Super Bazongas

Botanical Breast Enlargement (Draft release)

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Dynseli

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Super Bazongas
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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/archivebook. There are program blogs that show effects of herb combinations per phase in https://breast.is/programs/.

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.

Botanical chapter is a work in progress.

Support Project
Support this project by leaving a comment, question or by starting an herbal blog here. If this ebook has benefit you, tell others about it. In an attempt to make results consistent for everyone, leave feedback if any part of the herb schedule doesn’t work optimally for you.
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I Biology

Breast Development

The hormones of estrogens, progestogens, prolactin and androgens influence breast tissue through Estrogen Receptor Alpha (ERα), Progesterone Receptor B (PRB), and Prolactin Receptor (PrlR). Estrogen Receptor Beta (ERβ) 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 ERα 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 ERα, PRB, and PrlR, mild potencies 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 ERα and ERβ 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. Estrogen deficiency occurs when insufficient estrogen is converted from androgens, and it contributes to a buildup of other steroid hormones, including androgens. 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 nauseousness. 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 5α-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 5α-dihydroprogesterone are neurosteroids formed by 5α-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 fibriotic 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 ERβ 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 androgen, LH or FSH balance. 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. Estrogen deficiency 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 concentrate extracts in small 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 ERα, PRB, and PrlR. Evidence suggests, small amounts of hormones upregulate their irrespective 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 ERα, PRB, and PrlR. Labels of phytoestrogens, phytoprogestogens and botanical prolactin will often be replaced with more specific effects relating to breast enhancement.

ERβ, PRA (Progesterone Receptor A) and other receptors 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.

Prolactin, FSH and androgens are influential hormones during menstruation. Contrary to popular belief, estrogen upregulation during menstruation has the potential to impede breast development. Prolactin lowers menstruation intensity. 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 while sensitizing estrogen receptors and other balanced responses are useful here. Botanicals that have primarily prolactin and progestogenic properties should be avoided for proliferative phase.

Balanced estrogen receptor sensitization is necessary during mid proliferative phase and mid secretory phase.

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

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

**Application**

We see how receptors ERα, 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’s constituents will sensitize many hormone receptors. For instance, hops is mildly estrogenic, increases prolactin, and it increases sensitivity of ERα, 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 can 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 combination, 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 secretory phase. Phytoprogestins act with a secondary function as prolactin herbs at any time.

Caffeine and warming herbs like green tea, tumeric, ginger and coffee will shrink the breasts, if taken with almost any combination.

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 and 400IU of vitamin E 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/](https://breast.is/herbs/) for more information and for herb updates.

**Herb**

**Asparagus (Asparagus)** – Tuber is used. Asparagus raises prolactin. [*common asparagus, Shatamuli, Shatavari, Asparagus racemosus*]

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

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

**Evening primrose (Oenothera biennis)** – Increases FSH.

**Fennel (Foeniculum vulgare)** – Increases prolactin and contains diosgenin.

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

**Ginseng (Panax)** – Adpatogen. 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)**

**Hops (Humulus)** – Increases prolactin. Has more potent effect on ERα in the breast than ERβ. Increases sensitivity of progesterone receptors.

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

**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 candelae mirifica, Pueraria mirifica*]

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

**Maca (Lepidium)** – Has nutritional value.

**Milk thistle (Silybum)** – Increases prolactin. Constituents upregulate ERβ.

**Schizandra (Schisandra)** – Similar to Panax ginseng. [*Schizandra chinensis*]
Spearmint (*Mentha*) – Taking too much mint, especially in concentrate form, is dangerous. Increases FSH and LH. Generous amounts increase androgenic symptoms.

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

Wild yam (*Dioscorea*) – Mild progesterone analog. Diosgenin conditionally increases estrogen response.

**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, and can alternatively mean breast shrinkage.

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, but can occur the next day. 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 spearmint, lavender, clover and kudzu (*Pueraria*) to no more than 250mg of solid form per day. Most herbs in the schedule are better taken as tea, especially spearmint, hops and fennel. Ginseng can be used in many forms that it is available in. Use evening primrose as a capsule, and a capsule can possibly be diluted with olive oil for extended use. Evening primrose requires spearmint, sunflower and fennel. Spearmint was tested, but peppermint or other mints could potentially replace it during secretory phase. Sunflower refers to its seed. Wild
yam and fennel cannot replace each other. Menstruation, proliferative or premenstrual phases of the herb schedule can optionally be skipped.

**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, Secretory and Premenstrual.

Here is the up to daily herb ratio to take during menstruation. Take a minimal amount each of spearmint and hops as tea no more than twice a day. To increase menstruation intensity add more spearmint. To decrease menstruation intensity take more hops. Spearmint and hops are required at the same time. After the third day of menstruation, no more than twice, and no more than once a day: take a tea of minimal and equal amounts of fenugreek, spearmint and hops. Only add a minimal amount of sunflower if there are symptoms of low estrogen. Occasional use of a minimal amount of maca is optional.

Here are reasons for this combination of herbs during menstruation. Hops and spearmint require each other for growth during menstruation. These herbs counter balance each others' effects on pituitary and ovarian function. Small amounts of spearmint are estrogenic, but too much mint behaves as androgenic. Hops works on ERα responsible for growth, and it increases prolactin, countering menstruation actions of spearmint. Without mild stimulation of progesterone receptor B (PRB) during late menstruation, breast sizes usually return to their previous size from the abundance of hormonal effects by other herbs. Diosgenin contained in certain herbs acts directly as progesterone, which the body cannot produce significantly during menstruation. Unfortunately diogenin targets both ERα and ERβ, often leading to inconsistent results. Fenugreek, which contains diosgenin, will be used, because it has a positive effect on ERβ and the reproductive tract. Other herbs that contain diosgenin lack the additional properties of fenugreek needed for consistency. Sunflower requires spearmint, fenugreek and hops for an estrogenic effect.

Potential additional herbs to the combination of spearmint, hops and fenugreek need to be reconfirmed. Wild yam and clover would require this combination for consistency. Clover is riskier to use. Different cultivations of clover target ERα to different degrees, and hops would compensate for this. Fenugreek and spearmint together would compensate for wild yam’s or clover’s effects on both estrogen receptors.

**Proliferative** phase begins after menstruation is over. If you have a hormonal imbalance or are underweight, skip this phase. Once mucus starts, try evening primrose, sunflower seed, a minimal amount of fennel, a minimal amount of spearmint, and olive or coconut oil. If body temperature rises or if there is breast shrinkage from evening primrose, eat plenty of saturated fats and dietary fiber, then test if taking more sunflower seed normalizes body temperature. After that, take a break. Only after there is breast swelling towards the end of proliferative phase, you can try minimal amounts of
spearmint and fennel with a minimal amount of lavender or Panax ginseng. It is better to avoid Panax ginseng and lavender for the first cycle, until there is success after the next proliferative phase.

Herb combinations for proliferative phase must be taken in full for better consistency, and should be taken no more than once for this phase. If a combination doesn’t work, don’t repeat for next proliferative phase.

Lavender and Panax ginseng multiply existing estrogenic or androgenic hormonal effects on the body. If estrogen levels are low, ginseng and lavender will decrease estrogen and its effects even lower. Evening primrose requires or works better with sunflower, fennel and spearmint.

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: a minimal amount of spearmint and hops as tea. During mid-secretory phase, a minimal amount of clover can be taken with fenugreek, spearmint and hops. Minimal amounts of lavender and ginseng can be taken during late secretory phase with minimal amounts spearmint, provided that there is evidence of high estrogen and progesterone levels. Don’t repeat a dose, until there is confirmed breast growth from it. The combination of evening primrose, sunflower, fennel and fenugreek can optionally be taken only once for the rest of this cycle only if body temperature rises above 36.8°C.

When there is the slightest amount of acne from fenugreek during secretory phase, try a minimal amount of clover. Do not repeat unless there’s breast swelling, and no new androgenic symptoms. 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.

More herb combinations work for secretory phase than menstruation and proliferative phase. In theory, herb combinations from menstruation and proliferative phase should also work taken separately during secretory phase. However, most herb combinations that work for secretory phase don’t work for other phases.

For premenstrual phase, it is better to take a break. The herbs from the end of secretory phase can overlap into premenstrual phase for a few days, but taking them after that will have negative results. Minimal amounts of spearmint, hops, fenugreek and wild yam as herbal tea can be taken for the beginning of premenstrual phase. Wild yam has an effect of progesterone on the breasts, and it slightly stimulates progesterone receptors to help lessen shrinkage during the next menstrual cycle. When breasts stop responding to a combination of herbs, stop taking it, because taking more is not productive. Once estrogen levels drop, it is important to not take herbs that sensitize estrogen receptors, especially ERβ. If you get premenstrual syndrome, likely from high estrogen, take a break. For the rest of premenstrual phase, take a break.
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. Take chasteberry with minimal parts hops, spearmint, fenugreek, clover, lavender, and fennel. Ginseng can substitute lavender, and wild yam can be used in place of fennel. Within the effects of vitex, periodically and cautiously take minimal amounts of spearmint, hops, clover and fenugreek to maintain breast widening. Then continue with the regular herb schedule for secretory phase.

During secretory phase, chasteberry continually lowers prolactin, while it temporarily raises progesterone, estrogen and androgens. Hops’ 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. For new signs of hirsutism, eat dietary fiber to help the body clear out excessive androgens. 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, and see https://breast.is/appendix/estrogen-imbalance for updates.

**Herbal Breast Reduction**
Herbal breast reduction is under-tested. It may involve spearmint and hops with ginger, green tea or tumeric as tea during menstruation. Herbal breast reduction is not recommended at this time.
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 post-menopausal 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'


Nutrient Recommendations: Dietary Reference Intakes (DRI)

More

- https://breast.is/appendix/diagrams
- https://breast.is/appendix/estrogen-imbalance
- 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

- $\alpha = \text{Alpha}$
- $5\alpha$-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
VI References


I Biology


Breast Development


  

Endocrinology

  
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3286233/.

  


II Imbalances

LH, FSH and Androgens


  


  
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Androgen actions in the ovary: balance is key. J Endocrinol September 1, 2014 222 R141-R151.
  
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Fertility


Theories on Cancer Treatments


Premenstrual Syndrome


**Physical**

**III Precautions**


Eunice Kennedy Shriver NICHD. NIH. 2013 https://www.nichd.nih.gov/health/topics/poi/Pages/default.aspx.


Herbs and Fertility


**Standard Warnings**

**IV Botanical**


**Botanicals According to their Effects on the Breast**


Notes

V Appendix

Glossary
