

## Fibroids

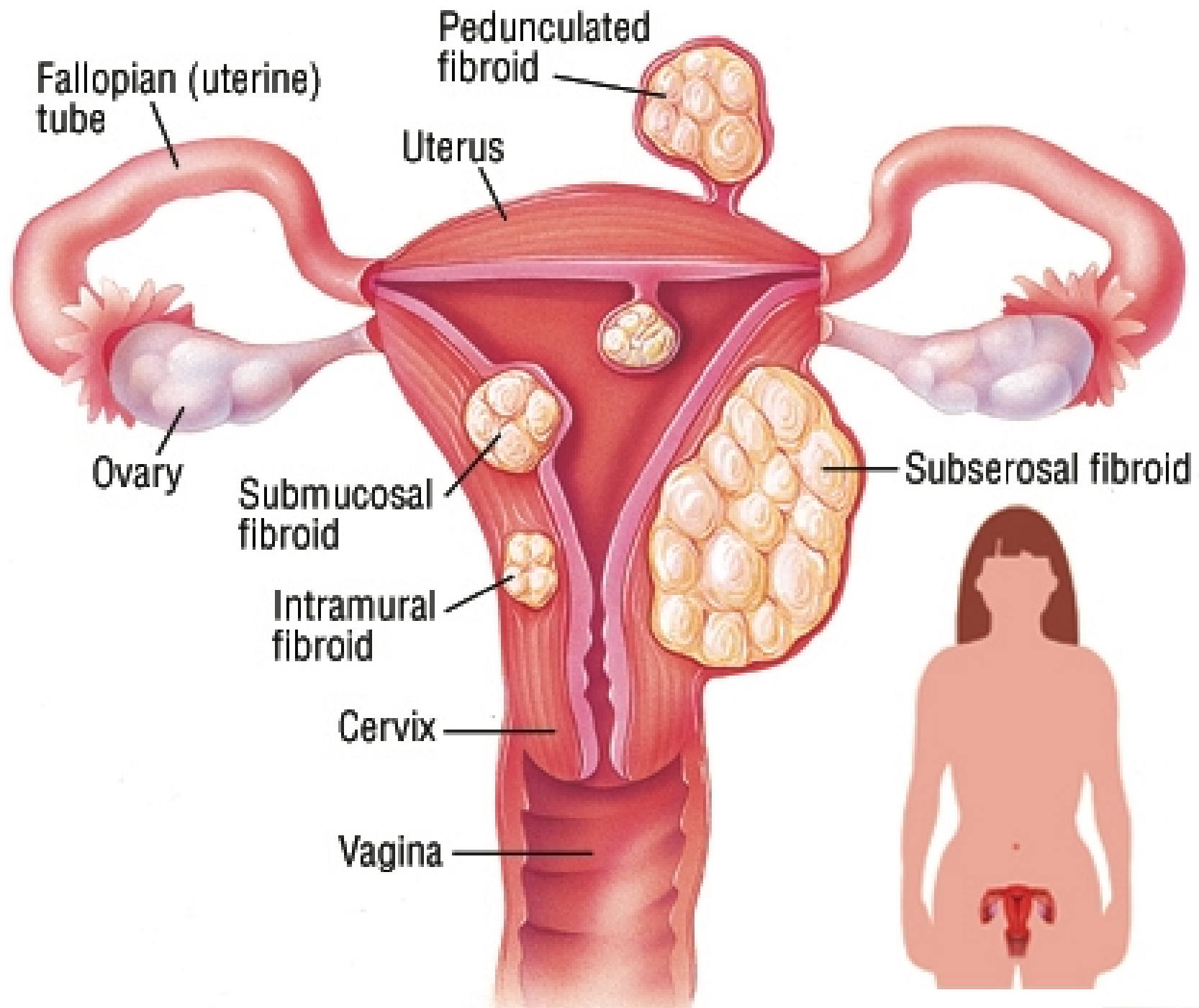
Fibroids are abnormal growths that develop in or on a woman's uterus. Sometimes these tumours become quite large and cause severe abdominal pain and heavy periods. In other cases, they cause no signs or symptoms at all. The growths are typically benign, or noncancerous.

Mayo Clinic

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# Fibroids



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# Symptoms of Fibroids

Many women who have fibroids don't have any symptoms. In those that do, symptoms can be influenced by the location, size and number of fibroids. In women who have symptoms, the most common signs and symptoms of uterine fibroids include:

Heavy menstrual bleeding

Menstrual periods lasting more than a week

Pelvic pressure or pain

Frequent urination

Difficulty emptying the bladder

Constipation

Backache or leg pains

Rarely, a fibroid can cause acute pain when it outgrows its blood supply, and begins to die.

Fibroids are generally classified by their location. Intramural fibroids grow within the muscular uterine wall. Submucosal fibroids bulge into the uterine cavity. Subserosal fibroids project to the outside of the uterus.

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## Possible causes of Fibroids

Genetic changes. Many fibroids contain changes in genes that differ from those in normal uterine muscle cells.

Hormones. Oestrogen and progesterone, two hormones that stimulate development of the uterine lining during each menstrual cycle in preparation for pregnancy, appear to promote the growth of fibroids.

Fibroids contain more oestrogen and progesterone receptors than normal uterine muscle cells do. Fibroids tend to shrink after menopause due to a decrease in hormone production, however can be worse during perimenopause.

Other growth factors.

Substances that help the body maintain tissues, such as insulin-like growth factor, may affect fibroid growth.

Extracellular matrix (ECM). ECM is the material that makes cells stick together, like mortar between bricks. ECM is increased in fibroids and makes them fibrous. ECM also stores growth factors and causes biologic changes in the cells themselves.

Doctors believe that uterine fibroids develop from a stem cell in the smooth muscular tissue of the uterus (myometrium). A single cell divides repeatedly, eventually creating a firm, rubbery mass distinct from nearby tissue.

The growth patterns of uterine fibroids vary — they may grow slowly or rapidly, or they may remain the same size. Some fibroids go through growth spurts, and some may shrink on their own.

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## Risk factors for Fibroids

There are few known risk factors for uterine fibroids, other than being a woman of reproductive age.

Factors that can have an impact on fibroid development include:

**Race.** Although any woman of reproductive age can develop fibroids, women of African descent are more likely to have fibroids than are women of other racial groups. In addition, they have fibroids at younger ages, and they're also likely to have more or larger fibroids, along with more-severe symptoms.

**Heredity.** If your mother or sister had fibroids, you're at increased risk of developing them.

**Other factors.** Onset of menstruation at an early age; obesity; a vitamin D deficiency; having a diet higher in red meat and lower in green vegetables, fruit and dairy; and drinking alcohol, including beer, appear to increase your risk of developing fibroids.

Please note that early menarche and well as the dietary risk factors all point to excess oestrogen exposure, reducing excess oestrogen can diminish and see the disappearance of fibroids.

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# Natural approach to Fibroids

Fibroids are four times more common in women with history of PID. Adopting an anti-inflammatory approach can help reduce fibroids.

Using case taking and/or DUTCH testing can give clarity on hormones levels, usually I would suggest a hormone balancing programme plus oestrogen clearance to help reduce hormonal factors that contribute to fibroid growth.

Always assess environmental factors and address accordingly.

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