

LE Magazine June 2004

CASE HISTORY

Supplement Regimen

Helps Banish Cervical Dysplasia

By Mitchell J. Ghen, DO, PhD

"Alice," a 36-year-old female, arrived at the clinic with mild-to-moderate cervical dysplasia, as noted on the results of her recent Pap smear. Pap smears are used primarily to detect cancer of the uterine cervix or precancerous abnormalities of the cervix that may lead to cancer. Dysplasia is the presence of abnormal cells on the surface of the skin, a condition that may become cancer over a period of years if not treated. Treatment aims to eliminate dysplasia so that the tissue cannot become cancerous.



This is the third time in the last year that Alice's gynecologist has discovered this abnormality. She otherwise is free of symptoms. Her medical history reveals that she is a pack-a-day smoker who until a year ago took birth control pills regularly. She has two children who were born without complications, and she experienced no difficulties during either labor or pregnancy. Studies already performed by her gynecologist found no human papilloma virus, a common virus that causes abnormal cells or tissue growth and can lead to cancer of the female organs. Nor was there any evidence of bacteria or fungal infection.

Alice divorced two years ago and reports that she had considerable difficulty coping with the court struggle preceding her divorce. She says she was monogamous to her partner throughout their nearly 15-year marriage and has not been sexually active during the past year and a half. Her gynecologist already has performed two colposcopies and two biopsies. (A colposcopy is a common diagnostic procedure used to follow up a Pap smear, in which the cervix is stained to allow for viewing with a specialized microscope for possible damaged areas.). Alice also underwent cryosurgery of her cervix. (Cryosurgery is the use of extreme cold produced by liquid nitrogen to destroy abnormal tissue. With a probe inserted into the cervix, liquid nitrogen is applied directly to the abnormal cells to kill them and allow for normal cell genesis.) Alice's doctors offered her nothing in the way of preventive measures for her condition.



Our treatment included administration of 5 mg of folic acid three times a day, along with a prescription for vaginal suppositories (made by a compounding pharmacist) impregnated with 25,000 IU of vitamin A. One suppository was to be inserted vaginally each day. A combination of omega-3 fatty acids and borage seed oil also was prescribed three times a day, along with a single dose of 1000 mg of vitamin B12 daily. This program was followed for 90 days. At the end of this period, the gynecologist repeated the Pap smear and was happy to report perfectly normal results and a complete absence of abnormal cells.

Discussion

Cervical dysplasia is very common due to many factors. These include multiple sexual partners, stress (such as that provoked by divorce, in Alice's case), human papilloma virus, and cigarette smoking, which irritates the mucosal membranes and robs the body of oxygen needed for healthy tissue. Both oral contraceptives and smoking are implicated in poor vitamin and mineral retention; in particular, folic acid often is lacking in patients who take oral contraceptives.

Folic acid is responsible for protecting cells from chromosomal damage and is often used as a cancer preventive. The addition of vitamin B12 is used to prevent any neurological damage, as folic acid can mask a neuropathy induced by vitamin B12 deficiency. Omega-3 fatty acids and a source of gamma-linolenic acid (borage seed oil) were used to reduce any inflammation that would typically accompany a dysplastic area. Other adjunctive therapy could have included vitamins B6, C, and E, minerals such as selenium and zinc, and lycopene.

Conclusion

Most women recognize the importance of regular gynecological examinations and Pap smears to aid in the early detection of cancer. As Alice's case shows, of equal importance are adequate nutritional supplements and the avoidance of poor health habits that may otherwise damage cervical tissue.

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