

**WAYS TO CONTROL  
THE GROWTH OF UTERINE FIBROIDS  
ALLOPATHIC VERSUS ALTERNATIVE APPROACHES**

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# WAYS TO CONTROL THE GROWTH OF UTERINE FIBROIDS

## ALLOPATHIC VERSUS ALTERNATIVE APPROACHES

### INTRODUCTION

This research paper is part of the requirements for a yoga therapy course that the writer is currently doing. We were at random to choose whatever interested us. I wanted to look at the use of herbs to control disease in a world where allopathic procedures and medicines are easily accessible and considered more modern. In many societies alternative therapies are considered “bush medicine” and not showing results fast enough. Jamaica has a tradition of herbal remedies by “traditional healers,” that is the person who is not formally (academically) trained. (S)he may have been the daughter or son of a herbalist or learned through apprenticeship with a herbalist. In addition, in recent years, several persons have received training in North America as naturopaths.

I have recently done some studies in Ayurveda and have been a student of yoga for many years. In addition, I am interested in learning more about herbs and their properties and uses. I discussed my options for a research topic with Dr. Syamala Devi, an Indian *Ayurvedic* doctor practicing in Jamaica. I did not want to look at the much talked about diabetes or cancer. Dr. Devi mentioned that fibroids are a big problem in Jamaica, and that she had seen a number

of clients with this problem. I consulted the other two alternative practitioners who confirmed that they had also seen a number of clients with this problem.

I therefore decided to do a comparative study to look at the allopathic approach to controlling fibroids versus alternative therapies which have been used effectively by three practitioners in Jamaica. The clients of these practitioners usually come to them after trying medical treatments and are often attempting to avoid further surgical intervention.

There is no clear agreement on the root cause(s) of the condition called uterine fibroids, but the consensus is that it is related to hormones produced in the body, in particular estrogen and progesterone. As with most medical conditions, the physical is a reflection of what is occurring at the psychological, emotional, and/or other levels. This paper will attempt to show that treatments commonly referred to as “alternative,” may be as viable, more economical and less traumatic than “conventional” medicine. The information presented is by no means exhaustive, neither from the medical nor from the alternative perspective. The writer herself has no medical background but has participated in alternative therapies such as acupuncture and energy healing for problems related to the skin and to circulation as well as *Ayurveda*, a holistic therapy; and complementary therapies such as reflexology and reiki.

It is hoped that the information presented here may provide food for thought about current approaches to controlling the growth of myomas and the options that may be offered to women to help them manage their health issues. Each approach has its merit and it is the writer’s dream that one day all practitioners will feel comfortable to refer clients to those persons using a different but effective approach.

The three alternative practitioners have been selected because they are formally trained in their specific domains, have been working in their areas of specialization for at least ten years, and have brought relief to many persons in Jamaica suffering with differing ailments. There are other alternative practitioners in Jamaica who could have been consulted, but due to the limitation of time (twelve days), the writer was not able to access more persons. Only one practitioner was able to have me consult with two of her clients. Another one said that he would have had difficulty to identify clients who would be willing to share their private stories. Nonetheless the writer is of the opinion that there is sufficient information presented to merit the consideration of alternative therapies as viable and equally successful especially regarding myomas. Although health matters which are related to hormonal issues present a challenge to analyze and diagnose consistently, other underlying causes related to diet, emotional traumas including stress, exposure to modern technology, may need to be explored in greater depth.

## METHODOLOGY

I used twelve days in which to prepare this paper because the rest of my home study time was dedicated to working with five clients who presented situations that would benefit from yoga therapy.

Firstly I consulted the worldwide web where I found numerous entries under the heading of uterine fibroids. After selectively gleaning through ten sites I felt that I had a good understanding of the matter and found that much of the information was repetitive.

I then interviewed two of the alternative practitioners and noticed that diet was mentioned by both of them as an important factor. I went to the Caribbean Food and Nutrition Institute (CFNI) to find out if there was any information about Caribbean foods and their chemical properties as in phytoestrogens. Unfortunately the publication on Caribbean foods looks at mineral properties such as iron, magnesium, calcium, etc. and calorie count. No publications were found with information about phytoestrogens.

*The American Journal of Obstetricians and Gynaecologists* and *International Journal of Obstetricians and Gynaecologists* were also made available to me at the CFNI. These are two prestigious publications but the information found here was of course restricted to scientific research, some too technical for my purposes. A few articles gave me ideas about other issues to look at concerning choices to client such as cost and efficacy of method.

I briefly spoke with two gynaecologists and a radiologist to get some insight on the situation in Jamaica. From the radiologist I learned that no embolization procedures are currently available in Jamaica. This particular radiologist is an imaging radiologist, doing X-rays, ultrasound, etc. which is quite different from an interventional radiologist who does embolization.

To complete my research I had to interview women who are suffering from the problem. I was particularly interested in meeting the clients of the alternative practitioners but unfortunately one practitioner did not think any of his clients would be willing to share their information in a public forum. The *Ayurvedic* doctor was able to contact two persons who willingly talked with me. I did not ask the third person to meet any of his clients because I would not have had sufficient time to meet with them.

The other two women who gave me testimonials are friends and were very willing to be helpful.

I have greatly enjoyed doing this paper and have learned a great deal in the process. I sincerely hope that in the not too distant future a cross section of persons involved in health issues - medical, alternative, complementary and others – will get together to do research on the situation of uterine fibroids in the Caribbean, not primarily with lucrative interests, but with a genuine interest in helping future generations of women in the region.

Uterine fibroids are benign muscular tumours which grow from the smooth muscle layers of the uterus. They are the most common benign neoplasm in females. Other names used are: leiomyoma, leomyomata, myoma, fibromyoma, myofibromas. Fibroid tumours of the uterus are very common, but for most women, they either cause no symptoms or cause only minor symptoms. They can grow as a single tumour, or there can be many of them in the uterus. Size varies from an apple seed to a grapefruit, and exceptionally they can be very large.

#### Symptoms of the presence of myomas

Symptoms depend on the size, location, number and pathological findings. When they are small, they may be entirely asymptomatic. Symptoms generally relate to the location of the lesion and its size. Leiomyomas are associated with a range of dysfunctions including heavy and/or painful menses, abdominal discomfort or bloating, abnormal gynaecologic haemorrhage, backache, pressure on the bladder or rectum, infertility. Pregnant women may experience recurrent miscarriage, premature labour, fetal malpresentations and complications of labour. Few studies exist regarding fibroid-related reproductive dysfunction. The prevailing clinical perspective, however, is that these complications most often occur when fibroids physically distort the uterine cavity.

#### Characteristics of women

There is no clear profile of the type of women who are susceptible to having myomas. In general, they are more common as women age, especially during the 30s and 40s, through to menopause. After menopause, fibroids usually shrink as the body is no longer producing estrogen. If a family member, such as the mother or grandmother had the condition, it increases the risk for the female offspring by about three times. Women who are overweight

are at higher risk for fibroids. For very heavy women, the risk is two to three times greater than average. High consumption of red meat such as beef and ham has been linked to a higher risk of fibroids. In the United States, it is estimated that 50% of African-American women may be affected by myomas compared to 25% among Caucasians.

### Contributing factors

Researchers think that more than one factor could play a role. Estrogen, in particular, and progesterone levels significantly affect the growth and development of fibroids. Other hormones such as growth hormone (GH) and prolactin (PRL) are also thought to promote fibroid growth, but their role is less well defined. Causes can be genetic, hormonal, environmental or some combination of all three. There are few scientific studies that directly examine the genetic component of fibroid development. Pregnancy and the taking of contraceptive pills, when hormone levels are high are conducive environments for the rapid growth of fibroids.

### Location of leiomyomas

Where can leiomyomas be found in the uterus? There are three groups based on where they grow:

- i. Submucosal – grow under the lining of the uterus into the uterine cavity. These are the least common fibroids but cause the most problems such as very heavy and prolonged periods.
- ii. Subserosal – grow on the outside of the uterus and expand outward through the wall, giving the uterus a knobby appearance.

- iii. Intramural – are found within the wall of the uterus and expand inward increasing the size of the uterus and making it feel larger than normal in an internal examination. It can make menstrual bleeding heavier and can cause pelvic pain and back pain.

Submucosal and subserosal leiomyomas may be either pedunculated (attached to the surface of the uterus or grow into the cavity of the uterus) or sessile (broad based). Tumours in subserosal and intra-mural locations comprise approximately 95% of all leiomyomas.

Submucous leiomyomas make up the remaining 5%. Most leiomyomas, however, span more than one anatomic location.

### Testing

Fibroids may be felt during a pelvic exam, but many times myomas that are causing symptoms may be missed if the examiner relies just on the examination. Other conditions such as adenomyosis or ovarian cysts may be mistaken for fibroids.

Methods of testing to confirm that fibroids are present include:

- Ultrasound
- Magnetic Resonance Imaging - MRI
- Xrays (many x-ray pictures of the fibroids from different angles for a more complete image)
- Cat scan
- Hysterosalpingogram (HSG) or sonohysterogram. This involves injecting x-ray dye into the uterus and taking x-ray pictures. A sonohysterogram involves injecting water into the uterus and making ultrasound pictures.

## Allopathic Treatments

When uterine fibroids become a problem to a woman, the allopathic physician will usually suggest one of the following methods of treatment to his client depending on factors such as her age, the general state of her health, the symptoms of myomas that she may manifest, the state of her womb, desire for/number of children, *inter alia*:

### 1. Surgery

The first option may be a myomectomy where only the fibroids are removed. This procedure does not prevent the recurrence of fibroids at a later date.

The second option is a hysterectomy where the entire uterus, including the fibroids, is removed. Depending on the age of the client, one or both ovaries may be left in place to help the woman with hormonal changes in later life. Both types of surgery usually involve hospitalization of three days, five days if there are complications. It is estimated that of 600,000 hysterectomies performed annually in the United States, one-third are due to fibroids.

### 2. Medical Therapies

Medication such as gonadotropin-releasing hormone (GnRHa) agonists is an estrogen reducing procedure. Because myomas are dependent on estrogen for their development and growth, the induction of a low estrogen state causes a reduction of the tumour and uterus mass, resolving pressure symptoms. In addition, it reduces menstrual flow allowing women with bleeding induced anemia to significantly increase their iron store. Lupron, Synarel and Zoladex are some GnRHa products.

It is administered by injection, nasal spray or may be implanted. It can shrink the fibroids but the client may experience side effects such as hot flashes, depression, insomnia, decreased sex drive, or joint pain. Because it reduces or stops menstrual flow, GnRHs can cause bone thinning; this, due to the fact that bones require estrogen to stay healthy. For this reason, its use is limited to six months or less. Long term use can lead to bone loss or osteoporosis. Unfortunately, once the GnRH treatment is discontinued, the fibroids grow back and the uterus resumes its pre-treatment volume. Other medical therapies include: Pirfenidone, an antifibrotic drug ; androgenic agents (stimulating male hormones) such as Danazol, Gestrinone; Progestins Medroxyprogesterone Acetate and oral contraceptive pills to control menorrhagia presumably by diminishing the endometrium. These medications do not consistently decrease the uterus or fibroid volume and are often ineffective in controlling menorrhagia.

3. Uterine artery embolization (UAE) or uterine fibroid embolization (UFE). (According to the Society of Interventional Radiologists in Virginia, the two terms are interchangeable). Using interventional radiology techniques, blood supply to the fibroid is reduced. Small plugs are injected through a catheter to block the uterine arteries. This results in the shrinking of the fibroids alleviating the symptoms in most cases. There may be pain for a short time afterwards requiring use of pain killing medications and drugs. UAEs usually require a hospital stay of 1 night. UAEs may eliminate the need for surgical treatment of myomas.

It is reported that 85-90% of the women who had the procedure experience significant or total relief of heavy bleeding. The procedure is effective for multiple fibroids and large fibroids. In the United States, UFE has been used to treat uterine fibroids since 1995. Not all women are suitable candidates for the treatment. An ultrasound or MRI diagnostic test will help the interventional radiologist to determine the patient's suitability. Alternatively a physician knowledgeable in both embolization and traditional methods of treatment should be able to advise his client on the method most suitable for her case.

There is a less than 1% chance of injury to the uterus, potentially leading to a hysterectomy. These complication rates are lower than those of hysterectomy and myomectomy. Regarding fertility, there are numerous reports of pregnancies following UFE. Prospective studies are however needed to determine the effects of UFE on the ability of a woman to have children. Less than 2% of patients have entered menopause as a result of UFE. This is more likely to occur if the woman is in her mid forties or older and is already nearing menopause.

4. Magnetic Resonance Guided Focused Ultrasound (MRGFU) also known as High Intensity Focused Ultrasound (HIFU) is a non-invasive out-patient procedure that uses HIFU waves to destroy the fibroid tissue. It is used in combination with Magnetic Resonance Imaging (MRI) which provides a three-dimensional view of the targeted tissue, allowing for precise focusing and delivery of the ultrasound energy. It is a new technique in the United States of America and was approved for treating myomas by the Food and Drug Administration (FDA) in 2004. It is not a widely available procedure.

There are other newer procedures such as the hysteroscopic myomectomy and laparoscopic myomectomy which are available in Jamaica, North America and Europe.

Of the four procedures mentioned above it seems that surgery is the surest way to be rid of the problem of fibromyomas in the short-term or in the long-term with the single possible negative side effect of an inability to reproduce. Chemical products have a short-term effect with multiple side effects. UAE seems to be a good alternative treatment, depending on the symptoms of the myomas, but long-term (ten years) efficacy data are still lacking. Two points of interest, to the client in particular, would be efficacy and cost effectiveness.

A cost analysis of myomectomy, hysterectomy and UAE was done among 545 women in Canada in 2001. Firstly, it was found that the women who underwent hysterectomies and UAE were significantly older than the women who underwent myomectomy. Secondly, in terms of costs, abdominal myomectomy was approximately Can. \$1,781.73; abdominal hysterectomy, approximately Can. \$1,933.37; vaginal hysterectomy, approximately Can. \$1,515.39 and UAE, approximately Can. \$1,007.44. It was concluded that UAE is associated with lower hospital cost and a shorter hospital stay. Hospitalization after UAE is mainly for abdominal pain after procedure. A better method of pain control to reduce the rate of hospitalization and its cost is needed.

In 2004, a study was conducted in a Dutch hospital of 177 women with symptomatic uterine fibroids and menorrhagia who were eligible for hysterectomy. The group was randomly divided into UAEs (n=88) and hysterectomy (n=89). It was found that the minor complication rate from discharge from hospital till six weeks after was significantly higher in the UAE group than the hysterectomy group, 58% versus 40%. Regarding re-admission, UAE patients were

more often re-admitted, 11.1% versus 0% for hysterectomy. It concluded that higher re-admission rates after UAE stress the need for careful post-procedural follow up. UAE has a low major complication rate and a reduced length of hospital stay. The writer would like to surmise that since 2004, improvements would have been made in post-procedural follow-up. No literature has been found to support this however.

### Another angle

Research on the internet lead me to a number of websites from other medical professionals. A kinesiologist, Shola Oslo, based in the United Kingdom looked at the influence of different type of estrogens, occurring outside of the body. *Phytoestrogens* occur naturally in plants and are used by herbalists to help women going through menopause and to help block the effects of more powerful estrogen in women with estrogen dependent disorders such as fibroids. Included in this group are *hytroestrogens* such as yams and soy beans. *Mycoestrogens* are produced by fungi which mostly affects livestock and poultry but which is also present in mouldy crop such as rice, oats and wheat. Most of her argument weighed heavily on the effects of *xenoestrogens* which are synthetic and artificially created man-made chemicals which mimic estrogen in the body. One such, PCB (polychlorinated bifennel) was used in the 1970s in many industries but proved to be highly toxic; hence its use was discontinued. According to this kinesiologist, studies in the past ten years have linked xenoestrogens to fibroids, endometriosis, infertility, and low sperm count. They are supposed to have a stronger type of effect on cells than any other type of estrogen.

Xenoestrogens can be found in the fatty tissue of animals, fish, and human and even in human breast milk. They cannot be easily broken down in the environment, or by living

creatures, or by human beings. Bearing in mind that the modern livestock, poultry, and pond fish industries use synthetic hormones and antibiotics to enhance the size, weight and appearance of the different animals, the people who consume these products are indirectly ingesting and digesting these chemical products.

In addition to animals, non-organic fruit and vegetables are also a source of man-made chemicals. Manufactured products with a plastic base such as plastic bottles in which liquids are sold, plastic containers in which food is heated in microwaves and saran wrap are also a source of these deadly estrogens. Parabens, chemicals used in the cosmetic industry to prolong the shelf life of items, are also in this category of estrogens.

It is argued that women who are particularly sensitive to estrogen may be experiencing rapid fibroid growth because chemicals are everywhere. These chemicals may also be linked to breast cancer, infertility, painful heavy periods, endometriosis, and fibroids after menopause. To reduce the risk, it is recommended to: eat organic foods; use organic herbal remedies; use natural cosmetics; use natural cleaning products; store and heat food in ceramic, glass or stainless steels. The writer noted that a definition of the term “natural” is not included.

In her book *Fibroid Tumors and Endometriosis*, Dr. Susan Lark, focuses on diet, recommending that red meat be eliminated from the diet; stress reduction; exercise (including yoga); and massage as complementary approaches to managing uterine fibroids. There are many good suggestions here, but one may have to read other material about vegetarian substitutes such as soy products, before changing one’s diet.

### Herbal Products

The researcher found numerous websites offering alternative treatments for fibroids in the form of natural herbal products available in the United States. They all carry the declaration that the statements made by this site or product has not been evaluated by the Food and Drug Administration and not intended to diagnose, treat, cure or prevent any disease. This procedure is of course a legal requirement in the United States.

Some products focused on herbs to cleanse or strengthen the liver. Among the herbs mentioned in several products are: Vitex (chaste tree extract from fruit) which is supposed to work synergistically with other herbs to sooth our hormone fluctuation and clear excess estrogen; dioscorea (wild yam) extract (root) which reduces cramps, irritability, pain and mood swings; dandelion extract from the root to reduce water retention, it is rich in vitamins which are the building blocks for the body to balance itself helping to regulate the estrogen dominance; and zingiber officinale (ginger) root to reduce bloating and stomach upset.

### Three Alternative Practitioners in Jamaica

Paul Johnson, Tehuti, is a lifestyle transformation consultant. His practice includes medical nutrition – studies on vegetarianism and obesity as well as on herbs. As a wholistic approach to health, it draws on all parts of health and what is going on in one’s life to conclude what is true. He works exclusively with Jamaican grown herbs. He says that the body heals itself and herbs help the body in this process.

Many more people come to see him about cancer and heart disease, but he may have seen about one hundred women with fibromyomas in the past five years. Most of his clients have tried allopathic procedures, such as myomectomy, before consulting him. His clients may

have met other women who have followed his programme for uterine fibroids or other health issues that the regular doctor was unable to help with.

He found that the majority of women who consulted him concerning uterine fibroids had the following commonalities: they internalize stress; had lots of fears; a sense of helplessness or hopelessness; were passive and highly social conformists; and ate meat. He further stated that emotional factors were important as well as the temperament of the individual. He feels that fibroids are the body protecting itself from issues e.g. emotional. The presence of hormonal issues in adolescence e.g. painful periods, etc., indicates a hormonal imbalance, which had a probability of continuing into complications such as cancer or fibroids.

The standard procedure of his treatment is:

- i) detoxification for 7 days to normalize the body and to start the process of starving the fibroids;
- ii) use of herbs appropriate for the individual's constitution e.g., leaf of life, aloe vera, lemon grass, bird pepper;
- iii) going on a raw regimen for at least the first half of the day or for all meals – fruits, green juice, nut drinks, etc. The client is not obliged to become vegetarian. He gives them options based on their limitations;
- iv) learning how to transform depression, stress, anger or any other psycho-emotional state through meditation, although the word may not be used;
- v) exercise such as yoga and something energetic such as walking, aerobics, to eliminate toxins;
- vi) adequate rest (when the hormone melatonin is produced);

vii) relaxation such as a visit to the beach or the hills.

Maintaining the programme is very important for its success. To do this, he has the client continue with those things from the detox that she likes; things she likes from the raw food regime; and any good habits she had before starting the programme. To keep it real, he recognizes the things that a client may like which is not good for them, but teaches them how to clean it out of the system quickly. Overall, it is necessary to evolve the diet and the lifestyle of the client. Women who follow this programme consistently will find the growth of their myomas contained.

Joe White is a natural healing therapist who has studied in India. He has helped a large number of women living with myoma inside and outside of Jamaica over the past five years. The majority of his clients come to him after they have been recommended for a myomectomy or a hysterectomy by their doctors. Many of these women have not had children and want to keep their keep their options open.

From his observations, a significant number of his female clients had just ended relationships with significant others, i.e. husband or boyfriend when the uterine fibroids multiplied. This group includes nuns who had had relationships prior to joining the nunnery. He has applied Einstein's theory of relativity  $E = mc^2$  to the issue of fibroids and looks at ways to reconvert that mass energy. He has also found that a mother or grandmother may have had the same problem.

His four basic steps to bring the growth of the fibroids under control are:

i) Detoxification especially of the liver;

- ii) Use of herbs (combination of Indian and Jamaican), which are compatible with one's blood type, to regularize the hormones;
- iii) Exercise such as yoga or aerobics, also suitable to the blood type of the client;
- iv) Diet - restrictions on the intake of red meat as well as the quantity of protein taken per meal e.g. 4 oz.; no dairy; reduced amount of rice; no eating after 7.30pm. He considers eating late at night to be one of the significant contributing factors to growth of the fibroids and other health problems.

Other techniques he may also include are repeating a mantra to settle the mind; and using a castor oil pack in the vaginal area at night.

Contrary to what is commonly stated, Mr. White has seen many clients in their 20s and also some who are post-menopausal who suffer from myomas. The latter group he says continues to have a high sexual appetite which may remain unfulfilled.

When clients experience increase in growth of their fibroids, he has found that they may have experienced some recent emotional trauma or started eating late at night because of the demands of work.

*Ayurveda* is a wholistic Indian science, which is 5000 years old. It is based on the premise that all living things are comprised of a combination of five elements - space or ether, air, fire, water, and earth. This five-element theory is used to diagnose the constitutions of which each individual is made up – Vata (predominantly ether and air), Pitta (predominantly fire and water) or Kapha (predominantly water and earth). *Ayurveda* prescribes a particular diet, exercise regimen (yoga poses and breathing exercises), and herbs, as per the individual

constitution. Diseases too are described by this five-element theory. Fibroids are a Kapha disease. This means that they are comprised largely of water and earth elements, representing a mass, with the presence of the other three elements (ether, air and fire) in much smaller quantities. Kapha has a blocking quality.

Dr. Syamala Devi is an *Ayurvedic* doctor, with allopathic training, from India. She has been practicing *Ayurvedic* medicine in Jamaica since 2004. In this time she has seen some twenty to thirty patients with myomas. Some of these patients are sent by a general practitioner, others may have seen her advertisement in the newspaper. With the exception of one client, the others have come to her pre-myomectomy and are not using any drugs. They usually have the characteristic symptoms of heavy menses, heavy abdominal area and some of them look 6 to 9 months pregnant.

Interestingly, Dr. Devi says that there is a low incidence of uterine fibroids in India, approximately 1 in 100,000 women. In the past five to ten years, however the incidence has been increasing. She suspects that this may be due to a change in the diet where more women may be eating more meat. She thinks that diet is a significant contributing factor to the growth of myomas, in particular high consumption of chicken.

She uses the following strategy:

- i) determine the client's constitution and take a history of their condition;
- ii) design a Kapha-reducing diet, omitting meat and dairy in particular;

- iii) prescribe a detoxifying herb plus other herbs e.g. *guggulus* which have the effect of reducing the presence of Kapha in the body; herbs to regulate hormones and periods; and to reduce PMS. In Jamaica, she uses mainly two herb products to control the fibromyomas. All herbs are from India. In India she would have more choice.
- iv) teach one exercise routine for the abdomen;
- v) recommend the use of castor oil packs on the abdomen.

She emphasizes that the combination of dietary modifications, use of herbs and exercise must be practiced together consistently to bring about a positive result. Women who follow her programme see reduction in bleeding and a reduction in the growth of the fibroids. Dr. Devi has also seen many household helpers who come to her for herbs. Unfortunately none of them have returned for further visits so she is unable to know if they have been helped.

#### Interviews with clients of Ayurveda

In 2003, at the age of 36, the gynaecologist of N.F. expressed a suspicion that N.F. had fibroids. This was confirmed by an ultra sound in 2004 which showed a fibroid about 6cm in size. N.F. chose to consult someone described as a natural health practitioner to suppress the further growth of the fibroid. This practitioner prescribed herbs in liquid, tablet and powder form. N.F. was told to change her diet to eat only chicken, fish from the sea and vegetables. N.F. was also required to insert a liquid in a tampon-like form at night before going to bed. She

did pass white pieces of flesh (like chicken meat) each morning. After nine months there was little change in her condition and the prescription proved to be too expensive to continue.

Because of her personal interest in natural therapies, in January 2007 she went to a GP who has an interest in alternative therapies. She was sent for an ultrasound that showed that the fibroid was still there and had grown to 8 or 9 cm. By this time she began to experience frequent urination because one of the fibroids was resting on one of her kidneys. This GP sent her to Dr. Syamala Devi whom she first saw in March or April 2007. She was prescribed herbs to purify the blood, to strengthen the womb, and to reduce the myomas. Due to the risks of the size and the location of one of the fibroids on her kidneys and the slow pace at which the herbs were working she accepted to have a myomectomy in February 2008. Twenty-two fibroids were removed. It is interesting to note that this patient presented none of the major symptoms. There was no pain, no heavy bleeding (normal periods of 5-6 days during which days 2 and 3 were heavy), and no big stomach because the fibroids were towards the back of the womb.

Unfortunately her experience of myomectomy was traumatic because of heavy post-operative bleeding. This resulted in her returning for further surgery on the same day and suffering heavy blood loss. Since the myomectomy her menses has been scanty, dripping for two to three days. This is less than when she was an adolescent. The endometrium of her uterus has been affected by the surgery but the doctor said that she could conceive if she so desired. N.F. has never used any contraceptive – neither the pill, Deproprovera, the patch, etc.

Interestingly she informed me that her maternal grandmother had had a hysterectomy because of fibroids and was able to have only one child.

She is now using ayurvedic herbs from Dr. Devi in an attempt to prevent the re-growth of any myomas. Although Dr. Devi has encouraged her to go on a vegetarian diet she eats fish, no red meat; may eat fast food once per week. She drinks mostly ginger tea, with some coffee fortnightly; and alcohol every two months. She stated that she had a high-stress job up to March 2008. Since leaving that job she has been self-employed and feels much more relaxed although there is some anxiety about the rate of returns. Previously an avid gym goer she has not yet resumed any form of exercise but intends to do so in the near future. Overall she considers herself pretty happy with a good family and good friends.

V.J. had an adolescence of normal menses with only the rare headache. She had her first child in 1985 at the age of 23. In 1986 she started experiencing heavy bleeding and pain with menstruation. She thought that this was due to the pregnancy and allowed it to continue for some five to six years. In 1990 she had no menses but her GP said that this may have been due to stress. She has only taken the pill for three years prior to having her first child and also used Depro provera for one year after having her second child.

In 1992 she had a second child. Her attempts to have a third child however proved to be futile and in 1994 she decided to consult a gynaecologist. She was sent for an ultrasound and the doctor mentioned the presence of fibroids. He also told her about endometriosis and adenomyosis, about which he gave her almost no information. In spite of going to health fairs she was unable to get a better understanding of adenomyosis (she is still seeking to understand

more about the condition). In 2002, both her husband and herself consulted a second gynaecologist and discovered that they both had fertility issues. They were both put on a programme to closer examine the source of the problem and to look at possible solutions. Still there was no third child.

Around 2003, her stomach started to increase in size and she discovered hard spots. She was diagnosed with fibroids and a myomectomy was recommended. This was done in December 2004 but not many fibroids were found and they were small in size. Some of them were pedunculated and for this reason a small part of her uterus needed to be removed. It was also discovered that the left ovary was not functioning.

After the myomectomy, between January and March 2005, her menses were regular, five days, without heavy bleeding or pain. In April the situation changed and she began to experience heavy bleeding and pain. Her cycle became irregular and this created additional stress as she sometimes found herself in embarrassing situations.

In 2006 V.J.'s husband, a friend of Dr. Devi, suggested that his wife consult her. She changed her diet, reducing the consumption of red meat and first took Menosan capsules then Eve care capsules – both herbal products – to control bleeding and pain as well as a kanchanar guggulu, an Ayurvedic herb to control the growth of fibroids.

In September 2007 she started studying and has found herself more stressed financially and otherwise. She has several emotional challenges which have not all been very well dealt with but she recognizes their significance in her life.

Since January 2008 she is following no treatment, herbal or otherwise. Her diet consists largely of fish from the sea, some tofu, chicken occasionally, egg every 2 months, lots of vegetables and fruit. Lunch consists of soup with sweet potato, occasionally yam. Rice is eaten about 6 times in a month. She often finds herself eating until 11.00pm or later. She does not take coffee, beer or sodas and consumes very little alcohol. Her drinks are usually water, brown sugar lemonade and flavoured water.

V.J. has not exercised in a year. Previously she used to do two or more of the following: play netball, jog, walk briskly, aerobics and weights. She now complains of feeling a little tired and does not have the same energy.

In her current job there is the possibility of redundancy but no one knows when this will happen. Due to her financial challenges she cannot currently afford to see Dr. Devi nor to buy herbs. She however feels confident that if she could take the herbs, eat properly and exercise regularly she would be in good health.

#### Other Sufferers of Myoma

The only problem that R.L. suffered during menstruation as an adolescent was fatigue on the first day of her menses, especially when she did not eat properly. She thought that this was related to fatigue.

Early 2005, at the age of 31, she began to experience frequent urination and by late 2005 she felt a lump in her pelvic area. Sometime between December 2005 and January 2006 her GP sent her for an ultrasound of the pelvic area and a kidney test. The ultrasound confirmed the presence of fibroids and the kidney test showed that they were not being damaged by fibroids. The GP referred her to a gynaecologist who recommended a

myomectomy. This was done in April 2006 when fibroids of different sizes were removed. The larger ones were the size of an orange or a golf ball. The gynaecologist prescribed Lupron by injection every four months but R.L. decided not to use this method. She has been doing her own personal research on the internet. Her main change has been in her diet. She suspects that she is allergic to wheat and avoids it where possible, but living in Jamaica this is challenging. Her diet consists mainly of chicken and fish from the sea eating red meat only once per month. She does not drink coffee but will occasionally (every six to eight weeks) drink wine or rum and coke. Ice cream and cheese are the only dairy that she eats once or twice monthly. To her knowledge there is no history of myoma in her family. The only form of contraception she has used is the condom.

The gynaecologist advised her that she should try to have a child as soon as possible after the myomectomy, before the fibroids begin to re-grow.

Since adolescence, 40-year old P.C. regularly had heavy monthly menses of five days with cramps some months. In her mid-twenties her periods started getting heavier and lasted six to six and a half days and the occasional cramps became more intense. An ultrasound done around 1994 or 1995 confirmed that she had one fibroid. Her gynaecologist thought there was no need for concern and hoped that it would shrink on its own or be passed out.

In July 2005 P.C. used the Patch, a contraceptive, for two to three months but came off it because reports at the time linked it to cancer. Since that time her menses have been irregular but continue to be heavy and may last up to one week. An ultrasound done in early 2008 showed that the fibroid has not grown nor shrunk. A biopsy of the endometrium was then done to examine the cells. She was diagnosed with hyperplasia, an overgrowth of cells which

accounts for the heavy periods. She is taking progesterone in tablet form for twenty-one days every month and then takes a break for seven days. Her gynaecologist told her that if the hyperblasia gets out of control, she will need to have a total hysterectomy. Before using the Patch, P.C. took the pill for five years between 1998-2003. She knows of no case of myoma or hyperblasia in her family.

P.C.'s diet for the past four years consists mainly of chicken, fish, pork and she may eat beef once or twice annually. She has increased her intake of fruit and vegetables. She loves dairy, especially cheese and ice cream. She likes the flavor of coffee and will eat coffee flavoured cakes whenever possible. She only drinks hot coffee when feeling a migraine coming on and drinks iced coffee about once every six weeks.

#### Brief Overview of the Jamaican situation

There are no statistics on the number of women who have been treated for or are being treated for uterine fibroids in Jamaica. One gynaecologist in Kingston told me that based on his experience in this parish, at the Victoria Jubilee Hospital, he would estimate that about 60% of the women in Jamaica have fibroids. He has seen women who have given birth to five children and still have myomas. He further stated that at Victoria Jubilee there is a greater demand for myomectomies than can be done. The cost in the public hospital for a myomectomy or hysterectomy used to be JA\$20,000 (approximately US\$286). In a country where the minimum wage is JA\$3,700 per week (approx. US\$53), this is expensive. Since September 2007, health services are supposed to be free in public hospitals, but the number of doctors available in the public sector has not increased.

In this doctor's opinion, diet seems to play a significant role in the condition of myoma, but he had no evidence to prove this. The writer was unable to determine why no research has been done in the island on the incidence of myoma or reasons for a high frequency of the condition.

### Arguments

This study is very limited in the number of practitioners as well as the number of women with fibromyoma who were interviewed. There are however certain points that come to the writer's attention:

- i) In the United States of America, of the women affected, 50% are of African-American origin;
- ii) In Jamaica roughly 92% of the society is Black, and of this at least 50% of the women is affected by myomas;
- iii) The alternative practitioners all focus on change of diet and the need for regular exercise among other things, as part of the way to control the problem.

Although I have no information about the incidence in the rest of the Caribbean, Latin America or among Blacks in Europe or in Africa, the racial aspect seems to be significant and would be an important demographic in any study.

The writer thinks that there should be public education campaigns in schools, in the media and at health centres to provide girls and women with information about preventive measures as well as corrective ones. It seems that women are not aware of the possibility of a problem until the symptoms present themselves and then it is a wait and see situation.

Especially where there is a family history of uterine fibroids the older women should encourage

their daughters, granddaughters or nieces to change their lifestyle by modifying their diet and doing regular exercise to reduce the possibility of suffering from the condition.

More and more we see that eliminating red meat, in particular, from one's diet is being recommended to control diseases such as cancer and heart disease. Myoma should obviously be added to this list. The effects of consuming hormones through the food that one consumes have already been discussed. The livestock and poultry producers in Jamaica say that they do not inject the animals with hormones, nor are they fed as many chemically enhanced products. Perhaps we need to examine more rigorously what the animals are eating.

In Jamaica there is a great need for more creative vegetarian restaurants and cooking classes. This may encourage more people to use or seek out vegetarian options. Information about the appropriateness of soya beans and its by-products such as veggie mince needs to be circulated so that the consumer can also make an informed choice about what (s)he eats.

Stress is a normal factor of most people's lives. Long-term stress is not, however, is not healthy. Physicians may need to consider incorporating stress management in their consultations or referring their clients to persons who are experienced in different stress management approaches.

### Conclusion

It is evident that uterine fibroids are a problem to a significant number of women affected by this condition. Surprisingly, there is no data base of the incidence in Jamaica and no study of the women affected has been done. Is this because it is not a life threatening condition? Surely one would expect the gynaecologists to be curious about the high incidence of this condition. Hopefully the younger gynaecologists and other medical professionals might

take some initiative to research the topic. I also think that the cost to the consumer or to the public health sector, and indirectly the taxpayers, would merit reason for investigation.

Does one have to choose between an allopathic approach and an alternative approach to control the growth of fibromyomas, or can they complement each other? Definitely. The allopathic approach is indispensable because of its ability to confirm the presence or not of the fibroids. Once confirmed, however, the average physician will recommend therapies using chemical drugs or some surgical intervention.

At present, it is only a woman who is interested in alternative therapies who will make the effort to find a practitioner. And not all alternative practitioners are the same. In Jamaica, the work of alternative practitioners needs to be made more publicly known and recognized as a reputable alternative. This would also include having alternative therapists recognized by health insurance companies. Based on her personal use of herbal therapy for other conditions, the writer would say that it requires a high degree of discipline to change one's diet, to continually use herbs and to exercise regularly. Clearly this is not for everyone, but the patient should always be given an opportunity to make an informed choice about managing her health issues.

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