

Super Bazongas

Botanical Breast Enlargement (Draft release)

<https://breast.is>

Dynseli

Released: June 20, 2017

Updated: September 23, 2018

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2016 – 2018

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The reader should regularly consult a physician in matters relating to her 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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Herb Schedule Disclaimers

Herb schedule is constantly being updated. For most recent updates, see <https://breast.is/blogs/>.

For summaries of major updates between past drafts, see <https://breast.is/blogs/archvebook>.

Wait for a herb dose to cause swelling or growth, before trying another one. If any herb dose doesn't work, discontinue that dosage immediately.

Work in Progress.

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I Biology

Breast Development

The hormones of estrogens, progestogens, prolactin and androgens influence breast tissue through Estrogen Receptor Alpha ($ER\alpha$), Progesterone Receptor B (PRB), and Prolactin Receptor (PrlR). Estrogen Receptor Beta ($ER\beta$) in the reproductive tract is important for estrogen balance. As each receptor is positively stimulated by its respective hormone, it also becomes desensitized. There are more receptor types in the breast that cannot be ignored due to health reasons, but those mentioned above regulate breast tissue.

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.

Endocrinology

Of $ER\alpha$, PRB, and PrlR, mild potentencies of their non-respective hormone enhances each hormone receptor'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.

Estrogens are formed from androgens through a process called aromatase, and aromatase enzymes are located within tissue where $ER\alpha$ and $ER\beta$ are also present. This includes ovarian, egg, bone, brain and adipose tissue. Within the ovarian follicle or corpus luteum, androgen production of theca cells, and estrogen production of the granulosa cells are together important for reproductive health.

Menstrual Cycle

The [menstrual cycle](#) will be divided into 5 phases to simplify timing: menstruation, proliferative, ovulation, secretory and premenstrual. Follicular phase has been divided up into menstruation and proliferative phases. Menstruation is when the uterus lining is shed. The proliferative phase is from the end of menstruation until ovulation: this is the time when the uterus rebuilds to prepare for potential pregnancy. Luteal phase has been divided into secretory and premenstrual phases. The corpus luteum, which produces progesterone, is present during the secretory phase. Premenstrual phase begins after the corpus luteum disintegrates, and it lasts until menstruation starts.

During menstruation, follicle stimulating hormone (FSH) increases menstruation intensity, and prolactin decreases menstruation intensity. Estrogen is not a dominant hormone for menstruation. During proliferative phase, estrogen levels start to rise which develops the egg, and prepares the reproductive tract for it. Estrogen suppresses Luteinizing Hormone (LH) at first, but a buildup of estrogen eventually causes the body to release LH. LH allows ovulation to occur, releasing the egg from the ovary, leaving behind the corpus luteum. The sequential rise of LH, then FSH initially matures the corpus luteum within the ovary during ovulation. FSH then pushes the egg towards the uterus. 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. Lower amounts of estrogens than progestogens are produced during the luteal phase and 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. Progesterone increases prolactin, and prolactin lowers FSH and LH. If the egg is not fertilized, the corpus luteum dies within the ovaries. Once progesterone levels drop during premenstrual phase, the pituitary gland begins to release FSH, allowing menstruation to begin. Outside of the secretory phase, premenstrual phase or pregnancy, progesterone amounts in the body are existent (due to the adrenal glands), but negligible.

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.

LH, FSH and Androgens

Prolonged or heavy periods can be explained by low prolactin and abnormally high FSH. Light or a delay in menstruation can be explained by high prolactin levels.

Androgenic symptoms like hirsutism, alopecia and poor insulin sensitivity are associated with polycystic ovary syndrome (PCOS) and high LH. Lack of estrogen production contributes to androgenic excess. Exercise is commonly used as a treatment for PCOS to lower abnormal amounts of androgens caused by negative 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, loss of libido, loss of appetite and nausea. 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, cause diminished fertility. Both progesterone and prolactin are capable of pausing the menstrual cycle for pregnancy or nursing, as are also their roles in the luteal phase. High progesterone and prolactin, with the absence of LH, FSH, and possibly androgens cause symptoms consistent with shrinkage of the ovaries. Estrogenic compounds in the presence of high prolactin and progesterone, in the absence of LH and FSH, further reduce fertility. In cases of ovarian shrinkage, reduced fertility can often be reversed, until if sterility occurs. An imbalance of low estrogen levels is consistent with primary ovarian insufficiency (POI).

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 often consistent with low levels of prolactin and estrogen. Abnormally high levels of bodily estrogen or a past history of heavy menstruation can contribute to endometriosis. Severe endometriosis may block passageways needed for fertilization.

Contractions are caused by high serum levels of FSH or LH, which is a risk to an existing pregnancy.

Progesterone deficiency or insensitivity of the reproductive tract, and abnormally high levels of bodily estrogen contribute to endometriosis. Severe endometriosis may block passage ways needed for fertilization.

There may 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.

Theories 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. This idea was extended from a few studies about upregulating specific receptors for more effective cancer treatment.

It is thought that insoluble dietary plant fiber, which otherwise cannot be absorbed into the bloodstream, is digested by intestinal flora to produce anti-cancer chemicals which enter the body.

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.

Premenstrual syndrome is associated with hormonal changes due to the monthly disintegration of the corpus luteum at the end of secretory phase. The corpus luteum produces the majority of progestogens in the human body, and lack of certain progesterones are associated with negative symptoms. It is during premenstrual phase, when progesterone levels drop due to an absence 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. Otherwise, a hormone excess can cause fibrotic breasts. 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 higher proportion of estrogen to prolactin or progesterone can 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 or care to be taken when using herbs.

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

Herbs and Fertility

An excessive hormone imbalance is a fertility risk.

An excess of herbs that directly increase prolactin levels have the capability to shrink the gonads which can eventually lead to the occurrence of sterility. Clover, hops and possibly the mycotoxin ZEN are capable of shrinking the gonads. Hops and clover raise prolactin levels. 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 clover and were administered estrogen had less offspring than animals that just ate clover by itself. Based on clover's stronger effects on ER β 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 low levels of LH and FSH, as described in the previous chapter, are a risk for infertility. Be aware of symptoms of low androgens or low fertility. Herbs that raise LH, FSH and subsequently, androgens are supposed to remedy this problem.

Estrogen and its production are important for fertility health. This hormone must be in balance with androgens and progestogens. An imbalance of low estrogen levels is consistent with adverse symptoms of primary ovarian insufficiency (POI).

Be cautious of herbs that alter androgens, LH or FSH. High amounts of androgens and LH can increase the incidence of PCOS, and this is a risk for infertility. Lack of estrogen conversion from androgens is a risk for reproductive health. Lack of estrogen contributes to PCOS and hot-flashes. 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.

Be aware of symptoms of itchy skin, and hot flashes. Itchy skin can be caused by taking excessive prolactin or progestogenic herbs. Itchy skin signifies reduced fertility, but it is also a symptom of pregnancy. Hot flashes, indicative of rising body temperature, are typical during pregnancy, perimenopause and menopause, but it can also happen from herb use during secretory (luteal) phase. Rising body temperature or hot-flashes typically occur when estrogen synthesis decreases. It seems that this is a result of an extreme ratio of low estrogen production to progesterone or other steroidal hormone synthesis. Some literature disagrees on whether progesterone or estrogen treatment should be used to treat hot flushes. Try to avoid itchy skin and hot flashes related to herbal breast enhancement, but if it happens, it is important to stop taking herbs immediately.

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. Food grade herb concentrates should be limited to less than 2 drops at a time. 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 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, the disclaimer, and <https://breast.is/appendix/precautions> for more.

IV Botanical

Progesterone, estrogen, and prolactin work synergistically to influence breast tissue through receptors ER α , PRB, and PrlR. 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 , PRA (Progesterone Receptor A), other receptors and aromatase enzymes in the breast and body cannot be ignored due to health and hormone balance.

Herbal Theory

Every major part of the cycle has a dominant steroidal hormone level and other influential hormone levels. This is due to the status of the follicle or corpus luteum. When hormones are influenced to disrupt these expected hormone levels, breast and ovarian shrinking may occur.

The three types of hormone responses must be used together appropriately for its phase for optimal breast enhancement: receptor/enzyme sensitization (antagonism), hormone analogs (agonism) and hormone level modulation. Hormone receptor sensitization and hormone level modulation of particular hormone responses together are meant to achieve a specific hormone response during an appropriate menstrual phase. For any particular phase where a hormone is not intended to be dominant, respective herbal hormone analogs are to be used, but not in large enough amounts to disrupt the menstrual cycle.

Analog hormones are to activate a desired hormone response to compensate for unwanted hormone responses, including from hormonal shifts from the next part of a phase.

For menstruation, prolactin, FSH and androgens are the influential hormones. Contrary to popular belief, estrogen upregulation during menstruation has the potential to impede breast development. Increasing prolactin levels keeps androgens and menstruation intensity in check. Estrogenic or progestogenic responses during menstruation should be from herb analogs in small amounts, or possibly when a combination of herbs create a localized positive effect for estrogen.

For mid proliferative phase, estrogen becomes the dominant hormone. Herbs that increase estrogen levels and estrogen receptors sensitization are useful here. Botanicals that have primarily prolactin and progestogenic properties should be avoided for proliferative phase.

For secretory phase, progesterone is the primary hormone, and estrogen is the secondary hormone. Herbs that increase progesterone and estrogen synthesis are useful here.

Progesterone analog herbs are useful for premenstrual phase to help maintain gains from secretory phase. To a lesser extent, estrogen analogs may be useful here too.

Estrogen receptor sensitization is necessary during mid proliferative phase and mid secretory phase.

Application

We see how receptors ER α , PRB, and PrlR 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. A herb can have more than one of each type of property for multiple receptors, hormones or actions. Usually, a herb will sensitize many hormone receptors. For instance, hops is mildly estrogenic, increases prolactin, and it increases sensitivity of ER α , and PRB. Including herbs with phytohormones that act directly on select receptors during the right times is used to further gains, and to help maintain gains that would otherwise mostly be temporary. If certain receptors are not mildly desensitized by their respective agonist after there is noticeable breast growth by an antagonist, the next phase of the cycle will cause these gains to be temporary due to opposing effects on these receptors. Once a response stops working, it is time to stop taking that herb, because further receptor desensitization is counterproductive and a health risk.

Be aware of symptoms of low or excess androgens, or any other hormone imbalance. 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 estrogenic herbs would have to be used together to counter androgen symptoms.

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, supplements of 500mg of vitamin C, 500IU of vitamin D, 400IU of vitamin E, 50mcg of selenium with balanced amounts of calcium and magnesium per day help keep tissue and hormone responses healthy. Get as many vitamins and minerals necessary for daily requirements from food sources.

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 Effects on the Breast

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

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

Progestogenic

Chasteberry (*Vitex*) – Temporarily increases progesterone. Large amounts directly lower prolactin, but small amounts slightly increase prolactin. Chasteberry increases estrogen during secretory phase.

Fenugreek (*Trigonella*) – Increases estrogen, progesterone and testosterone. Progestogenic action based on its actions that cause branching, instead of duct elongation. Contains diosgenin, 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*) – Mild progesterone analog. Diosgenin increases estrogen, but not enough information available whether it upregulates or downregulates estrogen receptors.

Raises Prolactin

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

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

Milk thistle (*Silybum*) - Increases prolactin. Similar attributes to hops.

Emmenagogue (induces menstruation)

Mint (*Mentha*) – Taking too much mint, especially in concentrate form, is dangerous. Increases FSH and LH. Large amounts inhibit aromatase production.

Adaptogens

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

Ginseng (*Panax*) – Adaptogen. It is uncertain if other species within Ginseng have same hormonal properties as Korean ginseng. *[American ginseng, Chinese ginseng, Himalayan ginseng, Panax notoginseng, Panax pseudoginseng, Panax quinquefolius, radix ginseng]*

Gotu kola (*Centella*)

Korean ginseng (*Panax*) – Panax ginseng upregulates ER α , ER β and AR. Is either androgenic or estrogenic depending on body hormone levels. *[Asian ginseng, Chinese ginseng, Panax ginseng, radix ginseng]*

Maca (*Lepidium*)

Schizandra (*Schisandra*) – Similar to Panax ginseng. *[Schizandra chinensis]*

Other

Evening primrose (*Oenothera biennis*) – Increases estrogen production.

Fennel (*Foeniculum vulgare*) – Not much information available on its specific hormonal properties.

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*]

Lavender (*Lavandula*) – Upregulates ER β . Behaves either as an androgen or estrogen, depending on other bodily hormones and herb combinations. Extract cannot be taken internally.

Suma (*Hebanthe*) – Raises androgens, estrogens and progesterones. It is also an adaptogen.
[Brazilian Ginseng]

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

Herb Doses

Large doses of herb will be avoided, because the idea is for lower amounts to be in the right balance to keep responses sensitive. The suggested proportions in the herb schedule are in weight of solid form. Solid form can be ground, capsule, dried, fresh, or whole. Volume cannot accurately be used to measure different forms of solid herb (without knowing the herbs' density). The recommendation of combined solid herbs is less than 2,500mg per day. In the herb schedule, each part in an herbal proportion will be approximately 250mg. The dosage for the minimal amount will be less than 125mg of each herb, regardless of the proportion of other herbs. In cases of trying to correct hormonal imbalances, limit each herb to 50mg at a time, and stop at the first sign of negative symptoms. For reference, a nickel weighs about 5,000mg, and a metal paper clip of approximately 1" typically weighs about 500mg.

To test a herb combination use 100mg for each part, and 50mg for minimum doses which are usually antagonist herbs, then wait for the next day to see if there's swelling or growth before taking another herb dose. Breast sensations are not always a sign of coming growth.

When there is breast tingling, you may have found the right balance for breast enhancement herbs. Do not repeat any herb combination until there is breast swelling or growth, which is usually within an hour. When breast growth stops, or when menstruation becomes irregular, that herb proportion will no longer work. If body temperature becomes irregular, or if there are any other symptoms, stop immediately.

Herbs come in different strengths, and the body's response may also vary the effectiveness of each herb. Limit amounts of herbs, and try to take them in balance according to their hormonal property.

Teas are measured by the solid amount of herb put into it, and the remaining herb from it can be eaten. Essential extract oils and concentrates will be avoided for ingestion, because concentrates are many times more potent and can easily be dangerous.

Here are suggestions about herbs mentioned. Limit amounts of mint, lavender, clover and kudzu (*Pueraria*) to no more than 125mg of solid form per day. Mint and lavender are better taken as tea.

Fenugreek can possibly be replaced by suma. Wild yam and fennel cannot replace each other for proliferative and menstruation phases.

Herb Schedule

The schedule is not applicable for those on birth control or other hormone pills. The doses of herbs don't have to be taken every day. [Menstrual cycle phases](#) will be divided into: Menstruation, Proliferative, Ovulation, Secretary and Premenstrual.

Here is the up to daily herb ratio to take during **menstruation**. Take 1 part mint, a minimal amount of hops and a minimal amount of wild yam as tea. To increase menstruation intensity add more mint. To decrease menstruation intensity take more hops, but mint is required with it to sustain breast growth. Occasional use of a minimal amount of maca is optional.

Here are reasons for this combination of herbs during menstruation. Hops and wild yam require larger amounts of mint for growth during menstruation. These herbs counter balance each others' effects on pituitary and ovarian function. Small amounts of mint are estrogenic, but too much mint behaves androgenic. Hops increases prolactin, countering menstruation actions of mint, and it sensitizes ER α responsible for growth. Wild yam acts directly as progesterone, which the body cannot produce significantly during menstruation. Without wild yam to mildly stimulate PRB, breast sizes usually shrink back from the abundance of hormone effects by other herbs.

Proliferative phase begins after menstruation is over. A minimal amount of fennel, sunflower seed, coconut oil and olive oil can be used throughout this phase. Once mucus becomes watery, try evening primrose, 1 part fennel and ¼ teaspoon of olive oil. Don't repeat use of evening primrose, until there is breast swelling. If body temperature rises or if there is breast shrinking from evening primrose, revert to using fennel. Only after there is breast swelling, try evening primrose by itself. If evening primrose works by itself, you can try lavender. A minimal amount of Panax ginseng use is optional, and can only be used once lavender causes growth. For the end of proliferative phase, use 1 part each fennel, lavender and mint with any combination of evening primrose and ginseng.

For the estimated time of **ovulation**, take a break.

Here is the herb schedule for **secretory** (luteal) phase.

During secretory phase, take up to daily: 3 parts fenugreek, 1 part lavender, 1 part mint, a minimal amount of hops and a minimal amount of wild yam. Fennel can replace wild yam for this phase. After mid-secretory phase, when primrose works by itself, minimal amounts of Panax ginseng or clover can be added.

When there is the slightest amount of acne from fenugreek or suma during secretory phase, take a minimal amount of wild yam and hops. Do this as long as there is breast growth, or until there is no

more acne during this phase. If you get itchy skin, hot-flashes or if body temperature rises above 37°C (98.6°F), stop immediately and see the section on estrogen deficiency below.

Here are the herbs for **premenstrual** phase. At the beginning of premenstrual phase, minimal amounts of lavender, hops and wild yam can be used. As long as evening primrose causes growth by itself, lavender and hops should work. Once the breasts don't respond positively to primrose, stop taking herbs that sensitize ER β , and perhaps herbs that sensitize ER α too. Herb use for the rest of premenstrual phase is inconclusive. If you get premenstrual syndrome, likely from high estrogen, take a break. When breasts stop responding to a combination of herbs, stop taking it, because taking more is not productive.

Wild yam has an effect of progesterone on breasts, and it slightly desensitizes progesterone receptors to lessen shrinkage during the next menstrual cycle. The corpus luteum becomes incapable of producing progesterone around this time, so hormonal imbalances for this duration are common.

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 Treatment

For inverted (or inward) nipple correction, follow the herb schedule for menstruation.

Extroverted Nipple Treatment

For extroverted (outward) or puffy nipples, prolactin's effects need to be reduced.

Follow the herb schedule for proliferative phase, to maximize estrogenic effects.

To decrease nipple size, use a minimal amount of vitex, no more than once per cycle during late secretory phase. Within a day of taking vitex, while acne is present, take 2 parts hops/thistle, a minimal amount of lavender, and a minimal part fennel periodically and cautiously to cause breast widening, until this is no longer effective. Then continue with the regular schedule for secretory phase.

During secretory phase, chasteberry continually lowers prolactin, while it temporarily raises progesterone, estrogen and androgens. Hops is used in minimal amounts to keep receptors sensitive, and because its prolactin effects will be offset by Vitex. When breasts swell from progesterone-like effects, taking more vitex will no longer be effective and it will then shrink the breasts.

Estrogen Deficiency

Hot-flashes, itchy skin, hirsutism and alopecia are signs of estrogen deficiency and are associated with PCOS, and high levels of LH or progesterone. Keep in mind that hirsutism can be a symptom of insulin

insensitivity. There are plenty of Internet resources on eating healthy fats and on exercising for improving the issue of insulin insensitivity.

If you get hot-flashes, stop the regular herb schedule immediately. Cautiously, follow the recommended herb schedule for proliferative phase. Any herb that has a reputation for causing hot flashes should not be used to lower androgen symptoms. See <https://breast.is/appendix/estrogen-deficiency> for updates.

Herbal Breast Reduction

For herbal breast reduction, take a minimal amount combined each daily of ginger, green tea and tumeric as tea. A minimal variant of the herb schedule above can be added (including responsive use for hormone balance), but this is under-tested.

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.

Be sure you are certain of the plant species and the properties of all of its parts. 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 https://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html.

For herb schedule and other updates, see <https://breast.is/blogs/>.

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

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

Nutrient Recommendations: Dietary Reference Intakes (DRI)
https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx.

More

- <https://breast.is/appendix/diagrams>
- <https://breast.is/appendix/estrogen-deficiency>
- <https://breast.is/appendix/glossary>
- <https://breast.is/appendix/menstrual-phases>
- <https://breast.is/appendix/nutrition>
- <https://breast.is/appendix/precautions>
- <https://breast.is/appendix/questions-answers>
- <https://breast.is/blogs/>
- <https://breast.is/herbs/>

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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