



Your lifestyle solution

## *Your Monthly Update*

*Dear Colleague*



Welcome to the January 2013 newsletter from Pure Bio Ltd.

### ***Did you know:***

A high carbohydrate diet is a direct cause of mild dementia and memory loss in ageing. Those who eat more fats are 42% less likely to suffer cognitive decline, while those who eat a high-protein diet have the lowest risk at 21%. (*J Alzheimer Dis, 2012; [www.j-alz.com/press/2012/20121016.html](http://www.j-alz.com/press/2012/20121016.html)*).

Don't forget our website on [www.purebio.co.uk](http://www.purebio.co.uk). We always welcome feedback and suggestions.

## **Mastalgia**

Ranking	Nutritional Supplements	Botanical Medicine
Primary		
Secondary	EPO	Agnus castus Red Clover
Other	Iodine Vitamin B6 Vitamin E	Burdock Dandelion Milk thistle

**Primary** – Reliable and relatively consistent scientific data showing a substantial health benefit.

**Secondary** – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.

**Other** – An herb is primarily supported by traditional use, or the herb or supplement has little scientific support and/or minimal health benefit.

## Definition

Mastalgia is the medical term for breast pain or breast tenderness. The majority of mastalgia is cyclic, occurring shortly before or during menstruation. However, mastalgia can also occur at any time and unrelated to menstruation.

## Causes

The most common type of breast pain is related to the steroid hormones during a monthly cycle. Stimulated by the oestrogen and progesterone during the second half of the cycle, the breasts swell and become more lumpy and tender. Then during the menstrual period, while the uterus sloughs off its lining, the breasts reabsorb the extra fluid instead of discharging it. Mastalgia is particularly common during times of hormonal fluctuations, such as puberty, during or before menstruation, during the first three months of pregnancy, during breastfeeding, after childbirth when the breasts often swell as they fill with milk even in women not breastfeeding, and during perimenopause. Mastalgia during these times is normal and does not indicate a serious problem.

Many women can identify when they ovulate by the sensations in their breast or nipples. For some women this may mean too little or too much oestrogen, for others too little progesterone. This type of cyclic breast pain occurs in both breasts, sometimes more one-sided than another. It is often felt more in the lateral aspect where there is more breast tissue. It may differ from month to month but always gets worse before a period and then eases up with menstruation.

Other causes of mastalgia include:

- Benign fibrocystic breast disease

- Breast infection
- Injury to breast tissue
- Alcoholism when liver disease occurs

The most common medications that cause breast pain are pills with hormones in them — either birth control pills or hormone replacement therapy (HRT). The amounts of either oestrogen or progesterone (or both) may not be right for a particular woman, or she may react to the additives or the synthetic compounds in the pill. Some psychiatric medications or antidepressants may increase breast pain. Medications such as digitalis preparations, as well as diuretics can also cause breast pain.

The other big contributor to exacerbating breast pain is stress. Again the exact mechanism is unclear.

### **Lifestyle Modification**

Exercise may decrease breast tenderness. In one study, women who ran 45 miles per menstrual cycle reported less breast tenderness as well as improvement in other symptoms, such as anxiety.

### **Orthodox Treatment**

Diagnostic tests include breast biopsy, mammography, fine needle aspiration to remove fluid that can collect in non-cancerous breast cysts, and a microscopic evaluation of nipple discharge called cytology.

Treatments for mastalgia depend on the cause. For example, mastalgia caused by hormonal fluctuations often diminishes with the use of oral contraceptives; breast pain caused by infection requires antibiotics. Reducing sodium intake is helpful when fluid retention causes breast pain. NSAIDs such as ibuprofen often provide effective relief from breast pain.

### **Integrative Options**

- Lymphatic massage can be very helpful in treating some types of breast pain
- Castor oil packs help to loosen up the breast tissue
- If the symptoms are exacerbated by stress, techniques to reduce stress and facilitate relaxation can be very helpful

## Dietary Modification

**A low-fat diet** - Mastalgia has been linked to excess oestrogen. When women with mastalgia were put on a low-fat diet, their oestrogen levels decreased. After three to six months, the pain and lumpiness also decreased. The link between dietary fat and symptoms appears to be most strongly related to saturated fat. Foods high in saturated fat include meat and dairy products. Fish, nonfat dairy, and tofu are possible replacements.

Some studies have found that women with mastalgia drink more coffee than women without the disease. Eliminating caffeine for less than six months does not appear to be effective at reducing symptoms. However, long-term and complete avoidance does seem to reduce symptoms. Some women are more sensitive to effects of caffeine than others, so benefits of restricting caffeine are likely to vary from woman to woman. Caffeine is found in coffee, black tea, green tea, cola drinks, chocolate, and many over-the-counter drugs. A decrease in breast tenderness can take six months or more to occur after caffeine is eliminated. Breast lumpiness may not go away, but the pain often decreases.

Diets high in salt increase swelling by causing fluid retention, and this also puts a strain on the breast tissue.

## Nutritional Supplement Treatment Options

**Evening Primrose Oil** - **3 grams daily**. In double-blind research, evening primrose oil (EPO) has reduced symptoms of mastalgia. One group of researchers reported that EPO normalizes blood levels of fatty acids in women with mastalgia. Based on this research, many practitioners recommend a trial of 3 grams per day of EPO for at least six months to alleviate symptoms.

**Iodine** – **according to practitioner prescription**. Some doctors use iodine to treat mastalgia symptoms. In animals, iodine deficiency can cause the equivalent of mastalgia. Some people are sensitive to iodine and high amounts can interfere with thyroid function. Therefore, supplemental iodine should only be taken with the guidance of a healthcare practitioner.

**Vitamin B6** – **most safely prescribed in the form of P5P**. The effectiveness of vitamin B6 remains uncertain. Some studies find that B6 supplementation reduces symptoms. Since vitamin B6 supplementation is effective for relieving the symptoms of premenstrual syndrome (PMS), in addition to breast tenderness, women should discuss the use of vitamin B6 with their practitioner.

**Vitamin E** – **400 i.u. daily**. Several studies report that 200–600 IU of vitamin E per day, taken for several months, reduces symptoms of mastalgia, although this has not been supported with double-blind trials. Nonetheless, many women take 400 IU of vitamin E for three months to see if it helps.

## Botanical Treatment Options

**Vitex (Agnus castus)** - *40 drops of a concentrated liquid herbal extract* or 35 to 40 mg of the equivalent dried, powdered extract taken once daily in the morning with water. Since many women with cyclical breast tenderness also suffer from PMS, there is often an overlap in herbal recommendations for these two conditions.

In one double-blind trial, a liquid preparation containing 32.4 mg of vitex and homeopathic ingredients was found to successfully reduce breast tenderness associated with the menstrual cycle (e.g. cyclic mastalgia). Vitex is thought to reduce breast tenderness at menses because of its ability to reduce elevated levels of the hormone, prolactin.

Vitex should be taken for at least three menstrual cycles to determine efficacy.

**Red Clover** - *40 drops of a concentrated liquid herbal extract or dried powder equivalent*. Recent research indicates that Red clover significantly reduces breast pain and tenderness in nearly half the women who try it.

Herbal support for the liver improves how the liver metabolizes steroid hormones. Traditional herbs that support the liver and the normalization of biochemical steroid pathways may include **burdock root**, **dandelion root**, and **milk thistle**.

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