it goes away. An abnormal cyst may contain fluid, blood, and cellular debris under the surface covering the ovary or within the body of the ovary itself. The important

¹ Christiane Northrup: Women's Bodies, Women's Wisdom

point to keep in mind is that these cysts can arise in only a matter of days or hours because our bodies are able to produce ovarian cysts rapidly. They can also go away rapidly.

Symptoms

Cysts are variable in size and depending on their location they can cause symptoms, as pain or heavy bleeding. Conventional treatment is birth control pill to stop ovulation, which allows the cyst to regress. If symptoms persist and bleeding does not stop surgical intervention, usually through the laparoscope, becomes necessary. Most often, this procedure stops the bleeding and removal of the ovary isn't necessary.

Treatment

Same as fibroids.

Human papilloma virus (HPV)

Human papilloma virus (HPV) is a very common virus with more than a hundred different DNA subtypes that can cause venereal warts and cervical dysplasia. It is associated with abnormal Pap smears. 80 % of the men are infected by it as they do not have a uterus, it is not harmful for them and do not cause any symptoms.

For the vast majority of women, this viral infection will spontaneously clear from the immune system within one to two years without any symptoms at all. Others will develop warts or cervical dysplasia. And some who have been exposed to certain high-risk subtypes of HPV will be at risk of developing cervical cancer. We don't really know who will develop abnormalities from the virus and who won't, unless we look at the factors that can contribute to decreased immunity. Abnormalities start to grow and cause damage only when the immune system has already been weakened in that area of the body and is unable to maintain the health of the tissue. The good news is that even though HPV is quite common in women under thirty, it usually clears up by itself in six to eight months.

Chronic stress and specific attitudes about sex actually change the blood flow to cervical tissue and affect its secretions. Studies suggest a link between stress and the subsequent development of disease in this area of the body. Suppression of the immune system as a result of chronic emotional or other stress can lead to changes in immunity that allow increased virus production in the first place. The link between abnormal Pap smears and

deficient immune system functioning is well known. The virus doesn't "cause" cervical dysplasia, and it doesn't "cause" cervical cancer, either. Most women who have the HPV virus don't go on to develop cervical cancer, because most viral activity and infections are halted by good immune functioning. But in about 10 percent of women with high-risk HPV on their cervix, the HPV infections will be long-lasting and will put them at risk for cancer.²

Symptoms

Most women with HPV have *no* symptoms. In those who do, the most common symptom is warty growths on the outside of the vulva that are painless but can be seen and felt. These can grow and multiply during pregnancy, when the hormones associated with pregnancy stimulate their growth. They often disappear on their own following delivery, when the hormones once again change. HPV infection is sometimes associated with chronic vulvar pain, chronic vaginitis, and chronic inflammation of the cervix (cervicitis). A vaginal discharge is usually not present, although it can be. Because some women have HPV infection in association with vaginal infections from yeast or from an imbalance in the vaginal flora known as bacterial vaginosis, it is not always possible to tell exactly what virus or bacteria is causing what symptom. Unless a woman has actual warty growths on her vulva or has chronic vulvar or vaginal irritation associated with HPV, she won't know that she has it.

Treatment

Treatment is aimed at removing the visible warts and making sure the woman doesn't have any of the abnormal or precancerous cells that are sometimes associated with the warts. Once the bulk of a wart is removed, the immune system can deal with and remove the remainder more easily. Even though removal of warts doesn't really "cure" anything, it does help the body fight HPV.

Nutritional Approach Studies have shown that foods high in antioxidants, such as vitamin C, folate, vitamin A, vitamin E, betacarotene, and selenium—or supplements containing these—help heal and prevent cervical dysplasia. Regular intake of iodine can shrink cysts. At most importantly food and daily routine which reinforce the immune system. Deflagyn and

² Christiane Northrup: Women's Bodies, Women's Wisdom

Papilocare are natural product with excellent results when used for 3-6 month. Even Forever Aloe Vera gel applied in the vagina can strenghten the health of the area.

Herpes

Herpes is a kind of virus that can cause small, painful ulcers on the vulva, in the vagina, or on the cervix. Herpes viruses can also cause cold sores. Herpes viruses are divided into several types. Type 1 (HSV-1), the kind that causes cold sores, tends to live “above the belt,” but it can also cause genital herpes. In fact, herpes simplex type 1 has now emerged as a major cause of genital herpes, particularly among college-age populations, in which oralgenital contact is the biggest risk factor in up to 80 percent of new cases of genital HSV infections. Type 2 tends to live “below the belt” and up until very recently has been the most common herpes virus associated with genital herpes. Type 2 can occasionally live “above the belt,” too, and cause oral infections. Once a person has herpes, he or she has it for life. A herpes virus that is dormant (or latent) resides in the infected tissue around the lips (either genital or oral) or in the spinal nerves.³

Symptoms

As with HPV, most women who have been exposed to herpes never get sores and therefore have no reason to suspect that they have the virus. In a 1997 survey, fewer than 10 percent of people who tested positive for herpes knew that they were infected. Many women attribute their mild genital symptoms to something else, such as a yeast infection or irritation from pantyhose. When the virus becomes active, however, it causes very characteristic small ulcers on the genital organs. The first episode of herpes outbreak that a person has (known as a primary herpes infection) can be extremely painful, resulting in a fever, systemic illness, swollen lymph nodes in the groin, genital pain, and even an inability to urinate secondary to pain and herpes infection in the bladder or urethra. Herpes virus can also cause urinary retention by temporarily paralyzing the motor nerves to the bladder. This is rare and also self-limiting. After a primary herpes outbreak, a person will almost never have symptoms this severe again, since the body produces antibodies to the herpes.

Emotional factors, such as depression, anxiety, or hostility, may allow increased production of the herpes virus and subsequent chronic vaginal irritation. However, herpes tends to

³ Christiane Northrup: Women's Bodies, Women's Wisdom

“burn itself out” after a number of years. That means that a person may get outbreaks frequently for a year or two, but they usually don’t continue.

Treatment

Medication A variety of antivirals (e.g., acyclovir [Zovirax] and valacyclovir [Valtrex]) are widely available for treatment of herpes.

Nutritional and Herbal Treatments Garlic is a highly effective remedy for herpes recurrence, and it has no known side effects. It also works for cold sores. Garlic has been shown to have a number of antiviral, antibacterial, and antifungal properties. For women with recurrent herpes, I recommend the following: When the familiar tingling sensation starts, signaling that an outbreak is about to occur, take twelve capsules of deodorized garlic (available in health food stores) immediately. Then take three capsules every four hours while you are awake, for the next three days. In almost every case, the herpes outbreak will be prevented.

Other Herpes Treatments Melissa extract (*Melissa officinalis*), also known as lemon balm, has been scientifically shown to have antiviral activity against herpes infections. It can prevent ulcers and speed healing if used at the onset of symptoms. Tea tree oil, from the Australian tea tree, can be applied directly to the tingling area just prior to a herpes outbreak, using either a Q-tip or your finger. In most cases, this topical treatment will prevent an outbreak.

Cervicitis

True cervicitis is an inflammation of the cervix caused by the same infectious agents that cause vaginitis, such as trichomonas or yeast. Cervicitis and vaginitis are usually present at the same time, and treatment is the same. In some women, the mucus-secreting cells of the endocervix sometimes extend out onto the outer cervix (the exocervix). This is a normal anatomical variation and is not true cervicitis. Though these women sometimes experience a bit more vaginal discharge than usual, this only rarely requires treatment. In cases in which the discharge is truly a problem, cryocautery (freezing) of the cervix or LEEP cautery can be done. ⁴

⁴ Christiane Northrup: Women’s Bodies, Women’s Wisdom

Vaginal Infection (Vaginitis)

Almost all women normally have some kind of vaginal discharge. A yellowish or whitish stain on a woman's underwear at the end of the day, particularly if she has been wearing panty hose or pants, is almost inevitable. Many women don't know this and often think that they have some kind of infection, but it is quite normal and does not require a visit to a gynecologist. Vaginal discharges differ at different times in the menstrual cycle. Many women notice an increase during the days surrounding ovulation; some feel that they have "wet" themselves. Some women have pre menstrual spotting of brown old blood. This in itself is not an abnormality.

Just about every woman, however, is susceptible to a vaginal infection at some point in her life. Both the vagina and the vulva are often involved in this infection.

Common organisms that produce infection under the right circumstances are chlamydia, gardnerella, trichomonas, and yeast. The key concept here is "the right circumstances." The vagina, which normally maintains an acidic pH, is colonized by many different types of organisms, all of which work together to form a healthy vaginal ecosystem and functioning immunity. Even yeast and gardnerella can live in the vagina normally. When a woman is healthy, these organisms do not cause problems. Only when something in this area becomes imbalanced are these organisms associated with infection.

Almost every type of organism that can cause a vaginal infection when conditions are out of balance can also be found in women who have no symptoms. For instance, some women have trichomonas protozoans, a well-known sexually transmitted cause of vaginitis, present in their vaginas for years with no symptoms whatsoever. Others are incapacitated by the itching and burning the protozoans can cause.⁵

Symptoms and Common Causes

Most vaginal infections make their presence known by a burning or itching sensation, sometimes accompanied by a change or increase in vaginal discharge.

Anything that disrupts the pH balance or bacterial balance of the normal vagina can result in an infection. The time you're most likely to get a vaginal infection is during or right around your menstrual period, when your mucosal immunity is at its lowest point in the monthly cycle.

⁵ Christiane Northrup: Women's Bodies, Women's Wisdom

Repeated Intercourse over a Short Period of Time

Semen is buffered alkaline fluid, with a pH of about 9. One episode of intercourse with ejaculation can increase the pH of the vagina for eight hours. When vaginal pH is higher than normal for long periods of time, the bacterial balance can be lost. Those organisms that are normally present only in small numbers can begin to grow and cause infection-like symptoms. If a woman makes love with ejaculation of semen into the vagina three times in a twenty-four-hour period, her vagina will not return to its normal pH for that entire twenty-four-hour period. For some women, this is a setup for infection, particularly women who are in long-distance relationships and whose sex lives are sporadic and limited to increased activity over a few days. To prevent problems, you can douche within a few hours of intercourse. Douching to reduce vaginal pH after sex is meant as a preventative treatment *only* in those women whose vaginitis is triggered by contact with semen. It's not meant as an endorsement of douching as a standard practice for women.⁶

Emotional Stress

Some women respond to a perceived boundary violation with a vaginal infection. Many yeast infections also occur premenstrually, when a woman's stress is more apt to manifest in symptoms—and when the hormonal milieu is more susceptible as well. They often clear up spontaneously once the period starts.

Antibiotics

Unfortunately, every time we take an antibiotic, we disrupt the natural balance of organisms in the vagina and bowel, and a yeast infection, either full-blown or chronic, can result.

Birth Control Pills

Some women notice more yeast infections on the pill, which may be related to the type of progestin in the pill. Try switching pills or stopping the pill for three months and see if the yeast infections clear.

Diet

⁶ Christiane Northrup: *Women's Bodies, Women's Wisdom*

Many books have now been written on the connection between repeated courses of antibiotics, a refined-food diet, and excessive yeast growth in the vagina and bowel. Eating a lot of food made with refined sugar and flour can favor the overgrowth of vaginal yeast. Dairy products can also contribute to yeast vaginitis in some women because of their high lactose (milk sugar) content, which favors the overgrowth of yeast in the bowel and vagina. Many conventionally trained physicians don't look at repeated courses of antibiotics and poor diet as factors in chronic vaginitis. Many women have seen ten or more doctors for their vaginitis and have had every conventional culture and biopsy done without uncovering a definitive cause. Once these women begin to support their bodies' natural healing abilities through emotional work, dietary improvement, and supplements, their vaginitis problems have often gone away.

Treatment

Many women can treat an occasional episode of vaginal burning or itching with one of the over-the-counter preparations that is now widely available. If you've tried an over-the-counter preparation for a week or so with no improvement of your symptoms, see a health care practitioner to be certain that you're not missing something. Once a diagnosis of a vaginal infection is made, the practitioner can prescribe the proper treatment.

Resistant cases of bacterial vaginitis can be treated with vaginal antibiotic creams available by prescription.

Douching

I don't recommend douching except for specific symptoms that you are treating or after repeated intercourse to prevent infection. Especially with commercial preparations, douching simply disrupts the normal bacterial flora of the vagina and may actually increase the risk of infection. It is not necessary to "clean" the vagina.

Nutrition

For women with recurrent yeast infections, I recommend all the diet, detox, nutrition tips found in the II. chapter of this course. There is also important information in the Menopause chapter for ladies over forty. Note that sugar in all forms (including foods that become sugar quickly—including white flour, potatoes, and most processed grains) feeds yeast. To eliminate yeast in the intestinal tract and rebalance intestinal flora, which will help avoid

reintroducing yeast into the vagina, you can use a variety of supplements, such as acidophilus and bifida factor, both intestinal biocultures.

Psychological and emotional aspects

Some women with chronic vaginal infections fail to respond to any treatment. Some, too, are not open to trying any but the most conventional treatments, convinced that “there’s a reason for this that you doctors are simply not finding—so do more tests.” These situations present a very difficult dilemma for both the patient and the health care practitioner. For a true cure of the problem, the emotional aspects of chronic vaginitis and vulvovaginitis must be looked at and worked through. This is not to say that the problem is just in those women’s heads. What might have begun in the head becomes physical. Studies have shown that many women with these infections have antibodies that work against their own immune and reproductive cells.

Even when a woman doesn’t intellectually “know” that her husband is having an affair, her body may well be aware of it. I’ve seen several women in whom chronic vaginitis began at about the same time their mate started an affair. Of course, we might explain this by saying that the husband was bringing something home to his wife in the form of germs, and that does happen. But in most of these women, I’ve been unable to find a physical cause for the vaginitis. In a woman who has been in a monogamous relationship for years, a sudden onset of primary herpes, fever, general illness, genital sores, warts, or other obvious infections can be classic indicators of infidelity. For reasons already discussed, however, this is not always the case and is almost impossible to prove. Women may also have vaginal problems exacerbated by guilt over affairs that *they* are having. It’s not uncommon for a spouse to lie if he is confronted about having an affair. Several of my patients, especially premenstrually, have had dreams that their husbands were lying to them. After years of questioning their own sanity, they’ve found out that the dreams were correct—they had in fact been lied to. And guess what? A woman’s body knows it, often long before her intellect accepts the information.⁷

⁷ Christiane Northrup: Women’s Bodies, Women’s Wisdom

Benign Breast Symptoms: Breast Pain, Lumps, Cysts, And Nipple Discharge

The most common reason women seek medical consultation for breast symptoms is breast lumps or cysts. Though most of them are benign, these must be closely monitored to make sure that they are not cancerous. (Nipple discharge is a less-common symptom but can still be cause for concern.)

Approximately half of all women who go to doctors go because they have some kind of pain in their breasts. Cyclic mastalgia, or breast pain that comes and goes depending on the menstrual cycle, is usually caused by suboptimal iodine levels, excess hormonal stimulation of the breast from hyperestrogenism, excessive caffeine intake, or even chronic stress. It is *not* a risk factor for breast cancer.

“Fibrocystic Breast Disease”

Currently about 70 percent of women have been told by a health care provider that they have “fibrocystic breast disease.” Breasts are composed of fat and connective tissue. Over time, the ratio of connective tissue to fat changes. It is therefore normal for some areas of the breast to be denser on examination than others—breast tissue is not homogeneous. One area may be denser than another simply because there’s more connective tissue in that area than another. Most women normally undergo what pathologists call fibrocystic changes in their breasts, so the chance of finding them on a biopsy is very high. Unfortunately, because the term has been used to describe just about any breast thickening, tenderness, or other symptoms, women whose breast tissue is merely dense with connective tissue are sometimes given the diagnosis of fibrocystic breast disease, as are those who simply have variations in tissue density throughout their breasts, all of which are normal.

Breast Cysts

Breasts are very sensitive to hormonal changes, and nonmalignant lumps or thickenings often go away over time. But it is a standard medical recommendation that you tell your health care practitioner immediately about any lump you find. You want to know if the lump is a cyst. Breast cysts are very common in women in their forties when their hormone levels are changing. Breast cysts, which are fluid-filled, are diagnosed by placing a needle in them under local anesthetic and aspirating the contents. Sometimes a physician cannot tell a solid lump from a cyst on examination, so ultrasound is needed to make the distinction. If the

lump is a cyst, its contents, usually yellow or greenish brown fluid, can be aspirated. Most experts feel that cyst fluid can be discarded because it is rarely helpful to analyze it. The cyst will disappear following aspiration in most cases and no further treatment is required. If there's any suspicion, however, the aspirated cells should be tested for cancer. If the ultrasound clearly shows a simple cyst and the woman does not want a needle stuck into her breast, the cyst can be watched. Many women track their cycles and stress levels by their cysts. When a cyst gets too painful or too large or sticks out, then she can go in and get it aspirated. Most cysts disappear with menopause. If a lump is *not* clearly a cyst, the patient should be referred to a general surgeon with an interest in breast problems or to a comprehensive breast care center.

Treatment for benign breast symptoms

The vast majority of women have breast pain from time to time. Breast pain is the number one reason why women visit clinics specializing in breast care. But it's so common that almost all general physicians see women with this problem. Unfortunately, like so many other women's health issues, breast pain too often has been viewed by the medical profession as a neurotic all-in-her-head kind of disease, and so it hasn't received the attention and care that it deserves. But every one of us knows that pain is a sign of imbalance somewhere in our lives. And breast pain is no exception.

The burning question that most women with breast pain want answered right away is this: "Is my pain a sign of cancer?" The answer to this is almost always no.

What Causes Breast Pain?

To get relief from your breast pain, you first have to understand why it may be there. There is no doubt that the most common type of breast pain occurs premenstrually and is related to the hormonal changes in your body that are part of your menstrual cycle. In the luteal phase of your cycle (the two weeks before your period begins), all women have an increased tendency to retain fluid and to gain a pound or two. But in susceptible women, this slight fluid increase, as well as other hormonal changes associated with the menstrual cycle, can cause pressure or inflammation in the breast tissue, resulting in breast tenderness. The same inflammatory chemicals such as prostaglandins and cytokines that cause menstrual cramps can also cause breast tenderness. Your breast tissue actually goes through cyclic changes each month that mirror those that are happening in your uterus. The difference is

that the buildup of fluids and tissue in your uterus passes out of your body in the form of your menstrual flow. But the buildup of fluid and cellular tissue in your breasts simply gets reabsorbed back into your body. So it's not difficult to see how pain might result in many women, particularly if their iodine intake is too low or if they are eating a diet that favors cellular inflammation. These cyclic hormonal changes also explain why women are so often offered a variety of hormonal therapies for their breast complaints—which I'll address in a minute. Some women experience breast pain that is not related to the menstrual cycle at all. No one knows what causes this. Some sources think it is related to inflammation in the body, whereas others think it is related to neuroendocrine changes resulting from subtle interactions between our environment, our perceptions, and our hormonal and immune systems (breast pain has been linked to alterations in steroid and protein hormones, including estrogen, progesterone, LHRF [luteinizing hormone releasing factor, made by the hypothalamus], and prolactin). The key to pain relief is following an inflammation-reducing diet and supplementation program, including iodine, and at the same time acknowledging and then releasing the various emotional states, including trauma, depression, anxiety, and learned helplessness, that have been shown to alter the body's immune and hormonal systems.

Breast cancer

According to the National Cancer Institute, at age twenty, the risk of getting breast cancer is 1 in 2,500; at forty, 1 in 63; and at sixty, 1 in 28 . . . far different from 1 in 8! On the other hand, lung cancer is by far the leading cause of cancer death in women of all ages. Cardiovascular disease trumps them both—killing six times more women than breast cancer.

It is well documented that estrogen and estrogenlike chemicals (known as xenoestrogens) stimulate the growth of breast tissue and, in excess, may increase the risk of breast cancer. It is possible that these factors, along with suboptimal levels of vitamin D and iodine, are contributing to earlier signs of puberty in young girls. I'm also concerned about the possible effects on breast tissue of recombinant bovine somatotropin (rBST), also called bovine growth hormone (BGH), which is given to cows to increase milk production. In addition, environmental contaminants such as PCBs, PBBs, and mercury are probably significant as well.

The breast is an estrogen-sensitive organ. Many women who have been on birth control pills or estrogen replacement have found that the medication resulted in enlarged and often tender breasts. The effect of these medications, plus the inflammation-causing standard highglycemic- index, low-fiber diet, which overstimulates breast tissue, is a setup for breast cancer.

The Breast Cancer/Diet-Hormone Link

Breast cancer has been associated with high levels of certain types of dietary fat and low levels of some nutrients, such as iodine, vitamin D, and selenium, for many years. As far back as 1973, a study at the National Cancer Institute showed that countries with the highest intake of animal fat had the highest mortality rates from breast cancer.

Carbohydrates in the form of starch (breads, pasta, etc.) also can be a negative factor. Scientific data are rapidly accumulating on the link between sugar, insulin levels, and breast cancer.

High-fat, nutrient-poor diets in industrialized societies almost always include large amounts of partially hydrogenated fats (also called trans fats) and are usually associated simultaneously with high consumption of refined carbohydrates and sugar along with a low intake of fresh fruits and vegetables, iodine, and antioxidants. It is not the fat per se but the type of fat combined with a diet that raises blood sugar that is the real culprit. This combination is a setup for chronic inflammation at the level of the cell—especially when you add in the biochemical effect of certain emotional states, which I've already mentioned. Excessive estrogen (relative to progesterone) over the life cycle that is related to diet and obesity also appears to be associated with increased risk of breast cancer, at least in some individuals. Emotional stress; a nutrient-poor diet full of refined carbohydrates and low in vitamin D, iodine, magnesium, and omega-3 fats; environmental toxins—any and all of these can increase cellular inflammation. And inflammation precedes cancer.

Program to promote healthy breast tissue

This program is designed to eliminate breast pain and decrease your risk of breast cancer.

- *Minimize estrogen and inflammation.* Follow a low-sugar diet that minimizes excess estrogen and also decreases cellular inflammation in your system. Breast tissue is exquisitely sensitive to high-refined-carbohydrate (high-sugar) diets, which raise estrogen, insulin, and blood sugar levels, resulting in cellular inflammation. Excessive

estrogen production stimulates breast tissue, resulting in breast pain and cyst formation in many women. Many cancerous breast tumors are stimulated by hormones such as estrogen. The higher the percentage of body fat (because body fat manufactures estrogen) and the higher the insulin levels from too many refined carbohydrates, the higher the estrogen levels and the greater the risk for breast and other gynecological cancer.

- Plenty of soluble fiber in your diet from vegetable sources helps increase the excretion of excess estrogen. Lentils and beans are good sources. You can also supplement with psyllium or slippery elm. The cruciferous vegetables (cabbage, broccoli, kale, Brussels sprouts, turnips, and collard greens) all contain the plant chemical indole-3-carbinol, which has been shown to decrease estrogen's ability to bind to breast tissue, thus making the body's own estrogen less apt to promote cancer. This substance is also available as a supplement. About 80 percent of women with cyclic breast pain get relief from dietary change alone because a whole-food, inflammation-reducing diet changes hormonal levels and has been shown to significantly reduce the severity of breast tenderness and swelling.
- *Get enough phytoestrogens (soy, flax) in your diet.* Asian women who consume a traditional diet—including the soy-based products tempeh, tofu, miso, and natto—excrete estrogen at a much higher rate than those who don't. They also have a much lower risk of breast cancer. These soy products, rich in what are known as phytoestrogens, which are plant substances that have biochemical properties similar to weak estrogens, appear to be protective against breast cancer, in part because their weak estrogenic activity tends to block estrogen receptors on the cells from excessive estrogen stimulation from other sources.
- *Get enough lignans.* Another study found that vegetarians and women in areas with low breast cancer risk have high urinary lignan levels, whereas those women in areas of high risk have low levels. (Lignans are building blocks for plant cell walls that, when eaten, break down into entero-lactones and entero diol, which have potent anticancer and estrogen-balancing effects.) Flaxseed has one of the highest lignan concentrations of any food. It can be eaten as ground-up seeds (I recommend one-quarter cup three to seven days per week, mixed with soup, yogurt, or other foods) or a natural plant extract available at health food store.

Uterine Prolapse

Uterine prolapse refers to a condition in which the fibromuscular tissue, fascia, and ligaments that normally hold the uterus in place become damaged or relaxed, thus allowing the organ to drop from its normal position in the pelvis. In severe cases, the uterine cervix and the uterus itself may actually protrude from the vaginal opening. You could liken the pelvic floor supports for the uterus, vagina, and rectum to a floor in a building. In order to support the weight of whatever is on it, the floor must be firmly attached to the structural beams and supports that suspend it. The same is true of the pelvic floor. It relaxes or sags when pelvic muscles have become weak, when there is a genetic weakness in the collagen of the connective tissue, or when it's damaged from delivering a large baby or from having multiple babies (although if laboring women are properly supported and not encouraged to push too hard, most do not have this problem after delivery). This can show up as prolapse of the uterus (sometimes known as procidentia), prolapse of the bladder (cystocele), prolapse of the rectum (rectocele), or prolapse of all three. If a loop of bowel prolapses into a rectocele, it is known as an enterocele. Sometimes the vagina itself will prolapse following a hysterectomy, resulting in a vaginal vault prolapse. In moderate cases of prolapse, women experience pressure in the lower pelvis and vaginal area. Sometimes they will feel the cervix moving down their vagina. Others may experience difficulty emptying their bowels completely because of the enterocele. Prolapses of all kinds are more common in women of northern European heritage and in those with red hair. The reason for this is that blondes and redheads have a collagen layer that is thinner than those who have darker skin. (This is also why those of northern European heritage are more apt to have osteoporosis.) African Americans and those with darker skin are the least likely to experience prolapse.⁸

Treatment

Mild to moderate pelvic floor sagging can be treated effectively by strengthening the pelvic floor, and also jade egg exercises have often helped women with mild to moderate prolapse. Pessaries are also available to hold the organs in place during the day, and most such products are made by the Milex company. It will provide comfort and repositioning of her pelvic organs while strengthening her pelvic floor. Women with more severe prolapses

⁸ Christiane Northrup: Women's Bodies, Women's Wisdom

can use larger pessaries. For very mild prolapse, a diaphragm—or sometimes just a tampon inserted in the vagina—can hold things in place.

Hormone Therapy Women with thinned vaginal tissue secondary to lack of hormones may experience worsening prolapse. A small amount of vaginal estrogen cream along with doing Kegel exercises will often arrest the prolapse while it's in the mild stage so that surgery can be avoided. Many health care practitioners tell their patients that the prolapse will definitely get worse over the years. But in women who maintain pelvic floor tone (and use hormone replacement to replenish vaginal tissue thickness), this needn't be the case.

Surgical Approaches All pelvic floor prolapses are highly amenable to surgery. And over the years, a number of procedures have been developed that allow a woman to keep her uterus by having it surgically suspended in the pelvis rather than removed. This is commonly done via laparoscopy. Surgeons trained in urogynecology often do this type of procedure. I recommend that all women who are suffering from uterine prolapse consult with a surgeon who is well versed in prolapse corrections that allow the pelvic organs to remain intact. If you opt for a hysterectomy, make sure your surgeon does the surgery in such a way that avoids future vaginal vault prolapse, if possible.⁹

Sources:

Erika Dalma Nagy: Women yoga TTC note

Erika Dalma Nagy: Hormon yoga note

Alisa Vitti: Women Code

Dr. Zita Csomai courses

Sara Gottfried, MD: Hormon Cure

Christiane Northrup: The wisdom of Menopause

Christiane Northrup: Womens body, womens wisdom

Dr. Berg youtube videos

Dr. Rajsree Nambudripad youtube videos

⁹ Christiane Northrup: Women's Bodies, Women's Wisdom