Tuesday Minute Transcript

This Week's Topic

Reducing Breast Tenderness... In About 5 Minutes

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Here's a technique primarily for your female patients that can reduce breast tenderness in about 5 minutes right in the office. This is one of the most dramatic things I have witnessed in clinical practice.

For years I taught a course on in-office tests to assess patients through the Nutritional Therapy Association. One of the tests involved having physicians (they were the patients in the class) do a self breast examination. If they felt tenderness above a certain pain threshold they were to come forward so we could demonstrate how to reduce or fix the problem.

Now keep in mind, they came forward expecting results, meaning the demonstration had to work. No matter how confident I appeared, I was always nervous whether the demonstration would work in



front of the class this time. But it worked every time and continues to work in clinical practice.

Let me tell you about how to perform the test first before we go into why it works. Participants would rate their breast tenderness on a 1-10 scale with 10 being the most painful. Then the ones with the most pain, usually 5 or higher, would taste different nutrients for 30 seconds and re-evaluate the tenderness, meaning if the pain lessened. Sometimes the pain would become greater, signaling that was not a good nutrient for that particular patient. You'll see why in a moment.

After tasting anywhere from 1 - 5 nutrients all participants discovered a substance that would dramatically reduce their breast pain. I must confess it was always amazing to watch the body decide which substance would fix the problem. Sometimes it would be one of my favorite products and predictable, but often the product that would take the pain away was one I would never think to give.

So why did it work? It worked because breast tissue is honeycombed with lymph nodes. When the lymph system gets sluggish and the fluid gets congested and can't drain, the nodes become painful and often small cysts can develop. Where does the lymph fluid drain? In the bowel. Obviously tasting the nutrient provided momentary relief, but with the right therapy, we can open the drain and the fluid will begin to move.

Taking it the next step, one of the roles of the liver/gallbladder is to keep the bowel moving. So the nutrients we sampled were things to optimize gallbladder function like Beta-TCP or Phosphatidylcholine. If that didn't seem to make a difference, we tested nutrients for bowel health and cleansing.

Often the oregano product, ADP, or garlic would make a big difference. As you may know, both are valuable to normalize weird bacteria and yeast overgrowth. Sometimes EFA would be the nutrients that would make the biggest difference in pain or tenderness reduction. I have provided a form that lists the nutrients that are most often used to reduce breast tenderness.

Tasting nutrients to see if they affect certain functional issues is called Neuro-Lingual Testing. Neuro-Lingual Testing is a familiar concept for many of you, but for those who are not familiar with it, let me give you a brief explanation. Whenever we taste something, immediately nerve signals in our mouth transmit a signal to our brain about the substance. The brain identifies properties in the substance tasted and makes a lightning fast decision about what it will do to the body. This type of testing is used with range of motion testing as well. A nutrient is tasted to evaluate whether range of motion is increased or lessened identifying a nutrient for therapy. In a similar way, the modified Coca Pulse Test identifies possible allergy foods by taking ones' pulse for 60 seconds to establish a baseline; tasting the food for 30 seconds to allow the body to react; and with the food still in the mouth, retesting the pulse for 60 seconds to measure the reaction. If the reaction is 4 points or higher, that food is not recommended for a period of time. The brain made a decision regarding a food, and the reaction was an increased pulse.

Neuro-lingual testing uses the body to screen neurologically nutrients that may have the greatest therapeutic value. The point for our discussion on breast tenderness is that neuro-lingual testing can have rapid responses for many situations and can help us assess which foods or nutrients can benefit our patients. There are so many nutrients to choose from, if we can individualize which one works for a specific patient, it dramatically increases patient compliance and effectiveness.

If you would like to learn more about this type of testing, Dr. Greg Peterson teaches the class in Minnesota called "Without a Doubt" and the Nutritional Therapy Association teaches classes nationwide. You can click the links below to get more information.

Breast tenderness is quite common with many of your female patients. You'll be surprised how effective this type of testing can be. Give it a try.

Thanks for reading and thanks for your comments each week. It's always encouraging to hear from you. I'll see you next Tuesday.