

Super Bazongas

Botanical Breast Enlargement (Prerelease)

breast.is

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Botanical Breast Enlargement

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<http://breast.is>

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The reader should regularly consult a physician in matters relating to her/his health and particularly with respect to any symptoms that may require diagnosis or medical attention. It is inadvisable to diagnose yourself for treatment, for example about imbalances; see a medical professional in that case.

Information or suggestions in this book are not intended for conceiving, pregnant, or lactating women, and for those with poor physical or mental health.

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Contents

I Biology.....	1
Breast Development.....	1
Endocrinology.....	1
II Hormone Imbalances.....	2
LH, FSH and Androgens.....	2
Fertility.....	2
Theory on Cancer Treatments.....	3
Premenstrual Syndrome.....	3
Physical.....	3
III Precautions.....	5
Herbs and Fertility.....	5
Standard Warnings.....	6
IV Botanical.....	7
Application.....	7
Botanicals According to Their Primary Effects on the Breasts.....	8
Herb Schedule	9
Inverted Nipple Correction.....	10
Notes.....	10
V Appendix.....	12
Nutrition Resources.....	12
More.....	12
Glossary.....	12
VI References.....	13
I Biology.....	13
II Imbalances.....	14
III Precautions.....	16
IV Botanical.....	18
V Appendix.....	19

I Biology

Breast Development

The hormones of progesterones, estrogens, and prolactin influence breast tissue through Estrogen Receptor Alpha ($ER\alpha$), Progesterone Receptor B (PRB), and Prolactin Receptor (PrlR). As each receptor is positively stimulated, it also becomes desensitized. There are more receptor types in the breast that cannot be ignored for health reasons, but those mentioned above are known to influence breast tissue regulation.

Positive estrogenic stimulation, or agonism, of $ER\alpha$ causes lengthening of milk ducts. Branching of milk ducts, which increases the amount of end buds, is caused by progestogenic agonism on PRB. The initial formation of milk lobules converted from the end of milk ducts and their continued growth is caused by prolactin's effects on PrlR. Progesterone also has a role in differentiation, or conversion of end points into milk lobules, by influencing prolactin, during the luteal phase.

Of $ER\alpha$, PRB, and PrlR, their non-respective hormone enhances each hormone's response to its respective hormone, known as receptor upregulation. Without this synergistic action, the response to a receptor's own specific hormone dulls with quantity or potency, known as receptor downregulation. Too much of a potent hormone may possibly damage its own and other interacting receptors. An imbalance of too much of one type of hormone is a cancer risk. The breast contains more types of cell receptors, but the mentioned above are the focus here.

Endocrinology

Outside of the luteal phase or pregnancy, progesterone amounts in the body are existent (due to the adrenal glands), but negligible. Progesterone is produced by the corpus luteum, which is a temporary organ whose function is to signal to the pituitary gland to momentarily prevent menstruation, for purposes of maintaining fertilization or pregnancy. The pituitary gland releases prolactin, which signals the corpus luteum (and if during pregnancy, the placenta) to release more progesterone, creating a feedback loop. If the egg is not fertilized, the corpus luteum dies within the ovaries, then this signals for the pituitary to release Follicle Stimulating Hormone (FSH) instead of prolactin, allowing the menstrual cycle to proceed. Luteinizing Hormone (LH) is released later to continue the egg's preparation. The ovaries also produce estrogens and progesterones during the luteal phase and pregnancy. Progesterone increases prolactin, and prolactin lowers FSH and LH. Prolactin doesn't necessarily reduce estrogen production by the gonads.

Estrogens are formed from androgens through a process called aromatase, and this happens within ovary, egg, bone, brain and adipose tissue.

II Hormone Imbalances

Here is about hormone balance and some of their manifestations. Serum prolactin, progesterone and estrogen levels work synergistically for breast maintenance, and their proportion is important throughout the cycle. There are more hormones that play a role in the health of the human body. Much of this is theory.

LH, FSH and Androgens

Prolonged or heavy periods can be explained by low prolactin and abnormally high Follicle Stimulating Hormone (FSH). FSH and Luteinizing Hormone (LH) allow menstruation and ovulation to continue. Light or a delay in menstruation can be explained by high prolactin levels.

High amounts of androgens, high amounts of LH, a presence of hirsutism, and poor insulin sensitivity are associated with polycystic ovary syndrome (PCOS). It is uncertain if a lack of aromatase (the conversion of androgens into estrogens), or if too much aromatase which is coupled with high amounts of androgens are a cause of PCOS. Exercise is commonly used as a treatment for PCOS to lower abnormal amounts of androgens caused by feedback due to insulin insensitivity.

Androgen insufficiency in women is rare, except in late reproductive years and afterwards. A few symptoms of adrenal insufficiency are fatigue, general weakness, loss of libido, loss of appetite, depression and feelings of sickness. Adrenal androgens play a role in women's health, for instance, for causing growth spurts during puberty.

Fertility

A prolonged excessive imbalance of hormones can cause reduced fertility, and that is a risk for sterility.

Low levels of LH (and FSH), usually as a result of high levels of prolactin and progesterone, cause diminished fertility. Both progesterone and prolactin are capable of pausing the menstrual cycle for pregnancy or nursing, as are their rules in the luteal phase. High progesterone and prolactin, with the absence of LH, causes symptoms consistent with shrinkage of the ovaries. In cases of ovarian shrinkage, reduced fertility can often be reversed, until if sterility occurs.

Infertility due to hormones are not limited to progesterone and prolactin excesses. PCOS and endometriosis (uterine tissue growing outside the uterus) are also associated with infertility. Severe PCOS can cause damage to the ovaries. PCOS is consistent with abnormally high LH and androgen levels, which are consistent with low levels of prolactin. Progesterone deficiency or insensitivity of the reproductive tract, and abnormal levels of bodily estrogen contribute to endometriosis. Severe endometriosis may block passage ways needed for fertilization.

There may possibly be other hormonal imbalances that cause reproductive changes which contribute to lack of fertility. Not all infertility cases can be determined by symptoms of menstrual irregularity.

Theory on Cancer Treatments

When a well intended cancer treatment works against a specific cancer, the cancer's receptors usually become desensitized. This situation is also seen in the analogies of steroid and drug use, where more and more is needed to get a desired effect to a diminished body response and diminishing ability for bodily regulation. With receptor targeted therapy, the receptor must be re-sensitized for a cancer therapy to remain effective. This often seems to be the case in receptor negative types of cancer. Otherwise, a stronger medicine is given, and it becomes less and less effective. Not all substances with a specific hormone attribute have anti-cancer properties to be used for re-sensitization of receptor responses.

Premenstrual Syndrome

Premenstrual syndrome (PMS) can occur during the late luteal phase. It is commonly recommended to lower salt intake and to avoid alcohol during this time.

Low levels of progestogens allopregnanolone, pregnenolone, pregnanolone and 5 α -dihydroprogesterone are associated with negative mood during the late luteal phase. Pregnenolone is the precursor to progesterone, which suggests that not enough progestogens were being converted for hormonal balance. Progestogens allopregnanolone and 5 α -dihydroprogesterone are neurosteroids formed by 5 α -reductase from other progestogens that help the brain cope with stress during the luteal phase. Alcohol may cause problems, because it decreases allopregnanolone levels during this time.

My hypothesis is that premenstrual syndrome is associated with the monthly disintegration of the corpus luteum. The corpus luteum produces the majority of progestogens in the human body, and lack of certain progesterones are correlated to negative symptoms. It is during the second week of luteal phase, when progesterone levels drop due to a lack of the corpus luteum, and this perhaps help create hormone imbalances that are not fully understood.

Lowering salt intake is commonly recommended to reduce PMS bloating. Many symptoms can be attributed to high levels of the mineralocorticoid aldosterone, which is a breakdown product of progestogens formed by the adrenal gland. Aldosterone influences the body to retain liquids and sodium, but it also causes loss of potassium. High amounts of potassium salt were also surprisingly associated with PMS symptoms. These imbalances may be responsible for bodily swelling as well.

Physical

A history of hormonal inconsistencies can be related to breast conditions. Prolactin influences mammary gland size which possibly then influences nipple or areola development. Estrogen causes the

extension of ducts, which allows room for branching by other hormones. In theory, a lack of bodily prolactin, and possibly an excess of estrogen can be a cause for inverted nipple. Ductal elongation is caused by estrogen, so a consistent cyclical higher proportion of estrogen to prolactin or progesterone could explain the shape of tuberous breasts. History of menstrual irregularities may be common with tuberous breasts or inverted nipples.

III Precautions

This chapter is about the importance of health, and precautions of care to be taken when using herbs.

Prolonged excessive hormone imbalance is a health, including a cancer, risk. Hormone excess can cause fibrotic breasts, and cell receptor desensitization. Menstrual irregularities may sometimes signify hormone imbalances.

Prolactin or progesterone imbalances may aggravate mood disorders. For one, prolactin and dopamine influence each other. The brain also reacts to hormones on its own.

For post-menopausal women, progesterone levels are typically low. During this time, there is a lack of menstrual cycling to hint at hormone levels which has to be taken into consideration.

It is important to eat whole foods including grains, fruits and vegetables to reduce the risk of cancer. Aside from phytohormones, plants contain insoluble fiber. While insoluble fiber cannot be directly digested by the human body, it is thought that this fiber is digested by intestinal flora which produce anti-cancer chemicals which enter the body.

Herbs and Fertility

An excessive hormone imbalance is a fertility risk.

Some herbs directly increase prolactin levels, and an excess has the capability to shrink the gonads. Herbs capable of shrinking the gonads can eventually lead to the occurrence of sterility. Clover, hops and possibly the mycotoxin ZEN are capable of these negative effects. Lowered birth-weight of animals is anecdotal evidence of prolactin properties of ZEN, which is considered a mycoestrogen. For animals grazing on clover, this outcome of reduced fertility has been known as “clover disease.” Farm animals that were fed both clover and were administered estrogen had less offspring than animals that just ate clover. Based on clover's stronger effects on ER-beta in the reproductive tract than hops, clover's infertility effects appear to be more potent than hops. An excess of prolactin or progestogenic herbs coupled with, as described in the previous chapter, low levels of LH and FSH are a risk for infertility. Be aware of symptoms of low androgens or low fertility. Herbs that raise LH, and subsequently, androgens are supposed to remedy this problem.

An imbalance of low estrogen levels is consistent with adverse symptoms of primary ovarian insufficiency (POI). It is uncertain the effects that other hormone imbalances have on issues related to POI.

Also, be cautious with herbs that alter other hormones. High amounts of androgens, LH, and possibly FSH can increase the incidence of PCOS, and this is a risk for infertility. There is uncertainty whether lack of estrogen conversion or high amounts of estrogen contribute to PCOS. FSH and LH are responsible for egg release and preparation. An excess of serum FSH, which can be triggered by LH,

can cause multiple egg release, potentially allowing multiple pregnancies if conceiving. Also, contractions are caused by significant serum levels of FSH and LH, which is a risk to an existing pregnancy.

Other abnormal levels of hormones may have an effect on fertility too.

Standard Warnings

Avoid herbs and extracts which easily become toxic, as they are also useless or unnecessary. An example of a dangerous herb is Kava which can easily cause organ failure.

There is the consideration that oil extracts are many times potent than whole herb or other extracts of herbs, leading to safety concerns. The botanical recommendations from this ebook will be limited to unconcentrated herb or herbal tea. Mint and other extracts or concentrates in minuscule amounts can also cause organ failure. Lavender oil and tea tree oil can only be used topically after being diluted.

The reader is responsible for researching ingredient safety, and for using prudence. Please read product instructions, if applicable, and check safety for herbal extracts. Also, check herb interactions with medications or other herbs. Only ingest food grade botanicals in small amounts, and do not ingest herbs that have dubious properties. Any supplement should be taken with plenty of water.

See the previous chapters and the disclaimer for more.

IV Botanical

Progesterone, estrogen, and prolactin work synergistically to influence breast tissue through receptors ER α , PRB, and Prl. Evidence suggests, small amounts of hormones upregulate their respective hormone receptors, allowing their respective receptors to continue to have an effect. While a hormone activates its respective receptor, it also reduces its sensitivity. An overload, especially of potent hormones, may decrease sensitivity of all involved receptors. It is important to cycle botanicals according to their phytohormone property in small amounts, to use them in proportionate combinations, and to take breaks.

The rest of this chapter will look at practical effects of herbs on hormones, menstrual cycles and direct influence on breasts. An herb may have various properties, causing specific body tissues to react differently. Herbs will be described by their effects on regulating steroidal hormones which influence the breast. We will also look at herbs' ultimate effect on breast receptors ER α , PRB, and PrlR. Labels of phytoestrogens, phytoprogestogens and botanical prolactin will often be replaced with more specific effects relating to breast enhancement.

ER β (Estrogen Receptor Beta), PRA (Progesterone Receptor A) and other receptors in the breast and body cannot be ignored for reasons due to health.

Application

We see how receptors ER α , PRB, and Prl react to progesterones, estrogens, and prolactin. The idea is for these representative phytohormones to be present in balanced amounts to ultimately activate receptors while keeping them from being desensitized too much.

Be aware of symptoms of low or excess androgens, or any other hormone imbalance. Some herbs more directly increase aromatase, while other herbs increase aromatase as a secondary function of raising androgens. LH and FSH raising herbs should be balanced with prolactin raising herbs. The hormones LH, FSH, and prolactin are gonadotrophins (hormones released by the pituitary), so these must be balanced so that these pituitary responses remain healthy. Theoretically, prolactin, progesterone and aromatase herbs would have to be used together to counter androgen symptoms.

Large doses of herb will be avoided, because the idea is for lower amounts to be in the right balance to keep responses sensitive. Essential extract oils and concentrates will be avoided for ingestion. The only dietary herbs suggested here are whole (fresh, dried or ground) herbs and herbs in tea form. Limit amounts of herbs, and try to take them in balance according to their hormonal property.

Herbs whose ultimate effect mimics prolactin on the breasts cause a secondary effect as progesterone herbs only during the luteal phase. Phytoprogestins act with a secondary function as prolactin herbs at any time.

A healthy diet is necessary. The fiber contained in whole herbs is important for body health. Choose herbs that contain a variety of phytochemicals with anti-carcinogenic properties. It is also important to eat a variety of whole foods: fruits, grains and vegetables. [Vitamins](#) are important for health and breast enhancement. For instance, 500mg to 1,200mg of Vitamin C per day helps keep hormone responses healthy.

If you have hormonal imbalances, see a health professional for diagnosis and treatment. Herbal breast enhancement should not be done while trying to conceive.

Botanicals According to Their Primary Effects on the Breasts

* Many recommended herbs have anti-tumor properties against their target receptor, except Pueraria.

* See <http://breast.is/herbs/> for more information and for herb updates.

Botanical Aromatase

Lavender (*Lavendula*)

Progestogenic

Chaste berry (*Vitex*) – Increases progesterone, but directly lowers prolactin.

Fenugreek (*Trigonella*) – Increases estrogen and testosterone. Progestogenic action based on its actions that cause branching, instead of duct elongation. Contains a replica of progesterone. *[reference claims it is estrogenic]*

Suma (*Hebanthe eriantha*) – *Has adaptogenic properties. Also, raises estrogen, progestogen and testosterone. [Brazilian ginseng]*

Wild yam (*Dioscorea*) – Has similar properties to Fenugreek.

Raises Prolactin

Hops (*Humulus*) – Increases prolactin. Has more potent effect on ER α in the breast, than ER β . Also increases sensitivity of PRB.

Emmenagogue (induces menstruation)

Mint (*Mentha*) – Taking too much mint, especially in concentrate form, is dangerous.

Rosemary (*Rosmarinus*)

Adaptogens

Ashwaganda (*Withania*) – *[Indian ginseng]*

Basil (*Ocimum*)

Chuchuhuasi (*Maytenus*) – For menstrual symptoms. *[Chuchuaso, Chuchuhuasha, Gnikélé]*

Eleuthero (*Eleutherococcus*) – *[Siberian ginseng]*

Ginseng (*Panax*) – *[American ginseng, Panax quinquefolius, Korean ginseng]*

Gotu kola (*Centella*)

Maca (*Lepidium*)

Schizandra (*Schisandra*)

Other

Asparagus (*Asparagus*) – Tuber is used. Asparagus raises prolactin, but it is probably primarily progestogenic. [*Common asparagus, Shatamuli, Shatavari, Asparagus racemosus*]

Kudzu (*Pueraria*) – Specific hormonal properties are uncertain, but anecdotally it seems to have a combination of FSH, LH or estrogenic properties in conflict with prolactin or progestogenic properties. Kudzu may not be a carcinogenic, but it seems to not discriminate between nurturing healthy and tumorous cells. [*Pueraria candollei mirifica, Pueraria mirifica*]

Tea tree (*Melaleuca*) – Aromatase. Topical use only.

Milk thistle (*Silybum*) – Raises prolactin, but probably primarily progestogenic.

Herb Schedule

The recommendation of combined ground herbs in volume is less than 1,500mg per day. Only use non-extracted herbs or herbal tea, because concentrates are many times more potent and can easily be dangerous.

The assumption below is based on menstrual cycles following [Moon phases](#), so if your cycle is not aligned with the Moon's phases, make relevant adjustments. This schedule is also not applicable for those on birth control or other hormone pills.

Herbs come in different strengths, and the body's response may also vary the effectiveness of each herb. The suggested proportions below are in estimated herb strength, not in weight or volume. When there is breast tingling, you may have found the right balance for breast enhancement herbs. When breast growth or swelling stops during normal menstrual phase, or when menstruation becomes irregular, stop or readjust the proportions for each day.

FSH and LH (emmenagogue) herbs should be taken in balance with prolactin raising herbs. This is because FSH, LH and prolactin are regulated by the pituitary, and these hormone responses should remain healthy. For purposes of this text, I will view LH and FSH as near opposite equals to prolactin, in terms of their effects.

During the approximate time of New Moon, take 1 part fenugreek, unless you have hirsutism at this time. After that, wait for menstruation to occur to continue with an herbal plan.

During menstruation, each day, balance hops versus fenugreek. Here, there must be a balance of the right amount of prolactin to androgen herb. Increase hops if menstruation is too heavy. Alternatively, increase fenugreek if menstruation is too light or has stopped. Either take 1 part of either herb at a time, or a ration of no more than 3:1, of either herb being higher. Many primarily emmenagogue herbs can replace fenugreek here. The amount of lavender to take is half of the amount of fenugreek. For a single herb, do not take more than 600mg per day for menstruation. For a combination of herbs, do not take more than 1,200mg combined herbs per day at this time. Menstruation is a good time to balance out

androgen excess compared to lowered fertility. If your menstruation is normal, you can opt to skip taking herbs during this phase.

From the end of menstruation until the start of ovulation (approximately Full Moon), take 1 part vitex, 2 parts lavender, 1 part mint, and 1 part asparagus root.

The following are herbs to take approximately during the first 10 days of luteal phase according to herb strengths: 3 parts hops, 1 part vitex, 2 parts milk thistle, 2 parts lavender and ¼ parts saw palmetto. Also, use 2 to 3 parts fenugreek or other emmenagogue. Gradually increase amounts of fenugreek, if there are signs of androgen insufficiency.

For the time when premenstrual syndrome is common, take 1/2 to 1 part of adaptogenic herbs, or those known for relieving symptoms. The reason for this is, the corpus luteum becomes incapable of producing progesterone around this time, so hormonal imbalances for this duration are common.

An adaptogen is also recommended during menstruation, and during ovulation.

Out of every six months, take a one month break from herbs. If there is a lack of menstruation or other symptom of menstrual cycle irregularity, take a one month break as well. Also, if you feel any discomfort in your body, stop.

Inverted Nipple Correction

For inverted nipple correction, this following herb proportion should be taken on the first day of the menstrual cycle, or for no more than two days during the luteal phase: 4 parts hops, 1 part mint, 1 part milk thistle, and 1 part Fennel. Fenugreek amounts may have to be adjusted from ½ part to 3 parts depending on your hormone levels.

The reason for hops is, it increases prolactin, which indirectly activates the nipple area. Milk thistle and fennel are known as galactagogues. Fenugreek is needed for balance against the prolactin increasing effects of hops.

Notes

Take a break periodically. If symptoms become unfavorable, take a break and see a medical professional. Read the disclaimer, the chapters "Precautions", and "Imbalances" beforehand. See a medical professional for diagnosis and treatment of hormonal imbalances.

Postmenopausal women need to consider that they generally have low amounts of serum progesterone, which is less than 1 nanogram per milliliter. It is recommended for everyone, including postmenopausal women, to get periodic health check ups.

The recommendations are non-concentrate form, or made into tea. The differences in weight and absorption of ground herbs, unground herbs, and preparation needs to be taken into account.

Be sure you are certain of the plant species and the properties of all of its parts. Herbs with the main properties of raising LH or FSH (emmenagogues) that are aromatases are listed separately than herbs with the main property of aromatase. Mushrooms will intentionally be left off, because they are difficult to properly identify to not confuse them with poisonous varieties, which can take days for toxic effects to become noticeable. Please see Medline Plus: Herbs and Supplements at http://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html.

V Appendix

Nutrition Resources

For DRIs and UL see 'Dietary Supplement Fact Sheets' <https://ods.od.nih.gov/factsheets/list-all/>.

For iron and zinc see 'Women's iron intake may help to protect against PMS'

http://www.eurekalert.org/pub_releases/2013-02/uoma-wii022013.php.

DRI tool, <http://fnic.nal.usda.gov/fnic/interactiveDRI/>.

Nutrient Recommendations: Dietary Reference Intakes (DRI)

https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx.

More

breast.is/appendix/

breast.is/blog/

Glossary

- α = Alpha
- 5α -reductase = Enzyme that converts Testosterone or Progesterone into more potent forms
- Agonism = Positive activation
- Alveologenesis = Creation of milk lobules
- Antagonism = Negative activation
- Differentiation = Conversion of a type of cell into another
- Emmenagogue = Induces menstruation
- Endometriosis = Uterine tissue that grows outside the uterus
- $ER\alpha$ = Estrogen Receptor Alpha
- FSH = Follicle Stimulating Hormone
- Gonadotrophin = Hormone released by the pituitary gland; These include LH, FSH and prolactin
- Lactagogue = Galactagogue = Breastfeeding herb
- LH = Luteinizing Hormone
- Mycoestrogen = A fungal estrogen
- Mycotoxin = A toxin made by fungi
- PCOS = Polycystic Ovarian Syndrome
- POI = Primary Ovarian Insufficiency
- PRB = Progesterone Receptor B
- Phytoprogestogen = Phytoprogestin = Plant based progestogen; For plants, the terms phytoprogestogen and phytoprogestin are interchangeable
- PrlR = Prolactin Receptor
- Prl = Prolactin = Luteotrophic Hormone = LTH

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I Biology

Breast Development

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II Imbalances

LH, FSH and Androgens

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