**Benign Prostate Hypertrophy**A benign enlargement of the prostate.  
Etiology: As men age their testosterone levels decrease and there estrogen levels increase which stimulate the prostate to grow. The more overburdened the liver, the harder time it will have balancing the hormones.  
Signs and Symptoms: frequent yet small urination, increased risk of cystitis and kidney stones.  
Pathophysiology: Unopposed estrogen and lowered testosterone decreases libido and lean body mass. It is associated with an increased risk of developing cancer and growths, clotting, arteriosclerosis and heart disease, BPH and symptoms like muscle stiffness, aches and pains, memory loss and ongoing fatigue.  
Recommendations: Text p. 288-290

**Erectile Dysfunction**  
The inability to attain or sustain an erection sufficiently for coitus and the achievement of orgasm.  
Etiology: arteriosclerosis, neurological dysfunction, diabetes, chronic alcoholism and smoking, excess estrogen, stress, side effect of prescription medication and recreational drugs.  
Signs and Symptoms: persistent occurrence of incomplete erection or loss of erection before orgasm is achieved, decreased sexual desire  
Pathophysiology: vascular causes impede the blood flow necessary to allow for engorgement of blood into the penis  
Recommendations: Text P. 294-295  
  
**Testosterone Deficiency**  
Syndrome known as male menopause (or andropause or viropause.  
Etiology: low testosterone, increased activity aromatase or 5-alpha-reductase, excess stress, excessive intake of alcohol, carbohydrates and coffee.  
Signs and Symptoms: See Text p. 296  
Pathophysiology: There is a natural shift in hormones with an increase in estrogen and a decrease in testosterone, too much estrogen though increases fat stores, decreases sex drive and energy, causes red palms and gynecomastia (xenoestrogens as to the problem).   
Recommendations: See Text p.297-298  
  
**Male Infertility**  
Refers to low sperm count, high levels of abnormal sperm or low sperm motility.  
Etiology: stress decreases testosterone, low FSH a pituitary hormone, chromosomal abnormalities, testosterone deficiency (which leads to insufficient sperm production or abnormal sperm shape or mobility, blockages of the duct system (preventing the expulsion of sperm). Testicular infection such as having had the mumps or some other unrecognized infection in childhood. Scarring, fever, cadmium and lead, x-rays, cancer treatment, varicoceles, malnutrition or any severe illness can depress spermatogenisis. Excessive hot baths and hot tights worn regulary). Exposed to xenoestrogens in the womb can cause a baby to be born with undescended testes or deformed genitals.  
Signs and Symptoms: inability to impregnate a woman, erectile dysfunction or an inability to ejaculate. On a microscopic level semen volume may be insufficient to protect the sperm from the acidity of the vaginal canal, sperm may be observed as being abnormal sperm or low sperm motility.  
Pathophysiology: depends on the etiology.  
Recommendations: Test p. 299-301  
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**Female Infertility**Inability to become pregnant.  
Etiology: excess or deficiency of hormones, hper or hypothyroidism, pelvic infection, endometriosis, nutritional deficiencies and stress, large uterine fibroids or ovarian cysts and estrogen dominance, antibodies to her partner`s sperm, anatomical malformations (rare), excess dieting   
Signs and Symptoms: can`t get pregnant, menstrual irregularities, lack of fertile mucus, failure to ovulate  
Pathophysiology: low estrogen levels cause light menstrual flow, failure to ovulate or a lining too thin to nourish the embryo, low progesterone can present with excessive bleeding because the endometrium continues to proliferate under the influence of unopposed estrogen.  
Recommendations: Text p. 323- 325  
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**Estrogen Dominance**  
Excess of estrogens in the body.  
Etiology: opposing progesterone is too low (high levels of stress lowers the body`s production or progesterone as progesterone and cortisol share a metabolic pathway), high body fat will convert DHEA from the adrenal into estrogen, lack of sleep (decreaced melatonin means that estrogen is not opposed), overloaded liver that can`t get to the work of balancing and breaking down hormones, microbes in the colon (especially Candida) can synthesize estrogen like substances and facilitate the reabsorption of estrogen from bile (constipation gives them more time to do this), hypothyroidism reduces the liver`s efficiency at breaking down blood estrogen, underactive thyroid can cause the release of too much prolactin and estrogen, ingestion of xeno estrogens  
See p. 304 for sources of xenoestrogens  
Signs and Symptoms: bloating, increased blood pressure, irritability (estrogen stimulates the nervous system), hypoglycemia, sugar cravings, increased histamine production (inflammation & allergy) and pro inflammatory prostaglandins, depression, infertility, contraction of the smooth muscles of the uterus (abdominal cramps), migraines, breast tenderness, constipation, weight gain, low energy, mood swings  
Pathophysiology: unopposed estrogen leads to a number of pathological conditions most of which involve growth because estrogen is involved in the growth and development of cells. Stimulates the breasts and reproductive organs causing growths, fibroids, cysts, tumours and even malignancy, uterine fibroids, ovarian cysts, breast cancer, endometriosis, infertility and PMS. In males contributes to BPH, cancer and male children of affected women can be born with undescended testicles.  
Recommendations: Text p. 305-308  
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**PMS**Cyclic occurance of physical and behavioural changes experiences 1-2 weeks prior to menstruation.  
Etiology: estrogen dominance (occurs more in women with children and a history of depression (personal, familial or postpartum), seems to increase the closer women are to menopause, thyroid dysfunction  
Signs and Symptoms: emotional liability, headache, fatigue, fluid retention, constipation, sugar cravings, weight gain, acne, back ache, abdominal cramps, panic attacks and low libido  
see types in text p. 310  
Pathophysiology: high estrogen, low progesterone, high prolactin, high cortisol, low thyroid function, reduced serotonin, lower endorphins and impaired Vit 6 metabolism.  
Recommendations: Text p. 311-313  
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**Ovarian Cysts**  
Abnormal sacs containing gas, fluid or semi-solid material with a membraneous lining on the ovaries.  
Etiology: estrogen dominance  
Signs and Symptoms: asymptomatic, pain during intercourse, irregular bleeding, localized pain and tenderness (depending on their size).  
Pathophysiology: usually harmless and disappears within a few cycles, but can occasionally rupture  
Recommendations: Text p. 315  
  
**Breast Fibroadenoma**  
Benign tumour of the breast.  
Etiology: usually occurs in women under 30, estrogen dominance, antibiotic use  
Signs and Symptoms: small lump, round or ovoid and firm in consistency, the lump often slips beneath the fingers and is frequently called a breast mouse.  
Pathophysiology: fibroademas grow within the intralobular stroma of the breast and can vary in size from 1 cm to large tumours that can fill the breast, they grow as spherical nodules and are frequently multiple and bilateral.   
Recommendations: Text p. 316-317   
  
**Breast Cancer**  
Malignant neoplasm of the breast.  
Etiology: estrogen dominance, family history, longer than normal years of menstruation, nullipari, high fat diet, more than two alcoholic beverages per day, the pill or hormone replacement therapy.  
Signs and Symptoms: lumps in the breast that change, do not move or appear to be attached to the surrounding tissues, not painful, bleeding or discharge from the nipples, skin dimpling over the lump, a retracted nipple, edema of the surrounding skin or enlarged axillary lymph nodes (diagnosis by biopsy).   
Pathophysiology: the better the liver function, the lower the likelihood for developing breast cancer  
Recommendations: Text p. 318-320

**Endometriosis**  
Migration of endometrial tissue to abnormal sites in the abdomen, causing cyclic bleeding into the pelvis at menstruation with inflammation and adhesion formation.  
Etiology: estrogen dominance  
Signs and Symptoms: chronic pelvic pain, severe menstrual pain, painful bowel movements during menstruation, fatigue, allergies, abdominal bloating and infertility.  
Pathophysiology: Endometrial tissue can extend directly from the uterus, be transported by the lymphatics, or retrograde menstruation back through the fallopian tube carry tissue with it (condition ends at menopause).  
Recommendations: Text. P 321-322

**Perimenopause**Transitional phase prior to the onset of menopause.  
Etiology: naturally occurring except that when the reproductive or endocrine system is imbalanced, there can be a more symptomatic transition. Smokers can become menopauseal up to 10 years in advance.  
Signs and Symptoms: estrogen dominance can get worse, PMS becomes very pronounced, hot flashes, night sweats, vaginal dryness, palpitations, depression, moodiness and tender breasts   
Pathophysiology: gradual decline in ovarian hormones causing either a lengthening or shortening of the interval between periods and changes in the flow. Outpour of hormones becomes uneven with sudden rises and falls in estrogen and pituitary hormones causing the cycles to get erratic (sometimes ovulation won`t occur) and menstrual flow can become excessive (heavy). Estrogen eventually declines to a baseline level and stabalizes, while progesterone decreases and finally disappears.  
Recommendations: Text p. 326-331  
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**Menopause**The period that marks the permanent cessation of menstrual activity, normally occurring between the ages of 40 and 58.Etiology: Just like perimenopause, menopause is a naturally occurring state except that when the reproductive or endocrine system is imbalanced, there can be a more symptomatic transition.  
*Problems arise when a woman fails to:  
-follow a nutrient dense diet  
-build healthy bones starting in childhood  
-maintain healthy adrenal gland function  
-exercise regularly  
-resists the change emotionally*Signs and Symptoms: hot flashes, vaginal dryness, insomnia, breast and nipple tenderness, heart palpitations, anxiety depression, decreased sexual response, irregular bleeding, memory loss, changes in cognition, increased hair growth on the face and body, osteopenia or osteoporosis, decreased breast size, skin trugor and elasticity, reduced pubic and axillary hair.  
Pathophysiology: estrogen declines, ovulation becomes less frequent, eventually the ovary no longer responds to FSH, estrogen and progesterone production in the ovary ceases. However, having enough estrogen and progesterone (made by the adrenals and occurs in adipose tissue so women need to put on a little fat to optimize this) is needed to maintain bone, prevent atherosclerosis (estrogen acts as an antioxidant in blood vessels and these hormones inhibit cholesterol production), keep hair, skin and mucous membranes healthy and maintain a satisfying sex life.   
Recommendations: Text p. 33  
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