



HERBAL EXTRACT
COMPANY

THE NATUROPATH'S GUIDE UTERINE FIBROIDS

**A focus on the herbal approach
for managing uterine fibroids**

WRITTEN BY CHRISTINE THOMAS
PUBLISHED JULY 2024

YARROW
(*Achillea millefolium*)

UTERINE FIBROIDS

A uterine fibroid is a non-cancerous tumour that grows in and around the uterus. They develop from the muscle of the uterus and may also grow in the fallopian tubes, cervix or tissues near the uterus. Although benign, uterine fibroids are associated with significant suffering and side effects.

Uterine fibroids (fibroids) represent the most common pelvic tumours among women of reproductive age, affecting more than 70% to 80% of women before the age of 50 worldwide. However, the reported incidence of fibroids is likely to be an underestimation as many tumors are asymptomatic, or slightly symptomatic, and therefore remain undiagnosed. In addition, approximately only 25% to 30% of women report the clinical symptoms of fibroids. To date, no long-term or non-invasive conventional treatment option exists for hormone-dependent fibroids due to the limited knowledge about the mechanisms underlying their initiation and development. While the cause of uterine fibroids is unknown, genetic, hormonal, immunological and environmental factors may play a role in starting the growth of fibroids, or in continuing that growth.^{3,4,5}

Condition Overview

It is estimated that, globally, one in three to four women will have uterine fibroids during their childbearing years. Also known as leiomyomas, or uterine myomas, they are the primary indication for hysterectomy and a major source of gynecologic

and reproductive dysfunction, ranging from menorrhagia and pelvic pain to infertility, recurrent miscarriage and preterm labour. However, they may also cause few symptoms and occasionally relatively large ones are discovered because of a routine examination or ultrasound scan for another reason.^{6,7,8}

The development of uterine fibroids is complex and multifactorial with many biological events coinciding, and multiple abnormal pathways interacting, which contribute to the progression of the disease. These include the actions of growth factors (signalling proteins), genetic mutations and changing dynamics of cellular processes. Most cases are idiopathic meaning the cause is unknown. While it is not known what exactly causes uterine fibroids the female steroid sex hormones oestrogen and progesterone, especially associated with hormonal imbalance due to poor liver function, have been linked to stimulating the growth of fibroids. Fibroids do not cause hormone issues directly but if someone suffers from hormonal symptoms the presence of large fibroids may exacerbate and intensify the symptoms, making them more noticeable due to the pressure effects of the growth on internal organs and joints. This can include pelvic misalignment or tilt, causing referred pain in the hips, back and neck, bloating and swelling, compacted colon and a compressed bladder. Fibroids usually develop during a woman's reproductive years. They rarely develop before menarche and will almost always shrink after menopause due to reduced oestrogen levels.

Fibroids can affect fertility, depending on their size and location. They may also cause miscarriage or early labour. In some cases, a caesarean section may be recommended for future births.^{9,10,11}

The name fibroid reflects its hard and fibrous consistency, in addition to its characteristic microscopic presentation. A fibroid is an abnormal growth (neoplasm) comprised of dense muscular fibres arranged in circular layers and encapsulated in a layer of compressed smooth muscle cells. The blood supply reaches the fibroid via vessels which traverse the outer capsule, the tumour itself having relatively few blood vessels within its structure. The spectrum of uterine fibroids is substantial. Fibroids can grow as a single nodule (one growth) or in a cluster. They vary greatly in number and size, with some patients developing 60 or more fibroids, and some growing to vast sizes, as large as a melon, causing pressure symptoms and others remaining tiny and discrete like small stones. Fibroid size is not directly correlated with urinary or bleeding symptoms, making it challenging to predict the impact and burden from patient to patient.¹²

Fibroids can also be described according to their location, in relation to the uterus, or according to their type. Intra-uterine, or sub-mucosal, fibroids are found within the uterine cavity and are sometimes called sub-mucosal because they are situated below or within the endometrial lining. Myometrial, or intramural, fibroids are found within the muscle wall of the uterus (the myometrium). Extra-uterine, or subserous fibroids, as their name suggests, are attached to the outside of the uterus. Fibroids are of two main types. They can be fibrous and encapsulated tumours, which are usually roughly spherical in shape, or pedunculated tumours attached to the uterine cavity or the outside of the uterus by a stem or pedicle. The latter, and those that grow rapidly, should be monitored closely. Pedunculated fibroids can cause problems because of the (fairly rare) tendency to twist on the pedicle (called torsion). If this occurs the blood supply to the fibroid can be cut off and death of the fibroid tissue will occur. This is associated with extreme pain and increased pressure symptoms as the fibroid swells in its capsule and presses on adjacent organs. Immediate surgery may be needed. While fibroids are not cancerous, and do not increase the risk for uterine cancer, a rapidly growing fibroid

can be associated with an increased risk of uterine sarcoma, which is a rare aggressive type of tumour, particularly in postmenopausal women. Often doctors suggest that a fibroid that is growing quickly be removed before any abnormalities develop.¹³

The heavy bleeding, clotting, spotting, long periods and severe pain associated with symptomatic fibroids not only impacts sexual health but they can also affect a woman's mental health. Managing the unexpected blood stains in public settings, excessive costs for feminine products and medications, and mood instability can invoke feelings of embarrassment and shame for patients living with fibroids. Health care providers often rely on patients to initiate the conversation about symptoms. However, patients may normalise these symptoms and thus do not mention them to their provider. The social and cultural constructs that normalise gynecologic-associated pain can further prolong and complicate the process of seeking treatment for fibroids. The menstrual cycle is a female's monthly report card and a beneficial way to check on her health each month but, as previously suggested, many women ignore and tolerate symptoms such as expected pain with the cycle and spontaneous and heavy bleeding. Traditional Chinese Medicine (TCM) practitioner, Elizabeth Cullen, believes that women should connect to their periods because they could be sending a message. "We have now raised generations of women who have 'got on with it' without knowing that the monthly bleed can be an inherent strength rather than a burden."^{14,15}

Common Symptoms

Most women with uterine fibroids do not experience symptoms. When uterine fibroids do cause symptoms the most common ones include:

- Pain with menstruation (dysmenorrhea)
- Heavy or prolonged bleeding during menstruation (menorrhagia)
- Bleeding between periods (metrorrhagia)
- Iron deficiency - anemia due to blood loss
- Pain during sexual intercourse
- Distended abdomen (as the masses grow)
- Backache

- Pain or pressure in the pelvic area
- Difficulty with urination. Pressure on the bladder can cause frequent urination, incontinence, urgency in urination or cystitis symptoms.
- Difficulty with bowel movements (constipation)
- Infertility by preventing a fertilised egg from implanting in the womb or blocking the fallopian tubes, although this is rare. Large fibroids in particular may cause infertility.
- In pregnant women fibroids may cause difficulties during labour and the loss of pregnancy (miscarriage) in rare cases.¹⁶

Risk Factors

More risk factors are associated with a higher probability of uterine fibroid formation and development.

Ancestry

Fibroids disproportionately impact African American women. Uterine fibroids are three times more common in African American women and two times more common in Hispanic women compared with white women. While the cause is not fully understood this may be attributed to higher concentrations of steroid hormones in African American women, a change in the genetic code in DNA, vitamin D deficiency or the stress caused by racial discrimination.¹⁷

Family history

Maternal history of fibroids is a risk factor for fibroids, especially when mothers were diagnosed at a younger age. Asking patients about their family history of fibroids could encourage patient self-advocacy and inform care.¹⁸

Age

Increasing age is a significant risk factor for uterine fibroids, especially among women at the premenopausal stage and those 40 years and above.¹⁹

No term pregnancies

Pregnancy has been shown to have a protective

effect and women who have not been pregnant are more commonly affected by uterine fibroids than women who have not. Each subsequent child may lower the risk. Steroid hormone exposure during pregnancy, and dramatic remodeling of the uterine tissues after each pregnancy, may be responsible for a decrease in uterine fibroid formation.²⁰

Early mensturation

Early menarche means more years exposed to oestrogen and progesterone which can increase the risk of fibroids. Most girls start their first period around the age of 12 or 13, but girls who have earlier periods are more likely to develop fibroids. The results of one study indicate that the incidence of uterine fibroid is 2.5 times greater in women with menarche at the age of 10 years old and under.²¹

Lifestyle factors

Lifestyle factors, such as diet and level of physical activity, influence the formation of uterine fibroids. Women consuming more green vegetables, fruit and fish than red meat are less commonly diagnosed with uterine fibroids. Diets rich in citrus fruits have been shown to reduce the risk of uterine fibroids. The intake of soybean milk, food additives, sweeteners and preserved foods can increase the risk of fibroids.^{22,23}

Alcohol consumption

Heavy alcohol consumption is a risk factor for uterine fibroids. In one study involving more than 100,000 women, drinking at least 20g (two standards drinks) of alcohol per day was significantly associated with an increased risk for uterine fibroids. This may be related to alcohol's effect on hormone levels and inflammation.²⁴

Altered reproductive tract microbiome

It seems that gut microbiota dysbiosis has the potential to be a risk factor for uterine fibroids or affect the disease process. The results of a recent study suggest that systemic distribution of the gut bacteria extends to the uterus of patients with uterine fibroids, following dysbiosis or gut-barrier impairment. Further studies are needed to better understand whether the uterine microbiome plays a

role in the development of uterine fibroids.^{25,26}

Obesity and insulin resistance

It is hypothesised that since adipose tissue is known to affect endocrine tissue, an increase in body fat would increase the amount of oestrogen in the body, and oestrogen is a driver for uterine fibroids. Several studies have found obesity as a significant risk factor for the development of uterine fibroids and this has been attributed to the metabolic functions of adipose tissues, and disrupted hormonal activity, which influences the delicate hormonal balance in the body. Obese women diagnosed with type 2 diabetes are more likely to develop uterine fibroids and this has been related to elevated concentrations of insulin-like growth factor. Insulin resistance plays a role in the development of uterine fibroids in obese women.^{27,28}

High blood pressure

Women suffering from hypertension are five times more likely to develop uterine fibroids and earlier diagnosis of hypertension is a significant risk factor. Increased diastolic blood pressure is associated with a higher risk of uterine fibroids. The formation of lesions is attributed to the chronic destruction of the myometrium due to increased blood flow and cytokines secreted by injured myometrial cells.²⁹

Vitamin D3 deficiency

Studies have demonstrated that vitamin D levels are much lower in uterine fibroid patients, suggesting that vitamin D may be linked to the development of uterine fibroids. Vitamin D supplementation (50,000IU of vitamin D for 12 weeks) might inhibit growth of uterine fibroids however, the long-term effects remain unclear.^{30,31}

Environmental factors

Epigenetic processes may play an important role in linking endocrine disrupting chemicals to fibroid development. They are substances in our environment, food and consumer products that interfere with hormone biosynthesis, metabolism or action resulting in a deviation from normal homeostatic control or reproduction. Chronic exposure to endocrine-disrupting chemicals and pollution, including Particulate Matter (PM) 2.5

(microns), organophosphate esters, phthalates and alternate plasticisers, environmental phenols, parabens, food additives, xenohormones (synthetic hormones), factory farmed dairy/meat, personal hygiene and cleaning products, is associated with the incidence of clinically symptomatic uterine fibroids.^{32,33}

Inflammation

A chronically active inflamed immune system is suggested to be involved in fibroid formation. It is hypothesised that in the uterus of a woman with a chronically inflamed immune profile (due to chronic low-grade systemic inflammation) suffering a series of insults, including intrauterine infection, injury and menses, the immune system response is exacerbated, thereby directly or indirectly inducing cell proliferation and fibrosis, which are implicated in the formation and growth of uterine fibroids.³⁴

How To Get The Correct Diagnosis

Uterine fibroids are often found by chance during a routine gynaecological examination, pelvic ultrasound or during surgery for other conditions. The doctor may feel irregular changes in the shape of the uterus, suggesting the presence of fibroids. The presentation of fibroids can be divided broadly into three groups:

1. symptoms associated with abnormal bleeding from the reproductive tract often accompanied by anaemia and iron deficiency.
2. symptoms related to the presence of a pathological mass in the minor pelvic cavity or abdominal cavity including urinary frequency.
3. symptoms related to reproductive dysfunction and acute pelvic pain.^{35,36,37}

Following a clinical evaluation, which includes a detailed medical and gynaecological history, fibroid diagnosis is relatively simple with current imaging modalities and they can be diagnosed by a number of different tests:

- An external ultrasound on the abdomen
- An ultrasound inside the vagina. This is more accurate than an external ultrasound.
- A magnetic resonance imaging (MRI) scan
- Hysteroscopy - a thin telescope showing the

inside of the uterus (this is performed with or without local anaesthetic)

- Laparoscopy - a thin telescope is inserted through a small cut in the abdomen (keyhole surgery) to look at the uterus (this is performed under general anaesthetic).³⁸

Conventional Treatment & Prevention

While the diagnosis of fibroids may be relatively simple, their management, however, is not always straightforward and can present many challenges. The conventional Western medicine approach to fibroids begins with observation, or the wait and see method, especially if a woman is nearing menopause. Because most fibroids are non-cancerous, and do not cause any symptoms, they can sit inside the uterus with no issues. Recommended treatment depends on the severity of symptoms, the woman's age, pregnancy status, desire for future pregnancies, general health and the characteristics of the fibroids including size, number and location of the fibroids. Medical therapies for fibroids are typically prescribed to patients who are preoperative and/or highly symptomatic. Approximately 30% of women present with severe symptoms including abnormal uterine bleeding, iron-deficiency anaemia, infertility, pelvic pain, back pain and urinary symptoms (such as frequent urination or urinary retention) or gastrointestinal symptoms (such as diarrhoea or constipation) that require intervention. After the treatment is discontinued fibroids can grow back because the therapies do not eliminate them or prevent new ones from developing.^{39,40,41}

Treatment options include:

- Iron supplements may be prescribed for anaemia and non-steroidal anti-inflammatories, or other types of painkillers, for intense pain.
- Hormone medications (e.g. the combined oral contraceptive pill), which target the production and action of oestrogen and progesterone and are useful for inhibiting growth, or a hormone-releasing device placed in the uterus which reduces heavy periods (a "coil" or intra-uterine device). Although hormone-regulating therapies are effective in treating fibroids, they can be

associated with negative side effects and also inhibit fertility.

- Radiological treatment such as uterine artery embolisation (a non-surgical procedure that shrinks the fibroid by blocking blood supply to part of the uterus) or high-intensity ultrasound, guided by MRI (only suitable for certain types of fibroids).

If this management proves insufficient, surgical or interventional procedures are the next approach to treating symptomatic fibroids. Surgical options depend on the severity of the case.

- Surgical removal of the fibroid includes myomectomy, performed as a hysteroscopy (via the vagina) or laparoscopy (keyhole surgery) and hysterectomy (removal of the uterus) for large or multiple fibroids. Hysterectomy is the only definitive cure for fibroids but eliminates the option of pregnancy and may have long-term health impacts. In fact, fibroids account for one-third of all hysterectomies. This is usually only for women who have completed their family or do not wish to have children. A myomectomy addresses symptomatic disease but has a high rate of recurrence, requiring sequential treatment or a second line of therapy to manage the disease. While myomectomy preserves fertility, the cumulative risk of multiple surgeries must be considered when pursuing this course of action.^{42,43}

Treatment of a chronic condition such as fibroids needs to incorporate counselling and/or support for a patient's emotional wellness. Fibroids generally impact women in their mid-life years, during which they are likely responsible for their own household serving as caregivers for parents and children and pursuing a career. Maintaining work-life-health balance can be especially difficult when battling the productivity loss experienced by women who are managing fibroid symptoms and treatment. Because fibroids impact the entire family there is a need to mobilise men, and others within and outside the household, to support their loved ones with fibroids. Ultimately, there is a need for low-risk, cost-effective medical options that consider fertility when looking at the prevention or early treatment of fibroids.⁴⁴

INTERVENTION	Alteratives, lymphatics, blood tonics, anti- inflammatories	Antispasmodics, analgesics, anodynes, circulatory stimulants	Astringents, antihaemorrhagics, styptics	Hepatics, cholagogues, bitters	Hormone balancers, oestrogen- modulators, phytoestrogens	Uterine tonics, nourishing herbs, adaptogens
Calendula	✓		✓	✓		
Celandine	✓	✓		✓		
Chastetree					✓	✓
Cinnamon		✓	✓			
Ginger	✓	✓				
Green Tea	✓		✓			
Lady's Mantle	✓		✓		✓	✓
Nettle Leaf	✓					✓
Paeonia	✓	✓			✓	✓
Poke Root	✓					
Raspberry	✓	✓	✓			✓
Yarrow	✓	✓	✓	✓		

“Suddenly, the motley crew of physical and emotional symptoms I’d been suffering started to make sense... My fibroid had been a flashing siren, alerting me to hormone dysfunction... It may feel counterintuitive to question your doctor, but considering the lack of research and palpable gender bias facing female health issues, it’s important to advocate for yourself and get informed using reputable sources to know your best options...

Irrevocably changed by this experience, I’m no longer afraid to trust my intuition, push for my needs to be taken seriously or leave practitioners who aren’t serving me. Now deeply connected to my body, I finally understand – it is solely my job to protect her.”

Excerpts from an article by Sonia Taylor in The Sydney Morning Herald titled My 14-centimetre ‘snowman’ growth finally taught me to advocate for my own health, September 10, 2021.⁴⁵



Celandine
(*Chelidonium majus*)

Natural Therapies for Treatment and Prevention

A diagnosis from a conventional doctor is required before wholistic treatment is considered. As with any chronic condition, attention to general health and wellbeing is vital. Uterine fibroids are a symptom so the root cause is important. Utilising the wait and see approach, or surgery (which is necessary sometimes), does not address the root cause of fibroids. In TCM the question is: "It isn't about what disease a person has, but rather, what person has the disease." Some of the TCM imbalance patterns for the fibroid symptomatic picture include blood stagnation, liver qi stagnation (which can be related to inappropriate anger such as sudden outbursts) and phlegm. According to Susun Weed, one of America's foremost authorities on herbal medicine and natural approaches to women's health, the "root chakra" (the lowermost energy center in the body, which includes the uterus) is said to store unexpressed anger. It is believed that any unwanted growths in these organs can be countered by allowing the anger to safely discharge.⁴⁶

In Western herbal medicine there can be multiple causes for fibroids including diet, lifestyle, nutrient deficiencies, environmental and epigenetic factors. Of prime consideration is the production and metabolism of oestrogen and its subsequent relationship to the hepatobiliary system. It is important to acknowledge the patient's age and proximity to menopause as fibroid size will naturally begin to reduce as endogenous production of oestrogen declines. Many women seek naturopathic treatment in an attempt to avoid surgery, so it is beneficial in these instances to review fibroid growth by ultrasound approximately every three months.⁴⁷

The aim of herbal treatment for fibroids is to minimise any further growth of the tumours and to manage any associated symptoms, especially the menorrhagia. Treatment needs to be trialled for at least three months and combined with attention to those lifestyle issues identified by the risk factors listed earlier in this article. In particular, attention should be given to achieving a healthy body weight and diet.⁴⁸

The naturopathic treatment of fibroids aims to:

- Review and alleviate/regulate symptoms including excess bleeding (menorrhagia and metrorrhagia), anaemia, inflammation and oxidation, pain, stress and the hypothalamic-pituitary-adrenal (HPA)/hypothalamic-pituitary-ovarian (HPO) axis.
- Review oestrogen exposure (e.g. menarche, pregnancies, obesity, environmental exposure), reduce 'relative oestrogen excess' and review liver health. It is possible to contain or reduce the growth-promoting effects of oestrogen. The main way this is achieved herbally is via competitive inhibition. It is important to regulate relative oestrogen excess because women who have the tendency to grow fibroids can do so again after the fibroid has been removed or adequately treated, or may continue to produce multiple fibroids if the hormonal imbalance is not corrected.
- Contain fibroid growth where possible and reduce the size of the fibroid in some cases. Larger fibroids are more difficult to resolve but not impossible to control.
- Improve uterine tone and circulation.⁴⁹

Diet

Dietary modification: Attention should be given to achieving a healthy body weight (using a body mass index calculator) and diet as excess body fat can aggravate the symptoms. Eat an organic, nutrient dense, anti-inflammatory whole foods diet with whole grains, fruit (especially citrus fruits) and vegetables (especially brassicas), cold pressed oils, oily fish, nuts and seeds. Avoid processed food, refined carbohydrates, conventional dairy, soy milk, excess alcohol and coffee (switch to green tea), refined sugar and other high glycaemic foods and additives to prevent future accumulation of toxins which may be causing the fibroids. This diet will also address heart health.⁵⁰

Phytoestrogen food sources: To modify the effects of oestrogen and its metabolism, and promote oestrogen balance, the dietary intake of phytoestrogens should be increased. This includes flaxseed (10 to 25g per day of whole seed, meal or oil), and fermented soybeans including tempeh and miso, alfalfa and sesame seeds. There is evidence to suggest that flaxseed supplementation causes

changes in oestrogen metabolism that may be favorable for inhibition of fibroids.⁵¹

Iron rich foods: If menstrual bleeding is heavy, iron rich foods can help prevent anaemia. This includes organic meats, egg yolk, peas, beans and lentils, molasses, shellfish and parsley, fish, nuts, watercress, dark green leafy vegetables including nettles, dandelion leaves and chickweed. Eat plenty of foods containing vitamin C which enhances the absorption of iron. Add acidic dressings, such as lemon juice and vinegar, to iron-rich foods or eat bitter green vegetables (which also contain iron), or fruit such as grapefruit, before or during the meal to increase the flow of gastric acid which will in turn improve the absorption of minerals. Alcoholic aperitifs (in moderation), bitter herbs or Swedish bitters can all be used. Avoid tea (especially black tea) or coffee until the iron deficiency improves. The tannin in tea binds with iron, making it difficult to absorb. Coffee also reduces absorption, especially if taken with or after a meal, but not when taken more than one hour before eating.⁵²

Lifestyle

Diary

Keep a menstrual symptoms diary to comprehensively assess progress.

Sunshine

For most people the major source of vitamin D is skin production by exposure to sunlight. Sufficient vitamin D is associated with a reduced risk of fibroids. Patients need to expose a sufficient amount of skin to sunlight to maintain healthy vitamin D blood levels. To maintain healthy blood levels, aim to get 10 to 30 minutes of midday sunlight, several times per week making sure not to burn. People with darker skin may need a little more than this. Exposure time should depend on how sensitive the skin is to sunlight. Factors that can affect the ability to make vitamin D from sunlight include the time of day, skin colour, how far it is from the equator, how much skin is exposed to sunlight and whether sunscreen is worn. Wearing sunscreen may reduce the ability to produce vitamin D. Regular sun exposure is the most natural way to get enough vitamin D.⁵³



Paeonia
(*Paeonia lactiflora*)

Exercise

Uterine fibroids often cause heavy menstrual bleeding and bleeding between periods. Some people have anaemia because of this blood loss which often causes fatigue and weakness. Pelvic pain, pressure in the abdominal area and lower back pain from fibroids can make exercise difficult. Exercise is effective for ensuring a healthy circulation to the pelvis. By listening to their body, patients can find an activity that allows them to meet their fitness goals. This might include yoga, stretching, running, lifting weights, swimming, Pilates, hula hooping or belly dancing.⁵⁴

Abdominal treatment

Warm castor oil packs nightly for one hour over the lower abdomen, or ginger compresses (soak a towel in hot ginger water), will provide symptomatic relief of pain as well as aiding in pelvic decongestion and encouraging circulation and lymphatic flow in the area. Alternating hot and cold sitz baths may be helpful in encouraging pelvic circulation and increasing uterine tone. Herbal vaginal steaming is a traditional practice used in many areas of the world to facilitate vaginal and uterine health and address imbalances such as fibroids, dysmenorrhea,

uterine congestion and fertility challenges. Some practitioners believe acupuncture treatments can shrink fibroids.⁵⁵

Guided visualisation

This may be used to aid the patient in dealing with this problem. It may take the form of imagining the fibroid shrinking and disappearing or the flow of energy in the pelvis being free and unobstructed. Some practitioners suggest burning moxa over the area of the fibroid while the patient envisions the heat releasing the treasures in her uterus. What is locked up in this fibroid? What can she give birth to?⁵⁶

Address endocrine disrupting chemicals

Chemicals that interfere with hormone action represent a modifiable risk factor, as oestrogen and progesterone play a critical role in fibroid growth and endocrine disrupting chemical exposures are widespread among reproductive-aged women. To reduce the impact from chemical exposure buy organic foods and sanitary pads. Avoid plastics and buy simple food without packaging. Choose products that do not contain fragrance and buy basic cleaning products. Filter tap water.⁵⁷

Potential Treatment Plans

Fibroids	Calendula	Celandine	Chastetree	Green Tea	Poke Root
Heavy Bleeding/ Menorrhagia	Ginger	Lady's Mantle	Nettle Leaf	Raspberry	Yarrow
Dysmenorrhea/Pain	Cinnamon	Ginger	Green Tea	Poke Root	Yarrow
Hormone balancing	Celandine	Chastetree	Cinnamon	Lady's Mantle	Paeonia

Desired Herbal Actions and Potential Herbs Include:

Alteratives, anti-inflammatories, blood tonics, lymphatics

To help cleanse toxins from the system. To control benign growths and support the drainage of fluid from the uterus. To address anaemia and support blood building. Herbs such as barberry, black cohosh, blue cohosh, calendula, celandine, clivers, cordyceps, dandelion root, dong quai, echinacea, ginger, ginkgo, green tea, horsetail, lady's mantle, lion's mane, paeonia, poke root, raspberry, St. John's wort, thuja, withania.

Antispasmodics, analgesics, anodynes, circulatory stimulants

To relax muscle tissue, help reduce congestion and improve the circulation to the uterine tissues. This moves stagnation and blood in the pelvic bowl and brings relief from menstrual cramping, spasm and pain. Some more strongly effect hepatic stagnation and some more strongly effect lymph while others move blood. Herbs such as angelica, black cohosh, blue cohosh, celandine, cinnamon, cramp bark, dong quai, echinacea, ginger, nettle, paeonia, raspberry, St. John's wort, stone root, yarrow. Wild yam (*Dioscorea villosa*) is not recommended as an antispasmodic for hormone sensitive conditions due to the possibility of oestrogenic effects.

Astringents, antihaemorrhagics, styptics

If menstrual bleeding is heavy to reduce blood loss and to improve the integrity of the uterine tonicity. Antihemorrhagic herbs are usually combined with one or more of the uterine tonic herbs (see below) to improve the uterine tone and try to normalise uterine function. Herbs such as calendula, cinnamon, cramp bark, green tea, horsetail, lady's mantle, nettle leaf, raspberry, rose hips, St. John's wort, shepherd's purse, yarrow.

Hepatics, bitters, cholagogues

Improve and optimise liver function. If the liver is congested, and overloaded, then it will not

be possible for it to adequately break down hormones and they may persist in the circulation longer than normal. Liver herbs help regulate and support steroid hormone pathways through modulation, transformation and elimination. Herbs such as such as angelica, barberry, bupleurum, calendula, celandine, dandelion root, false unicorn root, rosemary, St. John's wort, St. Mary's thistle, schizandra, turmeric, yarrow, yellow dock.

Hormone balancers, oestrogen-modulators, phytoestrogens

Regulate hormonal cascades and protect against oestrogen displacement. Herbs such as chastetree, false unicorn root, lady's mantle, paeonia, saw palmetto.

Uterine tonics, nourishing herbs, adaptogens

Nutrient dense herbs support the general health, tone and vitality of the uterus and reduce excess bleeding. They can help restore lost nutrients and iron if there has been excessive and prolonged bleeding. Adaptogens support overall health due to chronic disease, optimise the HPO axis, increase energy and restore strength. Herbs such as astragalus, black cohosh, bladderwrack, blue cohosh, burdock, chastetree, chickweed, cordyceps, dandelion leaf, dong quai, false unicorn root, lady's mantle, lion's mane, motherwort, nettle leaf, oats green/seed, paeonia, raspberry, reishi, shatavari, slippery elm, yellow dock, withania.

Herbal Support Could Include:

HERB NAME	DESCRIPTION	ACTIONS
<p>Calendula (<i>Calendula officinalis</i>)</p> 	<p>Calendula promotes blood and lymphatic circulation in the pelvis, eases inflammation and helps regulate the menstrual cycle. By reducing uterine and venous blood congestion calendula is appropriate for copious menstrual bleeding or clotting and fibroids.⁵⁸</p>	<p>Alterative</p> <hr/> <p>Astringent</p> <hr/> <p>Anti-inflammatory</p> <hr/> <p>Cholagogue</p> <hr/> <p>Hepatic</p> <hr/> <p>Lymphatic</p> <hr/>
<p>Celandine (<i>Chelidonium majus</i>)</p> 	<p>Traditionally used to control benign growths, celandine is indicated for a sluggish liver, and conditions arising from poor liver function, as well as relieving spasms.⁵⁹</p>	<p>Anti-inflammatory</p> <hr/> <p>Antispasmodic</p> <hr/> <p>Bitter Tonic</p> <hr/> <p>Cholagogue</p> <hr/>
<p>Chastetree (<i>Vitex agnus-castus</i>)</p> 	<p>This hormone balancing herb is a major part of the treatment and can be given in high doses (5mL twice a day) to depress oestrogen production if the fibroids are severe. Susun Weed says 25 to 30 drops, two to four times daily, often shrinks small fibroids within two months but results come from long-term use, up to two years.^{60,61}</p>	<p>Hormone Modulator</p> <hr/> <p>Uterine Tonic</p> <hr/>
<p>Cinnamon (<i>Cinnamomum verum</i>)</p> 	<p>Cinnamon is a gentle, warming circulatory stimulant that may be used to ease pelvic stagnation and aid in the removal of the fibroid. The tincture of the bark was traditionally used in uterine haemorrhage and menorrhagia, its most direct action being said to be upon uterine muscular fibres, where it caused contraction and arrested bleeding. It is also used in TCM in a patented formula 'Cinnamon and Hoelen Combination' which contains Chinese cinnamon and paeonia and has been shown to be effective both traditionally and in a number of trials.⁶²</p>	<p>Astringent</p> <hr/> <p>Circulatory Stimulant</p> <hr/> <p>Antispasmodic</p> <hr/>

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
<p>Ginger (<i>Zingiber officinale</i>)</p> 	<p>This warming circulatory remedy is helpful for painful periods that are improved by the application of heat or warm drinks. It also ensures adequate nutrition and removal of wastes from the uterine area. Ginger root's anti-inflammatory action may also help slow heavy bleeding.⁶³</p>	<p>Anti-inflammatory</p> <hr/> <p>Analgesic</p> <hr/> <p>Antispasmodic</p> <hr/> <p>Circulatory Stimulant</p>
<p>Green Tea (<i>Camellia sinensis</i>)</p> 	<p>Green tea, which is loaded with antioxidants, is associated with a lower prevalence of dysmenorrhea in women. A recent systemic review was aimed at updating the pharmacological activity of green tea on metabolic and endocrine disorders. The clinical trials included in the review demonstrated encouraging results. In a promising 2023 pre-clinical study researchers have found that compounds in green tea, could be promising for both treating and preventing uterine fibroids. Human clinical studies are being considered.^{64,65}</p>	<p>Anti-inflammatory</p> <hr/> <p>Astringent</p>
<p>Lady's Mantle (<i>Alchemilla vulgaris</i>)</p> 	<p>This herb is extremely useful for the treatment of excessive menstrual bleeding associated with fibroids. It has been used for centuries in Europe where it is favoured for its coagulation, astringent and styptic properties. It also a true uterine tonic and conveys a tonic, strengthening action to the tissues, helping wherever there has been a loss of tone or function.⁶⁶</p>	<p>Antihæmorrhagic</p> <hr/> <p>Anti-inflammatory</p> <hr/> <p>Astringent</p> <hr/> <p>Hormone Modulator</p> <hr/> <p>Styptic</p> <hr/> <p>Uterine Tonic</p>
<p>Nettle Leaf (<i>Urtica dioica</i>)</p> 	<p>Stinging nettles are a rich source of nutrients containing a variety of vitamins, minerals, fatty acids, amino acids, polyphenols and pigments, many of which also act as antioxidants inside the body. Being rich in minerals such as iron, nettle was used for lethargy and depleted states and recovery after childbirth. It is useful for women who have lost a lot of fluid from their bodies such as with heavy periods. Its stabilising and nourishing properties help restore the depleted energy that comes from such loss.⁶⁷</p>	<p>Anti-inflammatory</p> <hr/> <p>Nutritive Tonic</p>

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
<p>Paeonia (<i>Paeonia lactiflora</i>)</p> 	<p>Paeonia is effective for treating hormonal imbalance and irregularities. Conditions believed to be associated with relative oestrogen excess in relation to progesterone, including fibroids, respond well to paeonia. As above, paeonia is part of the TCM Cinnamon and Hoelen Combination used for gynecological conditions where there is a lack of good blood flow in the uterus, reproductive pain, or feeling weak or deficient.⁶⁸</p>	<p>Analgesic</p> <hr/> <p>Anti-inflammatory</p> <hr/> <p>Antispasmodic</p> <hr/> <p>Hormone Regulator</p> <hr/> <p>Uterine Tonic</p>
<p>Poke Root (<i>Phytolacca americana</i>)</p> 	<p>According to Susun Weed poke root, used internally as a tincture (1 to 10 drops per day; start small) and externally as a belly rub oil, has gained a reputation as a profound helper in relieving pain and distress from fibroids.⁶⁹</p>	<p>Alterative</p> <hr/> <p>Anti-inflammatory</p> <hr/> <p>Lymphatic</p>
<p>Raspberry (<i>Rubus idaeus</i>)</p> 	<p>Raspberry leaf can help soothe the pelvic pain, and decrease the heaviness of the periods, associated with fibroids. It has been used for centuries to strengthen and tone the uterus as well as for its effects as an astringent.⁷⁰</p>	<p>Anti-inflammatory</p> <hr/> <p>Antispasmodic</p> <hr/> <p>Astringent</p> <hr/> <p>Uterine Tonic</p>
<p>Yarrow (<i>Achillea millefolium</i>)</p> 	<p>Yarrow has a strong tradition in gynaecological conditions, particularly painful and heavy menstrual bleeding, where it relieves inflammation and congestion in the uterus without excessive spasm. It can be used to prevent the excess bleeding associated with heavy periods in women with fibroids.^{71,72}</p>	<p>Anti-inflammatory</p> <hr/> <p>Antispasmodic</p> <hr/> <p>Astringent</p> <hr/> <p>Bitter</p> <hr/> <p>Styptic</p>



Lady's Mantle
(*Alchemilla vulgaris*)

Conclusion

The impact of uterine fibroids on health and quality of life can be severe. As with any chronic illness there is no one-size-fits-all solution because seldom is there 'one cause' or 'one solution'. Patients may expect a long-term approach with the practitioner first addressing acute symptoms, such as pain and bleeding, followed by moving stagnations and overcoming deficiencies. Healing fibroids will take some time with the patient getting progressively better.⁷³

The research community has made important advances identifying fibroid risk factors and genetic mutations. However, there are significant gaps in the knowledge and understanding of how these factors influence symptomatic fibroids. While surgical removal has made huge strides reducing invasiveness for women through keyhole surgery, medical treatments that focus on prevention and

management remain worryingly inadequate. Despite the magnitude of the problem, nonsurgical and medical options for treatment are extremely limited. One reason is that funding for research on uterine fibroids has been sparse in comparison to the scope of the problem. Concerted efforts to increase awareness, reduce bias and promote provider and patient education are fundamental to empower patients as they live with and manage symptomatic uterine fibroid disease. The naturopathic approach to treating women with fibroids is another option instead of pharmaceutical or surgical intervention and may be a good place to start. While the fibroids may not be entirely eliminated, an effective treatment plan can result in an overall reduction in symptoms and a reduction in growth of the fibroids. For some women this may be enough to reduce the need for pharmaceutical or surgical intervention until a natural decline in oestrogen occurs with menopause.⁷⁴

Resources

1. Uterine fibroids. Healthdirect Australia Limited c2024 (updated Aug 2021; accessed 31 Jan 2024). Available from <https://www.healthdirect.gov.au/uterine-fibroids#:~:text=A%20uterine%20fibroid%20is%20a,or%20tissues%20near%20the%20uterus>.
2. Sefah N, Ndebele S, Prince L, Korasare E, Agbleke M, Nkansah A, Thompson H, Al-Hendy A, Agbleke AA. Uterine fibroids - Causes, impact, treatment, and lens to the African perspective. *Front Pharmacol*. 2023 Jan 10;13:1045783. doi: 10.3389/fphar.2022.1045783. PMID: 36703761; PMCID: PMC9871264.
3. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
4. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
5. Liu JP, Yang H, Xia Y, Cardini F. Herbal preparations for uterine fibroids. *Cochrane Database Syst Rev*. 2009 Apr 15;(2):CD005292. doi: 10.1002/14651858.CD005292.pub2. Update in: *Cochrane Database Syst Rev*. 2013;4:CD005292. PMID: 19370619; PMCID: PMC3155698.
6. Uterine fibroids. Healthdirect Australia Limited c2024 (updated Aug 2021; accessed 31 Jan 2024). Available from <https://www.healthdirect.gov.au/uterine-fibroids#:~:text=A%20uterine%20fibroid%20is%20a,or%20tissues%20near%20the%20uterus>.
7. Fibroids. Jean Hailes for Women's Health. Jean Hailes Foundation c2024. (updated 7 Dec 2023; accessed 31 Jan 2024). Available from <https://www.jeanhailes.org.au/health-a-z/ovaries-uterus/fibroids>
8. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
9. Trickey R. *Women, Hormones and the Menstrual Cycle*. 3rd edn. Fairfield: Melbourne Holistic Health Group. 2011. P.242
10. Trickey R. *Women, Hormones and the Menstrual Cycle*. 3rd edn. Fairfield: Melbourne Holistic Health Group. 2011. P.242
11. Taylor S. My 14-centimetre 'snowman' growth finally taught me to advocate for my own health. *The Sydney Morning Herald*. September 10, 2021. Available from <https://www.smh.com.au/lifestyle/health-and-wellness/my-14-centimetre-snowman-growth-finally-taught-me-to-advocate-for-my-own-health-20210623-p583ma.html>
12. Aninye IO, Laitner MH. Uterine Fibroids: Assessing Unmet Needs from Bench to Bedside. *J Womens Health (Larchmt)*. 2021 Aug;30(8):1060-1067. doi: 10.1089/jwh.2021.0280. PMID: 34410867; PMCID: PMC8432600.
13. Trickey R. *Women, Hormones and the Menstrual Cycle*. 3rd edn. Fairfield: Melbourne Holistic Health Group. 2011. P.242
14. Aninye IO, Laitner MH. Uterine Fibroids: Assessing Unmet Needs from Bench to Bedside. *J Womens Health (Larchmt)*. 2021 Aug;30(8):1060-1067. doi: 10.1089/jwh.2021.0280. PMID: 34410867; PMCID: PMC8432600.
15. Taylor S. My 14-centimetre 'snowman' growth finally taught me to advocate for my own health. *The Sydney Morning Herald*. September 10, 2021. Available from <https://www.smh.com.au/lifestyle/health-and-wellness/my-14-centimetre-snowman-growth-finally-taught-me-to-advocate-for-my-own-health-20210623-p583ma.html>
16. Uterine fibroids. Healthdirect Australia Limited c2024 (updated Aug 2021; accessed 31 Jan 2024). Available from <https://www.healthdirect.gov.au/uterine-fibroids#:~:text=A%20uterine%20fibroid%20is%20a,or%20tissues%20near%20the%20uterus>.
17. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
18. Langton CR, Harmon QE, Baird DD. Family History and Uterine Fibroid Development in Black and African American Women. *JAMA Netw Open*. 2024 Apr 1;7(4):e244185. doi: 10.1001/jamanetworkopen.2024.4185. PMID: 38568693; PMCID: PMC10993075.
19. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
20. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
21. Siregar MFG. Association between menarche age and menstrual disorder with the incidence of uterine fibroid in medan, Indonesia: based on hospital data. *Int J Reprod Contracept Obstet Gynecol* 2015;4:1025-8.
22. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev*. 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev*. 2022 Mar 02; Erratum in: *Endocr Rev*. 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
23. Ciebiera M, Ali M, Zgliczyńska M, Skrzypczak M, Al-Hendy A. Vitamins and Uterine Fibroids: Current Data on Pathophysiology and Possible Clinical Relevance. *Int J Mol Sci*. 2020 Aug 1;21(15):5528. doi: 10.3390/ijms21155528. PMID: 32752274; PMCID: PMC7432695.
24. Aninye IO, Laitner MH. Uterine Fibroids: Assessing Unmet Needs from Bench to Bedside. *J Womens Health (Larchmt)*. 2021 Aug;30(8):1060-1067. doi: 10.1089/jwh.2021.0280. PMID: 34410867; PMCID: PMC8432600.
25. Abdeljabar El Andaloussi JG, Anukrit S, Al-Hendy A, Ismail N. Impact of uterine microbiota on the prevalence of uterine fibroids in women of colors. *Reprod Sci*. 2019;26, Supplement 1:202A.
26. Korczynska L, Zeber-Lubecka N, Zgliczynska M, Zarychta E, Zareba K, Wojtyla C, Dabrowska M, Ciebiera M. The role of microbiota in the pathophysiology of uterine fibroids - a systematic review. *Front Cell Infect Microbiol*. 2023 May 26;13:1177366. doi: 10.3389/fcimb.2023.1177366. PMID: 37305407; PMCID: PMC10250666.

Resources (Cont.)

27. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev.* 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev.* 2022 Mar 02; Erratum in: *Endocr Rev.* 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
28. Sefah N, Ndebele S, Prince L, Korasare E, Agbleke M, Nkansah A, Thompson H, Al-Hendy A, Agbleke AA. Uterine fibroids - Causes, impact, treatment, and lens to the African perspective. *Front Pharmacol.* 2023 Jan 10;13:1045783. doi: 10.3389/fphar.2022.1045783. PMID: 36703761; PMCID: PMC9871264.
29. Mitro SD, Wise LA, Waetjen LE, et al. Hypertension, Cardiovascular Risk Factors, and Uterine Fibroid Diagnosis in Midlife. *JAMA Netw Open.* 2024;7(4):e246832. doi:10.1001/jamanetworkopen.2024.6832
30. Guo W, Dai M, Zhong Z, Zhu S, Gong G, Chen M, Guo J, Zhang Y. The association between vitamin D and uterine fibroids: A mendelian randomization study. *Front Genet.* 2022 Sep 21;13:1013192. doi: 10.3389/fgene.2022.1013192. PMID: 36212159; PMCID: PMC9532761.
31. Arjeh S, Darsareh F, Asl ZA, Azizi Kutenaei M. Effect of oral consumption of vitamin D on uterine fibroids: A randomized clinical trial. *Complement Ther Clin Pract.* 2020 May;39:101159. doi: 10.1016/j.ctcp.2020.101159. Epub 2020 Apr 2. PMID: 32379687.
32. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev.* 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev.* 2022 Mar 02; Erratum in: *Endocr Rev.* 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
33. Bariani MV, Rangaswamy R, Siblini H, Yang Q, Al-Hendy A, Zota AR. The role of endocrine-disrupting chemicals in uterine fibroid pathogenesis. *Curr Opin Endocrinol Diabetes Obes.* 2020 Dec;27(6):380-387. doi: 10.1097/MED.0000000000000578. PMID: 33044243; PMCID: PMC8240765.
34. Yang Q, Ciebiera M, Bariani MV, Ali M, Elkafas H, Boyer TG, Al-Hendy A. Comprehensive Review of Uterine Fibroids: Developmental Origin, Pathogenesis, and Treatment. *Endocr Rev.* 2022 Jul 13;43(4):678-719. doi: 10.1210/edrv/bnab039. Erratum in: *Endocr Rev.* 2022 Mar 02; Erratum in: *Endocr Rev.* 2022 Mar 02; PMID: 34741454; PMCID: PMC9277653.
35. Ciebiera M, Ali M, Zgliczyńska M, Skrzypczak M, Al-Hendy A. Vitamins and Uterine Fibroids: Current Data on Pathophysiology and Possible Clinical Relevance. *Int J Mol Sci.* 2020 Aug 1;21(15):5528. doi: 10.3390/ijms21155528. PMID: 32752274; PMCID: PMC7432695.
36. Uterine fibroids. Healthdirect Australia Limited c2024 (updated Aug 2021; accessed 31 Jan 2024). Available from <https://www.healthdirect.gov.au/uterine-fibroids#:~:text=A%20uterine%20fibroid%20is%20a,or%20tissues%20near%20the%20uterus>.
37. Kaganov H, Ades A. Uterine fibroids: Investigation and current management trends. *Aust Fam Physician.* 2016 Oct;45(10):722-725. PMID: 27695721.
38. Fibroids. Jean Hailes for Women's Health. Jean Hailes Foundation c2024. (updated 7 Dec 2023; accessed 31 Jan 2024). Available from <https://www.jeanhailes.org.au/health-a-z/ovaries-uterus/fibroids>
39. Kaganov H, Ades A. Uterine fibroids: Investigation and current management trends. *Aust Fam Physician.* 2016 Oct;45(10):722-725. PMID: 27695721.
40. Liu JP, Yang H, Xia Y, Cardini F. Herbal preparations for uterine fibroids. *Cochrane Database Syst Rev.* 2009 Apr 15;(2):CD005292. doi: 10.1002/14651858.CD005292.pub2. Update in: *Cochrane Database Syst Rev.* 2013;4:CD005292. PMID: 19370619; PMCID: PMC3155698.
41. Giuliani E, As-Sanie S, Marsh EE. Epidemiology and management of uterine fibroids. *Int J Gynaecol Obstet.* 2020 Apr;149(1):3-9. doi: 10.1002/ijgo.13102. Epub 2020 Feb 17. PMID: 31960950.
42. Uterine fibroids. Healthdirect Australia Limited c2024 (updated Aug 2021; accessed 31 Jan 2024). Available from <https://www.healthdirect.gov.au/uterine-fibroids#:~:text=A%20uterine%20fibroid%20is%20a,or%20tissues%20near%20the%20uterus>.
43. Fibroids. Jean Hailes for Women's Health. Jean Hailes Foundation c2024. (updated 7 Dec 2023; accessed 31 Jan 2024). Available from <https://www.jeanhailes.org.au/health-a-z/ovaries-uterus/fibroids>
44. Aninye IO, Laitner MH. Uterine Fibroids: Assessing Unmet Needs from Bench to Bedside. *J Womens Health (Larchmt).* 2021 Aug;30(8):1060-1067. doi: 10.1089/jwh.2021.0280. PMID: 34410867; PMCID: PMC8432600.
45. Taylor S. My 14-centimetre 'snowman' growth finally taught me to advocate for my own health. *The Sydney Morning Herald.* September 10, 2021. Available from <https://www.smh.com.au/lifestyle/health-and-wellness/my-14-centimetre-snowman-growth-finally-taught-me-to-advocate-for-my-own-health-20210623-p583ma.html>
46. Weed S. Help for Women With Fibroids. Susun Weed and Ashtree Publishing (updated 2022; accessed Apr 2 2024). Available from http://www.menopause-metamorphosis.com/An_Article-fibroids.htm
47. de la Forêt R. Uterine fibroids. *Herbs in Practice.* [Internet] Herb Mentor: Learning Herbs c2024 [updated Jan 11 2015; accessed Apr 23 2024] Available from <https://herbmentor.learningherbs.com/course/herbs-in-practice/uterine-fibroids/>
48. Bone K. Phytotherapy for Uterine Fibroids. *A Phytotherapist's Perspective.* *Mediherb.* No. 102 November 2006.
49. Trickey R. *Women, Hormones and the Menstrual Cycle.* 3rd edn. Fairfield: Melbourne Holistic Health Group. 2011. P.250
50. Chamberlain S. Ways to relieve constipation. *Essential Oils* 101. p.175 (accessed Nov 29 2023). Available from https://static1.squarespace.com/static/54b9c08ae4b07e9224fe00d5/t/655ea159a3526f6ee1940c77/1700700580914/Essential+Oils+101+Guide+21_11.pdf
51. Tinelli A, Vinciguerra M, Malvasi A, Andjić M, Babović I, Sparić R. Uterine Fibroids and Diet. *Int J Environ Res Public Health.* 2021 Jan 25;18(3):1066. doi: 10.3390/ijerph18031066. PMID: 33504114; PMCID: PMC7908561.
52. Trickey R. *Women, Hormones and the Menstrual Cycle.* 3rd edn. Fairfield: Melbourne Holistic Health Group. 2011. P.250
53. Raman R. How to Safely Get Vitamin D From Sunlight. *Healthline Media* (Apr 4 2023; accessed Apr 17 2024). Available from <https://www.healthline.com/nutrition/vitamin-d-from-sun>
54. Loving C. 4 Exercises for People with Uterine Fibroids. *Healthline Media.* c2024. (updated Mar 24 2022; accessed Mar 26 2024). Available from <https://www.healthline.com/health/womens-health/uterine-fibroids-exercises-to-try>
55. Weed S. Help for Women With Fibroids. Susun Weed and Ashtree Publishing (updated 2022; accessed Apr 2 2024). Available from http://www.menopause-metamorphosis.com/An_Article-fibroids.htm
56. Cabrera C. Female - Herbs useful in the treatment of fibroids. *Medical Herbalism* 30 Sep 1993;5(3): 4-5 http://www.medherb.com/Therapeutics/Female_-_Herbs_useful_in_the_treatment_of_fibroids.htm#_VPID_20

Resources (Cont.)

57. Bariani MV, Rangaswamy R, Siblini H, Yang Q, Al-Hendy A, Zota AR. The role of endocrine-disrupting chemicals in uterine fibroid pathogenesis. *Curr Opin Endocrinol Diabetes Obes.* 2020 Dec;27(6):380-387. doi: 10.1097/MED.0000000000000578. PMID: 33044243; PMCID: PMC8240765.
58. Calendula. American Botanical Council. (accessed Apr 17 2024). Available from <http://abc.herbalgram.org/site/DocServer/Calendula.pdf?docID=9024>
59. Bone K, Mills S. *Principles and Practice of Phytotherapy*. 2nd ed. Edinburgh: Churchill Livingstone Elsevier; 2013. p. 296
60. Bone K, Mills S. *Principles and Practice of Phytotherapy*. 2nd ed. Edinburgh: Churchill Livingstone Elsevier; 2013. p. 296
61. Weed S. Help for Women With Fibroids. Susun Weed and Ashtree Publishing (updated 2022; accessed Apr 2 2024). Available from http://www.menopause-metamorphosis.com/An_Article-fibroids.htm
62. Hechtman L. *Clinical Naturopathic Medicine*. Sydney:Churchill Livingstone Elsevier. 2012
63. Trickey R. *Women, Hormones and the Menstrual Cycle*. 2nd ed. Sydney: Allen & Unwin, 2003 p.459-60.
64. Hazimeh D, Massoud G, Parish M, Singh B, Segars J, Islam MS. Green Tea and Benign Gynecologic Disorders: A New Trick for An Old Beverage? *Nutrients.* 2023 Mar 16;15(6):1439. doi: 10.3390/nu15061439. PMID: 36986169; PMCID: PMC10054707.
65. Sánchez M, González-Burgos E, Iglesias I, Lozano R, Gómez-Serranillos MP. The Pharmacological Activity of *Camellia sinensis* (L.) Kuntze on Metabolic and Endocrine Disorders: A Systematic Review. *Biomolecules.* 2020;10(4):603. Published 2020 Apr 13. doi:10.3390/biom10040603
66. Hechtman L. *Clinical Naturopathic Medicine*. Sydney:Churchill Livingstone Elsevier. 2012
67. Kregiel D, Pawlikowska E, Antolak H. *Urtica* spp.: Ordinary Plants with Extraordinary Properties. *Molecules.* 2018;23(7):1664. Published 2018 Jul 9. doi:10.3390/molecules23071664
68. Trickey R. *Women, Hormones and the Menstrual Cycle*. 2nd ed. Sydney: Allen & Unwin, 2003 p.459-60.
69. Weed S. Help for Women With Fibroids. Susun Weed and Ashtree Publishing (updated 2022; accessed Apr 2 2024). Available from http://www.menopause-metamorphosis.com/An_Article-fibroids.htm
70. Hechtman L. *Clinical Naturopathic Medicine*. Sydney:Churchill Livingstone Elsevier. 2012
71. Hechtman L. *Clinical Naturopathic Medicine*. Sydney:Churchill Livingstone Elsevier. 2012
72. Mills S. *The Essential Book of Herbal Medicine*. Penguin:London. 1991. p.401-2
73. de la Forêt R. Uterine fibroids. *Herbs in Practice*. [Internet] Herb Mentor:Learning Herbs c2024 [updated Jan 11 2015;accessed Apr 23 2024] Available from <https://herbmentor.learningherbs.com/course/herbs-in-practice/uterine-fibroids/>
74. Aninye IO, Laitner MH. Uterine Fibroids: Assessing Unmet Needs from Bench to Bedside. *J Womens Health (Larchmt).* 2021 Aug;30(8):1060-1067. doi: 10.1089/jwh.2021.0280. PMID: 34410867; PMCID: PMC8432600.

PURE PLANT
POWER



GROUNDED
IN TRADITION

Our powerful herbal healing is grounded in tradition, and we are devoted to sharing this with you.

Our practitioner-quality herbal extracts are handmade to harness the pure power of nature.

To learn more about this condition and potential remedies please contact us:

1300 443 727

pracsupport@herbalextracts.com.au



HERBALEXTRACTS.COM.AU