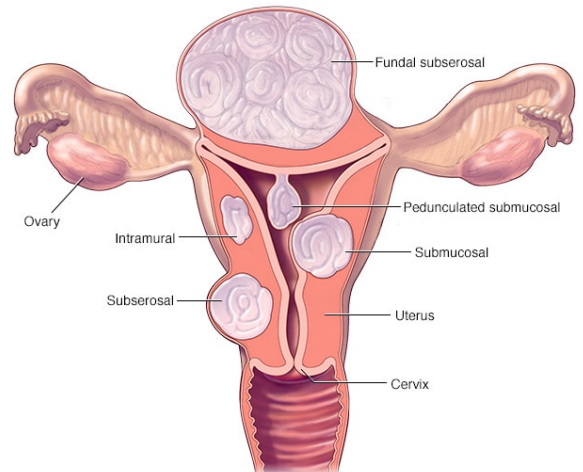


Uterine Fibroids

Uterine fibroids are muscular tumors that grow in the wall of the uterus and are usually benign. They can be classified into three different categories depending on where in the uterus they grow. Submucosal fibroids grow inside the uterine cavity, intramural fibroids grow within the wall of the uterus, and subserosal fibroids grow on the outside of the uterus. In some cases, fibroids, called pedunculated fibroids, can grow on stalks that grow out from the surface of the uterus or into the cavity of the uterus. Fibroids can grow singularly or some cases multiple can occupy the uterus. The size of the fibroid varies from about the size of an apple seed to as large as a grapefruit. In rare cases, the fibroid can become very large.

Uterine fibroids are the most common benign tumor in females with an estimated incidence of 20%–40% in women during their reproductive year. Most American women will develop fibroids at some point in their lives. By age 50, 70% of women have had fibroids. In most cases, there are no symptoms associated with fibroids but some patients (~30%) can experience heavy bleeding, feeling of nausea and fullness in the lower abdomen, enlargement of the lower abdomen, frequent urination, pain during intercourse, complications during pregnancy, headaches, back pain, or pelvic cramping.



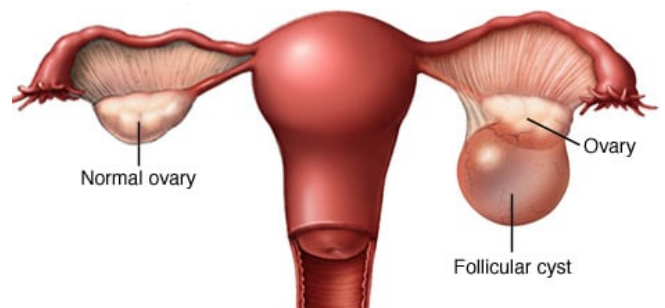
© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

Ovarian Cysts

Female ovaries contain follicles, which are fluid-filled sacs capable of creating, growing, and releasing eggs for fertilization. Each month during a menstrual cycle, one follicle grows larger than the others and releases a mature egg during a process called ovulation. After releasing the egg, the follicle is empty. It naturally seals off and becomes a mass of cells that's called the corpus luteum.

Ovarian cysts are fluid-filled sacs that form in or on the surface of the ovaries. The most common type of ovarian cyst, called a functional cyst, form during the menstrual cycle. The most common types of functional cysts are either follicular cysts or corpus luteum cysts. Follicular cysts form when the follicle that usually releases an egg doesn't break open causing the follicle to continue growing into a cyst. Corpus luteum cysts form when the follicle sac that usually shrinks into a mass of cells after the egg doesn't shrink and disappear. Instead, fluid builds up inside the sac. Other types of ovarian cysts which are less common are endometriomas, dermoids, and cystadenomas.

Most ovarian cysts do not cause symptoms. In some cases, a cyst can cause symptoms of pressure, bloating, swelling, and pain in the lower abdomen. If a cyst ruptures, very severe symptoms occur such as sudden and sharp pain.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

Causes

The exact cause of uterine fibroids and ovarian cysts is unknown, although it has been suggested that they are due to an increased level of estrogen. However, non-surgical treatment that uses estrogen agonists to reduce the circulating estrogen levels has shown only to produce temporary inhibition of the tumor or cyst growth. After the cessation of therapy, rapid regrowth of tumors or cyst usually occurs when normal hormonal fluctuations involved in the menstrual cycle are reestablished. Since the use of estrogen agonists to decrease levels of circulating estrogen has serious side-effects including bone loss and increase in blood lipid levels which increases the risk for early-onset

osteoporosis and cardiovascular disease, the long-term use of estrogen agonists is precluded. Further research has pointed out that reduction of estrogen does not result in programmed cell death, apoptosis of the tumor and cyst, which explain the limited success of the estrogen agonists therapy.

The reduction or loss of the ability to initiate the activity associated with apoptosis in the female reproductive system has also been suggested as the cause of fibroid and cyst development. Apoptosis is the process of programmed cell death in which a series of molecular steps occur in a cell which lead to its death. This is an active metabolic process the body uses to get rid of unneeded or abnormal cells. In fertile women, transient inflammation and uterine lining tissue injury is a physiological and essential process during menstruation, ovulation, and parturition. However, if the damaged cells or the cells that should have disappeared are not removed, the tissue regeneration mechanism continuously operates. This results in excessive wound healing with new tissue growth and the development and growth of a fibroid and/or ovarian cyst will occur.

In addition, harmful stimuli, such as irritants or pathogens can trigger dysregulated tissue repair mechanism leading to the development and growth of a fibroid and/or ovarian cyst. In a study that involves 1,695 African-American women ages 23–34 living in the Detroit, Michigan, researchers have observed a positive association between bacterial vaginosis and the risk of developing fibroids.⁴ Bacterial vaginosis was also associated with developing multiple fibroids (≥ 2) and larger total fibroid volume (≥ 2 cm³). Bacterial vaginosis could plausibly increase the risk of fibroids through a hypothesized injury/abnormal wound-healing process. Bacterial vaginosis is characterized by a shift from the dominant flora of *Lactobacillus spp.* to a mixed vaginal flora with large numbers of anaerobic bacteria.⁴ Bacterial vaginosis also may increase the risk of reproductive tract infections, human immunodeficiency virus, pelvic inflammatory disease, spontaneous abortion and preterm birth.

Mycobacterium infections in the female reproductive tract can cause tissue damage and inflammation. They can also trigger macrophages to engulf the mycobacteria. The immune system reacts to the infected macrophages to form granulomas in which the immune cells and fibroblasts aggregate to form layers surrounding the infected macrophage to seal it inside a barrier from which it cannot escape. The granulomas can lead to the formation of uterine fibroids and ovarian cysts.

Wellness Recommendation

According to Traditional Chinese Medicine (TCM), the inability to remove the damaged or useless cells occurring in fibroids and ovarian cysts are considered a Cold Uterus condition. The recommendation for uterine fibroids and ovarian cysts includes MayMay, Brown, and LC Balancer. MayMay warms up the uterus and improves blood supply to the female reproductive system and increases metabolism which helps to dissolve cysts and fibroids. Herbal ingredients in MayMay have been shown to promote blood circulation, contain anti-inflammatory effects, and naturally regulate estrogen levels. As the fibroid or cysts dissolve there can be an increased amount of waste. Brown and LC Balancer will help to support the liver and kidneys to expel the excess waste. Herbal ingredients in Brown not only improve liver function but also have been shown to protect uterine lining through its important role in antioxidant activity.³ Patients can experience symptom improvement with reduced fibroids or cysts in 1 month. For mild cases, 1-2 months of the protocol is recommended. For severe cases, 3-6 months of the protocol is recommended for significant results. If the size of the fibroid is as large as a grapefruit, 6 months or more of the protocol is required.

If the trigger for the formation of the fibroid or ovarian cyst is due to pathogens, Genicin, Mycocin, U-2, and Sissy with Brown and LC Balancer are required. Genicin helps to clear stasis in the uterus and dissolve the granulomas in the female reproductive tract. Herbal ingredients in Genicin have been shown to suppress the growth and invasion of tumor cells and promote apoptosis.² Mycocin helps clear infections by mycobacteria in the urinary and genital tracts. Herbal ingredients in Mycocin have been shown to have strong bacteriostatic activity against mycobacteria as well as gram-positive and negative bacteria strains.¹ U-2 helps clear infections by pathogenic gram-negative bacteria and anaerobic bacteria in the female reproductive system. Sissy helps reduce uterine inflammation. Brown and LC Balancer will help to support the liver and kidneys to expel the excess waste.

Patients can experience symptom improvement with reduced fibroid or cyst size in 1 month. For mild cases, 1- 2 months of the protocol is recommended. For severe cases, 3-6 months of the protocol is recommended for significant results.

Selected Case Studies

Case 1: Successful Reduction in Uterine Fibroids

Li Liu, Lac, Atlanta, GA

A 49-year-old female patient was diagnosed with multiple uterine fibroids. The patient had two on her left side and one on her right, each the size of a grapefruit. They were very visible when she was lying down and she had frequent urination and suffered from lower back pain. I started her with nutrition response testing and found some food sensitivity. This led to a diet change and whole food supplements. I performed acupuncture twice a week for a couple of months. I also started her on Wei Laboratories herbs including MayMay capsules. She had an ultrasound performed 5 to 6 months later which showed that all her fibroids went down to half of the size they were at the start of treatment. When the patient was lying down you could no longer see the fibroids and they were difficult to find even when palpating the area. The patient is very pleased with her results.

Case 2: Effective Resolution of Severe Back Pain Due to Uterine Fibroid

Dr. Jennifer Foster, DC, FL

A 50-year-old female patient visited Dr. Foster for her severe back pain. The cause of the back pain was not clear. Dr. Foster suspected that it may be a disc problem and recommended 9 Large WHITEE Patches with 5 bottles of Brown and 5 bottles of LC Balancer from Wei Labs. The patient reported that the back pain subsided when she wore the patch. However, whenever she's off the patch for 1 day, her pain level spikes up. The patient's pain got worse whenever she was not wearing the patch. Although Dr. Foster had been telling her to keep the patches on for about 3 days, her pain kept escalating when the patches were off.

Upon further review of the patient's health history, the patient mentioned that she has uterine fibroids. Dr. Foster believed that the severe back pain may be caused by the fibroids and recommended 4 bottles of MayMay formula from Wei Labs to help address her fibroid condition. Along with MayMay, Dr. Foster also recommended 6 Large WHITEE Patches, 4 bottles of Brown, and 4 bottles of LC Balancer. After 3 weeks of the protocol, the patient reported that the MayMay Formula was the perfect addition in treating her condition as her back pain had greatly improved and completely went away once she started using the MayMay. She is pain-free now and the improvement has been sustained.

References:

1. Li Y, Li W, Fu C, Song Y, Fu Q. Lonicerae japonicae flos and Lonicerae flos: a systematic review of ethnopharmacology, phytochemistry and pharmacology. *Phytochem Rev.* 2019 Nov 22:1-61. doi: 10.1007/s11101-019-09655-7. Epub ahead of print. PMID: 32206048; PMCID: PMC7088551.
2. Lin Y, Li Y, Zeng Y, Tian B, Qu X, Yuan Q, Song Y. Pharmacology, Toxicity, Bioavailability, and Formulation of Magnolol: An Update. *Front Pharmacol.* 2021 Mar 17;12:632767. doi: 10.3389/fphar.2021.632767. PMID: 33815113; PMCID: PMC8010308.
3. Shan T, Shan T, Liu F, Zheng H, Li G. Effects of Lycium barbarum polysaccharides on the damage to human endometrial stromal cells induced by hydrogen peroxide. *Mol Med Rep.* 2017 Feb;15(2):879-884. doi: 10.3892/mmr.2016.6080. Epub 2016 Dec 28. PMID: 28035381.
4. Moore, K. R., & Baird, D. D. (2017). Self-reported bacterial vaginosis and risk of ultrasound-diagnosed incident uterine fibroid cases in a prospective cohort study of young African American women. *Annals of epidemiology*, 27(11), 749–751.e1. <https://doi.org/10.1016/j.annepidem.2017.10.003>