

FIBROIDS

Fibroids, or leiomyomas, are benign tumors of the uterine muscle that are extremely common, affecting almost 25%-35% of women older than 35 years and 70%-80% of women by the age 50. Risk factors for fibroid development include early menarche, African American ethnicity, hypertension, polycystic ovarian syndrome (PCOS), and family history. [1] Although fibroids are often asymptomatic, those causing symptoms have a significant impact on quality of life and health care spending. Most women with fibroids present with abnormal uterine bleeding, pelvic pain, or fertility issues. Transvaginal ultrasound is the diagnostic test of choice.

The cause of fibroids is not well understood. Research demonstrates that fibroid tumors overexpress many growth factors that are responsive to systemic inflammatory mediators.[2] These growth factors promote proliferation and angiogenesis, leading to vascular abnormalities and excessive bleeding.[3] For this reason, therapies that focus on decreasing inflammation in the body may help limit fibroid growth.

Fibroids are sensitive to hormonal influences, including both estrogen and progesterone. In a woman's life cycle, most fibroids proliferate during perimenopause, when the estrogen to progesterone ratio increases, before becoming dormant in menopause, when this ratio decreases. Many treatment approaches involve interventions that decrease estrogen dominance in the body.

The American College of Obstetricians and Gynecologists recommends that only symptomatic fibroids be treated.[4] Conventional treatment includes medications, procedures involving uterine ablation or uterine artery embolization, and surgical management with myomectomy and hysterectomy. The American College of Obstetricians and Gynecologists reviews these interventions in their guidelines for the treatment of fibroids.[5]

Despite a lack of extensive research on other ways to address fibroids, there are several approaches that have potential benefits and limited risks and should be offered to women with symptomatic fibroids.

ESTROGEN DOMINANCE

Treat estrogen dominance, including a diet high in cruciferous vegetables, omega-3 supplementation, avoidance of xenoestrogens, and promotion of a healthy intestinal microbiome. For more information, refer to the "[Estrogen Dominance](#)" Whole Health tool.

INFLAMMATION

Decrease inflammation in the body through an anti-inflammatory diet and omega-3 fatty acid supplementation. For more information, refer to "[The Anti-Inflammatory Diet](#)".

MOVING THE BODY

Recommend a moderate amount of daily exercise for women at risk of fibroid development, as research shows that women with the greatest physical activity were significantly less likely to develop fibroids.[6]

VITAMIN D

Consider checking a 25-hydroxyvitamin D level and supplementing low levels; research suggests that vitamin D may inhibit fibroid growth in vitro.[7]

BOTANICALS

Botanicals may help improve fibroid symptoms, including menorrhagia and abnormal uterine bleeding. Although little research exists to support their use in fibroids, many women prefer a trial until menopause is reached, at which time symptoms may improve or resolve.

Note: Please refer to the [Passport to Whole Health](#), Chapter 15 on Dietary Supplements for more information about how to determine whether or not a specific supplement is appropriate for a given individual. Supplements are not regulated with the same degree of oversight as medications, and it is important that clinicians keep this in mind. Products vary greatly in terms of accuracy of labeling, presence of adulterants, and the legitimacy of claims made by the manufacturer.

Chaste tree berry (*Vitex agnus-castus*) is used to treat menstrual irregularities including menometrorrhagia. The exact mechanism of action is unknown, but it has effects on multiple neurotransmitters and hormones, including a progestogenic effect on the endometrial lining.[8] The typical dose is 20-240 milligrams per day of crude herb. It is generally well tolerated; side effects include headache, gastrointestinal disturbance, acne, and rash.[9]

Ginger (*Zingiber officinale*) and **turmeric** (*curcuma longa*) may be beneficial due to their anti-inflammatory activity. Ginger is often used to decrease heavy menstrual flow. Ginger dose is typically 1-4 gram(s) per day of dried powder or 100 milligrams per day of ginger root extract.[3] Turmeric dose is typically 500 milligrams twice daily.[10]

ENERGY MEDICINE

Some women prefer to explore the energetic nature of fibroids, associated with the second chakra of emotions, relationship, and creativity. Warshowsky[11] recommends using a castor oil pack placed over the pelvis for 20-30 minutes to increase energy flow and attention to the area. Through meditation and visualization exercises during this time, women can reflect on second chakra issues and visualize the flow of healing energy to decrease fibroid size. For more information, refer to [Passport to Whole Health](#), Chapter 17 on Energy Medicine: Biofield Therapies.

OTHER HEALING MODALITIES

Depending on the symptoms that a woman may be experiencing as a result of fibroids, acupuncture and acupressure may be helpful, as some research suggests it reduces pain in dysmenorrhea.[12,13]

RESOURCE LINKS

- Estrogen Dominance: <https://wholehealth.wisc.edu/tools/estrogen-dominance/>
- The Anti-Inflammatory Diet: <https://wholehealth.wisc.edu/tools/the-anti-inflammatory-diet/>
- Passport to Whole Health: <https://wholehealth.wiscweb.wisc.edu/wp-content/uploads/sites/414/2018/09/Passport-to-Whole-Health-3rd-Edition-2018.pdf>

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