

“Different diseases, same Treatment;” Uterine Myomas, Fibrocystic Breast Disease & Chinese Med

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Within Western medicine, it is well-known that:

Uterine fibroid tumors (or myomas), like breast fibrocysts, are a product of estrogen dominance (too much estrogen). Estrogen stimulates their growth, and lack of estrogen causes them to atrophy... Many women in their mid thirties begin to have anovulatory (nonovulating) cycles. As they approach the decade before menopause, they are producing much less progesterone than expected, but still producing normal (or more) estrogen. They retain water and salt, their breast swell and become fibrocystic, they gain weight (especially around the hips and torso), they become depressed and lose sex drive, their bones suffer mineral loss, and they develop fibroids. All are signs of estrogen dominance.[\[1\]](#)

In other words, as women's ovaries age, estrogen secretion initially remains the same, while progesterone secretion decreases. As Elizabeth Smith has stated above, this shift in female sex hormone secretion typically begins in the mid-30s and continues through the 40s till menopause some time in the late 40s to early 50s. This true progesterone deficiency creates a relative excess of estrogen, sometimes referred to as hyperestrogenosis. Since progesterone normally helps regulate the effects of estrogen, this estrogen is also called unopposed estrogen. This is an extremely common situation in the clinical practice of Chinese medical gynecology. As Ms. Smith has also stated, this relative hyperestrogenosis can cause both the growth of estrogen-dependent uterine myomas and fibrocystic breast disease (FBD),[\[2\]](#) and, in fact, we see the rise in incidence of these two conditions in the exact same age groups of females. Beginning in the mid-30s, many females experience a clinically significant decrease in both luteinizing hormone (LH) and estrogen (E2) prior to ovulation followed by a relative hyperestrogenosis after ovulation coupled with insufficient progesterone (P). This hormonal dyscrasia then causes hyperplasia of the epithelial cells within the breasts and the smooth muscle cells within the uterus resulting in 20-40% of women 30-50 years of age experiencing either or both uterine myomas and FBD.

Chinese medical practitioners in China are also well aware that there is a single Western medical pathophysiological mechanism between uterine myomas and FBD, and recently, Xiao Min, in an article titled “A Brief Discussion of Fibrocystic Breast Disease & Uterine Myomas [Based on the Saying] Different Diseases, Same Treatment,” has attempted to elucidate the Chinese disease mechanisms common to these two conditions. This article appeared on pages 46-47 in issue #6, 2008 of *Gan Su Zhong Yi (Gansu Chinese Medicine)*. A summary of some of Dr. Xiao's main

points on the disease causes and mechanisms of these two conditions is presented below followed by some comments of my own.

Disease causes & mechanisms:

1. Loss of regulation of the chong & ren

Dr. Xiao begins by saying that it is her belief that loss of regulation of the chong and ren is the root of the onset of this disease, with qi stagnation, phlegm congelation, and blood stasis then being this condition's tips or branches. She reframes FBD into the traditional Chinese disease of breast aggregate (*ru pi*, ??) and uterine myoma in concretions and conglomerations (*zheng jia*, [the Chinese character for *zheng* is not in my word processor] ?) and stone conglomeration (*shi jia*, ??). She then goes on to say that the onset of both of these conditions is closely related to the liver, spleen, kidneys, chong, and ren. She next quotes Xue Li-zhai from his *Nu Ke Cuo Yao* (*A Summary of Essentials in Gynecology*) as saying:

The menstrual water [or menstruate] is yin-blood [pertains] mainly to the two vessels of the chong and ren. Above, it becomes the breast milk; below, it comes the moon water [or menstruate].

The two vessels of the chong and ren arise below from the uterus and then spread upward to the breasts. Hence the breasts and uterus are tied together above and below via the two vessels of the chong and ren. Therefore, abnormalities in the function of the chong and ren may result in pathological changes in the breasts and/or uterus.

The kidneys govern reproduction and are the root of the chong and ren. Therefore, kidney qi insufficiency can lead to emptiness and vacuity of the sea of blood with lack of exuberance of the chong and ren. In this case, the breasts and uterus must suffer from disease. Further, the liver and kidneys share a common source, with the kidneys being the mother of the liver. If the kidney qi is vacuous and in decline, then the mother cannot nourish the child. Hence the liver loses the place from which it is nourished and coursing and discharge lose their normalcy. In this case, liver qi depression and binding results in loss of regulation of the chong and ren with the movement of the qi and blood no longer being smooth and easy. Instead, the qi becomes stagnant and the blood becomes static.

In addition, if the qi mechanism becomes depressed and bound and is obstructed and stagnant, then the spleen's movement loses its power and dampness and turbidity are engendered internally. These gather and produce phlegm. Then phlegm and turbidity reinforce one another and bind together, congesting and obstructing the channels and vessels. Hence the movement of the qi and blood suffer even more obstruction and phlegm and stasis bind together.

All this explains how qi stagnation, phlegm congelation, and blood stasis accumulate and gather in the breasts and uterus and can lead to the formation of breast aggregate and concretions and conglomerations. In sum, loss of regulation of the chong and ren is the root of this condition, and liver depression qi stagnation along with phlegm congelation and blood stasis are its tips or branches.

2. Internal damage by the seven affects

Dr. Xiao then goes on to state that internal damage by the seven affects is also an extremely important factor in the occurrence of these conditions. In explaining the relationship of the affects to these conditions, Dr. Xiao begins by quoting “The Great Treatise in the Corresponding Images of Yin & Yang” in the *Su Wen (Simple Questions)*: “Human have the five viscera [which] transform the five qi which then engender joy, anger, sorrow, worry, and fear.” From this she derives the fact that the material basis for psychoemotional activities is the essence, qi, and blood of the five viscera. Therefore, psychoemotional activity and the five viscera mutually co-respond. If the seven affects are greatly excessive, this may damage and cause detriment to their corresponding viscera and bowels.

In particular, Dr. Xiao quotes Chen Su-an in saying:

Women [have] lots of qi [in comparison to blood]. Therefore, [their] secluded [life] and bedroom curtains [result in] frequent psychoemotional depression and binding.

In other words, women’s diseases often or even mostly have to do with depression, and when one talks about depression in gynecology, this means liver depression. If the liver qi becomes repressed and depressed, then coursing and discharge lose their normalcy. Over time, this must disturb the liver’s normal function resulting in diseases associated with menstruation, vaginal discharge, gestation, and parturition. Fibrocystic breast disease and uterine myomas both tend to occur in women 30-45 years of age, a time these women’s lives which is very stressful due to the more and more complex exigencies marriage, family, and the career. The foot jue yin vessel crosses the diaphragm and pours above into the lungs. However, the nipples pertain to the liver.^[3] Similarly, the uterus is tied to the kidneys but is also connected to the liver. If the liver’s functions of coursing and discharging are normal, then the qi mechanism is regulated and smoothly flowing. In that case, qi and blood are also regulated and normally flowing. However, if one’s desires are unfulfilled and worry and depression are unresolved, enduring depression damages the liver. Thus there is blockage, obstruction, and lack of free flow of the channels and network vessels of the breasts and uterus. Further, if the liver is depressed, its qi may counterflow horizontally to assail the spleen, with spleen damage leading to the internal engenderment of phlegm turbidity. If phlegm and stasis then congeal together, there will be binding and stagnation in the breasts and uterus and the production of lumps or masses.

Discussion:

Readers should note that, when Dr. Xiao talks about loss of regulation of the chong and ren due to vacuity and decline of the kidneys, she is talking about the vacuity and decline of the kidneys due to the process of aging. While the Chinese words she uses make this clear to Chinese readers, this relationship may not be clear when translated into English. For instance, the word decline (*shuai*, ?) in kidney qi vacuity and decline is also part of the compound term for senility (*shuai lao*, ??) in Chinese. Therefore, the first set of disease causes and mechanisms explains why women of a certain age are prone to these two conditions. My only quibble with this presentation is that it is spleen vacuity occurring in the mid-30s in females which actually initiates the kidney vacuity more commonly associated with aging. In my experience, women

with FBD and uterine myomas routinely display the signs and symptoms of the spleen-kidney dual vacuity, whether that be a qi and yin vacuity, a spleen-kidney yang vacuity, or a spleen-kidney yin and yang vacuity.

However, not all women in this age group necessarily develop FBD and/or uterine myomas; only some women do. Therefore, Dr. Xiao goes on to discuss emotional factors as her second set of disease-causing factors. It is these factors which help explain why some women are more likely to develop these conditions than others of the same age. However, while I completely agree with Dr. Xiao regarding the importance of emotional stress causing liver depression in these two conditions, I would add other factors which I believe are also important. These include dietary indiscretions, such as eating too many sugars and sweets, eating too much fatty, greasy food, drinking too much coffee and tea, and drinking too much alcohol. Overeating sugars and sweets and greasy, fried, fatty foods, and drinking too much alcohol all damage the spleen and lead to the formation of phlegm, dampness, and turbidity, while drinking too much coffee and tea damage yin and can hasten or aggravate kidney vacuity. These other factors also include too little physical exercise with a failure to move qi, blood, and fluids, yet too much work resulting in or aggravating spleen qi vacuity. In any case, I do agree with Dr. Xiao that the development of FBD and uterine myomas is a combination of the kidney vacuity inherent in the aging process plus a variety of dietary and lifestyle factors.

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Endnotes:

[1]. Smith, Elizabeth, Uterine Fibroid Tumor: Scientific Frontiers in Clinical Medicine, <http://www.fibroid101.com/>, last retrieved 8-28-2008

[2]. While some feminist MDs have questioned the appropriateness of labeling this conditions a “disease,” Chinese medicine definitely sees it as a pathological condition which can and should be treated. Perhaps the reluctance to label this condition a disease by some Western physicians is, in part, due to the fact that there is no treatment for this condition in Western medicine.

[3]. Another way of saying this is that an internal branch of the liver channel homes to the nipple.