

ARE FIBROIDS CURABLE?

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After Jobelyn had gained fame as a powerful antioxidant capable of boosting the immune system and assisting the body to ward off many diseases, we have been receiving inquiries for the treatment of many specific disease conditions. Prominent among them is Fibroid. We set out to investigate if natural medicinal products could be of any help at all. Our initial effort resulted in the formulation of a herbal remedy which was in syrup form and was acknowledged to be helpful to many patients with fibroid with report of shrinking of the tumor though on a subjective basis. Our continuous research effort resulted in the discovery of a more potent treatment for fibroids and though the reported use of this remedy was encouraging, they were all the same, subjective.

I was encouraged to discuss this remedy with my surgeon-friend, who was quick to dismiss any idea of a herbal product that was capable of treating fibroids. He was very emphatic in making the point that an orthodox medicine that could shrink fibroids is yet to be discovered and that the best of drugs could only slow down the rate of growth. He added that if there is any product that shrinks fibroids with a scientific proof, he would reach for the roof-top to announce it to the world. As a non-medical practitioner, I decided to acquire some reasonable knowledge about fibroids and going to the internet, I gathered some useful information relating to the subject matter. I will summarize the knowledge acquired about it for the benefit of the readers.

What are fibroids?

Fibroids are tumours that grow in the uterus (womb). They are benign, which means they are not cancerous, and are made up of muscle fibre. Fibroids can be as small as a pea and can grow as large as a melon. It is estimated that 20-50% of women have, or will have, fibroids at some time in their lives. They are rare in women under the age of 20, most common in women in their 30s and 40s, and tend to shrink after the menopause.

Although the exact cause of fibroids is unknown, they seem to be influenced by oestrogen. This would explain why they appear during a woman's middle years (when oestrogen levels are high) and stop growing after the menopause (when oestrogen levels drop).

Overall, estrogen, progesterone, and growth factors likely promote tumor growth, but only after the initiation of tumor formation. This initiating event remains unknown, although recent evidence suggests there is a strong **inherited component** to fibroid development. Indirect evidence for this hypothesis is as follows. First, fibroids are at least twice as common in black women than in white women. Although racial differences in socioeconomic status and access to health care, as well as racial differences in known risk factors for fibroids, may contribute to this finding, two recent studies suggest that these factors do not completely explain the discrepancy. Secondly, another study found a genetic predisposition for hysterectomy as indicated by a two fold higher twin pair correlation for hysterectomy

in identical versus fraternal twins. Thirdly, there exists a rare heritable form of uterine fibroids in association with fibroids of the skin called Reed's syndrome. Finally, a recent Russian studies suggest that women with a family history of fibroids are twice as likely to develop fibroids than women with no family history. Unfortunately, few scientific studies directly examine the genetic component of fibroid development.

Fibroids — Symptoms

It is estimated that 75% of women with fibroids do not have symptoms, therefore many women don't know they have fibroids. Whether or not you have symptoms depends on the size of the fibroids and where they are in your womb. This also affects the types of symptoms you are likely to have. For example, a small fibroid in the wall of your womb probably won't cause any problems, whereas a large fibroid growing outward from your womb might press against your bladder, causing bladder problems.

The most common symptom of fibroids is heavy menstrual bleeding. Other symptoms include abdominal pain or pressure, changes in bladder and bowel patterns and, in some cases, infertility.

Medication: You may be given nonsteroidal anti-inflammatory drugs, oral contraceptives (birth control pills), gonadotropin releasing hormone agonists, or RU-486.

- Nonsteroidal anti-inflammatory agents, such as ibuprofen (Advil is one example), have been shown to relieve pelvic pain associated with fibroids.
- Oral contraceptive pills are also commonly used in women with fibroids. Although the hormones (including estrogen) in such birth control pills may increase the size of the fibroid, they often decrease your perceived menstrual blood flow and help with pelvic pain.
- Gonadotropin releasing hormone (GnRH) agonists are medications that act on the pituitary gland to decrease estrogen produced by your body. A decrease in estrogen causes fibroids to decrease in size. This type of medication often is used prior to surgery to shrink the fibroid, to decrease the amount of blood loss during surgery, or to improve your preoperation blood count. The size of the fibroid can be reduced by 50% in 3 months of this type of therapy. But fibroids regrow once treatment is stopped. Long-term therapy with these medications is limited by the side effects of low estrogen (much like menopause caused by drugs), which include decreased bone density, hot flashes, and vaginal dryness.
- The antihormonal drug RU-486 (mifepristone) has also been shown to reduce fibroids by about half. This drug has also been shown to reduce pelvic pain, bladder pressure, and lower back pain. Low doses of this drug may reduce the size of fibroids in preparation for surgery to remove them. It may also help you avoid surgery entirely by shrinking the fibroids and the problems they are causing. Side effects related to low estrogen, seen with GnRH analogs, may be less common. RU-486 can induce miscarriage, so this medication should be used with caution if you wish to become pregnant.

Surgery

Surgery options for treatment have both risks and benefits. Be sure to discuss these risks and benefits with your doctor. Some treatment options may not be right for you because of the characteristics of your fibroids or other health factors.

- Myomectomy is the surgical removal of the fibroids only. This can be accomplished through hysteroscopy, laparoscopy, or, less frequently, an open procedure (an incision in your abdomen). The surgical approach depends on the size and location of your fibroid. The uterus is left intact in this type of procedure, and you may be able to become pregnant.
- Hysterectomy is the surgical removal of the uterus (and fibroids). It is the most commonly performed surgical procedure in the treatment of fibroids and is considered a cure.
- Uterine artery embolization, or clotting of the arterial blood supply to the fibroid, is an innovative approach that has shown promising results. This procedure is done by inserting a catheter (small tube) into an artery of the leg (the femoral artery), using special x-ray video to trace the arterial blood supply to the uterus, then clotting the artery with tiny plastic or gelatin sponge particles the size of grains of sand. This material blocks blood flow to the fibroid and shrinks it.
- **Other Therapy**

Constipation and hemorrhoids are other symptoms caused by the pressure of growing fibroids. You can avoid these problems by eating more whole grains, bran, and fruit and drinking plenty of water. Natural laxative products may also help.

The Power of Natural Products in the Treatment of Fibroids.

A patient with very serious case of fibroids was brought to my doctor friend's clinic, an unmarried 36-year old spinster whose fibroids filled the whole of the uterus. The development started about 3 years earlier and upon examination, it was concluded that there was no alternative than to do Hysterectomy. Symptoms included heavy bleeding which usually involved flooding (a sudden gush of blood), long periods or passing large clots of blood.

She always needed to use extra sanitary protection (about 20 pads 4 times daily for the usual 14-days period every month). She always needed to stay near a toilet during her periods and this usually restricted her activity and very frustrating and tiring. After the monthly period the haemoglobin drops to below 5mg/dl, thus necessitating blood transfusion frequently.

The patient refused hysterectomy outright and the doctor had no choice but to give our herbal therapy a trial but he insisted on documentary evidence which meant that a scan before the commencement of the treatment would be compared to the result after the initial one month treatment.

The Ultrasound Scan Report prior to the commencement of treatment with our combined herbal treatment is summarized as follows:

“There are a number of hypoechoic well circumscribed masses widely distributed in the submucous layer presumably fibroid and some of which measure about 53 X 46 mm, 37 X 36mm, 45 X 43mm and 38 X 35mm. Both adnexae appear free bilaterally. There is appreciable fluid collection in the Pouch of Douglas.”

After one month of treatment the following is the Laboratory Report:

“Multiple fibroids are in the myometrium 5-6mm varying from 12-25mm diameters in the posterior wall body and lower segment. The Pouch of Douglas and adnexae are free.”

The menstrual period following the initial treatment became almost completely normalized with no excessive bleeding and the accompanying pains. My surgeon friend was very excited but insisted that we needed to try at least five more cases to give him the confidence to mention this new discovery to his colleagues. We are about 4 months into the trials and the results have shown very significant improvements in all the subjects. Although, we have not yet been able to confirm the complete disappearance of the fibroids in any of the patients, we are happy that there has been consistent shrinking in the size of the fibroids and all the worrying symptoms have almost disappeared in all the trial subjects. We would be pleased to entertain enquiries from Medical Doctors & Scientists who would be allowed to review the records of our trials and would also want to collaborate with us to fully develop these remedies to alleviate the sufferings that are associated with fibroids in the most natural way.

Treating Fibroids with Natural Medicine would always remain the better option. After all, Myomectomy may not provide a permanent solution as there is no guarantee that the Fibroids will not be replaced with bigger ones. There had been instances of repeating this operation on several occasions with the other attendant risks and complications associated with surgeries. Hysterectomy is not an option particularly for spinsters who would remain childless for life if they go through this type of surgery since the whole womb would have been removed.

Fibroids are associated with immune disorders. Estrogens are associated with the development and one of the most appropriate approaches to solving this problem would include antioxidants like Jobelyn which corrects imbalances in immune system. Jobelyn also contributes to alleviating the effects of Anaemia in Fibroid patients. The loss of blood during menstrual periods of some patients could be so excessive that blood transfusion may be inevitable and in such instances, Jobelyn has been proven to be capable of replacing lost blood very rapidly, thus preventing the risks that are associated with blood transfusion.

As earlier discussed, the investigations are still on-going and inquiries are welcome on our e-mail at: info@health-forever.com or by text message to 08033376135.