

Ray Peat

Abnormal Cells in the Uterine Cervix

The membranes of the mouth and of the uterine cervix are very similar, and both are susceptible to development of a supposedly precancerous condition, called leukoplakia. Every winter since I moved to Oregon, I developed areas on the inside of my cheeks where they met my teeth, that became spongy and white, and tended to be imprinted with the shape of my teeth, bulging in a way that caused me to bite my cheek frequently. When I learned that vitamin A would control my dandruff and acne, I then noticed that it also

normalized my mouth membranes. A dentist noticed my spongy white spots one winter when I hadn't been taking vitamin A, and gravely warned me that it was a precancerous condition, leukoplakia (sometimes called psoriasis buccalis, or dyskeratosis), and that I should have it checked by a doctor frequently. I went home and took vitamin A, and it was gone within a few days. This experience increased my interest in leukoplakia and led me to read more about it. Because of the similarity of cell type in the cervix and in the mouth, I suggested to a friend that she try vitamin A when her doctor

told her that she had cervical leukoplakia, and it cleared up right away.

Since the beginning of the century, it has been known that estrogen is carcinogenic, and by the 1940s it was clear that the hormone of the corpus luteum, progesterone, opposes estrogen's effects, and that it consistently prevented estrogen-induced cancers, and sometimes cured them. In the 1950s, it was learned that vitamin A and estrogen have opposite effects, for example, when applied locally to the skin.¹ It was found that, to a very great extent, progesterone could substitute for vitamin A, meaning that a very large fraction of the vitamin A used by the body is used up in making progesterone, from which the other steroid hormones are made.

Considering these facts, it seemed apparent that optimal treatment of leukoplakia would involve a program to lower the chronic background level of estrogen, while promoting progesterone synthesis. It happens that the body spontaneously moves in that direction, if given the right support. With adequate protein (eggs, milk, cheese, shellfish, liver, etc.), the liver removes estrogen from the blood entirely on its first passage through the liver, in an otherwise healthy organism. In hypothyroidism, the liver metabolism slows, allowing estrogen to accumulate; also, hypothyroidism appears to allow ovarian cysts to develop and to secrete additional estrogen. While the thyroid hormone promotes the elimination of estrogen, it happens to be essential for the production of progesterone. Vitamin A (with cholesterol) is consumed at a high rate by the corpus luteum, when there is adequate thyroid hormone. However, carotene also tends to be accumulated by the corpora lutea, because of its chemical similarity to

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Uterine Cervix

vitamin A—it is probably a mixture of vitamin A and carotene that gives the corpus luteum its yellow color—but carotene seems to compete with vitamin A for the active synthetic sites, with the result that too much carotene is toxic to the corpus luteum, and is a fairly common cause of failure to have menstrual cycles. Both vitamin A and carotene, like any unsaturated oil, will tend to inhibit the thyroid, so it is important to balance supplements of vitamin A and thyroid; a sluggish thyroid will more easily be suppressed by large doses of vitamin A, but a high level of thyroid activity causes vitamin A to be used more quickly. It is an interesting expression of this biological relationship that one blood protein carries both vitamin A and thyroid hormone.

To back up this basic process of hormone balancing, there are a few things that can be done besides providing animal protein, vitamin A and thyroid. Vitamin E causes vitamin A to be used more efficiently, and besides taking about 100 units orally, a mixture of vitamin E, vitamin A, and progesterone can be applied directly to the cervical membrane. In rapid cell division, and in estrogen excess, folic acid and other B vitamins are used rapidly, so a supplement might be useful. I have usually suggested a dose of one to ten milligrams of folic acid daily for a few weeks, with liver two or three times a week for the other vitamins. Magnesium is not retained well during stress or in hypothyroidism, so a supplement of several hundred milligrams daily is desirable; epsom salts in orange juice is well assimilated and magnesium oxide should not be used because it is not absorbed. Plenty of bright light helps to maintain progesterone synthesis. Vitamin C and zinc are needed, but will probably be provided by the meat, liver, oysters and orange juice which will provide many of the calories; beans, seeds, sprouts, and seed oils, and raw broccoli or cabbage should be avoided, because they can disrupt the hormone balance.

I personally had contact with 35 women who were advised to have a hysterectomy because of abnormal

cells found in Pap smears or biopsies, but who wanted to try this approach for a month or two. All of those women had normal tests when they went back to the doctor, usually in two months. Later, I heard that groups had been formed to teach the method, but I haven't heard whether the results continue to be 100%.

1. Bo, WI, Relation of vitamin A deficiency and estrogen to induction of keratinizing metaplasia, *Amer. J. Clin Nutr.* 516, p. 666, 195%.

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