“What make us human, and what makes each of us his or her own human, is not simply the genes that we have buried in our base pairs, but how our cells, in dialogue with our environment, feed back to our DNA, changing the way we read ourselves. Life is a dialect. For example, the code sequence GTAAGT can be translated as instructions to insert the amino acid valine and serine; read as a spacer, a genetic pause that keeps other protein parts an appropriate distance from one another; or interpreted as a signal to cut the transcript at the point. Our human DNA is defined by its multiplicity of possible meanings; it is a code that requires context. The is why we can share 42 percent of our genome with an insect and 98.7 percent with a chimpanzee and yet still be so completely different from both” (Lehrer, 44)

Johan Lehrer’s Proust was a Neuroscientist, section on George Eliot’s “The Literary Genome” theorizes about genes and what its makeup can reveal to us as humans.

Fibroids

The topic of fibroids was never something, as a man in which I was ever interested. As far as I was concerned, it was an issue women dealt with, much like their periods. I really didn’t care to know anything about it until it affected the women that were closest to me. Women like my mother, my wife, my sisters and even wives of my friends have been affected by fibroids. All these women have had to have some form of surgery to get rid of fibroids. This left me wondering a great deal about this tumor and why it affects so many women. While fibroids are known to be non-life threatening, it can change a woman’s life drastically. This paper will look at what fibroids are, and the effects it has on women, along with documented case studies of its effect on a number of women.

Fibroids Overview

Fibroids are considered the most common pelvic tumor affect one in five women of childbearing age. Fibroids usually affect women over the age of 30; however, they can also affect women in their 20’s. Fibroids are known to be more common in African American women than Caucasian women. Fibroids can be so tiny that you need a microscope to see them. Some fibroids are known to have grown even larger than a grapefruit. Fibroids can grow as a single tumor or multiple tumors.

Fibroids are lumps that grow on the inside and outside walls a woman’s uterus. Fibroids are called many things from tumors to myomas to leiomyomas. They are non-cancerous, but they
have been known to cause a great deal of problems. Most women go through their lives unaware that they actually have fibroids, until they become a problem.

There are numerous studies conducted as to the cause of fibroids and also treatments for these tumors. This paper will look closely at the causes and the cures readily available to treat fibroids. There are numerous medical procedures to treat fibroids. The medical treatments readily available for fibroids can range from mild to severe, leaving women of childbearing age unable to have children. The effects of fibroids have been known to cause infertility and miscarriages in women, resulting in both physical and emotional distress. My paper will look at some of the issues women face dealing with fibroids. I will also look at why fibroid affects women of African Heritage more and what might be the cause of it affecting theses women.

The main method of getting rid of fibroids are medical procedures, however some seems to think the holistic approach is better. A mind over matter approach seems to be highly recommended for treating fibroids naturally. In my paper, I would like to take a look at some of the alternative methods documented in treating fibroids. Genes may be a factor in how fibroids affect women of different cultures. While there is no concrete evidence as to why women develop fibroids, it does seem to affect about 40% of women over 35 years in the U.S., and African American women seem to be the one most affected. More than 70 percent of women will develop uterine fibroids at some time in their lives. While there is no logic as to why women develop uterine fibroids, they do tend to show up in women around 35 to 50 years old. When it comes to diagnosing fibroids, physicians usually conduct a routine pelvic examination to evaluate the shape and size of the uterus. A uterus with fibroids can feel larger and irregular shaped. Physicians usually use ultrasound, MRI, or CT imaging to verify if a woman has fibroids.

According to Fibroidrelief.org, the most common symptoms listed for fibroids are:

- **Menstrual discomfort** – Periods may be abnormally heavy and last more than a week. Some women are concerned about socially embarrassing bleeding and hesitate to engage in their normal activities. Bleeding may be severe enough to cause anemia.
- **Bleeding between periods** – Submucosal fibroids are most likely to cause abnormal bleeding, but any bleeding between periods should be checked by a physician.
- **Leg, back, or pelvic pain or pressure** – A fibroid increases the size of the uterus, sometimes to the size of a 4 or 5 month pregnancy. The enlarged uterus is often “lumpy” and presses on nearby structures such as the bladder and lower intestine, causing constipation or frequent urination.
- **Difficulty conceiving or miscarriage** – Most women with fibroids do not have fertility problems, but sometimes fibroids make it more difficult to become pregnant by natural methods. Fibroids large enough to significantly change the shape of the uterine cavity can be associated with miscarriage, premature labor, and complications of labor.

Doctors seem to think that a combination of hormonal, genetic, and environmental factors is associated with the likelihood that a woman might develop symptomatic fibroids. The main question is what really causes fibroids? And why does it seem to affect African American
women more. Just about every woman of African Heritage I know has fibroids and or knows someone who has it. Letitia Spencer, M.D. in her 2006 article on “Fibroids” stated that, “One study showed that fibroids are three times more common in African American women than in Caucasian women. Additionally, fibroids tend to be larger and occur at an earlier age in African Americans.” What is it in an African American women’s DNA that makes her more prone to develop this tumor?

**African American Women and Fibroids**

> When we eat, air circulates through the mouth and rises up into the nasal passages, where the gaseous particles of hot food bind to 10 million odor receptors arrayed in an area the size of a thumbprint. When a smell particle binds the receptor (how they bind no one knows), a surge of ionic energy is created; it travels down the wiry axon, courses through the skull, and connects directly to the brain, (Lehrer, 64)

Fibroids tend to be more common in African American women than in women of other racial groups. Studies have shown that fibroids are three times more likely to occur in African American women than in Caucasian women. African American women are not only at a greater risk of developing fibroid tumors, their growths tend to be larger. According to an article written by Diana titled ‘What every Black woman should know about fibroid tumors’, she documented that, “according to one study, an estimated 80% of African American women are affected by fibroid tumors by age 60. It is also estimated that these tumors cause symptoms in half of all African American women by age 50, compared to 30% in Caucasian women. The Centers for Disease Control and Prevention reports that myomas account for 68% of hysterectomies among African American women, 33% in Caucasian women and 45% in women of other races.”

Why are African American women affected at such a high rate? Some say it’s because African American women tend to form keloids, scar tissue, more than women of other races. It is this scar tissue that can cause the growth of fibroids.

Over 40 percent of African American women suffer with fibroid tumors before menopause, compared to less than 20 percent for White women. Why is there such a big differential? Some say its genetics. This has yet to be proven. So why do African American women suffer more? The problem might lie in the African American lifestyle. In an article titled ‘Monsters on the Womb: Fibroid Tumors & Black Women’, by Lynn (2008), she reports that, “African American women are suffering with longer menstrual, heavy bleeding, bloating severely, and tremendous pain. Many of these fibroid tumors surpass the size of a grapefruit or a three-month-old fetus. Many women suffer for years under this torment.” It’s known that over time, fibroid tumors can lead to anemia, along with increased vaginal discharge and pain during sexual intercourse, discomfort during urination, constipation, backache, kidney obstruction, are known to cause miscarriages.
When it comes to treatment, African American women are 25 percent more likely to have surgery compared to Caucasian women. A third of those African American women by the age of 60 usually have a hysterectomy. Most gynecologists will either recommend a myomectomy or a hysterectomy; an alarming amount of hysterectomies are performed in the USA each year, more than any other country. Doctors seem to prefer hysterectomies because the illuminate any chance of fibroids grown back, especially in women who no longer desire to have children.

Most African American women rarely investigate the cause of their fibroids; they are more likely to be rushed into surgery especially when the problem is detrimental. Dr. Jawanza Kunjufu in her book “Satan, I'm Taking Back My Health!” links fibroids to infant girls being fed cow’s milk rather than breast milk. She stated that cow’s milk accelerates growth in humans, causing girls to have periods at an early age. If this is the case, then it can be plausible information. Most Caribbean children are given cow’s milk, and there is a high rate of Caribbean women who have fibroids. My grandmother had fibroids; in Jamaica, they called it ‘growth’ in the old days.

Before the more advanced means of treating fibroids, a hysterectomy was the treatment of choice. A great deal of women’s ability to have children was taken away because doctors were quicker to perform a hysterectomy than present women with other options of treating their fibroids. Doctors have been known not to present options to women in the past, especially African American women. Some African American women have been known to believe what doctors say, without getting a second opinion.

In women of African heritage fibroids occur to develop more, sooner and even grown larger than other racial group. Women of African heritage have the highest rates of fibroids in the United States. Estrogen appears to be the underlying factors relating to their growth. The more estrogen a woman’s body produces the more likely she will get fibroids. It's unclear why fibroids are more common and severe in women of African heritage. In fact, no one knows for sure what causes uterine fibroids. But several studies and theories point to a number of probable and possible factors. If fibroids are linked to a woman estrogen level, and women of African American heritage seems to have higher estrogen levels than other women, then it is conceivable that they will more likely develop fibroids.

Physician seems to think that fibroids are causes generally by: Family history, Age, Race, Hormone levels, weight, and lifestyle. These factors seem to be standard across the board with women who get fibroids, but women of African heritage are at higher risk for getting fibroids? Some seem to think that Keloids can play a factor in African American women developing fibroids. The following examples are:

1. In an article by Diana, for brighthub.com/health, she shared her thoughts on what might be a cause, “One thought is there is a tendency in African American women to have keloids, scar tissue, more than women of other races. It is believed that the scar tissue can cause the growth of fibroids.”
2. In a video posted on the website, www.emnpowerher.com, Dr McLucus stated that, “we think there’s a tendency in black women to keloid, which is to have a scar tissue that would form, that would be a little bit more than in other races. That could cause growth of fibroids because fibroids are really a muscular sort of scar type of growth within the wall of the uterus. So that’s probably at least part of the puzzle.”

The limits of Lights

Understanding how sight starts, how the eyeball transforms light into an electrical code, is one of the most satisfying discoveries of modern neuroscience. No other sense has been dissected. We now know that vision begins with an atomic disturbance. Particles of light alter the delicate molecular structure of the receptors in the retina. This cellular shudder trigger a chain reaction at ends with a flash of voltage. The phantom’s energy has become information. (Lehrer, 104)

In J. Lehrer’s, Paul Cezanne’s ‘The Process of light, Cezanne’s talks at length about sight and light and how it’s processed by the body, much like fibroids in a woman’s body how it grows and the process of removing it is a phenomenon within itself.

What Causes Fibriods

What really causes fibroids? Fibroidrelief.org listed the following factors as to what might lead to fibroid growth.

- **Hormones:** Fibroids are associated with increased estrogen production. They are rare in women less than 20 years of age as well as in postmenopausal women. Estrogen levels vary with menstruation, with menopause, and with some medications.
- **Environment:** Alcohol consumption and a sedentary lifestyle have been associated with fibroids. Researchers are investigating how environmental toxins affect gene activity in the uterus.
- **BMI:** Women who are overweight or obese, based on their BMI (body-mass index), have a slightly higher risk of developing fibroids.
- **Pregnancy:** Women who have given birth seem to have a lower risk of developing uterine fibroids. Recent information indicates that pregnancy may protect against fibroids – one theory is that fibroids are lost during the uterine changes (involution) in the weeks following childbirth.
- **Ethnicity:** Not only are African-American women more likely to develop fibroids, their fibroids occur at a younger age, and are often larger and more numerous than in other ethnic groups. Asian women have a lower incidence of symptomatic fibroids.

Fibroids Treatments
There are a number of treatment options available for Fibroids. They can be surgically removed, the entire uterus can be removed, medical drugs can be taken to shrink them, or the blood supply can be cut off to get rid of fibroids. These choices of course depend on a woman's need to preserve her fertility. Uterine fibroids can be harmless, showing no symptoms and will shrink with menopause. Unfortunately some fibroids come with pain, excess bleeding, and it can cause pregnancy problems. There are a number of medication used to relieved heavy menstrual bleeding, painful periods and anemia, often they will not shrink fibroids. These medications are:

- Nonsteroidal anti-inflammatory drug (NSAID) this improves menstrual cramps and reduces bleeding.
- Birth control hormones (pill, ring, or patch) are known to lighten menstrual bleeding, pain along with preventing pregnancy.
- A progestin shot (Depo-Provera) is given every three months to lighten bleeding. It also prevents pregnancy. Some studies have suggested that Depo-Provera may improve fibroid; it can also make them grow depending on the woman who takes it.
- Iron supplements can be taken to correct anemia caused by fibroid blood loss.

An option for shrinking fibroids short time is an hormone therapy call gonadotropin-releasing hormone analogue (GnRH-a), it puts the body in a state like menopause (Fibroids naturally shrink after menopause). This is known to shrink both the uterus and the fibroids. Fibroids are known to grow back after GnRH-a therapy. GnRH-a therapy is good for shrinking fibroids before surgery. It also lowers a woman's risk of heavy blood loss and scar tissue from surgery. GnRH-a therapy should only be used for a few months as it can weaken the bones. It can also cause unpleasant menopausal symptoms.

The effects of fibroids when it comes to pregnancy are small 2-3%. But a woman can have trouble getting pregnant depending on where the fibroids are located. Fibroid that distorts the wall of the uterus can prevent pregnancy, they can make an in vitro fertilization less successful, if the fertilized egg doesn't implant once it's transferred into the uterus. A myomectomy, the surgical removal of fibroid is the only treatment that can improve a woman's chance of having a baby. Doctors recommend that a woman get pregnant as soon as possible after a myomectomy, because fibroids can and will grow back. A myomectomy is usually done through one or more small incisions using laparoscopy or through the vagina (Hysteroscopy). However, at times a larger abdominal incision might be needed. A myomectomy will preserve the uterus, making pregnancy possible for women.

A uterine fibroid embolization (UFE) or uterine artery embolization, which cuts off the blood supply to the fibroid will shrink or destroy fibroids without surgery. A UFE makes the fibroids shrink by breaking them down, while preserving the uterus. UFE is highly recommended for women who plan on getting pregnant. Another treatment option to destroy fibroids without surgery is an MRI-guided focused ultrasound. It uses high-intensity ultrasound waves to break down fibroids. This is a safe treatment that works great at relieving symptoms.
For women dealing with long-lasting, severe fibroids symptoms with no plans for future pregnancy a hysterectomy is available. A hysterectomy can have both a positive and negative long-term effect. A woman considering a hysterectomy should discuss the pros and cons in full detail with her physicians, because it is not a procedure that can be rectified. Once a woman has a hysterectomy she can no longer have children. Womenshealth.com, reports that, “Although the number of hysterectomies has been declining since 1987, this operation remains the second most frequently performed surgery in the U.S.; only cesarean section is performed more frequently. Fibroids remain the number-one reason for hysterectomy with 150,000 to 175,000 operations carried out each year because of fibroids.”

Performing a hysterectomy for uterine fibroids in the past was based on uterine size. Once the uterus reached the size around the 12th week of pregnancy a hysterectomy was highly recommended. The decision is then based mainly on the fact that fibroids of such volume could shield the presence of uterine cancer. Without effective diagnostic procedures, physicians usually considered it safer to remove the uterus than to possibly harbor a growing malignancy. Today’s impressive imaging procedures such as magnetic resonance imaging (MRI) and ultrasound can effectively determine whether or not a rapidly growing tumor is present. This helps in reducing the number of hysterectomies performed.

The following is a Q & A obtained from Dr. Joseph Berger, an Obstetricians & Gynecologists (OB/GYN) he specializes in female reproductive health issues. He was educated at New York Med College in Valhalla NY. Dr. Berger is also my wives OBGYN, was responsible for removing my wives fibroids seven years ago, which allowed her to have our daughter six years ago. Dr. Joseph Berger, practices at 415 E 52nd St New York, NY 10022, (212) 759-9620, and Brooklyn at SLQ Care Diagnostic/Treatment Center 1220 Avenue P, Brooklyn, NY 11229 (718) 376-1004.

**Q & A: Dr Berger**

Q: How long have you been an OBGYN and do you belong to any health organization?
A: 40 years.
Q: Which hospital/practice are you associated with?
A: I am in private practice and associated with Beth Israel Medical Center in New York City.
Q: What percentage of your patients has fibroids? And what are their age ranges?
A: 20 % & age range from 28-60 yrs.
Q: On an average day/week how many women do you treat with fibroids?
A: 8 women.
Q: What is the most common treatment you administer for fibroids?
A: Hormonal Suppression.
Q: What kind of treatments do you recommend the most besides surgery for your patients?
A: Mirena IUD
Q: What type of surgery would you say you perform the most when it comes to fibroid removal?
A: Supra-cervical hysterectomy.
Q: Do you know of any new treatments for fibroids? And how do you feel about them?
A: Uterine artery embolization (UAE). UAE is a highly effective procedure.
Q: What would you recommend women do (health/physical wise) to avoid fibroids?
A: There is no way to avoid fibroids. Not really, because they are genetic.

"In 1920, after writing two novels with a conventional Victorian narrator (the kind that, like an omniscient God, views everything from above), Virginia Woolf announced in her diary; "I have finally arrived at some idea of a new form for a new novel." Her new form would follow the flow of our consciousness, tracing the "flight of the mind" as it unfolded in time. "Only thoughts and feelings," Woolf wrote to Katherine Mansfield, "no cups and tables." (Lehrer, 167)

Woolf like most women struggled when came to making important decisions in their lives. When dealing with fibroids, every woman comes to a stage of what to do next. Their choices have to be conscious, as they face the numerous treatment options. Options that can cause them less pain both emotionally and physically. "No fibroids" can mean and take a lot away from a woman.

**Fibroids, Pregnancy & Infertility**

Fibroids that grow inside the uterine cavity can impact reproductive function and may cause infertility or miscarriage. In an article, ‘Fibroids, Fertility and Pregnancy’ posted on www.fibroidsecondopinion.com/fibroids-and-pregnancy/” it said that, “Fibroids that grow into the uterine cavity (submucous) or are within the cavity (intracavitary) may sometimes cause miscarriages. For pregnancy to occur the fertilized egg comes down the fallopian tube and takes hold in the lining of the uterus. If a submucosal fibroid happens to be nearby, it can thin out the lining and decreases the blood supply to the developing embryo, fibroids may also cause inflammation in the lining directly above it. When this happen the fetus will develop properly, and miscarriage can result.” However, it's possible that a fertilized egg can settle in another position and a pregnancy can occur without any miscarriage. A woman can have a miscarriage, if fibroids are found bulging into the uterine cavity. In this case Doctors recommend that it is best to have them removed. Fibroids are known to change the shape of the uterine cavity, resulting in a decrease a woman’s fertility up to 70%. The removal of fibroids can increases fertility by 70%. One good thing is that fibroids outside the uterine walls do not affect fertility.
The effect of pregnancy on fibroid growth depends on a woman’s genetics; it regulates the fibroid, the type and amount of growth factors that are present in the blood. William H. Parker, MD at UCLA School of Medicine in an Obstetrical & Gynecological Survey reported that “An ultrasound study of pregnant women with fibroids found that 69% of the women had no increase in the size of fibroids throughout the pregnancy. In the 31% of women who had an increase in size, it usually happened before the third month. Almost always, fibroids shrink after delivery. Only 2% of pregnant women are found to have fibroids when examined with ultrasound” (2001). Most fibroids do not increase in size during pregnancy, so it is hard to predict the effect it has on fibroids.

During pregnancy, the placenta makes large amounts of female hormones that can cause fibroids to grow. On rare occasion fibroids may grow too rapidly, and the blood vessels supplying them may not be able to get enough oxygen to the tissue and degeneration of the fibroid cells can then occur. The degeneration process can cause pain, for a short time without treatment and without harm to the baby. Women may have mild contractions during this time, but it is rare for premature labor to actually start. Physicians normally advise pregnancy women with fibroids experiencing pain or contractions to be on bed rest. Most women who do have fibroids usually do not have any problems during pregnancy; some are able to carry healthy babies’ full-term.
with no complications. There are no differences in the risk of premature delivery, fetal growth problems, fetal abnormalities, or heavy bleeding after delivery. When it comes to delivery, a caesarean section tends to be more common among women who do have fibroids. If a fibroid grow near the cervix during pregnancy and its large enough, that it’s preventing the baby from coming through the birth canal a caesarean is then performed. There are times when this problem is discovered during labor, because the baby cannot come down the birth canal.

Case studies on fibroids, from both patient and doctor’s point of view have revealed both similarities and differences in how women have dealt with fibroids. Case studies have revealed varying experiences and treatment options women have gone through dealing with fibroids.

**Case Study #1**

**Hysterectomy & Alternatives Case Study:**

Mrs. Martin is a 35-year-old mother of 3 children who weighs 290 pounds. She is a data analyst for a brokerage house in eastern Massachusetts. After the birth of her last child in 1992, she had a tubal sterilization. Since then she had had no gynecologic complaints. She went to her doctor not because of her weight, but for several months she has been experiencing very heavy and frequent menstrual periods. Her periods were lasting almost 2 weeks and she was using 10 or more pads a day and was passing clots. She was also feeling tired and it was interfering with her ability to function at home and at work.

Her Doctor performed a hysteroscopy allowing him to see inside her uterus. Mrs. Martin had a large fibroid growing inside her uterus. Her Doctor conducted a biopsy to make sure the fibroid tumor was benign. Her doctor recommended a procedure called hysteroscopic myometomy, a hysteroscope is passed through the cervix and cuts out the fibroids, leaving the uterus intact. This method avoids major surgery and is just as effective as a hysterectomy. Mrs. Martin’s Doctor first treated her with GnRH, which caused the fibroids to shrink over a periods of weeks. In Mrs. Martin’s case, the procedure took about 30 minutes. (In comparison, an abdominal hysterectomy in a patient of her size would probably have taken up to 2 hours.) She recovered fully from the anesthesia within 2 hours, and was able to go home the same day.

**Case Study #2**

Claire, 31, found out she had fibroids after she got pregnant with her second child. She didn’t have any fibroids before she had her first child. A routine scan during her second pregnancy revealed huge fibroids around the baby. She was 20 weeks pregnant at the time. Her ultrasound scan revealed three large fibroids, one within the wall of her uterine muscle and
two on the outside. One was flat and right up against the outer wall of the womb and was the size of a saucer. The other two were smaller. The one inside the muscle was only the size of a pea. The presence of the fibroids placed Claire at much greater risk of miscarriage and she was admitted into hospital for observation. Claire’s doctors admitted her into the hospital, knowing that her large fibroids could take up the space the baby needed to grow. In Claire’s case her largest fibroids was flat putting her at less risk of a miscarriage, but she remain under close monitoring by her doctors.

Two weeks after her second child was born, Claire when to a specialist to treat her fibroids. Claire now had two children, and even though a hysterectomy would take care of her fibroids completely she decided against one. Claire didn’t want to have surgery, but after consulting with her doctor, she decided that surgery was her best choice in removing the fibroids. Two months later she had the two external fibroids removed. She was then placed on a progesterone only contraceptive pill. She didn’t want any drugs that would induce menopause. Claire’s consultant recommended that she watch her weight by changing her diet. Claire is considering having a third child; she has her fibroids under control and refuses to let them rule her life.

“The poignant irony underlying Woolf’s fiction is that although she set out to deconstruct the self, to prove that we were nothing but a fleeting “Wedge of darkness,” she actually discovered the self’s stubborn reality. In fact, the more she investigated experience, the more necessary the self became to her. If we know nothing else, it is that we are here, experiencing this. Time passes and sensations come and go. But we remain.” (Lehrer, 180)

For Woolf things that occur in life will cause change no matter how small, but the woman remains. Fibroids can change a woman’s life in a both positive and negative ways. A woman still has to deal with the fact that they are usually never the same after they have dealt with some form of fibroids. I am not an expert on women’s health, but fibroids have affected a great deal of women in my life. Women like my mother, my wife, my sisters, and even wives of my friends. All these women are of African heritage. In my findings so far, it’s seems that the majority of women affected by fibroids are of African heritage. Fibroids have been linked to stress, and most of the women I know deal with stress on many different levels. Black women in general are known to have to deal with some very difficult situations, whether it’s family, work or even social injustice. Doctors tend to lean on generics as the cause, going as far as stating that if a woman is of African heritage, she most likely will get fibroids. This is a pretty big assumption,
compared to my case studies I did come across at least six women of African heritage who never had fibroids.

My Wife’s Journey with her Fibroids

Ingrid Green-Kelley, 41
Jamaican-American

“I grew up having heavy periods and extreme pain during my menstrual cycle. I remember sometimes having to stay home from school the entire week I had my period. It was very heavy and extremely painful. Pain killers like Midol and Aspirin barely eased the pain. I grew up accepting the pain that came with my periods and never really questioned the heavy bleeding. I thought it was just a normal part of being a woman. My friends and other woman around me were dealing with the same period issues. I knew there was a problem when I was in my late twenties and I noticed that I have put on a lot a weight mostly around my middle section. I remember while I was at a friend’s wedding, someone asked me if I was pregnant. I wasn’t over weight, I was a six 8, but my bulging stomach said otherwise. I wasn’t very active exercise wise, but I did walk a lot. However my stomach kept getting bigger. I friend of mine who had had fibroids told me I might have fibroids and to have it checked out. I didn’t have a regular OBGYN at the time, so I went to a clinic. I told the doctor who examined me that I thought I might have fibroids, and he simply said yes I did. He gave me no advice as to what to do about it, so I left the clinic thinking it was just something I had to deal with. A co-worker told me about Dr. Berger who treated her for fibroids and infertility.  I made an appointment with Dr. Berger, after an examination, he confirmed that I had multiply fibroids and sent me for a sonogram. The sonogram revealed multiple fibroids both inside and outside my uterus; the largest one was inside my uterus. My doctor told me my only option was to remove the fibroids especially if I planned on having any kids. He told me that if I got pregnant with the amount and size of my fibroids I would have a miscarriage. My doctor immediate went into treatment mode; he treated me with Depo Leuprolide injections for six months. The depo leuprodlide shrunk the fibroids and pulled a number of them together, which would make it easier for my doctor to remove them. Because of the size of my fibroids, my doctor had to perform an abdominal myomectomy. An abdominal myomectomy required an incision in my abdomen (a caesarian) and also cutting in the uterus to access the fibroids. I spent five days in the hospital and three weeks home recovering. A year later I was advised by my doctor that it was now a good time to get pregnant, because the fibroids would grow back which would mean I would have to have surgery at some point again. Having a baby meant lessening my chance of my fibroids growing back. A year later I had my daughter, and now six
years later, I still have fibroids but they are tiny and the birth control pills
I’m on have kept them from growing.”

While my wife is fine now, at time she gets night sweats, the side effects of the depo
leuproldeide she was treated with to shrink her fibroids. She doesn’t have the heavy
periods and pain anymore. Because my wife had to have an abdominal myomectomy she
had to have a cesarean delivery, because her uterus was weaken by the fibroid surgery.
The doctor also told my wife that if she was to have another child, it would have to be
done by cesarean, which means having her stomach open by surgery a third time. If that
was to happen, it would be the last time from my understanding that a cesarean can be
performed on a woman.

**The Case of a Friend’s Cousin**
(Kisha, 38, Bronx NY (Caribbean native))
I was privy to a conversation my wife, my mother and a friend was having
one day in the hallway of my mother’s apartment building. My friend was
telling how her cousin had died from heavy bleeding. My friend was
Black, said she didn’t have fibroids, but she too had experience heavy,
painful periods, like most women. Apparently her cousin was illegal in the
country for years and for over the last year, she had been having heavy
bleeding. Her cousin had gone to clinics and was told she had fibroids and
needed surgery to remove them. But since her cousin was illegal she was
afraid to go to the hospital, in fear that she might get deported. So the
woman lived with the heavy bleeding for an entire year. She became
anemic and thin during this time. For that year the woman had bleeding,
even when it wasn’t her menstrual time. Apparently the woman was
bleeding off-and-on for over a year. Finally she passed out and ended up
in the emergency room, the doctors in the emergency room couldn’t treat
her because she didn’t have insurance, so she was released and sent home.
Two weeks later the woman died of excessive bleeding.
HOW does the brain generate our metaphysical feelings from the physical body? According to Damasio, after an “emotive stimulus” (such as a bear) is seen, the brain automatically triggers a wave of changes in the “physical viscera”, as the body prepares for action. The heart begins to pound, arteries dilate, the intestines contract, and adrenaline pours into the bloodstream. These bodily changes are then detected by the cortex, which connects them to the scary sensation that caused the changes in the first place. The resulting mental image—an emulsion of
thought and flesh, body and soul- is what we feel. It is an idea that has passed through the vessel of the body.” (Lehrer, 19)

Healing the physical body when it’s being attacked by disease can result in both joy and sadness for anyone. You either beat the disease or it beats you. The human body is unpredictable, no one can predict how one body will respond to any drugs or treatment it’s given to rid itself of a disease.

**Chinese Herbal Treatment for Fibroid**

In my research I can across an interesting article about how Chinese herbal treatments for fibroids. The researcher was a Dr. Li Yu-Yan of the Da Feng Municipal Chinese Medical Hospital in Jiangsu, the article was tiled, “The Treatment of 98 Cases of Uterine Myoma with Internally Administered & Externally Seeped Chinese Medicials”. 98 women, both in/out patients at the hospital were studied. All the women were diagnosed with uterine myomas, 3 of the 89 women were under 30 years old, 8 were between 30-40, 62 between 40-50 and 25 over 50 years old.

The Internal treatment method consisted of a number of herbs such as: “Radix Angelicae Sinensis (Dang Gui), Radix Ligustici Wallichii (Chuan Xiong), Resina Olibani (Ru Xiang), Resina Myrrhae (Mo Yao), and Feces Trogopterori Seu Pteromi (Wu Ling Zhi), 1000g each, Semen Pruni Persicae (Tao Ren), Cortex Tubiformis Cinnamomi Cassiae (Guan Gui), Rhizoma Sparganii (San Leng), Rhizoma Curcumae Zedoariae (E Zhu), and Sanguis Draconis (Xue Jie), 1200g each, Flos Carthami Tinctorii (Hong Hua), Fructus Foeniculi Vulgaris (Xiao Hui Xiang), and Hirudo Seu Whitmania (Shui Zhi), 600g each, and Radix Astragali Membranacei (Huang Qi), 1500g.” Li reported in her research article.

**Radix Angelicae Sinensis (Dang Gui)**

**Resina Olibani (Ru Xiang)**
Li Yu-Yan document the following, “If there was profuse menstruation which dribbled and dripped without stop and which was pale in color but contained clots, if there was lower abdominal pain when the menses came and the pain was fixed in location, and if the tongue had static spots or static macules and the pulse was fine and bowstring, this was categorized as stagnation and blood stasis pattern and twice the San Leng and E Zhu were used and 500 grams each of Radix Auklandiae Lappae (Mu Xiang), Rhizoma Cyperi Rotundii (Xiang Fu), and Radix Linderae Strychnifoliae (Wu Yao) were added. If the menses were profuse and colored red with clots, if there was menstrual movement abdominal pain, premenstrual breast distention or headache, vexation and agitation, or easy anger with a dark tongue, static spots or static macules, and a bowstring, slippery pulse, this was categorized as liver depression with blood stasis. In that case 1000 grams of Radix Bupleuri (Chai Hu) and 500 grams of Ramulus Cinnamomi Cassiae (Gui Zhi) were added. If the menses were profuse with clots, there was insidious lower menstrual movement abdominal pain, lack of warmth in the four limbs, low back and knee soreness and limpness, clear urination, lassitude of the spirit, lack of strength, fear of cold or vexatious heat, a dark tongue with static spots and/or macules, and a fine pulse, this was categorized as kidney vacuity plus blood stasis. In that case, 500 grams each of Radix Lateralis Praeparatus Aconiti Carmichaeli (Fu Zi) and Fructus Corni Officinalis (Shan Zhu Yu) and 1000 grams of cooked Radix Rehmanniae (Shu Di) were added. All these medicines were ground into powder and placed into gelatin capsules (of unmentioned size). Then six capsules were administered each time, three times per day. During menstruation, these medicines were suspended, and two months equaled one course of treatment.”

Li reported that the external treatment consisted of: “500 grams each of Rhizoma Sparganii (San Leng), Rhizoma Curcumae Zedoariae (E Zhu), Sanguis Draconis (Xue Jie), Resina Olibani (Ru Xiang), Resina Myrrhae (Mo Yao), Herbal Leonuri Heterophylli (Yi Mu Cao), Radix Salviae Miltiorrhizae (Dan Shen), and Spica Prunellae Vulgaris (Xia Ku Cao) and 400 grams each of Radix Pseudoginseng (San Qi) and Euplophaga Seu Ophistholpatia (Tu Bie Chong).” This was soaked in 75% alcohol for one month. Then a large cotton gauge was soaked in this mixture and applied over the lower abdomen on top of the uterus. A heat lamp was used for 30 minutes to warm the area as hot as the patient could tolerate. This therapy called for one course of treatment per week, with a three days rest period for results. The internal Chinese medicine was administered for one course and the external medicine were applied for six courses before assessing outcomes with ultra-sonography.

According to Li Yu-Yan article the treatment outcome resulted in the following, “Cure was defined as disappearance of the myoma(s) as well as clinical symptoms. Marked effect was defined as decrease or disappearance of the clinical symptoms and shrinkage of the myoma(s) by 50% or more. Some effect was defined as decrease or disappearance in clinical symptoms and shrinkage of the myoma(s) by 33% or more. No effect meant that there was no change in clinical symptoms and no marked shrinkage of the myoma(s). Based on these criteria, after one course of treatment, eight women in this study were judged cured, 54 got a marked effect, 31 got some effect and five got no effect. After two courses of treatment, 10 patients were cured, 62 got a marked effect, 23 got some effect, and three got no effect, for a total amelioration rate of 97%.”
Dr. Li’s study resulted in a 97% total amelioration rate, its description of outcomes are not as helpful as they could be. If all the patients who were cured had small, subserous or submucosal myomas and all exhibited primarily blood stasis patterns, then this would make a big difference to other practitioners considering whether or not to use this protocol with one of their own patients. The defining response to Chinese medical treatment was based on size is fairly common within the Chinese medical literature on uterine myomas, and Dr. Li’s opinion about response relating to the size of the fibroids is justified. Uterine myomas larger than 5cm do not typically respond to only 2-4 months of Chinese medical therapy is also an important consideration for patients and practitioners alike.

**Herbal Treatments**

There are a number of natural treatments recommended for shrinking or treating fibroids. Most physicians recommend a whole foods diet, this eliminates the estrogen found in products such as meat and dairy. Phytoestrogen foods such as soy, flax and beans along with vitamin and mineral supplantations such as vitamin C, b & E, also beta-carotene, and magnesium are recommended.

An exercise recommend is the kegal exercises it helps circulate the pelvic and can increase energy. Sitz baths are also recommended to ease pelvic pain. Acupuncture and massage can also increase circulation and energy. Herbal treatment for fibroids involves the following: Balancing hormones, increasing circulation and elimination, reducing bleeding and managing pain. Of course all these herbal treatments depend on the woman that’s taking it. While some of these herbal treatments are beneficial to some women, others might not see any results at all. A woman body and hormones plays a great role it how it heals itself, or even how it reacts to certain medicine and herbal remedies.

**Herbal Aides For Fibroids.**

- **Vitex**- helps to normalize hormonal production and ovulation through its effects on the pituitary gland
  
  **Dosage**- Liquid extract- 1/2 teaspoon each morning
  
  Dry herb in capsules- 500 mg each morning
  
  Standardized extract-225 milligrams of an extract standardized for 0.5 percent agnusides

- **Dandelion**-a very good nutritive herb with high levels of vitamins and minerals
  
  **Dandelion** improves liver function, helping to metabolize hormones.
  
  **Dosage**-Liquid extract- 1 teaspoon three times a day
  
  Dry herb in capsules- 1000 mg three times a day
**Witch hazel**- a good astringent herb to help with excessive uterine bleeding
Liquid extract- 1/4-1/2 teaspoon three times a day
Dry herb in capsules- 250-500 mg three times a day
Caution- only use witch hazel intended for internal use, witch hazel preparations intended for topical application should not be taken internally

**Wild Yam**- a good antispasmodic (Pain reliever)
Liquid extract- 1/2-1 teaspoon every 2-3 hours as needed for pain
Dry herb in capsules- 500-1000 mg every 2-3 hours as needed for pain
**Other herbs**- Cramp Bark, Black Haw, California Poppy, kava kava, Jamaican Dogwood

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**CASE STUDY**
(Fibroid Treatment)
**Name:** Kim Miller, **Age:** 47  
**City:** Bear, DE

**Q&A**
When did you first found out you have fibroids? **2003**
What lead you to get tested for fibroids? **Pregnancy difficulty, I had been trying to get pregnant for almost 4 years.**
How soon did you seek or began treatment? **Immediately!**
What kinds of treatments were recommended by your doctor? **Laparoscopic. Myomectomy.**
What type of no-surgical treatment did you receive? **None.**
What type of surgically treatment did you receive? **Laparoscopic Myomectomy.**
How long was your recovery time? **3 days to a week.**
How many years since you had surgery/treatment? **8 years.**
How has it changed your life? **I have two beautiful healthy children, ages 5 and 1 year old. Without the surgery I would not have been able to have children. First I thought it was because I was older, but it was the fibroids that I didn’t know I had that were causing the problem.**
Do you still have fibroids? **Yes, small ones that are monitored twice a year.**
Name: Sharon Mayne, Age: 40
Country: Jamaica

Q&A
When did you first found out you have fibroids? *When I went for regular check up.*
What lead you to get tested for fibroids? *Pain in lower stomach, with extremely bad cramps.*
How soon did you seek or began treatment? *A month after the Doctor’s recommendation.*
What kinds of treatments were recommended by your doctor? *Myomectomy.*
What type of no-surgical treatment did you receive? *None.*
What type of surgically treatment did you receive? *Myomectomy.*
How long was your recovery time? *6 Wks.*
How many years since you had surgery/treatment? *6 yrs.*
How has it changed your life? *Yes, I don’t have any more bad stomach pain.*
Do you still have fibroids? *No.*

Diet and Fibroids

A women’s diet can also be a contribution factor in her developing fibroids. Women, who consume a diet of fried food, red meat and food laced with harmful chemical, can put themselves at risk of getting fibroids. Some African American women are notorious for having bad diets. They are less likely to seek help for obesity; a bad diet topped with stress can be a contributing factor to fibroids. African American women had been known to lack the discipline to alter their diets. Contributing factors such as, kids, work, family, and stress makes it difficult for most women to watch what they put into their bodies. Maintaining a good diet requires time and commitment, which most women even today don’t have. Working moms tend to grad whatever they can eat on the go; too busy to take note until it affects their health. Fibroids don’t just grow overnight; they can be the result of years of bad health, diets, and stress.

I recalled when my wife found out about her fibroids and one of the main things she had to take out of her diet was red meat. My wife didn’t eat that much red meat, but her Doctor told her to remove red meat from her diet. According to U.S. Department of Health, red meat is associated with the increase risk of women getting fibroids. Red meat increases a woman’s exposure to xenoestrogens which stores fatty tissues that can alter the body natural hormone level, thus causing the growth of fibroids.

Case Study (Fibroids)
Name: Charmane Spencer, Age: 35
City: Spanish Town, Jamaica

Q&A
When did you first found out you have fibroids? *After four miscarriages, I went to the doctor and he told me I had fibroids.*
What lead you to get tested for fibroids? *Excessive bleeding when I had my periods.*

How soon did you seek or began treatment? *Six months, because I had to save the money for the operation.*

What kinds of treatments were recommended by your doctor? *Abdominal myomectomy.*

What type of no-surgical treatment did you receive? *None.*

What type of surgically treatment did you receive? *An abdominal myomectomy, the fibroids where so big, the doctor had to open my stomach to get them all out.*

How long was your recovery time? *Three weeks*

How many years since you had surgery/treatment? *Four years.*

How has it changed your life? *I now have a handsome 2 year old son.*

Do you still have fibroids? *I don’t know I haven’t been tested for them.*

“The structure of music reflects the human brains penchant for patterns. Tonal music (that is, most baroque, classical, and romantic music) begins by establishing a melodic pattern by way of the tonic triad. This pattern establishes the key that will frame the song. The brain desperately needs this structure, as it gives it a way to organize the ensuring tumult of notes. A key or theme is stated in a mnemonic pattern, and then it is avoided, and then it returns, in a moment of consonant repose.” *(Lehrer, 130-131)*

How our brain and body process stress is key to our health. Stress can cause all types of things to manifest in a human’s body. How we keep our minds is the key to better health, unfortunately people tend to focus on the bad rather than rejoice in the good.

**Fibroids and Stress**

In an excerpt from her book, “The Fibroid Tumors and Endometriosis Self Help Book, Celestial Arts” Dr. Susan M. Lark, stated that “Many of the fibroid and endometriosis patients I see in my medical practice complain of major stress along with their physical symptoms. My personal impression as a physician who has worked with women patients for close to 20 years is that stress is a significant component of many recurrent and chronic health problems, including fibroids and endometriosis. To discount the effects of lifestyle stress on illness is a grave mistake. If the physician ignores stress as a contributing factor, the patient never receives the tools or insight necessary to modify her habits and behavior to better support good health and well-being.”

Research has shown that stress can have a negative effect all kinds of diseases. Physiologically stress increases the cortisone output from the adrenal glands, which impairs immune functions. When this happen blood pressure, heart rate and hormonal balances can escalate. This can upset the estrogen balance in women consequently triggering excessive output of adrenal stress hormones. The result is that the body in unable to limit the scarring and swelling caused by the endometrial implants, resulting in fibroids tumors growing during times of stress.
For a woman stress can come from a number of things, such as financial issues, relationship problems, family, friends, and job/work load, along with a variety of other daily problems. The pain and stress of dealing with fibroids and be difficult for any woman. Fibroids can cause infertility and a woman trying to conceive and unable to do so, this can create unwanted stress. Fibroids have been known to cause pain during intercourse for some women, which can disrupt their sexual relationship.

To distress because of fibroids woman can either get counseling or support from their friends and family. To manage stress can be a task within itself, so a woman had to be discipline when it comes to stress management. A good means of avoiding stress is to practice stress relieving techniques, such as medication and deep breathing daily. Physical exercise is a key to relieving stress.

In her book, “The Fibroid Tumors and Endometriosis Self Help Book, Celestial Arts” Dr. Susan M. Lark recommends some techniques on how to relief stress:

- **Exercise for Relaxation:** Exercise can help women deal with emotional stresses, especially dealing with fibroid symptoms. The key for a woman is to chose exercises that they enjoy and do them on a regular bases. Books, tapes even gyms are a great means to exercise and stress reduction. Exercise is known to improve one’s physical health. It can also calm the mind a key factor in restoring a body’s normal condition.
- **Focusing:** Fibroids or menstruation craps can be painful, so focusing; clearing your mind and breathing deeply can be a helpful exercise. Focusing can bring a sense of calm and peace to anyone. It is also great for relieving any anxiety one has.
- **Peaceful Meditation:** Stress can lower your pain threshold, by increasing discomfort and muscle tension. For women suffering with fibroids stress can cause them even more pain. Meditation the simple act of emptying one’s mind can give a woman peace and resting. Meditation can calm your mood and improve a woman’s ability to handle everyday stress more effectively.
- **Healing Mediation:** This type of meditation is helpful by focusing on a series of peaceful and beautiful images thus producing a positive state during menstrual pain. Visualizing beautiful scenes in one’s mind can help your body heal and produce positive chemical and hormonal changes. Healing mediation can reduce pain, irritability and discomfort.
- **Discovering Muscle Tension:** Lower back and abdominal pain is part of discomfort women have to deal with when it comes to fibroids. Most of this pain stems from tense muscles which decreases blood circulation and oxygenation. Pain causes one to tighten their muscles, thus creating even more stress on the body. Women who deal with menstrual pain tends to tighten their pelvic area the most. Muscles tension can affect a woman’s mood. One method of relieving this tension is to loosen the muscles and relax. When the muscles are lose and relaxed it places a woman in a better mood, diminishing anxiety and subduing pain.
- **Progressive Muscle Relaxation:** Learning to relax by lying in a comfortable position, then inhaling and exhaling slowly and deeply can relax muscles.
**Affirmations:** Affirmations are positive statements that a woman can give herself to ease tension and pain associated with menstrual or fibroid pain. A woman’s state of health is determined by her state of mind. Putting one’s self in a positive state of mind can heal one’s body or enable it to manage whatever pain it might be experiencing. If a woman tells her body it is sick it will remain sick, but if she tells her body it can heal and it will be fine then it will do so.

**Visualizations:** Visualization exercises can help a woman maintain her mental and physical health. Positive thoughts bring positive results. Thinking positive and produce good chemical and hormonal output in a person’s body.

The reason why fibroids grow is because there is an imbalance in a woman’s system. So the lingering question is does stress really cause fibroids to grow? Some professionals seem to think that managing pressuring is a critical key in shrinking fibroids. In an article by G. Atkinson titled “Can Stress cause Fibroids to Grow?” Atkinson reported that, “Modern reports have indicated a strong hyperlink among substantial stress amounts, the worsening of signs and symptoms and the true development of fibroids. When combined with other potent elements, these as toxin develop up, an insufficient diet regime and insulin resistance, anxiety can make fibroids considerably worse.”

Pressure is known to increase blood sugar, muscles contractions and evaluate blood pressure. When people stress they can experience more muscle soreness as tissue become tense. In women with fibroids this can cause harm. According to G. Atkinson’s article, Atkinson states that, “This signifies that fibroid signs or symptoms can seem much worse. In terms of progress, then the disruption of hormones and the body’s biochemical processes can lead to the menstrual cycle to dysfunction, quite possibly creating uterine cells to multiply, hence creating fibroids.” Managing your tension is a key to managing your fibroids symptoms.

While stress is not a direct and primary cause of fibroids, it can contribute to them and their symptoms. Uterine fibroids and stress is recognized by many experts as linked in some way or the other. Controlling stress levels by using any form of relaxing techniques can be effective in managing fibroids.

“Our sense of sound begins when a sound wave, hurtling through space at 1,100 feet per second, collides with the eardrum. This shudder moves the tiniest three bones in the body, a skeleton locked inside the ear, pressing them against the fluid-filled membranes of the cochlea. The fluid transforms the waves of salty liquid, which in turn move hair cells (so named because they look like microscopic bristles). This minute movement opens ion channels, causing the cells to swell with electricity. If the cells are bent at a sharp enough angle for long enough, they fire an electrical message onward to the brain. Silence is broken. Sound has begun.” (Lehrer, 128-129)
What we hear feel and how we react to things depends on what’s going on in our bodies. If your body is well then most likely your mind will be also. While this is not always the case, how we treat our bodies depends on our outlook on life. Mostly like if you keep your body and mind clean then you are mostly likely to live a clean life. One way people keep their bodies clean is by detoxing and refueling with nutrients that will keep them healthy.

**Detoxing Treatment for Fibroids**
Therapists believe that one of the common results of fibroids is a buildup of toxins in the liver. These toxins tend to imitate that of estrogen. Cleansing or detoxifying is a highly recommend effective method to stop fibroids from growing. When a woman’s body produces extra estrogen it can cause fibroids to grow, the problem with preventing estrogen is that it can be very difficult. Estrogen is found in many foods, beauty products, even plastic food containers and wraps that can allow it can migrate into foods. Estrogen is used as a growth hormone especially in cattle. Fighting estrogens intake for any woman can be challenging, since it is in almost all the products that a woman uses.

Fibroids flourish on excess estrogens, so women need to illuminate or reduce their intake of animal fats in their diet. There are many foods and environmental substances that have estrogens that the body can absorb and is unable to fight off. Cleansing is a good means to restore damaged cells and fortify healthy rejuvenated cells to the vital organs like the liver and the kidneys. Women living in extremely stressful situations over a long period of time can contribute to fibroids growth. The more stress place on the body and the greater the risk of getting fibroids. Stress is known as a contributing factor for fibroids. Stress often leads to bad eating habits for most women. Food for most people provides emotional comfort and distraction from the stress in our lives. Cleansing body can eliminate poorly ingested foods and permit the body to better manufacture the needed elements to fight stress naturally, thus avoiding fibroids.

Administering a natural detox diet can help the body flush out excess fats and hormones that can cause fibroids to grow. Detoxing can lead to weight loss, a good thing for most women who are struggling with their weight. To combat fibroid grow it’s good for a woman to have a naturally healthy balance. Cleansing the body can also help organs rejuvenate. Cleansing naturally is a safe alternative to harsh drugs or chemicals to detox the body. A natural cleans is a gentle solution to eliminate toxins from the body. Juice fasting and taking natural herbs such as liverwort, artichoke and milk thistle are great remedies. While our liver is designed to keep the body clean, the intake of everyday and excessive toxin calls can need help in using other means of detoxification.

According to an article in WedMD on Health & Balance, it states that the, “The good news is that your body has its own natural detoxifying process that works quite well. The liver and kidneys do a good job of processing chemicals and eliminating them in sweat, urine, and feces. For example, the colon's natural bacteria detoxify food wastes and its mucus membranes prevent bacteria and toxins from reentering the body. The liver combines its own chemicals with other chemicals, making water-soluble compounds that your kidneys can excrete in urine.”
Cathy Wong’s article on “The Detox Diet”, states that, “A detox diet is a short-term diets, often 3-21 days. A detox diet allows your bodies to focus on self-healing, with the goal being to raise energy levels, stimulate digestive health, clear and remove bloating, improve concentration, avid allergies and prevent premature aging and diseases.” A woman should consult her doctor before embarking on any form of detox diet, because she can end up doing more harm than good to her body.

The most common detox diets are:

- **The Master Cleanse** - Also called the lemonade diet, a fast that involves drinking only lemonade, grade B maple syrup, and cayenne pepper.
- **Juice fasting** - A type of fast that calls for consuming only fresh vegetable and fruit juices, such as beet juice and wheatgrass juice, and water. Juice fasts include the Blueprint Cleanse.
- **Smoothie and shake fasting** - Involves drinking pureed or blended vegetable and fruit smoothies, especially green smoothies.
- **Commercial cleanse programs** - Specially designed protein powders, vitamins, nutrients for detoxification. Examples include the acai cleanse, Colon Clenz, and Bowtrol
- **Raw food detox diet** - Based on the raw food diet. Involves only eating food that is raw or hasn't been heated above 118 degrees.
- **Ayurvedic detox diet** - An Ayurvedic cleansing and rejuvenation plan called pancha karma.

**Case Study**

**Lori Jenkins, 30**  
**Caucasian NYC**

“When I first found out I had fibroids, the first thing that came to mind was that I had to have surgery. A number of my friends had dealt with fibroids so I knew a bit about the whole process of getting rid of fibroids. The thing with me was that my fibroids weren’t that large but they were growing. So I decided to go the alternate route to treat my fibroids. I decided to do a detox and embark on a natural diet, illuminating beef and cutting down on the amount of chicken I ate. The whole detox and natural diet was not easy. My body started lacking certain nutrients and I lost weight, which wasn’t good for me seeing that I was a size six and had fallen to a size two. The one good thing was that my fibroids did shrink. Currently I’d trying my best to gain back some of the weight while maintaining this natural diet of eating healthier. One thing with eating healthier, more fruits and vegetable, is that I have to actually eat more meals so I don’t get hungry. Currently my fibroids are not threatening in size, but I have had sacrifice some weight to keep them from growing.”
“The best metaphor for DNA is literature. Like all classic literary texts, our genome is defined not by the certainty of its meaning, but by its linguistic instability, its ability to encourage a multiplicity of interpretations. What makes a novel or poem immortal is its innate complexity, the way every reader discovers in the same words a different story. For example, many readers find the ending of Middlemarch, in which Dorothea elopes with Will, to be a traditional happy ending, in which marriage triumphs over evil. However, some readers—such as Virginia Woolf—see Dorothea’s inability to live alone as a turn of plot “more melancholy than tragedy.” The same book manages to inspire two completely different conclusions. But there is no right interpretation. Everyone is free to find his or her own meaning in the novel. Our genome works the same way. Life imitates art.” (Lehrer, 46-47)

Our DNA is what makes us unique; it can also be a deciding factor in how our bodies react to certain medical treatments.

**Fibroids: Best Treatment Option**

The medical treatment for women dealing with fibroids includes surgery and uterine artery embolization (UAE). The non-medical option includes non-steroidal medication such as birth control pills, ibuprofen, and hormone treatments such as gonadatropin releasing hormone (GnRH) agonists.

The most well known surgical treatments are: Myomectomy, Hysterectomy, Endometrial Ablation and Mylosis, but the most promising treatment is Uterine Artery Embolization(UAE), this is a new approach to treating fibroid tumors. The procedure is performed by an interventional radiologist trained in the use of X-rays to guide cleanly invasive interventions within the arteries. During the procedure, the radiologist makes a small nick in the skin in the groin and inserts a
catheter (a thin tube, the size of a strand of spaghetti, which can be seen with X-rays) into an artery. The catheter is guided to the arteries that bring blood to the uterus, and very small particles are injected through the catheter to obstruct the blood supply to the fibroid tumor. This causes the tumors to shrink.

According to an article by Howard Richard, M.D., an interventional radiologist at the University of Maryland Medical Center, and an assistant professor of diagnostic radiology at the University Of Maryland School Of Medicine."This procedure causes the fibroids to degenerate and shrink while leaving the uterus intact; UAE strips the fibroids of their blood supply."

The UAE procedure has become more popular as more women are learning about it. The procedure has garnered incredible attention. Fibroids are so common a subject between women, that they are seeking more information and alternative treatments. The three main benefits of a UAE procedure is that: A) the recovery time is shorter (a week). B) There is virtually no risk of transfusion (as there would be in a surgical procedure). C) Many women can have the procedure done and go home the same day. With UAE there is a long-term patient satisfaction and recent studies show that tumors will not grow back. Compared to a myomectomy (the surgical removal of the fibroid tumor but not the uterus), UAE treats the fibroids in the entire uterus. When myomectomy is performed, doctors only take out the fibroids that are visible. In most cases after a myomectomy fibroids can continue to grow.

**Case Study (Fibroids)**

**Angela Berry, 46**

**Ethnicity: Jamaican-American**

When did you first found out you have fibroids? *At age 35, I started having long periods which lead to very heavy bleeding by the time I turned 42.*
What lead you to get tested for fibroids? Extremely heavy bleeding and my stomach kept getting larger and larger every year.

How soon did you seek or began treatment? Immediately.

What kinds of treatments were recommended by your doctor? Birth control.

What type of no-surgical treatment did you receive? Birth control was recommended to stop the heavy bleeding, but after reading about the side effects, I decided not to take them. After bleeding for 17 days straight I decided to have surgery.

What type of surgically treatment did you receive? Abdominal myomectomy.

How long was your recovery time? 5 day in the hospital. 3-4 months for full recovery.

How many years since you had surgery/treatment? 2 years.

How has it changed your life? Best thing I ever did. While I never had any pain with the heavy bleeding, I don’t have the heavy bleeding anymore.

Do you still have fibroids? None.

**Focused Ultrasound**

Focused Ultrasound uses magnetic resonance image guided focused ultrasound (MRgFUS).

Focused ultrasound requires no incisions or general anesthesia, only mild sedation, and the results are minimal discomfort and few complications. The recovery time is rapid recovery, allowing the surgery to be performed on an outpatient basis. Focused ultrasound destroys fibroid tumors, without incisions or harm to other organs.

Focused Ultrasound works by concentrating up to 1000 intersecting beams of ultrasound energy with extreme precision on a target deep in the body as small as 1 mm in diameter. It is like a magnifying glass focusing multiple beams of light on a single point. Each individual beam of focused ultrasound passes through the tissue, it has no effect. But where the beams converge on the target they have an effect, just as the converging beams of light will burn a hole in a leaf. The bean burns away tumors effectively. This kind of magnetic resonance imaging allows physicians
to identify and target the exact tumors that need treatment, which is immediate and very effective for patients. Of all the treatment options available the one that seems the most promising and effective is the uterine artery embolization (UAE). The results are superior and the side effects are minimal for women who have fibroids.

The road a woman must travel when it comes to dealing with fibroids is a hilly one. There are many options and treatment paths a woman can take, depending on the severity of her fibroids. The good thing is that there are more options and treatments being developed and perfected in treating these tumors. The mere mention of the word fibroids can strike fear in women who know of the disease. While it isn’t fatal, it is something that a woman should not ignore and should get treated as soon as possible. While fibroids can be unavoidable for some women, it can be rectified from the simplest thing as changing her diet to the drastic a hysterectomy. Thankfully there are many treatment options a woman can choose from, however the key seems to be in how well a woman takes care of her body before and after dealing with fibroids.
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