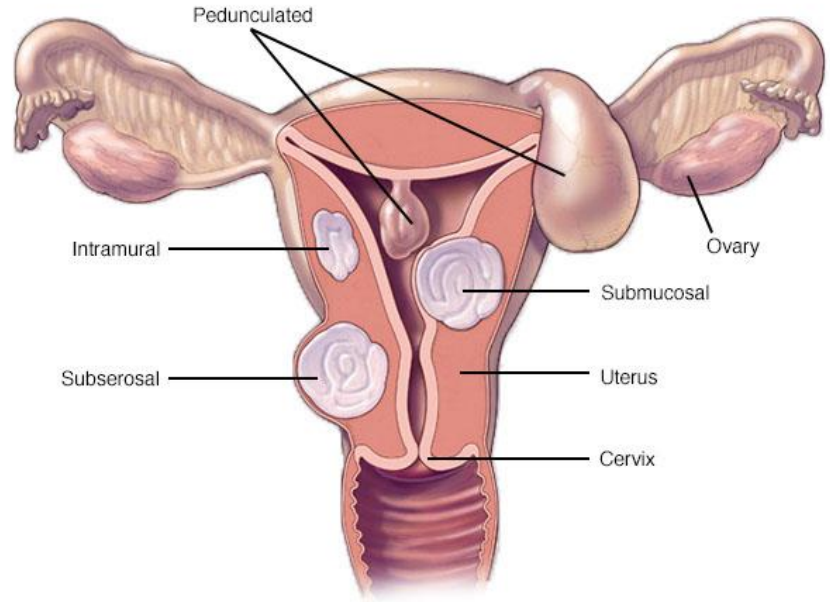
Estrogen Dominant Conditions Part II

Healthy Hormones

Uterine Fibroids

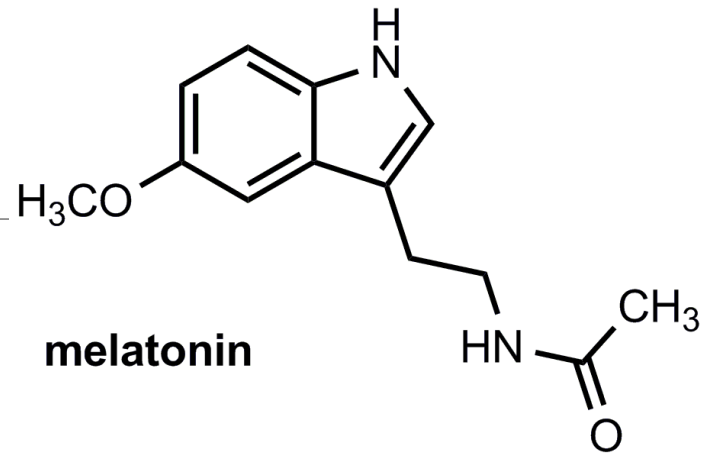
- Slow-growing mass in or on the uterus – non-cancerous
- Affects 20-25% of women by age 40
- 50% of all women will develop them
- They are made up of muscle and connective tissue and can vary in size
- Women will be unaware of them until they cause symptoms



Signs

- Menstrual issues, - pain, excessive bleeding, bleeding between periods, irregular periods
- Anemia due to blood loss
- Excessive vaginal discharge
- Infertility
- Bowel obstruction
- Frequent urination or irritated bladder (may be more prone to bladder infections)
- Enlarged abdomen due to bloating, pressure or heaviness
- Back pain
- Constipation
- Bleeding with intercourse
- The location of the fibroid determines the symptoms: Submucosal – inner cavity of the uterus and Subserosal – outside of the uterus

Cause



melatonin

- Excess estrogen – low progesterone makes situation worse
- Fibroid uterine tissue have a higher concentration of estrogen receptors than normal uterine tissue
- MMPs (Matrix metalloproteinases) modulates tissue – women with fibroid often have excess MMPs
- Melatonin deficiency – may predispose a women as melatonin decreases estrogen receptors
- IGF-1 – growth hormone produced in the liver is found in higher amounts in fibroid tissue and stimulates growth

Conventional Treatment

- Anti-GnRH (hypothalamus hormone) drug such as Lupron severely decreases estrogen and progesterone (chemical menopause)
- Side effects: hot flashes, nausea, headaches, breast changes, swelling of the feet and ankles, increased sweating, night sweats, dizziness
- Progestin IUD – symptom relieve – especially heavy bleeding
- Oral Contraception – again to try and regulate periods and bleeding. Bio-identical hormones can also help with this
- NSAIDS to reduce pain
- Surgery to remove the fibroids, ablation (submuscosal only) or hysterectomy

Protocol

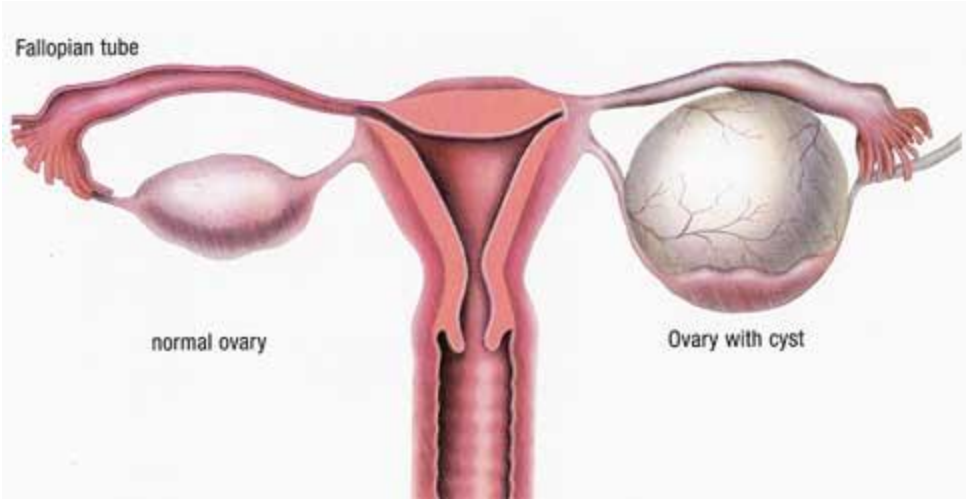
- This is a big liver detoxification and gut bacteria issue
- Liver cleanse and Dysbiosis/Candidiasis protocol will be done – when needs to be determined
- Start with liver supplement support and probiotics
- Vitex to balance progesterone and estrogen
- Rosemary can lowers MMPs and shrink fibroids
- Omega 3s to reduce inflammation
- Adrenal support Licorice, schizandra

Foods

- Phytoestrogens can help immensely
- Maca can be helpful to regulate the period
- Multi with iron or iron supplement if excessive bleeding (may need to be under a doctors care)
- The more whole foods including liver foods, blood sugar foods and thyroid foods, the better
- Reduce caffeine and look for other stressors to their system

Ovarian Cysts

- A fluid – filled sac that develops on the one of the ovaries
- Many women experience these during the course of their reproductive years
- They can be painless, with no symptoms or be quite serious
- Symptoms include bloating, painful bowel movements, nausea, vomiting and pain during sex.
- There are different types



Types

Follicle cysts: The egg grows in a follicle sac. The sac usually breaks to released the egg. If it doesn't the sac can fill with fluid and is located on the ovary

Corpus Luteum cysts: Follicles sacs should dissolve after releasing the egg – if they don't, it can fill with fluids

Dermoid cysts: Sac-like growths on the ovaries that can contain hair, fat, and other tissue

Cystadenomas: Benign growths that can develop on the outer surface of the ovaries

Endometriomas (Chocolate cysts): Tissue normally found inside the uterus, develops outside the uterus and attaches to the ovaries, forming a cyst

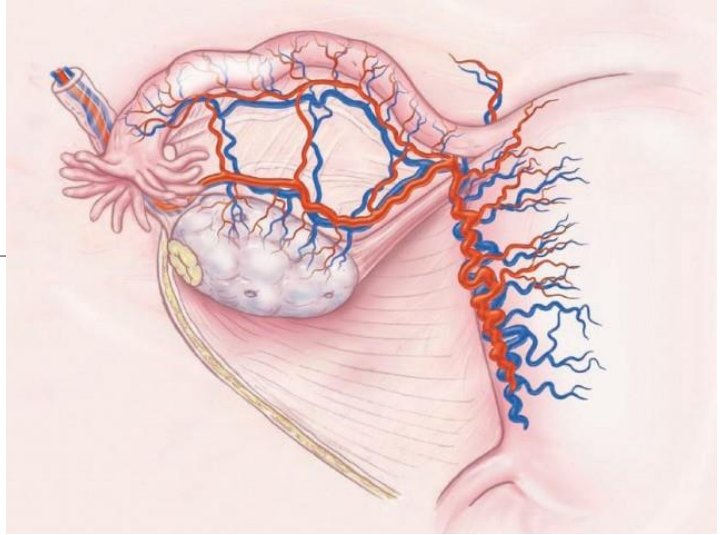
Signs and Symptoms

- Pelvic pain before or during the menstrual cycle
- Abdominal bloating or swelling
- Painful bowel movements
- Painful intercourse
- Pain in the lower back or thighs
- Breast tenderness
- Nausea and vomiting

Severe symptoms:

- Severe or sharp pelvic pain
- Fever
- Faintness or dizziness
- Rapid breathing
- Dermoid and Cystadenomas can grow large and make the ovary shift positions

Ovarian Cysts

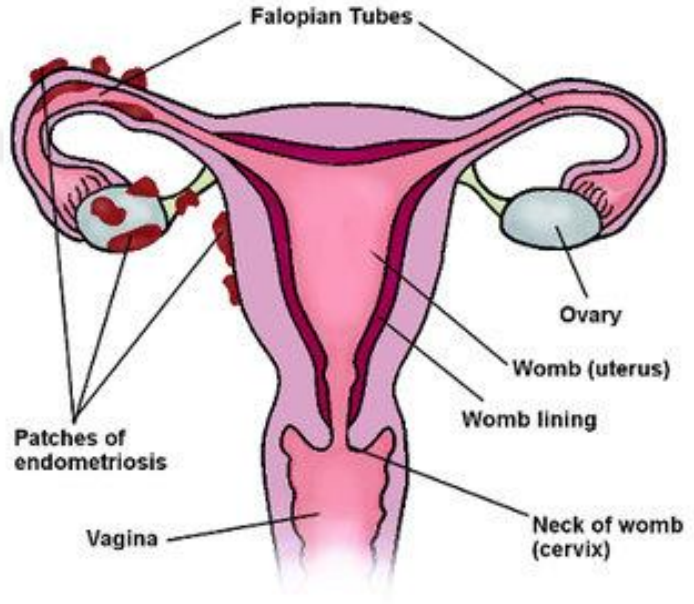


- Both follicle cysts and corpus luteum cysts are called “functional” cysts and are considered normal because they can occur as part of normal function
- They are also known as ovulations cysts
- The other three are know as pathological cysts – they can grow too large and may cause symptoms
- Endometriomas occur with women with endometriosis, cystadenomas have no known cause although age is a factor, dermoid are usually present from birth and may grow as puberty arrives
- All seem to be effected by hormone imbalances

Protocol

- Same as for fibroids
- Castor oil packs can be very helpful (for fibroids, too)
- Always should be check by doctor
- Since they are soft and tumours are hard they are usually easy to diagnose
- Can be removed surgically, like a fibroid

Endometriosis

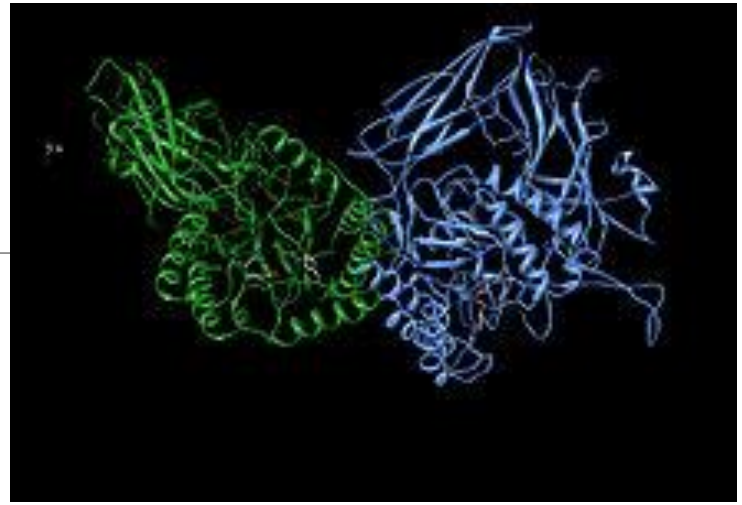


- One of the most common reproductive issues - can start as early as the onset of menstruation
- Symptoms can be benign or severe - Often not diagnosed until a woman tries to get pregnant
- Occurs when tissue insider the uterus grows outside the uterus, forms tissue on the fallopian tubes, ovaries, cervix, bladder, uterus, vagina, peritoneum and colon
- It behaves like normal tissue, growing during the cycle, breaking down and bleeding but it is trapped and forms scar tissues and adhesions

Signs and Symptoms

- Painful Periods – sometimes severe
- Chronic low back and pelvic pain
- Pain during and after intercourse
- Painful urination during period
- Painful bowel movements during periods
- Bloating and nausea especially during period
- Intestinal pain
- Premenstrual spotting and bleeding
- Heavy periods
- Infertility
- Diarrhea and constipation
- Fatigue especially during period

Cause



- Retrograde flow theory – endometrium blood flows backwards – women often have this with endometriosis
- Genetic – seems to run in families
- Estrogen dominance – excess estrogen seems to promote the growth of endometriosis with a xenoestrogen connection (usually birth control pills)
- Huge liver/gut issue – because detoxification of estrogen is important
- Beta-glucaronidase in intestines, produced by bad bacteria breaks the bond between glucaronic acid and estrogen – allowing the estrogen to go back in the body

Risk Factors

- Family history
- Shorter than 28 day periods (25 days or less = greater risk)
- History of pelvic infections
- History of antibiotic use
- Stress and a poor ability to handle it
- Alcohol and caffeine
- Too little exercise

Risk Factors

- Many state diet as a factor
- Since most women eat a certain way – assumptions are made – no actual evidence that specific foods cause issues
- However, a whole food diet provides more support for hormone imbalances, liver function and gut health
- This is what is missing for many women
- Some women may eat a good diet – so look for factors in the past

Conventional Treatment

- Pain meds – Ibuprofen, NSAIDs like naproxen or mefenamic acid
- Oral contraceptives
- Gonadotropin-releasing hormone blocking drugs (Lupron) to prevent the stimulation of ovarian hormones
- Danazol also prevents the production of ovarian hormones and suppresses the endometrium side effects include weight gain, abnormal growth of hair, vaginal dryness, acne, flushing, sweating, decreased breast size
- Surgery for just the scar tissue or hysterectomy (which can create more scar tissue)

Protocol

- Same as fibroids and ovarian cysts
- Gut health and liver health the key so liver cleanse and Dysbiosis/Candidiasis protocol probably necessary
- The issue is that even if symptoms are arrested – scar tissue persists
- One key supplement – after symptoms have been arrested, a protease enzyme between meals can help break down scar tissue
- Protease enzymes can contain pepsin, trypsin, protease or pancreatin, chromotrypsin, bromelain, papain and seripeptidase

Testing

- Fibroids, ovarian cysts and endometriosis all have the same testing method
- Ultrasound to determine the size and if affecting other systems such as the bladder, kidneys or colon (sometimes MRI scans can be used for ovarian cysts)
- Sometimes a vaginal ultrasound is combined with a pelvic ultrasound
- A physical pelvic exam is done as well
- Follow-up pelvic exams and ultrasound will be done every 4-6 months to determine the rate of growth

Fibrocystic Breast Disease

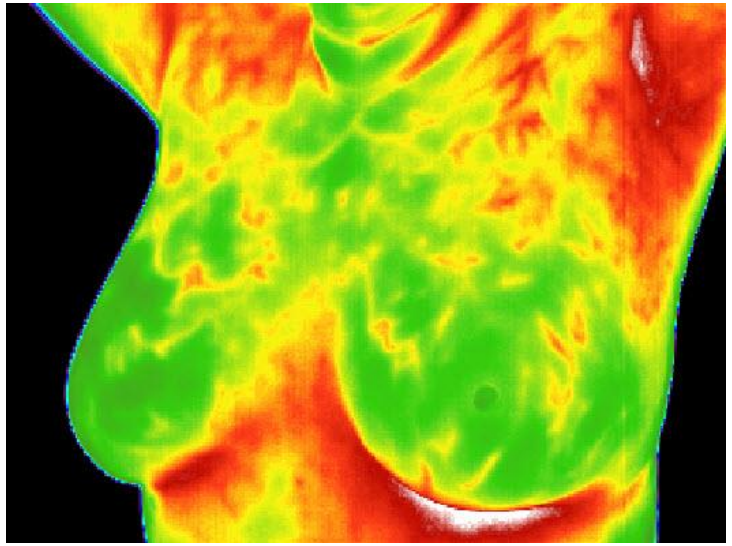
- Refers to lumpy, discomfort breasts
- Affects women primarily between the ages of 30-50
- Estrogen and progesterone promote the growth of breast cells as part of the monthly cycle to prepare for pregnancy – tissue breaks down during period (consumed by enzymes and inflammatory scavenger cells which can lead to scarring of the breast tissue)
- The accumulation of fluids, cells and cellular debris cause the fibrocystic breasts
- Other hormones involved prolactin, growth factor, insulin and thyroid hormones

Cause

- Low thyroid (lack of iodine) causes increased prolactin
- Too much estrone and not enough estriol
- Bowel and liver toxicity
- Nutritional deficiencies such a B6, Vitamin E, CoQ10 and EFAs
- Xenoestrogens
- Poor lymphatic drainage
- Methylxanthines in chocolate tea, coffee (like caffeine and theobromine) may promote fibrous tissues and cysts in the breast – not proven

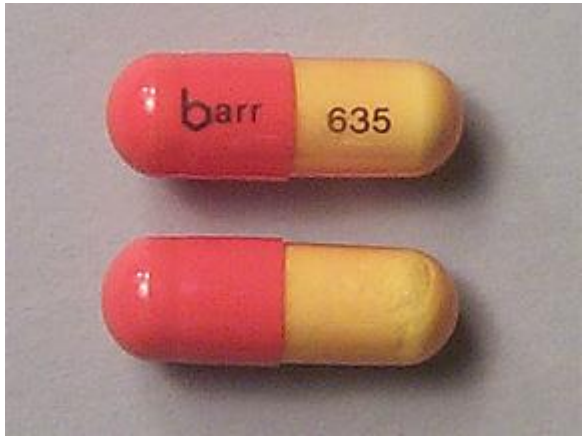
Testing

- Breast self-examination – lumps feel round, smooth and pliable
- Ultrasound – may be the test of choice for younger women
- Mammogram – can determine structural issues and lumps
- Thermography – can be used for prevention and determining risk – uses infrared sensors to determine heat and detect potential metabolic activity



Conventional Treatment

- Diuretics to reduce swelling and fluids – may deplete potassium
- Painkillers such as Ibuprofen and NSAIDS but can damage gut, liver and stomach
- Synthetic hormone replacement
- Danazol to block reproductive hormone productive (Lowers FSH, and LH and therefore estrogen and progesterone)
- Bioidentical hormones such as progesterone can also be recommended to balance estrogen



Protocol

- Fish oil (or flax or chia) – reduces inflammation
- Evening primrose oil, borage oil or black current seed oil – contains GLA that can convert to DGLA which helps reduce inflammation
- Vitamin E for symptoms and B vitamins for liver detoxification
- Vitex to balance estrogen/progesterone balance and helps with symptoms
- Dandelion as an diuretic to reduce fluids
- Liver support, colon support and probiotics
- Adrenal and blood sugar support

Amenorrhea – No Period

- 1. Primary – not period by age 16
  2. Secondary – had a period but it has stopped
- If cause is genetic or due to structural issue – not much we can do - if it is a hormonal issue – many things can be done
- Ultrasound and hormone blood tests. MRIs to rule out tumours
- Malnutrition, excessive exercise, pituitary or adrenal tumours, low thyroid, PCOS, excess prolactin, stress, nutritional deficiencies
- Conventional treatment: Hormone replacement, if a hormonal issue
- Cal/Mag with D, B6, Fish oil(flax, chia), maca, vitex, liver support, adrenal support and thyroid support, probiotics

Menorrhagia – Heavy Periods

- Blood loss greater than 80 ml or 5 tbsp per cycle
- Heavy flow can interfere with daily life
- Excess PG2 may cause abnormality in the endometrium (uterus), excessive bleeding and menstrual cramps
- Due to hormonal imbalance that affects ovulation and progesterone levels, fibroids, endometriosis, PCOS, hypothyroidism, STDs, nutritional deficiencies (especially vitamin A)
- Testing includes hormones tests, thyroid test, STDs test, vitamin A test, pap smear
- Conventional: NSAIDs, oral contraception, bioidentical hormones

Protocol

- Vitamin K and A to aid clotting and stop bleeding
- Iron, vitamin C (strengthens capillaries) and B complex (helps detox estrogens)
- Fish oil (flax or chia) to block PG2
- Vitex
- Shepard’s purse and yarrow helps with stopping bleeding
- Liver, adrenal, blood sugar and thyroid support, probiotics
- Surgery can be performed – a D &C to suck tissue from the uterus

Dysmenorrhea – Menstrual Cramps

- 1. Primary – pain monthly with menstruation
  2. Secondary – physical abnormality
- Causes: Increased PG2 which can causes uterine contractions and pain, stress, pelvic misalignment, poor circulation, displacement of uterus, liver and bowel toxins
- Conventional treatment: NSAIDS and birth control pills
- Cal/Mag and bromelain can help with cramps, crampbark, vitamin C and bioflavanoids
- Turmeric (curcumin), fish oil (flax and chia) to reduce inflammation
- Liver, adrenal, blood sugar support and probiotics

Cystitis (UTI or Bladder Infections)

- Symptoms: Burning sensation during urination, strong urine smell, blood in the urine, milky urine, passing small amounts of urine, low fever
- Common with other conditions such as endometriosis, lupus, gynecological cancers, diverticulitis and Crohn's
- Cause: bad bacteria from outside the body entering into the bladder from the urethra
- Good bacteria is suppose to be present in urinary system (and vagina) to keep bad bacteria at bay
- Cranberry and d'mannose prevent attachment of bad bacteria, probiotics, uva ursi and berberine as antimicrobials, possible Candidiasis protocol

Vaginitis

- Bacterial infection – Candida albicans, Trichomonas vaginalis, Gardnerella vaginalis, gonorrhea, chlamydia, herpes simplex
- Symptoms:
- Discharge that is grayish white and thin, smelly “fishy” vaginal odour, vaginal itching, pain during intercourse, burning during urination, light vaginal bleeding
- Cause: Improper ratio of good bacteria to bad bacteria leading to infections
- Protocol: Probiotics, antimicrobials such as caprylic acid, grapefruit seed extract, garlic, tea tree, immune support (A,C,E and zinc) Candidiasis protocol

Diet For All Conditions

- Whole food diet
- Many of the supplement suggestions can be replaced with food
- Avoid excess sugar, caffeine and alcohol
- Liver foods
- Thyroid Foods
- Prebiotic (lots of fibre) and probiotic foods
- Blood sugar foods and protocol

In Conclusion…

- Each conditions has its uniqueness but there is a common theme to all of them
- There is a similarity to the protocol recommendations
- Understanding this makes it easier for protocols especially when someone has more than one condition
- 1-2 years may be required to see long-lasting improvement but as long as clients see improvements, they are more likely to stay the course
- The long-term benefits extremely significant because they will function well, one their own