

Case Study 1: Mammary Dysplasia (Fibrocystic Breasts)

Dr. Nick LeRoy

History: Colleen, a 34 year old white female, presented for treatment of severe breast pain, known as mastalgia, of five years duration. The pain was cyclical (menstrually related), however, she had some tenderness throughout the entire month. Colleen described multiple lumps in each breast, and about two years prior had a large lump drained. It was at that time that her gynecologist termed her condition “fibrocystic breast disease.” Colleen was advised to limit her caffeine intake and invest in a bra with ample support. Although she had some relief after following the recommendations, the breast pain continued to be severe the week preceding her period. Disgusted with the lack of viable conventional medical treatment, Colleen explored the role nutrition plays in health and decided to make significant changes.

At the time of her appointment, Colleen’s diet consisted of a tofu protein breakfast shake with a banana and strawberries. Lunch was usually a vegetable and rice dish, or a salad. Dinner was vegetables and rice, or a potato. She did not eat dairy products, or meat, and usually snacked on fruit. She had been eating like this for about one year.

Colleen took a multi-vitamin/mineral, vitamin C, and vitamin E. She was not taking prescription medication, although when the breast pain was severe, she continued to resort to nonsteroidal anti-inflammatory drugs (NSAIDS).

Examination: Examination of Colleen’s breasts revealed no skin discoloration, blemishes, or breast contour changes. Supraclavicular, axillary, and supratrochlear lymph nodes were non-palpable and non-tender. Multiple, discreet nodules were present in each breast with especially diffuse, dense tissue in the upper and outer breast quadrants. The breasts were tender to palpation and there was no nipple discharge. Thermography demonstrated only minor thermal changes in each breast.

The four examinations of traditional Chinese medicine revealed that both breasts felt distended and painful. There was tenderness at liver meridian points along the lower leg, and at the end of the meridian just below the breasts. The patient complained of distention and constriction in the chest, which she tried to relieve by heaving deep sighs. She reported that she had a short temper, and complained of forgetfulness and excessive dreaming during sleep. She had a bitter taste in her mouth, and her throat felt dry, but she had no desire to drink. Urine was scanty. Menstruation was excessive, and deep red in color. The tongue was red and dry, with a thin, yellow coating. The pulse was wiry, thin and rapid.

Assessment: Colleen’s case was consistent with the typical presentation for mammary dysplasia, or fibrocystic breast disease: age 20-50 with multiple, painful breast lumps that change according to the menstrual cycle. Other than wearing a day and night support bra, and avoiding breast trauma, there is no effective conventional treatment.

It is good that Colleen's thermograms were assessed to indicate low risk for breast disease (cancer). Thermography can identify the vascular changes accompanying cancer very early—in fact, much earlier than mammography. Known as *neovascularization*, the growth in blood vessels that supplies a rapidly developing tumor is the earliest demonstrable changes that herald cancer. Infrared thermography is a non-invasive means to discern these changes without the trauma and radiation associated with mammograms. Research has demonstrated that about 40% of women with fibrocystic breasts and an abnormal thermogram develop cancer within five years. The rate of cancer for fibrocystic patients without thermal abnormalities was less than 3%.(1,2,3,4)

It must be mentioned that there are no studies that have demonstrated screening mammography in women under the age of fifty is effective for identifying cancer. The main reason is that premenopausal women have a great deal of dense breast tissue that makes reading the mammogram difficult. What results are an unacceptably high number of breast biopsies that are found to be benign, or non-cancerous. Mammograms are also traumatic to breast tissue and rely on potentially dangerous radiation that has been shown to increase breast cancer by about 1% for each breast series completed. What this means for a 35 year old woman undergoing yearly mammograms at the recommendation of her doctor is a possible 15% increase in breast cancer risk by the age of 50. A young woman, who is at high risk due to family members with the disease, would be much further off using thermography to identify possible problems, and barring any abnormalities, make changes in her diet and lifestyle. I make reference to diet because a recent study found a dose-dependent relationship between the ingestion of dieldrin and breast cancer.(5) Dieldrin is an agricultural chemical that is found on non-organic meats and produce. The more of it that enters your body, the greater your chances of getting cancer.

Colleen's thermogram was normal and she will continue to have yearly thermograms until the age of fifty, when mammograms will be added. At this age mammography has been shown to be effective in identifying breast cancer early in the disease progression.

In Chinese medicine, breast masses are attributed to emotional disturbance, which leads to stagnation of Liver Qi. Stagnation of Qi and stasis of blood then develop into masses. Breast masses may also be caused by deficiency of Qi and Blood, the retarded circulation of which causes them to aggregate and form masses. In Colleen's case, her painful distention of the breasts (exacerbated with her period), emotional disturbance, and wiry pulse, indicates stagnation of Liver Qi. Her bitterness in the mouth, dry tongue, and thin pulse indicates Heat from depletion of Liver Yin. It is also significant to note that in Chinese medicine, breast cancer is a progression of disease through various stages starting with premenstrual breast pain, continuing with fibrocystic changes, and ending in a cancerous tumor.

Treatment: Colleen's therapy consisted of an herbal remedy containing angelica sinensis (Dong quai), dioscorea villosa (wild yam), caulophyllum thalictroides (blue cohosh), and Vitex agnus-castus (chaste-tree berry); combined with weekly

acupuncture treatments. The acupuncture focused on points along the liver meridian, and above and below the breasts, in attempt to eliminate the stagnant Liver Qi and restore normal function of the Liver. It also clears the channels that traverse the breasts. Colleen was also shown how to perform self-breast massage, to be performed every other day for the purpose of increasing lymphatic drainage. Impaired circulation in the breast can result from wearing bras—especially if tight. Lymphatic drainage to the breast can diminish breast pain as well as cystic lumps.

Because Colleen's diet was very low in fat, I recommended that she supplement with flaxseed oil. Many of us believe fat to be the bad guy, when in fact we need fat to live. Essential fatty acids found in nuts, vegetables, fish, and flaxseeds, are critical to the integrity of cell walls, the nervous system, hair and skin, and is responsible for the production of prostaglandins, which mediate inflammation. There are good prostaglandins, and bad prostaglandins, and the type is dependent on the fats we eat. Animal fats tend to produce bad prostaglandins, and healthy oils like that of marine fish produce good prostaglandins.

Results: Within three weeks of initiating therapy, Colleen had a 50% reduction in pain. I recommended that she continue with the same herbal remedy, the flaxseed oil, and weekly acupuncture treatments.

After two months of therapy Colleen's mastalgia was gone. She continued with acupuncture every other week for two more months and then discontinued. She remains on the herbal prescription and the flaxseed oil.

Discussion: When treating mammary dysplasia, the initial focus must be on diet. The foods we eat have the most fundamental and profound effect on health. Animal proteins must be severely limited, or eliminated because of hormone and pesticide content. Animal products are also high in arachidonic acid—a precursor to “bad” prostaglandins that will increase certain types of pain. The recommendation to supplement with flaxseed oil was to increase “good” prostaglandins.

One reason the evaluation of diet is so important to therapy is because certain foods can invoke an immune reaction by the body. For example, if a person has a food allergy to eggs, every time she eats eggs her body will produce antibodies that attack the egg protein in the blood. The resulting egg antigen/antibody complex then has to be removed by the liver, causing a burden to this detoxification organ. If severe enough, the liver will be unable to effectively detoxify the blood resulting in increased estrogen levels with a subsequent increase in fibrocystic changes of the breast. Eating foods we are sensitive to will also cause activation of the lymphatic tissue that surrounds the intestines. When this happens, immune cells will secrete chemicals that will increase inflammation at distant sites throughout the body.

I have found that one of the most effective tools in the treatment of breast pain (and PMS) is acupuncture. When done properly acupuncture works quickly, within several treatments, and nearly always eliminates most of the pain. This is one condition in which Chinese medicine is far superior to that of conventional medicine.

Self-breast massage and lymphatic drainage are useful because the restrictive support bras worn by nearly everyone do not allow for proper circulation in the breasts. This stagnation will result in the accumulation of toxic waste materials in the breast. *Dressed to Kill: The Link Between Breast Cancer and Bras*, a book written by Sydney Ross Singer and Soma Grismaijer, two medical anthropologists, goes as far as to make recommendations as follows:

?? Stop wearing bras.

?? If you choose to wear a bra, purchase it at the point in your cycle where your breasts are at their largest size.

?? When you take your bra off it should not leave red marks on the skin—if so, it is too tight and you should buy a larger size.

?? Do not wear your bra to bed.

?? Wear the bra only as long as you have to, i.e., take the bra off immediately when you get home from work rather than waiting until bedtime.

?? Avoid push up, underwire and strapless bras. The pressure from these bras is placed solely on the side panels where many of the lymph nodes are.

The lymphatic system is part of your immune system. The lymph (blood plasma and white blood cells) circulates through the body tissues transporting debris and toxins from tissue to the lymph nodes. The lymph nodes enable the body to rid itself of these toxins. Massage can act as a suction, stimulating lymph action. Stroking the breast opens and closes tiny capillaries that pull off unwanted material from the cells and deposits it into the lymph nodes.(6)

Conclusion: You do not have to live with breast pain and fibrocystic breast disease. In fact, doing so may prevent you from taking the action necessary to maintain healthy breasts that are at decreased risk for developing cancer. Alternative treatments can eliminate breast pain, diminish cystic lumps and related densities, and prevent the evolution of cancer by blocking the adverse effects of chemicals in the environment.

References:

1. Gautherie M. et al "Thermovascular changes associated with in-situ and minimal breast cancers". *Journal of Reproductive Medicine*. Vol.32, no. 11, 1987.
2. Gautherie M. and Gros. "Breast thermography and cancer risk prediction", *Cancer* 45:51, 1980.
3. Gautherie M Haehnel P. Walter J. M. and Keith L. Long-term assessment of breast cancer risk by liquid crystal thermal imaging. *Biomedical Thermology*. New York, 1982.
4. Amalric R. and Spitalier J.M. *Follow-up of Benign Mastopathies: Precancerous Conditions*. Paris, 1982.
5. "Organochlorine Exposure and Risk of Breast Cancer," Hoyer AP, et al, *Lancet*, December 5, 1998;352:1816-1820.
6. *Holistic Chicago*, Spring 1997.