As a clinical breast thermographer I see more and more fibrocystic breast cases than any other abnormality of the breast. Cysts are likely to develop in women ages 30 to 50; however, the youngest patient that I've evaluated was a 12-year-old with multiple cysts in her breasts. In fact, I am seeing this condition increasingly in younger and younger women. One has to ask the question: “what would contribute to the rise of this condition so early in life, and what would happen to these girls and women over the years if they continue on this path”.

The symptoms of fibrocystic breast disease (FBD) may range from mildly annoying in some women to extremely painful in others. The severity of these symptoms may range from month to month in the same woman. Some women feel that their breasts become so painful that they can't bear to touch them and will have trouble sleeping at night due to the pain. This disease itself is not dangerous, but it does complicate breast self-examination since it is difficult to identify a new lump amongst existing ones. Consequently, the probing, squishing, x-raying and routine biopsies that many women experience due to the fibrocystic structure of their breasts may in fact result in more trauma and increase the risk of developing malignancy.

In my opinion, synthetic hormones in our environment along with growth hormones and estrogens that are fed to livestock mimic estrogens that encourage the proliferation of this condition in most women. Young girls are beginning to menstruate at the age of 10, whereas the age of menstruation began between the ages of 14 and 16 just one generation ago. Women also continue with their menstrual cycle until the age of 52-54, rather than at age 50 or younger a generation ago. This unprecedented extension of the menstrual cycle has a devastating effect on women, specifically on hormonal areas such as breasts and ovaries. The fluctuating levels of estrogen account for the cystic nature of inflammation and swelling common with PMS sufferers. Diets high in fat, with meat and dairy products that are loaded with xenoestrogens have a role in contributing to the formation of painful lumps. Caffeine in coffee, colas and so called 'energy drinks', theophylline in tea, theobrimine in chocolate have been shown to contribute to this inflammation and should be eliminated from your diet.

Women with a history of constipation or irregular bowel movements are several times more likely to have cysts than those who have at least one bowel movement per day. It is important to point out that those who regularly consume
a plant based diet excrete two to three times more detoxified estrogens than those who eat meat; carnivores thus tend to reabsorb excess estrogen through their intestinal wall. Patients that have cysts and fibroadenoma in their breast commonly will have cysts and nodules in other parts of their anatomy, of course the same areas that are hormonally affected along the endocrine tree including thyroid, ovaries, and uterus.

Many terms are used to describe certain conditions of the breast:

_Fibroadenomas_ are tumors that form in the tissues outside the milk ducts. They generally feel smooth and firm, with a somewhat rubber-like texture. Typically a fibroadenoma is not attached to surrounding tissue, and will move slightly when touched. They are most commonly found in adolescents and women in their early 20’s but can arise at any age.

_Cysts_ are fluid-filled sacs in the breast. They probably develop as ducts become clogged with old cells in the process of normal emptying and filling. Cysts usually feel soft and round or oval. However, a cyst deep within the breast may feel hard, as it pushes up against firmer breast tissue. A woman with a cyst may experience pain, especially if it increases in size before her menstrual cycle, as many do.

_Fibrocystic breast disease_ is a benign (non cancerous) condition characterized by round lumps that move freely within the breast tissue and generally expand and shrink with the onset and after menstrual cycle. It is estimated that as many as 40% of all women in North America have fibrocystic breast disease. Fibrocystic tissue usually presents with hypothermia (cooling) on a thermographic image.

_A cancerous growth_ in the breast is often not tender and not freely movable when touched. During thermographic evaluation, high risk areas often present with an asymmetrically hot area along with considerable warming during functional challenge.

A number of other breast problems that are benign or non-cancerous may be placed under the heading of fibrocystic conditions. These include disorders that may lead to breast inflammation (mastitis), infection, nipple discharge, dilated milk ducts, milk-filled cysts, wart-like growth in the duct, and excess growth of fibrous tissue around the glands. Many women have had several invasive procedures over the years such as needle aspirations and biopsies to investigate these conditions. One must ask if it is possible to prevent or even reverse this problem in the first place?
Fibrocystic disease should be treated with the understanding that it is a multifactorial problem that requires a multi-modal approach; the following strategies have been found to be very effective in our clinic:

We begin with a detailed case history of the individual to identify potential problem areas such as current health conditions, past diseases, medications that may cause symptoms, and any unresolved physical and psychological issues. Once the case "picture" is complete and there is a clear identification of imbalances, a therapeutic approach is applied to address the issues. Since each individual case history is unique, each case requires a different approach.

**Diet Advice** – besides eliminating caffeine, saturated fats and salt, a high fiber diet including a great variety of plant based foods free of pesticides and hormones will help in preventing cyclical fluctuations in cyst size and tenderness. A high fiber diet is extremely beneficial with the elimination of unwanted toxins preventing dangerous xenoestrogens from being re-absorbed back into the body. Increase consumption of vegetables, especially the cruciferous family (cabbage, broccoli, brussel sprouts and kale). The main ingredient in these vegetables is indole carbinols, which promote 2 hydroxyestrone, (a protective estrogen) and counters the proliferative effect of carcinogenic 16 alphahydroxy estrone (a bad estrogen). You should also keep your intestinal flora healthy with the use of probiotics.

Maintain and enhance your liver's ability to metabolize estrogens from different sources. This can be done through proper nutrition and requires very specific concentrations of nutrients and occasional liver support and detoxification. This is a continuous and life-long prevention program. The ultimate goal here is to improve your estrogen metabolism.

**Lifestyle Advice** - Start and maintain an exercise program that addresses three key components of health: duration (aerobics), strength (weight resistance), and flexibility (stretching). A moderate daily exercise routine will promote weight loss and hormonal balance, stabilizing your mood and the overall feeling of well being.

**Hormonal Balancing** – Over the years I have had the pleasure and privilege of knowing Dr. Pettle, MD, Canada’s leading authority on bio-identical hormones. I have observed that the proper assessment of a patient's hormonal levels - utilizing blood, saliva and urine testing should be done at the onset of treatment to establish a baseline and to clearly identify the hormonal imbalances that inadvertently contribute to breast abnormalities. It is not surprising to see that most problems in this area are a result of estrogen dominance and progesterone deficiency. The use of bio-identical progesterone in the second half of the female
cycle to balance the hormones has been proven time and time again to be extremely effective therapy. Natural Estrogen blockers made from cruciferous vegetables such as DIM and I3C along with Calcium D-Glucorate also proved their effectiveness over years of clinical work. European physicians have clinically used Lugol's solution, a mixture of iodine and potassium iodine, for over a hundred and fifty years. Proper thyroid testing is also essential, since thyroid conditions usually precede breast disease.

**Homeopathic Medications** – are a safe and extremely effective way of balancing your problems naturally by allowing your system to correct itself with gentle stimulation of your own immune response. Unlike so many conventional medications, homeopathics are never addictive. Once symptoms are relieved and resolved, you can stop taking them. Here is a list of just a few of the most common medications that I've used over the years:

*Phytolacca Decandra (poke root)* – comes to mind as the most prominent glandular remedy and almost always is useful in problems associated with mastitis. Tenderness of the breasts before and after menses. Breast tumors with the enlargement of Axillary glands. When a patient complains about breast pain in the upper outer quadrant radiating into the Axillary regions, I always think of this great medicine.

*Conium Maculatum (poison hemlock)* – indispensable in conditions that present with very hard nodules, tenderness and swelling around menses. Painful swelling in the Axillary glands with numbness going down the arm.

*Silicea Terra (pure flint)* – as a consequence of defective nutrition and assimilation, these patients will complain of stitching (splinter like) pains. Unhealthy tendency to suppuration with fistulas and abscess conditions, keloids, painful scars. Soreness of drawn in nipples, sensation of a stone pressing in the breast.

*Scrophularia Nodosa (knotted figwort)* – useful in dissipation of nodules in the breast. The characteristic symptoms would be pain in all flexor muscles. Incidentally, very useful in Hodgkin's disease.

*Lac Caninum (dog's milk)* – this patient will present with symptoms of painful swelling in the breasts before menses, worse with jarring motion. This woman will hold both breasts firmly going up or down the stairs. Her nipples may be painful and the pain usually alternates from side to side.

*Asterias Rubens (red starfish)* – may have symptoms of ulceration in the breast, nodules and indurations with lacerating pains that are worse at night; these pains may extend all the way from Axillary glands through the arm to the end of the
little finger. Restlessness of lower extremities at night would very much indicate
the use of red starfish.

**Botanicals and Phytotherapy** is the oldest method known in our history to treat
disorders; I have always had a lot of respect for Mother Nature's infinite wisdom
by providing us with the tools to help us heal the sick. Botanical hormonal
normalizers help the body regularize swings and hormone imbalances, enabling
a move towards complete removal of the problem. Although no true specifics are
known for fibrocystic breast condition, *Agnus Castus* (*vitex*) is undoubtedly
strongly indicated since it aids in the natural production of one's own
progesterone. Oil of Evening Primrose may also be of great value. We have used
the following formula at our clinic for the past few years and have found it to be
very beneficial for fibroadenoma:

Echinacea Angustifolia
1:2
30mg

Scutelaria Lateriflora
1:2
30mg

Paeonia Lactiflora
1:2
25mg

Thuja Occidentalis
1:5
15mg
total 100mg
To be taken at 5mg three times per day for 3 months.

When addressing the problem of fibrocystic conditions, several components must
be addressed simultaneously to provide effective treatment, for example:

**Lymphatics** -
to promote drainage and vitality of lymph tissue

**Diuretics** -
to alleviate water retention

**Anti Spasmodics** -
provides help with dragging pains

**Nerve Relaxants** -
for problems associated with PMS
Essential Oils - my good friend Dr. Janet Greene MD in Santa Fe New Mexico, who also happens to be a fellow (BCCT) Board Certified Clinical Thermographer, sees many patients with fibrocystic breast disease. In conjunction with other treatments, essential oils are very beneficial to many of her patients. She uses a combination of Frankincense, Sandalwood, Lavender, Green Myrtle and a touch of Grapefruit in a base of Jojoba oil. She explains that Frankincense and Sandalwood are anti-tumorals and help create an environment high in oxygen thus making it impossible or difficult for bacteria and viruses to survive. Green Myrtle supports the thyroid, while Lavender is the universally beneficial oil.

Supplementation:

*Vitamin A* taken in high dosages stimulates complete or partial remission of cystic mastitis. Beta Carotene in high doses of 100,000 IU or higher has been shown greatly effective for this condition. One cup of carrot juice or sweet potato contains 20,000 IU of Beta Carotene.

*Vitamin E* – has provided dramatic results in controlling cystic mastitis, take 600 IU daily of d-alpha tocopherol. Vitamin E-based antioxidants are found in rice bran, palm fruit, barley, and wheat germ.

*Iodine* – 0.25 mg per day, the best sources come from sea vegetables such as nori, kelp and dulse. Lugol's Solution as mentioned above will require doctor's prescription. Studies have suggested that women who are iodine deficient may have a predisposition towards developing breast cysts. The body requires iodine for the production of the thyroid hormone.

Other Beneficial Supplements:

- Vitamin C
  - 500 mg per day
- Vitamin B6
  - 200 mg per day
- Zinc
  - 15 mg per day (picolinate preferred)
- Flaxseed oil
  - 300 ml per day
- Lactobacillus acidophilus
  - 1 teaspoonful three times a day
- Evening primrose oil
  - 1500 mg twice a day
- Coenzyme Q-10
  - 150mg per day or more
- Flax seed
freshly ground tablespoon twice a day

**Lymphatic Drainage** - Appropriate use of lymphatic drainage and manual massage therapy has been very beneficial to many of our patients. A properly working lymphatic system is essential in the treatment of breast conditions; gentle manual stimulation is very effective.

Finding a lump in the breast could be a terrifying experience for some women; one should always consult with her healthcare practitioner and have the lump examined. Fibrocystic breast disease is a condition that definitely could be managed given the proper approach. Patience and perseverance are key, though there are many options available, become proactive.