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Female - Botanical therapies for Fibrocystic Breast Disease

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Fibrocystic breast disease, also known as cystic mastitis and mammary dysplasia, is a common female complaint affecting a minimum of 20% of women of reproductive age. The breast pathology appears to arise due to the proliferative effects of female hormones on breast tissue. Proliferative changes may occur in the mammary glands, ducts, epithelium, and fatty deposits of the breast. Fibrocystic lesions are the most common of all breast pathologies affecting non-nursing women (with mastitis being the most common in nursing women), and are thought to be associated with hormonal activity, primarily estrogen. The term fibrocystic disease is somewhat vague, as the lesions can be numerous and painful requiring medical treatment, or they can be tiny and cause no symptoms whatsoever. Small fibrous changes in the breast are so common that, when very minor, some have considered them to be a variation of normal tissue. Fibrocystic lesions are benign, although there may be a slight increase in the precancerous tendencies. With fibrocystic changes, epithelium, glands, and other breast tissues become more fibrous and can be palpated as having a ropy, firm texture. Lumpy, irregular granular changes are sometimes palpated. However, single or small clusters of individual, defined cysts can also occur. The cysts are often tender, more so in the second half of the menstrual cycle, and particularly around the time of the menstrual period. Frequently, the tenderness is due to rapid changes in fluid content of the lesions due to the hormonal cycle. The lesions are almost always in both breasts and the locations are usually symmetrical. The occurrence of tenderness and the changes in size of the lesions usually follows a regular pattern in relation to the menstrual cycle. Fibrocystic masses are usually easy to distinguish from cancerous masses or cysts by their tenderness, their cyclical nature, the rapid changes in size, and the presence of multiple lesions in both breasts symmetrically. When there is only one mass present, and when there is no cyclical tenderness or change in size, it is more difficult to rule out neoplastic lesions such as benign fibroadenoma or the more serious malignant mass. Mammography, fine needle aspiration, and/or biopsy is required to aid diagnosis. Mammography is the first diagnostic choice, but it isn't conclusive for distinguishing between benign and malignant lesions. When necessary, biopsies and aspiration are performed using local anesthesia.

Treatment for fibrocystic lesions varies greatly between standard allopathic medicine and natural medicine. Allopathic medicine may offer hormonal therapies. Standard treatment for severe fibrocystic breasts has been oral androgen therapy to counteract the effect of endogenous estrogens. The commonly prescribed drug danazol reduces the release of all gonadotropins from the pituitary.

In naturopathic medicine, fibrocystic breasts are viewed as a sign of hyperestrogenism or poor hormonal metabolism. Clearly, hormones play a role in the disease, as the cyclical nature of the complaint attests. Individuals who take hormones, such as birth control pills, may develop fibrocystic breasts as a result of the increased estrogen in the body, compared to the liver's ability to conjugate and excrete it. Birth control pills, other hormones, and other pharmaceuticals are known to promote cholestasis within the liver. The formation of cysts in the body may be thought of as the body's attempt to remove substances it finds offensive from the tissues and circulation. In the formation of cysts, the body performs the role of the liver, when the liver is unable to do so. Pharmaceutical estrogen therapy is not effective for fibrocystic breasts, may worsen the complaint, and in fact, cause the complaint. Ingestion of exogenous hormones will increase the workload on the liver and contribute to cholestasis. {Picture 1}

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According to naturopathic theory, people who consume a lot of meat, eggs, and dairy products may also ingest estrogens in small amounts due to hormonal residues in animal products. Animals are often fed estrogens to bring them to market weight more quickly, or to increase milk and egg production. Hormonal residues consumed on a regular basis may also contribute to the hormonal load on the body. Recently, the hormonal influences of accumulated pesticides in the environment has also drawn scientific attention.

The view in naturopathic medicine is that, since it is the liver's job to metabolize hormones in circulation, liver disease can lead to the development of hyperestrogenism and fibrocystic breasts. The liver removes active estrogens from circulation, conjugating them and releasing them to the gastrointestinal tract for elimination. When the liver is inundated with work to do, such as processing many hormones, emulsifying fats and cholesterol, removing toxins, pesticides, drugs, alcohol, or other substances from the blood, it may have a difficult job metabolizing estrogens. When the bowels are constipated or when there are undesirable bacterial flora present, estrogens that have been conjugated in the liver for elimination are unconjugated in the intestine, reabsorbed, and returned to the liver a second and even third time, adding to the liver's workload. Methyl-xanthines occurring in coffee, cola, chocolate, and black teas will also aggravate fibrocystic disease.

In respect to bioenergetics, the theory that disease is a result of energy blockage in a particular tissue, organ, or organ system, the breasts would represent mothering, nourishing, or nurturing activities. When a woman is blocked or has issues around her mothering or nurturing role, including an excess of, or a lack thereof, breast pathology may result. When hormonal aberrations do not seem the likely cause of the complaint, or when the condition is unresponsive to the normally effective therapies, investigate the possibility of issues around mothering, fertility, parenting, mother-daughter difficulties, mother-child difficulties, lack of self-nurturing, and other similar psychological patterns.

For the reasons explained above, improving liver function and intestinal function may optimize hormonal metabolism in the body and have a positive effect on fibrocystic disease of the breast.

Herbs that may improve liver congestion:

Silybum marianum (milk thistle seed)

Curcuma longa (turmeric)

Ceanothus americanus (red root)

Taraxacum officinalis (dandelion root)

Arctium lappa (burdock root) and many others are of value

Lipotropic nutrients

Choline, inositol, and methionine also support liver function and are found in commercial lipotropic formulas. Lipotropic literally means “fat-mover” and the term is used to refer to substances that are able to help the liver metabolize fats and remove them from the blood stream. Besides improving fat metabolism, lipotropics will also aid in the metabolism of fat soluble nutrients and aid the liver in its other metabolic functions such as the processing of hormones, estrogen, sulfa drugs, glucose, and glycogen. Although choline may be synthesized from methionine, glycine, or serine in the body, but it has recently been described as an essential nutrient. Choline is necessary to synthesize acetylcholine, a crucial neurotransmitter and cellular messenger. Choline is notably high in egg yolks and lecithin. Soybeans and other legumes are high in lecithin which provides phosphatidylcholine needed to emulsify fats, breaking them down to be metabolized. Table 1 shows some foods and herbs high in choline content. {Picture 2}

Choline and inositol may be synthesized by sulfur-metabolizing intestinal bacteria. Inositol is a B-vitamin that acts as a lipotropic agent in a manner similar to choline. Since inositol can be synthesized from glucose, it is not thought to be essential as choline and methionine. Methionine is a sulfur-containing amino acid that is necessary to the synthesis of choline, cysteine, and taurine. When converted to cysteine, this sulfur compound acts as a liver antioxidant and detoxifier. Methionine is not abundantly available in vegetarian diets, but is found in dairy, eggs, fish, and meat, especially organ meats. Vegetarian sources are legumes such as soybeans, and nuts and seeds. Table 2 shows foods and herbs rich in methionine. Table 3 shows the levels of methionine in various forms of soy. Note that soy is high in both choline and methionine.

Choline and methionine may be transformed into glutathione within the liver. Glutathione is needed by the liver to metabolize alcohol, hepatotoxins, and other toxic substances. Milk thistle seed-has been observed to raise liver glutathione levels in the liver, preventing its depletion. Hyperestrogenism, as well as Gilbert’s syndrome, will often respond to methionine and milk thistle therapy. Bile or bile salts, will also, of course, act as lipotropic agents. Using liver products, such as protomorphogens or consuming organic liver as a food will also provide choline, methionine, sulfur, B-vitamins, fat soluble vitamins, and many other substances. {Picture 3} {Picture 4}

Lymphatic botanicals

Botanicals that can assist the lymphatic system in clearing congestion and accumulated fluids or wastes in the tissues may reduce fibrocystic pathology. By assisting in the removal of excessive fluids, lymphatics may prevent stagnation and cyst formation in the breasts.

Lymphagogue botanicals (lymph movers) include:

Phytolacca decandra (poke root)

Iris versicolor (Iris)

Ceanothus americanus (red root)

Galium aparine (Cleavers or bedstraw)

General circulatory tonics such as *Capsicum annum* (cayenne) may improve the activity of other botanicals. If there is evidence of varicose veins, hemorrhoids, or poor circulation, also consider *Ginkgo biloba* (Ginkgo), *Vaccinium spp* (blueberries, bilberries, whortelberries), *Crataegus oxycantha* (hawthorne), or *Hammamelis virginiana* (witch hazel).

Hormonal balancers

Herbs that reduce hyperestrogenism are of value in fibrocystic disease. The alternatives already mentioned may serve to balance hyperestrogenism by enhancing the metabolism and elimination of hormones. Phytosterols may also reduce hyperestrogenism by binding to hormone receptors in the body, including breast tissue, and competing with the stronger endogenous estrogens. Phytoestrogens are much weaker in effect than circulating hormones, so when some of these plant compounds are in circulation crowding out the body's hormones and taking up some of their binding sites, the net overall hormonal effects will be reduced. Table 4 shows the volume of estrogenic constituents in some plants. Note that volume does not necessarily equate with activity. Other plants with estrogenic activity are *Caullophyllum thalactroides* (blue cohosh), *Smilax officinalis* (sarsaparilla), and *Cimicifuga racemosa* (black cohosh). *Vitex-agnus castus* also has a hormone-modulating effect, though not due to phytosterols. It promotes secretion of leuteinizing hormone, shifting the estrogen-progesterone ratio in the direction of progesterone.

Progesterone

Any number of progesterone pharmaceutical, “natural” progesterones, and creams are presently popular in the treatment of female complaints, including fibrocystic breasts and the premenstrual syndrome that is thought to aggravate it. Women who truly have a low progesterone levels may benefit from these therapies, be it natural or pharmaceutical. However, hyperestrogenism is not corrected by combating it with progesterone. This is a common therapeutic mistake. When estrogen is too high, supplementing progesterone does not lower estrogen, but only temporarily masks the problem by opposing the action of elevated estrogens. Such therapy may help only minimally, or do nothing but increase the hormonal load on the body. Progesterone therapy may temper some of the symptoms of unopposed estrogen in the body, but will not restore hormone balance. Pathologies and liver burden will progress. An alternative approach would be to leave the progesterone alone and try to reduce the estrogen, improve hormonal metabolism, improve liver function, improve lymphatic activity, and optimize local circulation. {Picture 5}

Specific considerations

Some herbs may be indicated for specific symptoms or pathologies. Herbs that act specifically act on mammary, tissue include:

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Phytolacca decandra (poke root) for hard, lumpy lymphatic swellings. Breast cysts accompanied by congestion in tonsils, white coated tongue.

Iris versicolor (wild iris) for lymphatic enlargement and congestion due to poor elimination. For lymphatic swelling and cysts that feel watery and boggy. {Picture 6}

Baptisia tinctoria (wild indigo) as synergist for inflamed tissues and tendency to infection, pustules, fetid tonsils, enlarged lymph glands and frequent infections.

Cimicifuga racemosa (black cohosh) is indicated for dense heavy aching pains.

Bryonia alba (Bryony) - Inflammatory pains that are worse with motion. Feels best to bind the breasts firmly. Bryonia is toxic and should be used homeopathically or in drop doses only.

Atropa belladonna (belladonna) For sensations that are full, engorged, and throbbing, homeopathic or diluted preparations of this potentially toxic botanical are indicated.

Hydrastis canadensis (goldenseal) Astringent to dampness in the body.

Rosmarinus officinalis (Rosemary) may act as a drying, tissue astringing agent.

Topical considerations

Heat, dry or moist.

Clay poultices. Prepare a paste with fine bentonite or other drawing clay and warm water. Leave in place until dry and wash off.

Phytolacca decandra (poke) oil Apply topically once or twice a day for at least a month. Cover with heat for 15-30 minutes and then wash off with cool soap and water.

Castor oil packs

Essential oils. Thuja, diluted rosemary, chamomile, rubbed into breasts and covered with heat. Use caution with any essential oils not to burn the skin.

Nutritional therapies

Choline, inositol, ½ to one gram of each per day., Vitamin E. 400-800 IU per day.

Flax oil or other essential fatty acid source, 1 Tbls daily in lieu of animal fat, oil, butter, cheeses.

B-complex and magnesium, as cofactors for liver detoxification.

Possible protocol in the treatment of fibrocystic breast disease

- Eliminate or greatly reduce coffee, chocolate, black tea, and all sources of caffeine

- Eliminate or greatly reduce consumption of commercial animal products and the hormones they contain.
- Eliminate pharmaceutical estrogens wherever possible
- Improve liver function by reducing exposure to any obvious hepatotoxins.

- Lipotropic formulas. Typical dosage is 3-6 pills per day, to provide choline, inositol, methionine, bile, hepatotonic botanicals, and B vitamins, magnesium

Alterative tea

Combine the following herbs in equal parts

Decoct 1 tsp / cup of water and drink 3 or more cups per day.

Taraxacum officinale root (dandelion)

Arctium lappa root (burdock)

Berberis aquifolium root (Oregon grape root)

Rumex crispus root (yellow dock)

Glycyrrhiza glabra root (licorice)

Foeniculum vulgare seed (fennel)

Citrus aurantia (Orange peel)

Zingiber officinale root (ginger)

Cinnamomum zeylanicum bark (cinnamon)

Tincture

Combine equal parts of the following herbal tinctures.

Take 1/4 to 1/2 tsp, 3-5 times daily.

Rosmarinus officinale (rosemary)

Phytolacca decandra root (poke)

Smilax officinalis (sarsaparilla)

Silybum marianum seed (milk thistle)

