

**AFRICAN WOMEN EXPERIENCING PERIMENOPAUSE:
BREAST PAIN AND TENDERNESS**

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This series of paper will focus on women in the poorer nations, such as in Africa, who experience and are coping with perimenopause. Perimenopause is a condition involving changes in the hormones that impacts women in 20-40 lasting 4-10 years (“Perimenopause Symptoms,” n.d.). In a lifetime, women experience tenderness, discomfort, or pain in their breast, which are symptoms associated with perimenopause (“34 Menopause Symptoms,” 2014).

Pain in the breast (mastalgia), which is accompanied by tenderness, is usually not associated with the development of breast cancer (Vaidyanathan, Barnard, & Elnicki, 2002). Women who have severe breast pain, however, may more likely develop breast cancer (Vaidyanathan et al., 2002). Although women 1 in 33 South African women are diagnosed with breast cancer according to researchers at the Cancer Association of South Africa (CANSA, 2014), the context of this paper may be applied to women who experience cyclic breast tenderness or pain and will offer natural approaches that may help approach the symptoms.

Experiences Applied to Women in Developing Nations

Approximately 30%-60% of all women experience benign disorders associated with the breast, whereby the percentage increases with age (Abhijit, Anantharaman, Sumanth, Ranjani, 2013; Santen & Mansel, 2005). “Benign breast disorders are broadly divided into three categories: nonproliferative disorders [simple cysts], proliferative disorders without atypia [fibroadenomas (solid mass), intraductal papillomas, tubular adenomas, and phylloides tumors (fibroepithelial tumors)], and atypical hyperplasias [of the epithelial cell layers]” (Pearlman & Griffin, 2010, p. 749). Some women in rural India between the ages of 21-40, and some women in sub Saharan African between the ages of 13-65 with an average age of 28 mostly experienced fibroadenomas (Abhijit et al., 2013; Okoth, Galukande, Jombwe, & Wamala, 2013).

Fibrocystic breast disease has been a general phrase to classify all benign breast conditions, to include the conditions that involve physiologic swelling and tenderness (Vaidyanathan et al., 2002). Sub Saharan Africa women diagnosed with mastitis more likely will experience breast tenderness (De Allegri, Sarker, Hofmann, Sahon, & Bohler, 2007). Mastitis is a conceptualize health problem to include breast infection or inflammation breast disease associated with breast feeding (De Allegri et al., 2007; Pearlman & Griffin, 2010). In regards to breast tenderness and physiologic responses associated with hormonal changes, medical researchers may consider clarifying the characteristics of physiologic swelling and its relations to edema or osmotic swelling and lymphedema (Simonian, Morgan, Tretbar, & Blondeau, 2008; Vaidyanathan et al., 2002). Orbital swelling of the breast may be excluded because this abnormality is the first symptom diagnosed in breast carcinoma (i.e., cancer; Francone, Murelli, Paroldi, Margarino, & Friedman, 2010).

The breast (*Greek: mastos*) is comprised of three major components: “skin, subcutaneous tissue and breast tissue, including parenchyma and supporting stroma” (Shermak, 2010, p. 39). Some women, however, do not have breast tissue (amasia) or breast and breast nipples (amastia; Kulkarni & Dixon, 2012). Abnormal shape breast or chest wall or breast deformities include but are not limited to *breast ptosis*, *tuberous breast*, and *polythelia* (Kulkarni & Dixon, 2012). Sagging breasts or “breast ptosis is the weighing of the breast gland causing a stretching of the surrounding skin and a global sagging of the breast” (Shermak, 2010; Société Française de Chirurgie Plastique Reconstructrice et Esthétique [SOFCPRE], 2008, p. 1).

Based on the von Heimburg classification system and the observation of women between the ages of 17-24, the tuberous breast does not result from a shortage of skin, but from the herniation (protrusion) of breast tissue (Pacifico & Kang, 2007). Polythelia, a form of accessory

breast tissue, involves additional or supernumerary nipple (SNs) manifesting during the menstrual period (Shermak, 2010). Literature is not readily available presenting the percentage of women in Africa who have this congenital abnormality (Brown & Schwartz, 2002). Medical researchers may further consider classifying the level or degree of pain or tenderness associated with the herniation of breast tissue and the enlargement of the nipples during the menstrual cycle in comparison with the levels during the menstrual transition periods.

Suggestions to Approach Breast Tenderness

The following suggestions aim to help women who experience breast tenderness and are not aimed to diagnose, prescribe, treat, or cure. Women who believe their condition results from a medical disease are recommended to seek assistance from a medical doctor (MD) or naturopathic physician (ND). Natural techniques discussed in this paper aim to enlighten women on lifestyles and healthy living.

Women may have been encouraged to wear wireless brassieres, even at night, while experiencing breast tenderness (Western Breast Services Alliance, 2003). Many women, however, prefer going braless. “*Women living in a primitive society in Africa during the first part of the twentieth century did not wear bras. Ever!*” (Smith, n.d.). The evening primrose oil has been used to reduce breast tenderness in women with cyclic mastalgia (Ehrlich, 2011). In addition to restoring the body with Vitamins B and E to approach fibrocystic breast disease, women may boil *Phytolacco decandra* (poke root) twice before consumption to help clear breast infections (Bone, n.d.; Scientific Bio-logics, 2001; Western Breast Services Alliance, 2003).

Heating packs as well as the coolness from ice packs have been further reported to reduce breast soreness (Western Breast Services Alliance, 2003). In Ghana, many citizens sell plastic bags filled with cold water (Benzoni, 2013). Although the little plastic sachets are primarily

used for drinking water, the cold sachets can be used as a cooling device to reduce breast soreness (Benzoni, 2013; Western Breast Services Alliance, 2003).

Petroleum-based plastics as well as biodegradable plastics, however, may cause irritants, allergic reactions, and other skin conditions (Wagner, 2010; Washington State, 1999). Plastics which contain contaminants and lead to environmental hazards have resulted in many areas of Africa abandoning the use of plastic bags (Bashir, 2013; Wagner, 2010). Caution, thus, should be taken when applying either heat or plastic packs onto the breasts as well as consuming a combination of natural supplements.

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