

Article Submission for CWH Newsletter January 20, 2014

Barbara MacDonald, ND, LAc

January is National Cervical Cancer Screening Month

Women's Natural Self-Care: Along with early detection and treatment – there are safe and effective natural methods to help prevent and reverse abnormal pap smears.

By Dr. Barbara MacDonald, N.D., L.Ac.

It is universally accepted that cervical cancer can be prevented through early detection and treatment. Once the leading cause of death among women, the rates of cancer of the cervix have dropped dramatically with the use of screening pap smear. While the incidence has dramatically reduced, 4,210 women died of cervical cancer in 2010.

Almost all cervical cancers are caused by high risk strains of the human papilloma virus (HPV) contracted through sexual intercourse. Less is known about natural methods for maintaining a healthy cervix once exposed to HPV. Considering naturopathic care is especially important after being diagnosed with an abnormal pap smear such as atypia (ASCUS), during the watch and wait period, or after treatment for a pre-cancerous lesion. However, there is no harm in also improving one's nutritional health to improve the body's ability to heal itself at any time since poor nutrition has been linked to abnormal pap smears.ⁱ In addition, a woman with a history of abnormal pap smear who becomes pregnant may wish to increase the healthy foods recommended.

There are many nutrients that help maintain a healthy cervix such as those that have been found to be deficient among those with abnormal pap smears. Consider the following antioxidants (vitamin C, E, zinc and CoQ10); B-vitamins, especially Folic acid and B-6; indole-3-carbinol from cruciferous vegetables; green tea and immune supportive mushroom extracts such as Coriolus (turkey tale).

Folic acid deficiency has been linked to cervical dysplasia and higher blood folate levels are linked to protection.^{ii, iii} In a study among women with biopsy-confirmed

CINII/III supplementing with indole-3-carbinol (extracted from cruciferous vegetables) led to regression of CIN in half the patients vs. regression in the placebo group.^{iv} Another study found that women with dysplasia more often had lower levels of vitamin C, the reverse was true as well – women with the highest intake of vitamin C had a reduction in risk of cervical dysplasia.^v

High consumption of fruit and vegetables appears to be protective against lower grade cervical abnormalities.^{vi} Women who drink green tea and eat more vegetables had reduced risk of cervical cancer and CINII/III (higher grade pre-cancerous results).^{vii}

Naturopathic recommendations for those with a history of abnormal pap smear include the following, until 3 consecutive normal pap smears: up to 5 mg of folic acid daily, Vitamin C (ranging from 500 – 3,000 mg daily), Vitamin E (400-800 iu mixed natural tocopherols and perhaps vaginal suppositories), drinking green tea (and perhaps vaginal suppositories), increase in cruciferous vegetables (broccoli, cauliflower, cabbage, kale, Brussels sprouts, etc. or supplement containing indole-3-carbinol from them), antiviral botanicals (astragalus, licorice, St. John's wort, etc.) or medicinal mushrooms (reishi or coriolus) and higher intake of fruits and vegetables.

Among women who take oral birth control pills (OCP), smoke cigarettes or are immune compromised, these nutrients are more often deficient and have a higher risk for HPV conversion to dysplasia and cancer. In addition to dietary and herbal interventions, women whose male partners used condoms consistently, and correctly, cut the risk of HPV infection by 70%.^{viii}

Naturopathic Support After an Abnormal Pap Smear

Naturopathic doctors have long recommended the above lifestyle recommendations for maintaining a healthy cervix or reversing abnormal pap smears. Those of us with experience treating abnormal pap smears often recommend the use of vaginal suppositories and some still offer a local treatment called the Escharotic.^{ix} For more information on management of cervical dysplasia and HPV: http://www.naturopathic.org/article_content.asp?article=788.

Who should get screened and when?

Cervical cancer is nearly always the result of contraction of high risk strains of the human papilloma virus (HPV) through sexual intercourse. In order to prevent cervical cancer, it is recommended that women get a screening pap smear to check their cervical health. This was previously done as part of an annual physical examination. However, the American College of Obstetricians and Gynecologists have changed the guidelines for when women need a pap smear. Women who are between the ages of 21 and 30 should be screened every 2-3 years. Women over 30 who had 3 consecutive negative pap smears and no history of CIN2-3 (cervical dysplasia) and who do not have HIV, and were not exposed to DES in-utero, may be screened every three to five years now.^x They also recommend screening for HPV every 5 years in sexually active women over the age of 30. If a woman has been treated in the past for a “high-grade” abnormal pap smear, she should continue annual screening pap smears. I also recommend that a pap be included during the annual physical examination if a woman has had unprotected intercourse with a new partner since their last pap smear as part of a routine test for sexually transmitted diseases.

One point of clarity that should be made since women are having pap smears less often now is that annual wellness examination is still necessary even if she isn't due for a pap smear. Three years is too long to wait to identify abnormalities of the breast, uterus or ovaries.

How to get a pap smear (and mammogram) even if you are uninsured and/or cannot afford one:

The Maine CDC Breast and Cervical Health Program (MBCHP program) will pay for an office visit to screen for breast or cervical cancer at one of their participating provider service locations throughout Maine. For more information on whether you qualify and which facilities are providers go to:

<http://www.maine.gov/dhhs/mecdc/population-health/bcp/>

A note on the HPV vaccination: a thorough review of the controversy surrounding the recommendation of HPV vaccination in young boys, girls and women is

beyond the scope of this article. It is controversial for a reason. It would be very, very rare for me to personally recommend it. Christian Northrup has a nice review of the cons at: <http://www.drnorthrup.com/blog/2013/08/the-hpv-vaccine-what-you-need-to-know-today>.

The rates of cervical cancer are much lower than they were decades ago. That is due in part to increased screening, early detection and treatment. Truth is, however, most low grade abnormalities will be corrected by a woman's immune system in a matter of months. Using natural methods to improve immune function and the health of the cervix can improve the odds of reversing such abnormal pap smears. So, continue regular screening based on your age and past history of abnormal pap smears, eat a healthy diet high in vegetables and fruits and drink green tea and if indicated, schedule an appointment for more specific naturopathic prescriptions.

ⁱ Weinstein SJ, et al. Low serum and red blood cell folate are moderately, but not nonsignificantly associated with risk of invasive cervical cancer. *J Nutr* 2001;131:2040-20148.

ⁱⁱ Piyathilake CJ et al. Lower risk of cervical intraepithelial neoplasia in women with high plasma folate and sufficient vitamin B12 in the post-folic acid fortification era. *Cancer Prev Res*.2009;2(7):658-664.

ⁱⁱⁱ Piyathilake CJ et al. Lower red blood cell folate enhances the HPV-16 associated risk of cervical intraepithelial neoplasia. *Nutrition*, 2007;23(3):203-10.

^{iv} Bell MC, et al. Placebo-controlled trial of indole-3-carbinol in treatment of CIN. *Gynecol Oncol* 2000;78:123-129.

^v Ghosh C, Et al. Dietary intakes of selected nutrients and food groups and risk of cervical cancer. *Nutr Cancer*.2008;60(3):331-41.

^{vi} Chih HJ, Lee AH, Colville L, et al. A Review of dietary prevention for human papillomavirus-related infection of the cervix and cervical intraepithelial neoplasia. *Nutr Cancer* 2013;65(3):317-28

^{vii} Jia Y, Hu T, Hang CY, et al. Case-control study of diet in patients with cervical cancer or precancerosis in Wufeng, a high incidence region in China. *Asian Pac J Cancer Prev*. 2012;13(10):5299-302.

^{viii} <http://www.webmd.com/cancer/cervical-cancer/news/20060621/condoms-may-prevent-cervical-cancer>

^{ix} Swanick S et al. An Alternative treatment for cervical intraepithelial neoplasia II, III. *Integr Cancer Ther* 2009.Jun;8(2):164-7.

^x https://www.acog.org/About_ACOG/Announcements/New_Cervical_Cancer_Screening_Recommendations