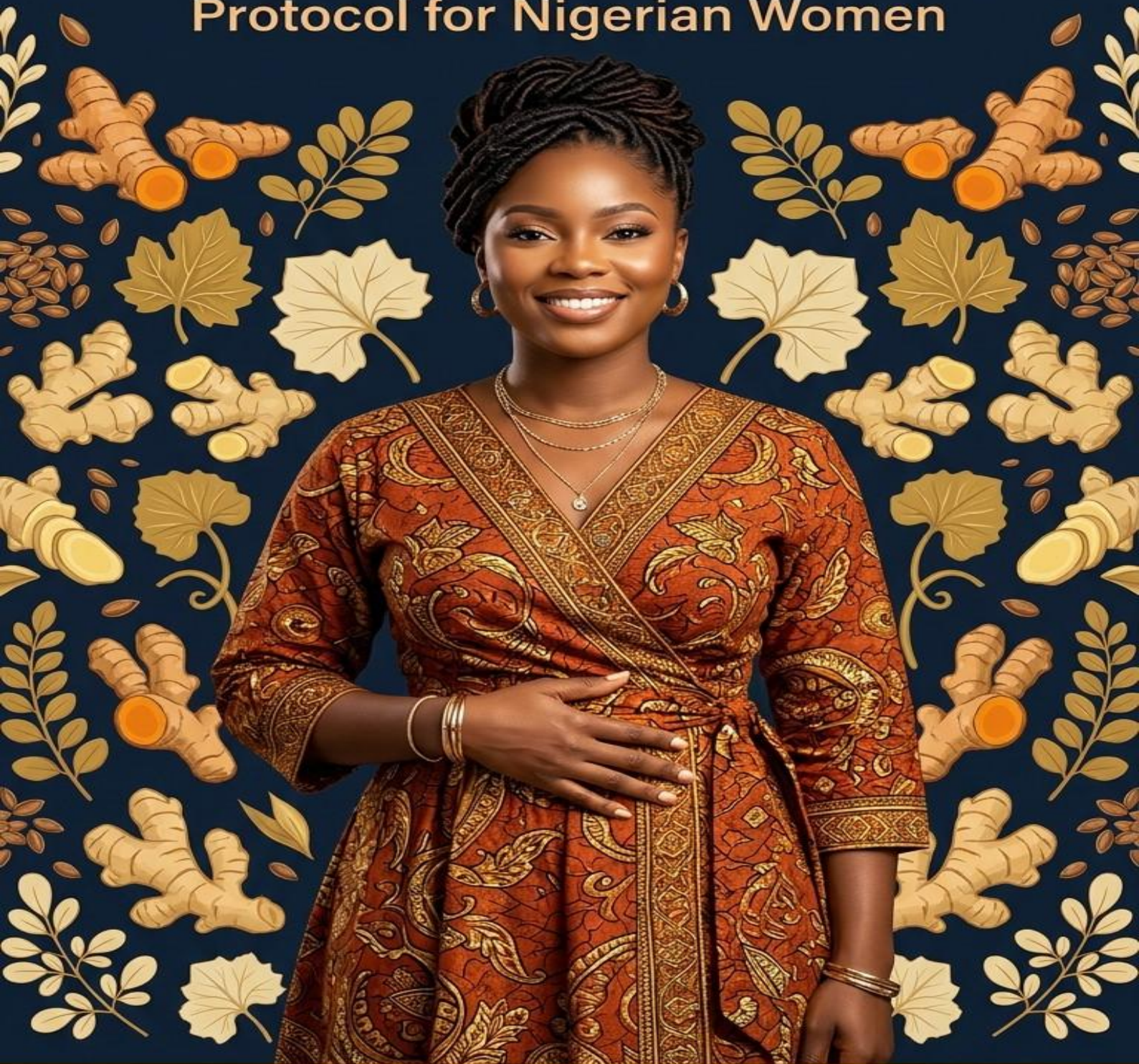


FIBROID

NO GO KILL YOU

The 30-Day Natural Kitchen
Protocol for Nigerian Women



By Chidinma Abaz

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MEDICAL AND RESULTS DISCLAIMER

This guide is for educational and informational purposes only. It is not a substitute for professional medical advice, diagnosis, or treatment. Always consult a qualified healthcare provider before making any changes to your health routine, diet, or supplement intake -- particularly if you are pregnant, trying to conceive, or currently on prescribed medication.

The information in this guide is based on published peer-reviewed research and the author's personal experience. Individual results will vary based on your specific health circumstances, the consistency with which you follow the protocol, and factors outside the protocol's control.

This guide does not claim to cure, treat, or diagnose uterine fibroids or any other medical condition. Results described by women who have used this protocol represent their individual experiences and are not guaranteed for every reader.

HOW TO USE THIS GUIDE

Before you jump ahead, read this page. It will save you from making the most common mistake women make when they open a health guide -- starting from the middle.

- Step 1** Read the Introduction and Chapter 1 before you do anything else. Even if you are desperate to get started. Understanding the why is what makes the how stick.
- Step 2** Complete the Self-Assessment Checklist in Chapter 2 before you go to the market. It will tell you exactly which symptoms to prioritise and which parts of the protocol to focus on first.

Step 3 Print the Shopping List from Chapter 7 and the Symptom Tracker from Chapter 8 before Day 1 begins. Put them somewhere you will see them every day.

Step 4 Understand that this protocol works in four layers simultaneously -- food, daily drinks, seed ritual, and stress reset. All four matter. Doing three out of four will give you partial results. All four gives you the full effect.

This guide was written for women who have been told surgery is their only option. Who have spent money on remedies that did not work. Who have watched their bodies change in ways nobody warned them about. You are not reading this because you gave up. You are reading this because you are still looking for something real. That is exactly the right instinct. Keep it.

INTRODUCTION: Your Body Is Not Your Enemy

Let us start with the truth you have never found the right words for.

Not the scan report. Not the medical language. The lived version -- the version that wakes up with you every morning, that sits with you at your desk, that walks into every room before you do.

You Already Know This Morning

You have already woken up on a period morning and gripped the bedframe and counted the minutes until the worst of it passed.

You know that morning. The one where the pain is not yet at its worst when you first open your eyes, so for one quiet second you think -- maybe today will be different. And then it arrives. Not slowly. All at once. That deep, grinding, relentless pressure in your lower abdomen that has nothing polite about it. The kind that does not respond to deep breathing. The kind that makes you pull your knees to your chest and hold absolutely still because moving makes it worse.

You reach for the hot water bottle. You press it against yourself and lie there, watching the ceiling fan, counting the rotations, waiting for the ibuprofen to do something -- anything.

You send the message to your boss. Stomach issues. So sorry. I will make up the work. As if two days of your life every single month is a small inconvenience you should apologise for.

And while you are lying there in pain -- while the cramping is doing what it does -- you are also bleeding in a way that has nothing in common with what other women describe when they talk about their period. You are going through pad after pad after pad and it is still not enough. You are afraid to stand up too quickly. You are afraid to sit on certain chairs. You carry extra

clothes in your bag the way other women carry a bottle of water -- just casually, as if this is normal.

But here is the part that does not leave when the bleeding stops. Here is the part that follows you into the weeks when you are not on your period at all.

The bloating.

The Belly That Does Not Take Days Off

Your period ended five days ago. You have eaten normally. You have not done anything unusual. But when you stand in front of your mirror this morning, your abdomen is distended -- round, firm, sitting lower than it should -- and no amount of sucking in or standing differently changes what you see.

Your clothes stopped fitting the way they used to. Not because of ordinary weight gain. Because there is a shape to your lower abdomen now that was not there before, and it changes the way everything sits on your body. The fitted dresses have moved to the back of your wardrobe. You know which blouses drape in a way that hides it. You have stopped wearing certain things without quite announcing to yourself that you have stopped.

You go to work. You try to carry the day normally.

And then it happens. A colleague -- kind, well-meaning -- says it. Very carefully. Very gently.

"Is there something you want to share? You are glowing."

Or less carefully: "Are you pregnant?"

You smile. You say no. You laugh it off if you have the strength.

But you carry that question for the rest of the day. Because it is not just embarrassing. It lands right in the middle of everything you are already carrying -- the fertility anxiety, the marriage pressure, the quiet grief of wanting a baby and not yet having one, the fear that this swollen, fighting, exhausted body of yours might be the reason that is not happening. You are not pregnant. You are bloated from fibroids. And you should never have to explain the difference to a colleague.

This guide is going to address that belly directly -- not with a corset, not by telling you to eat less, but by correcting the internal inflammatory conditions that are keeping your abdomen distended every single day of the month. The women who follow this protocol report fitting into dresses they had not worn in months. They report colleagues stopping asking questions. They report standing in front of their own mirror and recognising their own shape again.

THREE THINGS ARE HAPPENING IN YOUR BODY RIGHT NOW

Before we go any further, I want to name all three clearly -- so that when this protocol starts working, you understand exactly what shifted and why. This guide addresses all three simultaneously. Not one at a time. All three.

PAIN -- Fibroid-related cramping is driven by excess inflammatory chemicals called prostaglandins. These instruct your uterine muscles to contract harder and longer than they should. This is why ordinary painkillers barely touch it -- the root is different from ordinary period pain. This protocol targets it at the root, not the surface.

BLEEDING -- Heavy flow, clots, and flooding are driven by fibroids distorting the uterine lining and by systemic inflammation intensifying the shedding process. Repeated heavy cycles cause iron-deficiency anaemia -- which explains the exhaustion, dizziness, and completely emptied-out feeling after your period ends.

BLOATING -- This is the symptom that never fully leaves. It is caused by the physical presence of fibroid masses displacing space in your abdomen, and by chronic low-grade inflammation keeping surrounding tissue swollen even between periods. As this protocol corrects your hormonal environment and reduces systemic inflammation, the bloating reduces alongside the pain and the bleeding. This is not a secondary benefit. It is a central one.

What This Guide Will Do -- and What It Will Not

This guide will not dissolve your fibroids. There is no food or drink that removes fibroids overnight -- and any product claiming otherwise is not telling you the truth.

What this protocol will do -- when followed consistently for 30 days -- is give your body the biological conditions that science shows are hostile to fibroid growth and inflammation. It will reduce the prostaglandin-driven inflammation causing your pain. It will support your body in processing and excreting the excess oestrogen that feeds fibroid growth. It will correct the gut conditions that keep that oestrogen recirculating instead of leaving your body. It will reduce the systemic inflammation keeping your abdomen distended. And it will address the stress pathway that most fibroid protocols never even mention.

And it does all of this without surgery, without imported supplements, and without leaving your kitchen. Every ingredient in this guide is available at your nearest local market, anywhere in Nigeria. Every drink costs under N1,000 to prepare. Every food in the plan is Nigerian food you already know how to cook.

This guide is for educational purposes. Consult a healthcare professional before making changes to your health routine. Results described are individual experiences. Your results may vary based on your specific circumstances and consistency of effort.

What the Research Says About Nigerian Women and Fibroids

Research tracking African-descent women between the ages of 23 and 35 found that 21% already had fibroids at their very first ultrasound screening -- before they had ever been diagnosed with anything. Among those who were fibroid-free at the start, nearly 10% developed new fibroids within just 18 months -- rising from 6% in the 23-25 age group to 13% in the 32-35 age group.

These are young women. These are your agemates.

Research conducted in Nigerian teaching hospitals in Kano State and Anambra State found that the average age of fibroid diagnosis in Nigerian women is

35.7 to 35.8 years -- significantly younger than the 40.4 to 46.5 year average seen in Western countries. Nigerian women are being diagnosed with fibroids nearly a decade earlier than their Western counterparts.

A 2024 BMJ Open scoping review confirmed that Black women are three times more likely to develop fibroids compared to the general population -- and when they do, the fibroids tend to be larger, earlier in onset, and more symptomatically severe.

Separately, researchers studying Nigerian women with fibroids specifically found that low vitamin D levels were significantly more common in those with the condition. Women with sufficient vitamin D had an estimated 32% lower odds of developing fibroids in NIH study data. Sunlight is free. Oily fish is at every market in Nigeria. This is one of the most accessible corrections available -- and this guide includes it.

If you are 25 and already dealing with pain, heavy bleeding, and a belly that will not go back to how it used to look -- you are not too young to have fibroids. You are exactly in the window the Nigerian data predicts.

Reader Promise

By the end of 30 days, you will have measurably tracked your pain, flow, and bloating levels against a clear baseline -- so you will know whether this is working for your body, not just feel it. You will have the data. You will have the language. And you will have the understanding to keep going.

Chapter 1 is where the education begins. By the time you finish it, you will understand your fibroids better than most women who have been living with them for years -- and you will have already made the first drink that begins working in your body within minutes of drinking it. The understanding you gain in the next few pages is what separates women who follow this protocol with conviction from women who follow it with doubt and stop at Day 12. Turn the page.



CHAPTER 1

The Truth About Fibroids What Nobody Properly Explained

The day your scan results came back, someone in a white coat told you that you have fibroids.

What they likely did not tell you was why you have them, what is actively feeding them right now, or why every remedy you have tried since then has made little to no lasting difference.

That missing explanation is what this entire chapter is for. Read it fully. Do not skip to the protocol. The understanding is part of the medicine.

What Fibroids Actually Are

Fibroids -- medically called uterine leiomyomas -- are non-cancerous growths that develop from the smooth muscle tissue of the uterus. They are not malignant. They do not spread to other organs. They are not a sign that your body has failed you in some permanent, irreversible way.

But they are real. They take up physical space inside your pelvis. They alter the shape and function of your uterus. They press on surrounding organs and tissue. And depending on where they sit and how large they have grown, they make your monthly cycle feel like something to survive rather than simply experience -- and they keep your abdomen looking and feeling swollen long after your period has ended.

Fibroids are categorised by location, and location matters because it directly determines which symptoms dominate your experience.

Fibroid Type	What It Does
Submucosal fibroids	Grow inside the uterine cavity, just beneath the inner lining. Most strongly linked to heavy, prolonged bleeding and fertility challenges. If flooding and clots are your biggest problem, submucosal fibroids are most likely the primary driver.
Intramural fibroids	Grow within the muscular wall of the uterus itself. The most common type. Most often associated with deep pelvic pressure, cramping pain, and the persistent bloating that does not follow the rhythm of your cycle -- the bloating that is simply always there, every day of the month.
Subserosal fibroids	Grow on the outer surface of the uterus, pushing outward. Particularly associated with visible abdominal distension -- the belly that looks rounded and full even when you have barely eaten. Can also press on the bladder or bowel, causing additional discomfort.

Many women have more than one type. Many women have more than one fibroid. This is why the one-size solution almost never works -- and why Chapter 2 gives you a self-assessment tool to identify your own pattern before Day 1 begins.

The Root of Everything: Oestrogen Dominance

Here is the explanation your doctor did not have enough time to give you in a 15-minute consultation.

Fibroids are hormone-dependent. They grow in the presence of oestrogen. They slow down -- or stop growing entirely -- when oestrogen levels are

reduced or rebalanced relative to progesterone. This is established clearly in reproductive endocrinology research and is the foundational principle on which this entire protocol is built.

The specific condition driving most fibroid growth is called oestrogen dominance. This does not necessarily mean your oestrogen level is abnormally high on a blood test. It means there is too much oestrogen relative to progesterone. The balance between these two hormones has shifted -- and fibroids are the direct result.

The Garden Analogy

Think of your uterus as a garden. Oestrogen is the rain. Progesterone is the sunlight that keeps the garden regulated. When it rains too much and the sun is too weak, certain plants that were always quietly present begin growing rapidly and out of control.

Your fibroid is not a foreign invader. It is your own tissue, growing in conditions that favour its growth. Change the conditions, and you change what the tissue does.

Oestrogen dominance also explains the bloating that does not leave between periods. Excess oestrogen promotes water retention and systemic inflammation -- both of which contribute to the distended, heavy abdomen that has been following you around for months. As the protocol corrects this hormonal environment and reduces inflammation, the bloating reduces with it. This is a direct, intended outcome -- not a side effect.

Four Things Feeding Your Oestrogen Dominance Right Now

Driver 1 -- Diet: The Biggest Lever You Have

Saturated fat -- particularly from red meat and full-fat dairy -- raises the level of circulating oestrogen in your body. This is documented in nutritional endocrinology research. Every meal heavy in beef, pork, processed meat, cheese, or full-cream dairy is contributing to the hormonal environment in

which your fibroids grow and your abdomen stays inflamed.

High-glycaemic foods -- white rice in large quantities, white bread, heavily processed snacks -- cause sharp insulin spikes. Elevated insulin promotes the production of inflammatory prostaglandins, which worsen period pain directly. They also contribute to systemic inflammation, which keeps tissue in your abdomen swollen and your bloating persistent.

Driver 2 -- Your Gut Bacteria: The Hidden Oestrogen Loop

Here is the mechanism that almost nobody talks about. Excess oestrogen is supposed to be processed by your liver, converted into a less potent form, sent to your gut, and excreted out of your body. This is how a healthy body keeps oestrogen levels balanced naturally.

But when your gut bacteria are imbalanced -- which happens when your diet is low in fibre and high in processed food -- a specific enzyme called beta-glucuronidase becomes overactive. This enzyme takes the oestrogen your liver packaged for excretion and chemically unlocks it again, converting it back into its active form. It gets reabsorbed through the gut wall back into your bloodstream. And it goes straight back to feeding your fibroids and sustaining your inflammation.

This is why unripe plantain, ugu leaf, bitter leaf, and whole grains are not just cultural staples in this protocol. They are prebiotic fibres that feed the beneficial gut bacteria responsible for keeping beta-glucuronidase in check -- so excess oestrogen leaves your body the way it is supposed to.

Driver 3 -- Chronic Stress: The Cortisol-Oestrogen Connection

Research published in Oxford's Endocrine Reviews confirmed that disruption of the HPA axis and elevated cortisol are directly linked with increased fibroid risk. When you are under chronic stress, cortisol suppresses progesterone production -- leaving oestrogen relatively unopposed. Lower effective progesterone means higher relative oestrogen. Higher relative oestrogen feeds fibroid growth and contributes to the inflammatory state that drives persistent abdominal bloating.

A Nigerian woman managing fibroid pain while navigating fertility pressure, in-law expectations, financial anxiety, and a daily urban commute is under a

level of sustained cortisol elevation that is biologically measurable and biologically consequential. It is not weakness. It is physiology. Chapter 6 addresses it directly with a 10-minute daily practice.

Driver 4 -- Vitamin D Deficiency: The Silent Factor

Research studying Nigerian women with fibroids specifically found that low vitamin D was significantly more common among those with the condition. Women with sufficient vitamin D levels had an estimated 32% lower odds of developing fibroids in NIH study data. Vitamin D has direct regulatory effects on uterine cell growth. Getting 15 to 20 minutes of morning sun on your arms and legs daily -- and eating the oily fish featured throughout Chapter 3 -- begins addressing this at zero additional cost.

Why Nothing Has Worked Before

You have tried things. I know you have. And I am not going to be polite about why they did not work, because you have spent real money and real hope and real time -- and you deserve an honest answer.

The Instagram herbal capsules target symptoms, not roots. They do not change your gut microbiome, your liver's ability to clear oestrogen, your cortisol levels, or your dietary oestrogen inputs. The moment you stop taking them, the exact same conditions that grew the fibroid and inflamed your abdomen are still operating.

The hormonal medications can be medically appropriate and genuinely helpful for managing symptoms in the short term. But they do not address what you are eating, how your gut is functioning, or how your stress response is affecting your hormones. They manage the expression of the problem, not its source.

The foreign wellness blogs often have sound biological logic. But the application is built for Western bodies shopping in Western supermarkets eating Western food. It does not account for jollof rice, egusi soup, pounded yam, or what is actually available and affordable at the market near your home in Enugu, Kano, Owerri, or Port Harcourt.

The dry fasting and steam therapy carry spiritual significance that is real and valid in its own right. But fibroids are fed by an ongoing hormonal and inflammatory environment. Removing food for 21 days does not correct that environment permanently. The moment eating resumes, the conditions resume with it.

The difference with what you are about to follow is that it works with the biology -- consistently, over 30 days, building an internal environment in which fibroids are starved of their growth conditions, pain-driving inflammation is reduced, and the bloating that has been following you around loses the physiological reasons to stay.

Your Quick Win: Do This Today -- Before Day 1

Right now. Before the shopping list. Before anything else in this guide.

This one action takes 15 minutes, uses ingredients you likely already have at home, and will produce a noticeable warming sensation in your body within minutes of drinking it.

QUICK WIN: THE THREE-MINUTE MORNING FIRE DRINK

INGREDIENTS:

- 500ml of water
- 1 thumb of fresh ginger -- sliced or grated (ata ile in Yoruba, jinja in Igbo, citta in Hausa)
- 1/2 teaspoon of turmeric powder (atale pupa in Yoruba, nwandumo in Igbo, gangamau in Hausa)
- Juice of half a lemon or lime (oronbo)
- 1 pinch of ground black pepper -- do not skip this
- 1 teaspoon of raw honey (optional)

HOW TO MAKE IT:

1. Bring 500ml of water to a full boil.
2. Add sliced or grated ginger. Boil for exactly 5 minutes.

3. Remove the pot completely from the heat.
4. Add turmeric powder and black pepper. Stir. You wait until the heat is off because prolonged boiling degrades curcumin's bioactive compounds.
5. Let it cool for 2 minutes until warm but not scalding.
6. Add lemon or lime juice and honey if using.
7. Drink slowly. Warm. On an empty stomach.

WHY THIS WORKS:

Ginger contains active compounds called gingerols. Clinical randomised controlled trials confirm that ginger at 1,500mg daily equivalent is effective for moderate-to-severe dysmenorrhea -- working on the same prostaglandin pathway as common NSAIDs, without the gastric irritation.

Turmeric's curcumin targets COX-2 and NF-kB -- master regulators of your body's inflammatory response. A 2024 systematic review and meta-analysis confirmed curcumin produces a clinically meaningful pain reduction and directly reduces the inflammatory cascade that causes both cramping and abdominal swelling.

Black pepper contains piperine, which increases your body's absorption of curcumin by up to 2,000% -- without it, most of the turmeric passes through unabsorbed.

Lemon juice adds vitamin C, supporting the liver detoxification pathways responsible for processing and excreting excess oestrogen.

Make this drink tomorrow morning. Every morning. For the next 30 days and beyond.

What You Now Know That Most Women With Fibroids Do Not

- What fibroids are and how their location produces your specific pattern of pain, bleeding, and bloating

- That oestrogen dominance is the primary hormonal driver to correct
- The four main inputs feeding that imbalance -- diet, gut bacteria, stress, and vitamin D deficiency
- Why previous solutions addressed symptoms but not the conditions producing them
- How to make the Morning Fire Drink -- a tool you can use today that begins working on your pain and inflammation immediately

In Chapter 2, you are going to do something that most women with fibroids never do -- identify your specific symptom pattern precisely, so that you stop following a generic plan designed for nobody in particular and start following one built specifically for your body. It takes ten minutes. It changes everything that follows. The drink in your hand is already working. Turn the page.



CHAPTER 2

Know Your Pattern The Self-Assessment Checklist

Not every woman with fibroids is suffering in exactly the same way.

One woman's dominant problem is the pain -- the cramping that steals two days from her every month without negotiation. Another woman's dominant problem is the bleeding -- the flooding that has made her afraid to leave the house on day one of her cycle. Another woman barely notices the bleeding but is walking around with a belly so distended that her colleagues have stopped doing double takes because they have simply accepted that this is how she looks now.

Most fibroid advice ignores this completely. It gives you one plan and tells you to follow it. This protocol does not do that.

Before Day 1 begins, you are going to complete this self-assessment. It takes ten minutes. It will tell you your dominant symptom pattern -- and from there, you will know exactly which parts of this protocol to treat as non-negotiable priorities and which to treat as supporting work.

Read each question. Answer it honestly based on how your body has actually been behaving over the last three months -- not on a bad month, not on your best month. The average.

Why Your Pattern Matters

Fibroids grow in different locations. Location determines symptoms.

Fibroids sitting inside the uterine cavity are most strongly linked to heavy, prolonged bleeding. Fibroids growing within the uterine wall are most linked to deep cramping pain and pelvic pressure. Fibroids growing on the outer surface of the uterus are most linked to visible abdominal bloating, fullness, and the persistent rounded belly that follows you through every day of the month -- not just your period week.

This is not a medical diagnosis. It is a self-awareness tool. Use it as such.

THE SELF-ASSESSMENT CHECKLIST

Print this page if possible. Circle your score for each question. Total each section separately at the end.

SECTION A -- YOUR PAIN PATTERN

Rate each statement from 0 to 5.

0 = this does not happen to me at all | 5 = this happens severely and regularly

#	Statement	Score (0-5)
A 1	The cramping pain on Day 1 of my period is severe enough to stop me from functioning normally	
A 2	I lose at least one full day per cycle -- I cannot work, cook, or leave my bed	
A 3	I feel a constant dull heaviness or pressure in my lower abdomen even when I am not on my period	

#	Statement	Score (0-5)
A 4	My pain becomes noticeably worse in the week before my period arrives	
A 5	When I am under stress, my pelvic pain or discomfort increases	
SECTION A TOTAL:		____ / 25

SECTION B -- YOUR BLEEDING PATTERN

Rate each statement from 0 to 5.

0 = this does not happen to me at all | 5 = this happens severely and regularly

#	Statement	Score (0-5)
B 1	At my heaviest flow, I am going through 4 or more pads or tampons in a single day	
B 2	I pass large clots during my period -- larger than a 50 kobo coin	
B 3	I have had at least one flooding incident this cycle -- soaking through protection unexpectedly	
B 4	My period regularly lasts longer than 7 days	
B 5	After my period I feel exhausted, dizzy, or short of breath -- suggesting significant blood loss	
SECTION B TOTAL:		____ / 25

SECTION C -- YOUR BLOATING AND HORMONE PATTERN

Answer Yes or No to each statement.

Yes = 2 points | No = 0 points

#	Statement	Score (Yes =2/No=0)
C 1	My abdomen looks visibly distended or rounded even when I have not eaten a large meal and I am not on my period	
C 2	My clothes -- particularly around the waist and abdomen -- no longer fit the way they used to, even though my overall weight has not changed dramatically	
C 3	I experience breast tenderness or swelling in the week before my period	
C 4	I notice significant mood changes, anxiety, or unexplained tearfulness in the second half of my cycle	
C 5	I have gained weight -- particularly around my middle -- that does not respond to eating less or moving more	
C 6	I experience persistent fatigue or difficulty concentrating in the second half of my cycle	
C 7	Someone has commented on my abdomen or asked if I am pregnant when I was not	
	SECTION C TOTAL:	____ / 14

Reading Your Results

Look at your three section totals. The highest score tells you your dominant pattern.

If Section A is HIGHEST -- you are PAIN-DOMINANT

Your priority focus: Chapters 3, 4, and 6.

Your fibroid symptoms are primarily expressed through cramping, pelvic pressure, and pain that disrupts your ability to function. This pattern is most strongly driven by prostaglandin overproduction and pelvic inflammation. The food plan in Chapter 3 will reduce the dietary inputs fuelling this inflammation from the inside. Chapter 6's stress reset is critical for you because cortisol elevation directly worsens pelvic pain sensitivity.

Your most important daily drink is DRINK 1 -- the Morning Fire. It directly targets the prostaglandin pathway that is driving your cramping within minutes of drinking it every morning.

The full recipe, exact ingredients, preparation steps, and timing for Drink 1 are in Chapter 4. Read Chapter 4 before Day 1 begins so you are ready to make it on your very first morning.

Your first noticeable result will most likely be a reduction in pre-period pelvic heaviness, followed by a lighter and more manageable Day 1 on your first period during the protocol.

If Section B is HIGHEST -- you are BLEED-DOMINANT

Your priority focus: Chapters 3 and 4.

Your fibroid symptoms are primarily expressed through heavy, prolonged, or flooding menstrual flow. This pattern is most strongly associated with fibroids growing inside or very close to the uterine lining. Your protocol will focus on reducing the inflammation that causes excessive shedding and on rebuilding your iron and energy levels.

Your most important daily drink is DRINK 2 -- the Bleeding Control Blend. This drink combines zobo, moringa, lemon, and ginger in a specific preparation that directly supports the antioxidant and iron pathways most relevant to heavy flow and anaemia recovery.

The full recipe, exact ingredients, preparation steps, and timing for Drink 2 are in Chapter 4. Read Chapter 4 before Day 1 begins so you can prepare your zobo base the evening before your first morning.

Your first noticeable result will most likely be a reduction in flooding incidents and a shorter, lighter flow by the end of the 30 days.

If Section C is HIGHEST -- you are BLOAT and HORMONE-DOMINANT

Your priority focus: Chapters 4, 5, and 3.

Your fibroid symptoms are primarily expressed through persistent abdominal distension, the belly that will not return to its normal shape regardless of what you eat, hormonal mood and physical symptoms in the second half of your cycle, and clothes that stopped fitting in a way that cannot be explained by ordinary weight gain. This pattern is most strongly driven by oestrogen dominance.

Your most important daily drink is DRINK 3 -- the Hormone Flush. This drink is specifically formulated to support your liver and gut in identifying, packaging, and excreting excess oestrogen -- the primary hormonal driver keeping your abdomen inflamed and distended day after day.

The full recipe, exact ingredients, preparation steps, and timing for Drink 3 are in Chapter 4. Read Chapter 4 before Day 1 begins so you can source and prepare your ingredients in advance.

Your first noticeable result will most likely be a visible reduction in abdominal bloating within the first ten to fourteen days -- often before your first period on the protocol even arrives.

If scores are ROUGHLY EQUAL -- you are MIXED PATTERN

Your priority focus: All chapters, in the sequence they are written.

Follow the full protocol without skipping or prioritising any single section. Use all three daily drinks. Your body needs the complete reset working across all pathways simultaneously -- pain, bleeding, and bloating are all present and all need to be addressed together.

All three drinks are your non-negotiables. The full recipes, exact ingredients, preparation steps, and timing for all three drinks are in Chapter 4. Read Chapter 4 in full before Day 1 begins.

Your first noticeable result will vary -- some mixed-pattern women notice reduced bloating first, others notice the pain is lighter on their first period during the protocol.

Before You Continue

Write your pattern down here so you carry it into every chapter that follows:

My dominant pattern is: _____

My Section A score: _____ / 25

My Section B score: _____ / 25

My Section C score: _____ / 14

My priority chapters are: _____

My daily non-negotiable drink is: _____

Full recipe for my drink is in: Chapter 4

Keep this page. You will return to this checklist at the end of 30 days and complete it again. The comparison between your scores today and your scores then will be your clearest, most honest evidence that the protocol is working -- written in your own hand, measured against your own baseline, belonging entirely to you.

What This Chapter Has Given You

By the end of this chapter, you know things about your own body that most women with fibroids have never been told to figure out.

You know your dominant symptom pattern -- whether your fibroids are expressing themselves most loudly through pain, through heavy bleeding, through persistent bloating, or through all three. You know which chapters of this protocol deserve your closest attention. You know which daily drink is non-negotiable for your specific body. And you have written down a baseline score -- a set of numbers that captures exactly where you are today -- so that in 30 days, you can measure how far you have come with your own data rather than relying on how you feel on any given morning.

You are no longer following a generic plan designed for nobody in particular. You are following a protocol personalised to your pattern, your body, and the specific way your fibroids are showing up in your life.

Chapter 3 is where Day 1 actually begins. It is the largest chapter in this guide because it is the engine that powers everything else -- a complete, phased, 30-day food plan built around Nigerian food, Nigerian markets, and the biology of what is happening inside your body. Read it fully before you go shopping. Turn the page -- Day 1 is waiting.



CHAPTER 3

The 30-Day Anti-Inflammatory Nigerian Food Plan

This is the engine of the protocol.

Everything else -- the drinks in Chapter 4, the seed ritual in Chapter 5, the daily reset in Chapter 6 -- supports and amplifies what this chapter does. But this chapter is where the foundational work begins. This is where you systematically remove the inputs that have been feeding your fibroids, sustaining your inflammation, and keeping your abdomen bloated month after month. And this is where you replace them with Nigerian food that is biologically working for your body instead of quietly working against it.

Read this chapter fully before you go to the market. Understanding is compliance. Compliance is results.

The Science Behind the Food -- In Plain Language

Ugu leaf

Recent NIH-indexed peer-reviewed research confirmed that *Telfairia occidentalis* -- ugu -- contains flavonoids, alkaloids, saponins, and polyunsaturated fatty acids with verified anti-inflammatory, antioxidant, and hormone-modulating properties. The research found it capable of triggering apoptosis -- programmed cell death -- in fibroid tumour cells, while simultaneously halting their replication cycle. Ugu is not simply a vegetable in this protocol. Use it generously and use it often.

Unripe plantain

Unripe plantain is extremely high in resistant starch -- a specific type of dietary fibre that feeds beneficial gut bacteria, particularly *Lactobacillus* and *Bifidobacterium* strains. These bacteria produce compounds that suppress beta-glucuronidase -- the enzyme that reactivates excreted oestrogen and sends it back into your bloodstream. The greener and more unripe the plantain, the higher the resistant starch content. Do not substitute ripe plantain. The biology is different.

Turmeric and ginger

Ginger's gingerol inhibits COX-2 and reduces prostaglandin E2 production -- the primary biochemical driver of uterine cramping. Turmeric's curcumin simultaneously reduces TNF-alpha -- an inflammatory cytokine elevated in women with fibroids that contributes directly to chronic abdominal inflammation and persistent bloating. Every time you cook with these two ingredients, you extend the anti-inflammatory work your morning drink started.

Oily fish

Mackerel, sardines, catfish, and titus fish are rich in omega-3 fatty acids. Omega-3s produce anti-inflammatory prostaglandins -- the direct biochemical opposite of the inflammatory ones driving your cramping and heavy bleeding. They reduce the systemic inflammation keeping your abdominal tissue swollen between periods. Always pair oily fish with a vitamin C source in the same meal -- fresh tomatoes, garden eggs, or lemon juice -- to maximise iron absorption.

Egusi

Nutritional research confirms that egusi contains zinc, healthy unsaturated fats, and phytosterols that collectively reduce inflammation and support reproductive hormone balance. Zinc is directly involved in progesterone synthesis -- the hormone that should be counterbalancing your oestrogen. Egusi soup made with less palm oil and fish instead of red meat becomes a genuinely therapeutic meal within this protocol.

Bitter leaf, scent leaf, and waterleaf

Bitter leaf (*Vernonia amygdalina*) has documented choleric properties -- it stimulates bile production, which is part of the liver's mechanism for packaging excess oestrogen for gut excretion. This is supported in both traditional ethnobotanical knowledge and emerging pharmacological literature. Use these leaves regularly across the 30 days.

What You Are Removing -- And Why Each Item Matters

This is not a punishment list. Every food on it has a specific, documented biological reason for being removed.

Food to Remove	What It Is Doing to Your Body
Red meat (beef, pork, suya, sausage)	Raises circulating oestrogen through saturated fat; promotes systemic inflammation; feeds the hormonal environment in which fibroids grow

Food to Remove	What It Is Doing to Your Body
Full-fat dairy (cheese, full-cream milk, butter, condensed milk)	High saturated fat raises oestrogen; commercial dairy may contain residual synthetic hormones
White rice in large daily quantities	Rapid insulin spikes promote inflammatory prostaglandins -- directly worsening period pain and abdominal inflammation
White bread and heavily refined wheat products	Same insulin-spike mechanism; minimal fibre means oestrogen is not cleared efficiently from the gut
Deep-fried foods in excess oil	Trans fats from overheated oils drive systemic inflammation and increase inflammatory markers elevated in fibroid conditions
Alcohol	The liver cannot simultaneously process alcohol and clear excess oestrogen -- every drink pauses oestrogen clearance
Packaged and processed snacks	Many contain xenoestrogens -- synthetic compounds that mimic oestrogen and compound your hormonal burden
Excess palm oil	Moderate use in cooking is acceptable; repeatedly deep-frying in large quantities is pro-inflammatory

An honest word: You do not need perfection. Aim for 90% consistency. The remaining 10% will not undo what the 90% is building.

THE THREE-PHASE 30-DAY FOOD PLAN

PHASE 1: Days 1-10 -- Remove, Reset, and Rebuild

The mission of Phase 1: Strip out the oestrogen-feeding, inflammation-driving foods. Replace them with anti-inflammatory Nigerian staples that begin shifting your internal environment from Day 1 -- reducing the bloating, quieting the inflammatory cascade that drives your pain, and beginning to support your gut in clearing excess oestrogen.

Do not make Phase 1 complicated. Consistency with simple, whole Nigerian food is worth more than elaborate meals you cannot sustain.

Your Phase 1 Daily Food Framework

Breakfast -- choose one option each morning:

- Plain oats cooked in water, with 1 teaspoon of raw honey and a thumb of fresh ginger sliced into the pot while it cooks. Low glycaemic, filling, and begins your anti-inflammatory work before you have left the kitchen.
- Boiled unripe plantain with scrambled eggs, sliced tomatoes, and onions -- cooked in a small amount of coconut oil or light vegetable oil. No butter. No full-cream milk in the eggs.
- Moi moi made with black-eyed beans (no corned beef; use mackerel or crayfish instead) served with fresh cucumber slices and garden eggs on the side.

Lunch -- choose one option each afternoon:

- Ugu soup cooked with mackerel or catfish, minimal palm oil, fresh tomatoes, crayfish, and onions -- served with wheat eba, oat eba, or a moderate portion of ofada or brown rice.
- Egusi soup prepared with fish instead of red meat, lighter on palm oil than your usual recipe -- served with wheat eba or boiled unripe plantain.
- Waterleaf soup or efo riro with catfish or tilapia -- served with a moderate portion of brown rice or wheat eba.

Dinner -- choose one option each evening:

- Unripe plantain porridge cooked with ugu leaf, catfish or mackerel, fresh tomatoes, onions, crayfish, and a small amount of palm oil. This is your

single most powerful dinner combination -- resistant starch, ugu's anti-fibroid properties, and omega-3s all in one pot.

- Catfish or chicken pepper soup (skinless only) with uziza leaves, utazi, and fresh pepper. Light, deeply warming, and anti-inflammatory from every ingredient in the pot.

- Garden egg stew with mackerel or boiled eggs alongside boiled unripe plantain or wheat eba.

Daily snacks -- choose freely from:

- Fresh cucumber slices
- Raw carrots
- Garden eggs -- white or purple, eaten raw
- Small handful of plain unsalted groundnuts
- One medium piece of fruit -- pawpaw, watermelon, or orange

Daily drinks during Phase 1:

- Morning Fire Drink every morning before eating anything (full recipe in Chapter 4, Drink 1)
- Your pattern-specific drink at the time specified in Chapter 4
- Minimum 2 litres of plain water throughout the day
- Plain zobo -- no sugar, no condensed milk -- freely throughout the day

Sample Day 1 Meal Plan -- Exactly What to Eat and When

Time	What to Eat
6:30am -- on waking	Morning Fire Drink -- warm, on empty stomach (Chapter 4, Drink 1)
8:00am -- breakfast	Plain oats in water + 1 tsp raw honey + sliced ginger + squeeze of lemon
11:00am -- mid-morning	Plain zobo (no sugar) OR your pattern drink if mid-morning (Chapter 4)
1:00pm -- lunch	Ugu soup with mackerel + wheat eba (moderate portion)
4:00pm -- snack	Fresh cucumber slices + 4 to 5 raw garden eggs

Time	What to Eat
7:00pm -- dinner	Unripe plantain porridge + ugu leaf + catfish
9:00pm -- evening	Hormone Flush Drink if bloat or hormone-dominant (Chapter 4, Drink 3)
Throughout the day	Minimum 2 litres of plain water

PHASE 2: Days 11-20 -- Hormone Support and Liver Detox

The mission of Phase 2: Add specific ingredients that actively support your liver in clearing excess oestrogen and your gut in preventing it from recirculating. The bloating that may have already started reducing in Phase 1 will continue to improve as your liver works more efficiently.

Everything from Phase 1 continues. You add the following:

Ground flaxseed -- 1 tablespoon every day

Stir into morning oats, add to soup before serving, or dissolve in Drink 3. Must be ground -- not whole. Flaxseed lignans bind to excess oestrogen in the gut and carry it out of the body. They also inhibit aromatase -- the enzyme converting other hormones into oestrogen in fatty tissue.

Begin seed cycling from Chapter 5

Read Chapter 5 before Day 11 arrives. Identify where you are in your natural cycle and begin the appropriate seed phase on Day 11.

Raw or lightly cooked garlic -- at least 2 fresh cloves daily

Crush and rest for 10 minutes before cooking to activate sulphur compounds. Garlic supports liver phase-2 detoxification -- the final stage in which processed oestrogen is packaged for gut excretion.

Bitter leaf in soups 2-3 times per week

Its bitter compounds stimulate bile production -- part of the mechanism through which the liver delivers packaged oestrogen to the gut for removal.

Scent leaf freely in soups, stews, and pepper soup

Anti-inflammatory and liver-supportive.

Warm lemon water before your Morning Fire Drink every morning

200ml of warm water with the juice of half a lemon. Primes liver activity for the day.

Optional: Dandelion tea -- one cup in the evening

Available at health food stores and online. A mild, well-documented liver tonic particularly useful for bloat-dominant women.

PHASE 3: Days 21-30 -- Consolidation and Evidence

The mission of Phase 3: No major new additions. Consolidate everything Phase 1 and Phase 2 built -- and begin observing, with your own recorded numbers, what has actually changed.

ON DAY 21: Go to Chapter 8. Complete your first Progress Check. Compare current scores against your Day 1 baseline. Most women see measurable change in at least one or two metrics by Day 21.

FROM DAY 25: Begin internalising the 80/20 principle. Eighty percent of your meals follow the protocol. Twenty percent allow for real life -- a family celebration, a social occasion, a weekend where you eat what is on the table. This is sustainable. Rigid perfection is not.

A Practical Note for Women Cooking for a Family

You are not always in full control of what goes on the table. Cook the family meal as you normally would. Separate your portion before the red meat goes in. Make your own wheat or oat eba in a smaller pot alongside the family garri

-- same time, different pot. Add an extra handful of ugu or bitter leaf to the family soup on the fire. Your family does not need to be on this protocol. You do.

What Happens in Your Body Across 30 Days

Timeframe	What Most Women Experience
Days 1-7	Gut adjustment. Temporary digestive changes as microbiome shifts. Some bloating may briefly increase before it reduces. This is normal. Keep going.
Days 8-14	First measurable shifts. Bloating lighter by evening. Pre-period pelvic heaviness less intense than usual. Some women report better mid-cycle energy.
Days 14-18	First period on the protocol arrives -- the most important data point of the 30 days. Compare against your last three periods, not an ideal. Most women: pain more manageable, flow slightly lighter, flooding less frequent.
Days 21-30	Progress check time. Most women report improvement across at least two metrics. Bloating typically shows the most dramatic early change.
Month 2-3	Compound effect builds. Hormonal rebalancing deepens. Scan results begin to reflect the internal changes.

What This Chapter Has Given You

A complete, phased, culturally grounded, research-backed food plan you can begin tomorrow -- sourcing everything from your nearest local market or provision store, anywhere in Nigeria.

Not a generic clean-eating guide. Not a Western protocol translated into Nigerian names. Your food. Your market. Your kitchen. The biology that connects all three -- finally working in your favour.

In Chapter 4, you get the three daily drinks that run alongside this food plan from Day 1. Each one costs under N1,000 to make. Each one targets your specific symptom pattern with ingredients whose mechanisms are documented and whose preparation takes under five minutes. This is where

the food plan meets your kitchen pharmacy. Turn the page.



CHAPTER 4

The Three Daily Drinks Your Kitchen Pharmacy

There is a reason this protocol uses drinks alongside food.

Food works deeply and over time. The nutritional shifts you are making in Chapter 3 are building a new internal environment -- but that process is gradual, structural, and cumulative. It is the foundation.

The drinks work faster. Their active compounds -- gingerol, curcumin, anthocyanins, lignans, isothiocyanates -- are absorbed directly into your bloodstream in concentrated form, without the dilution that happens when the same ingredients are spread across a full meal. This is why your morning drink produces a noticeable sensation within minutes.

These drinks are nutritional support tools based on peer-reviewed research into their individual biological mechanisms. They are not medical treatments and do not replace prescribed medication or professional medical care. If you are on medication or have any condition beyond fibroids, consult your doctor before adding new concentrated preparations to your daily routine. This guide is for educational purposes. Consult a healthcare professional before making changes to your health routine.

A Note Before You Begin

These three drinks are not interchangeable. Each one is formulated for a specific symptom cluster.

Your Pattern	Non-Negotiable Daily Drinks
Pain-Dominant	Drink 1 every morning + Drink 3 every evening
Bleed-Dominant	Drink 1 every morning + Drink 2 mid-morning
Bloat and Hormone-Dominant	Drink 1 every morning + Drink 3 every evening
Mixed Pattern	All three drinks daily

DRINK 1: THE MORNING FIRE For Pain and Inflammation -- Every Pattern, Every Morning

Approximate cost per preparation: N200-N600 depending on your location and market.

INGREDIENTS:

- 500ml of water
- 1 thumb of fresh ginger -- sliced or grated (ata ile / jinja / citta)
- 1/2 teaspoon of turmeric powder (atale pupa / nwandumo / gangamau)
- Juice of 1/2 lemon or lime (oronbo)

- 1 pinch of ground black pepper -- not optional

- 1 teaspoon of raw honey (optional)

PREPARATION:

1. Bring 500ml of water to a full boil.
2. Add ginger. Boil for exactly 5 minutes.
3. Remove completely from heat.
4. Add turmeric powder and black pepper. Stir. Removing from heat preserves curcumin's bioactive compounds.
5. Cool for 2 minutes.
6. Add lemon or lime juice and honey if using.
7. Drink slowly. Warm. Before eating anything.

TIMING: Every morning, 30 minutes before breakfast. Non-negotiable.

What Each Ingredient Is Doing

Ingredient	Biological Mechanism
Ginger	Gingerol inhibits COX-2 and prostaglandin E2 production. Clinical randomised controlled trials confirm 1,500mg daily equivalent is effective for moderate-to-severe dysmenorrhea -- working on the same biochemical pathway as NSAIDs, without gastric side effects.
Turmeric	Curcumin targets COX-2 and NF-kB, the master switch of your body's inflammatory response. A 2024 systematic review confirmed a clinically meaningful pain reduction of 1.25cm on the visual analogue scale. It also reduces TNF-alpha -- the inflammatory cytokine driving your chronic abdominal swelling.
Black pepper	Piperine increases curcumin bioavailability by up to 2,000%. Without it, most of the turmeric passes through your digestive system unabsorbed. This ingredient is not optional.
Lemon or lime	Vitamin C activates liver phase-one detoxification and significantly enhances iron absorption from food consumed later -- particularly relevant for bleed-dominant women.

DRINK 2: THE BLEEDING CONTROL BLEND For Heavy Flow and Anaemia -- Priority Drink for Bleed-Dominant Women

Approximate cost per preparation: N300-N700 depending on your location and market.

INGREDIENTS:

- 400ml zobo base (dried hibiscus petals cold-steeped overnight -- preparation below)
- 1 teaspoon of moringa powder OR a small handful of dried moringa leaves
- Juice of 1/2 lemon or lime
- 1 thin slice of fresh ginger

PREPARATION:

The evening before: Place a generous handful of dried zobo petals into a clean jug. Pour 600ml of cold water over the petals. Cover and steep overnight at room temperature or in the fridge. Do not boil -- cold steeping preserves significantly more anthocyanin antioxidant content.

The morning of: Strain the deep red zobo liquid through a fine sieve. Measure 400ml into a glass. Add moringa powder and stir well. Add lemon or lime juice and ginger slice. Drink cold or at room temperature. No sugar. No condensed milk.

TIMING: Mid-morning, approximately 2 hours after your Morning Fire Drink, or alongside lunch.

SOURCING: Dried zobo petals are available at virtually every open market, provision store, and roadside stall across Nigeria. Moringa powder is available at health food stores and through online sellers delivering nationally.

What Each Ingredient Is Doing

Ingredient	Biological Mechanism
Zobo (Hibiscus sabdariffa)	Rich in anthocyanins and polyphenols with documented anti-inflammatory, antioxidant, and antihypertensive effects across multiple peer-reviewed studies. Reduces the systemic inflammation that intensifies heavy menstrual shedding. Also provides vitamin C, supporting both liver detoxification and iron absorption.
Moringa (Moringa oleifera)	Nutritional research confirms moringa leaf is exceptionally high in iron, calcium, and vitamin C relative to most common vegetables, alongside anti-inflammatory isothiocyanates that directly suppress inflammatory markers elevated in women with fibroids. For bleed-dominant women losing significant iron every cycle, moringa is a critical nutritional rebuilding tool.
Lemon or lime	Vitamin C dramatically increases the bioavailability of the non-haem iron from moringa, converting it from a poorly absorbed plant form into a form your body can use efficiently. Always pair moringa with vitamin C.
Ginger slice	Continues the prostaglandin-inhibiting work from the morning drink throughout the day, reducing uterine muscle contractions that intensify flooding.

DRINK 3: THE HORMONE FLUSH For Bloating and Oestrogen Detox -- Priority Drink for Bloat and Hormone-Dominant Women

Approximate cost per preparation: N200-N500 depending on your location and market.

INGREDIENTS:

- 1 tablespoon of ground flaxseed
- 200ml of warm water -- not boiling
- 1/2 teaspoon of moringa powder
- Juice of 1/2 lemon or lime

- 1 pinch of ground cinnamon

PREPARATION:

1. Grind flaxseed fresh if possible. A small manual spice grinder or dry blender works. Grind only what you need for one drink -- ground flaxseed begins oxidising quickly. If grinding fresh each evening is not practical, grind enough for 3-4 days and store in a sealed container in the fridge.
2. Add ground flaxseed to 200ml of warm -- not boiling -- water. Stir immediately.
3. Do not let it sit more than 1-2 minutes before adding remaining ingredients -- it gels quickly.
4. Add moringa powder, lemon juice, and cinnamon. Stir well.
5. Drink immediately.

TIMING: Every evening, one hour after dinner.

CRITICAL NOTE: Flaxseed **MUST** be ground. Whole flaxseeds have a hard outer shell the human digestive tract cannot break down. They pass through completely intact, delivering none of their lignan content. Ground flaxseed only.

SOURCING: Whole flaxseed (linseed) is available in supermarkets, health food stores, and online nationally. A small manual spice grinder costs N1,500-N5,000 at cooking equipment sellers.

What Each Ingredient Is Doing

Ingredient	Biological Mechanism
Ground flaxseed	Contains SDG lignans -- one of the richest natural lignan sources in any food. These lignans simultaneously bind excess oestrogen in the gut for excretion AND inhibit aromatase -- the enzyme converting other hormones into oestrogen in fat and tissue. Both pathways work together to reduce oestrogen dominance at its root.

Ingredient	Biological Mechanism
Moringa powder	Anti-inflammatory isothiocyanates reduce the overnight inflammatory load while micronutrients support liver detoxification processes through the night.
Lemon juice	Activates liver phase-one detoxification in the evening, extending the liver support from your morning lemon water all the way through your body's overnight detox window.
Cinnamon	A natural insulin sensitiser. By moderating overnight insulin activity, cinnamon helps suppress the inflammatory prostaglandin production partly driven by elevated insulin -- directly reducing the abdominal puffiness that peaks in the mornings for many bloat-dominant women.

Frequently Asked Questions About the Drinks

Can I prepare drinks in advance?

Drink 2's zobo base is prepared the night before -- that is built into the recipe. Drinks 1 and 3 are best made fresh. Drink 1 takes 3 minutes once your water is boiling. Drink 3 takes 2 minutes once your flaxseed is ground. The preparation time is not a barrier when ingredients are already on your kitchen counter.

Can I add sugar or a sweetener?

Raw honey in Drink 1 is acceptable and optional. Avoid added sugar in Drinks 2 and 3. Sugar causes insulin spikes that promote the exact inflammatory prostaglandins these drinks are working to reduce. If Drink 2 tastes too strong initially, reduce moringa to half a teaspoon for the first week and build up gradually.

What if I miss a day?

Resume the next morning without adjusting anything. One missed day does not set back 29 days of consistent work. What matters is the pattern of daily use across 30 days.

Can I take all three drinks if I am mixed pattern?

Yes. They are designed to be taken together. Their biological mechanisms complement rather than conflict with each other. Take Drink 1 in the morning, Drink 2 mid-morning, and Drink 3 in the evening.

What This Chapter Has Given You

Three complete, fully detailed drink recipes -- exact ingredients, preparation steps, timing, and the biological mechanism behind every single ingredient -- all using ingredients available at any local market across Nigeria for under N1,000 per drink.

You know which drink is your morning non-negotiable. You know which additional drink your specific pattern demands. You know what each compound is doing in your body so that when life gets busy and you are tempted to skip it, you know exactly what you are skipping and why that matters.

Chapter 5 covers the piece of this protocol that most fibroid advice -- Nigerian, Western, herbal, medical -- ignores entirely. It is the seed ritual that targets the oestrogen-progesterone imbalance directly at the hormonal root, using four seeds costing less than N10,000 per month at any market across Nigeria. Read it before Day 11. Turn the page.



CHAPTER 5

The Hormone Reset Ritual Seed Cycling for Oestrogen Balance

Everything in the previous chapters has been removing what feeds the problem and replacing it with what the problem cannot thrive in.

The food plan is stripping out the dietary oestrogen sources. The drinks are supporting your liver and gut in clearing what remains. But there is a third layer to oestrogen dominance -- and it is the layer that most fibroid protocols, most gynaecological advice, and most herbal remedies never touch.

Your menstrual cycle is not just a monthly bleed. It is a precisely choreographed hormonal sequence -- a rise and fall of oestrogen and progesterone that is supposed to stay in balance across two distinct phases every cycle. When that choreography is disrupted -- when oestrogen stays elevated through phases where it should be receding, when progesterone fails to rise adequately in the second half to counterbalance it -- fibroids grow faster, symptoms worsen, and the bloating that follows you through every day of the month becomes entrenched.

RESEARCH DISCLOSURE -- Please Read Before Beginning

A growing body of research across multiple studies -- including research specifically examining flaxseed and sesame seed consumption -- has found associations with improved menstrual regularity, reduced PMS severity, favourable modulation of sex hormone levels, and improvements in overall hormonal balance.

However, it is important to be transparent: large-scale randomised controlled trials specifically examining seed cycling as a combined protocol for uterine fibroids are still limited. The evidence base for seed cycling as a structured practice is growing but not yet at pharmaceutical-grade trial level.

What is very well established -- in separate, high-quality studies -- is the individual biological activity of each seed used in this protocol. The seeds themselves are not experimental. Their individual mechanisms are documented. Seed cycling organises these documented mechanisms into a cycle-aligned rhythm.

This is a whole-food, food-based practice. It carries no known adverse effects at the quantities recommended. Use it with that understanding -- as a well-supported food ritual with solid biological plausibility and real reported results, not as a pharmaceutical guarantee.

This guide is for educational purposes. Consult a healthcare professional before making changes to your health routine. Results described are individual experiences. Your results may vary.

Understanding Your Two Hormonal Phases

Phase 1 -- The Follicular Phase (Day 1 of your period to Ovulation, approximately Days 1-14)

Oestrogen gradually rises to trigger the development and release of an egg. A healthy follicular phase needs enough oestrogen to do its job -- but not so

much that it dominates unchecked. For women with fibroids, this phase often involves excess oestrogen that stays elevated beyond what the body needs, stimulating fibroid tissue and contributing to pre-period bloating and heaviness.

Phase 2 -- The Luteal Phase (Ovulation to the start of your next period, approximately Days 15-28)

After ovulation, progesterone should rise strongly to balance the oestrogen of Phase 1. For women with fibroids, progesterone often fails to rise adequately -- meaning oestrogen continues relatively unopposed through the second half of the cycle, worsening bloating, intensifying pre-period symptoms, and continuing to stimulate fibroid tissue at precisely the time it should be quieting down.

Seed cycling supports both phases. Phase 1 seeds modulate oestrogen. Phase 2 seeds support progesterone production. Together, they work toward restoring the balance your body lost.

THE SEED CYCLING PROTOCOL

One tablespoon of each seed, every day, in the phase that corresponds to where you are in your menstrual cycle. Consistency matters more than perfection.

PHASE 1 SEEDS -- Follicular Phase From Day 1 of your period to Ovulation (approximately Days 1-14)

SEED DAILY QUANTITY HOW TO TAKE IT

Ground flaxseed 1 tablespoon Stir into morning oats, mix into soup before serving, or dissolve in Drink 3

Pumpkin seeds (shelled) 1 tablespoon Eat as a mid-morning snack, crush and sprinkle over food

GOAL: Modulate oestrogen activity during the follicular phase through lignan binding and aromatase inhibition. Load the body with zinc from pumpkin seeds in preparation for progesterone synthesis in Phase 2.

PHASE 2 SEEDS -- Luteal Phase From Ovulation to the start of your next period (approximately Days 15-28)

SEED DAILY QUANTITY HOW TO TAKE IT

Sesame seeds 1 tablespoon Lightly dry-toasted, ground, or sprinkled over food

Sunflower seeds 1 tablespoon Eaten plain -- raw, unsalted, not roasted in seed oil

GOAL: Support progesterone production and reduce oestrogen dominance in the second half of the cycle. Sesame lignans modulate second-half oestrogen metabolism. Sunflower seeds' vitamin E supports luteal phase progesterone adequacy -- reducing the drop that causes pre-period bloating, breast tenderness, and mood symptoms.

How to Prepare the Seeds

Seed	Preparation
Flaxseed	Must be ground. Use a small manual spice grinder, dry blender attachment, or mortar and pestle. Grind fresh or store in a sealed container in the fridge for up to four days. Whole flaxseeds deliver none of their lignan content -- they pass through intact.
Pumpkin seeds	Eat whole as a snack or lightly crush and sprinkle over food. Buy shelled, unsalted, not roasted in oil.
Sesame seeds	Lightly dry-toast in a pan for 2 minutes (no oil) before use for improved absorption and flavour. Or grind into paste (tahini) and stir into soup or oats.
Sunflower seeds	Eat plain. Raw, unsalted, unroasted. Roasting in seed oil damages their vitamin E content.

Sourcing Your Seeds Across Nigeria

Seed	Where to Find It	Approx. Monthly Price
Flaxseed (linseed)	Supermarkets, health food stores, Jumia/Konga online	N2,500-N5,000 per 250-500g
Pumpkin seeds (shelled)	Supermarkets in major cities; health stores; online nationally	N2,000-N4,000 per 100-200g
Sesame seeds	Virtually every open market in Nigeria	N500-N1,500 per 200g
Sunflower seeds (raw, unsalted)	Supermarkets; online nationally	N2,000-N4,000 per 100-200g

What If My Cycle Is Irregular?

Follow the lunar calendar as your guide:

- Day 1 of the new moon = begin Phase 1 seeds
- Day 15 of the lunar cycle = switch to Phase 2 seeds

Consistency of the practice matters more than perfect cycle alignment. Return to Phase 1 seeds at the same lunar point each month and the hormonal support continues regardless of irregular timing.

When to Expect Results From Seed Cycling

Seed cycling works more slowly than the drinks and the food plan. Most women begin to notice meaningful changes in their second or third menstrual cycle on the protocol -- less breast tenderness, less pre-period bloating, fewer mood disruptions in the second half of the cycle, a period that arrives without the week of heaviness that used to announce it from a distance.

Track your luteal phase symptoms using the Symptom Tracker in Chapter 8. You will have the data to see this shift when it comes.

What This Chapter Has Given You

You understand something that most women with fibroids -- and many healthcare providers -- never address directly. That the oestrogen dominance driving your condition is not just about how much oestrogen you produce. It is

about the cycle-specific balance between oestrogen and progesterone across both halves of your monthly cycle. And that balance can be supported, systematically and consistently, using four seeds.

But here is what the food plan, drinks, and seed ritual cannot do alone -- they cannot interrupt the cortisol pathway. The chronic stress that Nigerian women carry, and the specific biological mechanism through which it feeds oestrogen dominance, is real, documented, and unaddressed by most natural protocols. Chapter 6 is the chapter that closes that gap. It takes 10 minutes a day. It is backed by established neuroscience. And for many women, it is the chapter that makes the biggest difference to how they feel day to day -- not just during their period. Turn the page.



CHAPTER 6

The Stress Connection The 10-Minute Daily Reset

Nobody told you that stress was feeding your fibroids.

Not your gynaecologist. Not the scan technician. Not the pharmacist who handed you ibuprofen and wished you well. Nobody sat you down and explained that the anxiety you carry about your fertility, the tension you swallow every time your mother-in-law calls, the cortisol your body releases every morning in traffic -- all of it is biologically connected to the condition you are trying to correct.

This chapter is going to make that connection clear. Not to add guilt to everything you are already carrying. But because you cannot fix what you do not understand. And stress -- chronic, sustained, unmanaged stress -- is one of the most significant and most ignored drivers of oestrogen dominance and fibroid growth.

Once you understand the mechanism, 10 minutes a day will not feel like a luxury. It will feel like medicine. Because it is.

The Biology of Stress and Fibroids

Your body has a stress response system called the hypothalamic-pituitary-adrenal axis -- the HPA axis. When you perceive a threat -- physical, emotional, social, or financial -- your HPA axis activates and signals your adrenal glands to release stress hormones. The primary one is cortisol.

Research published in Oxford's Endocrine Reviews confirmed that disturbance of the HPA axis and elevated stress biomarkers including cortisol and epinephrine are directly linked with increased uterine fibroid risk. The same research confirmed that stress provokes measurable fluctuations in both oestrogen and progesterone -- the two hormones whose balance is already disrupted in your body.

Here is the specific mechanism: when cortisol is chronically elevated, it competes with progesterone at the cellular receptor level. Your body uses the same molecular machinery to respond to both hormones. When cortisol is consistently high, it occupies those receptors -- leaving less capacity for progesterone to do its job. Lower effective progesterone means higher relative oestrogen. Higher relative oestrogen feeds fibroid growth.

Cortisol also promotes systemic inflammation through the same NF-kB pathway that turmeric and ginger in your daily drinks are working to suppress. Every time your stress response activates and stays activated, it is undoing a portion of the anti-inflammatory work your food plan and drinks are building.

The Nigerian Woman's Specific Stress Profile

I want to name something directly here -- because general health advice rarely does.

The fertility pressure

The unspoken countdown that begins from the day of your wedding -- sometimes before -- and intensifies with every cycle that passes without a pregnancy. The prayers at church that feel pointed. The congratulations messages in your WhatsApp groups for women who conceived while you are still managing pain and scans and surgery quotes.

The financial pressure of your condition

The surgery quote sitting somewhere in your documents. The money spent on remedies that did not work. The cost of pain medication every cycle. The income lost on the days fibroids take from you.

The marital pressure

The fear -- sometimes spoken, mostly unspoken -- that your husband's patience has a limit. That his family is watching. That your body, in failing to cooperate, is also somehow failing your marriage.

The daily physical stress of Nigerian urban life

The commute, the heat, the power cuts, the noise, the cumulative exhaustion of managing a home and a job and a health condition simultaneously without adequate rest.

Each of these stressors is real. Each of them activates your HPA axis. Each of them contributes to the cortisol elevation that suppresses your progesterone, feeds your oestrogen dominance, and worsens every symptom you are working to correct.

This chapter's practice does not eliminate those stressors. It interrupts your body's physiological response to them -- consistently, daily, in 10 minutes -- so that their biological impact is measurably reduced even when the stressors themselves remain.

The Science Behind the Practice

Diaphragmatic breathing activates the parasympathetic nervous system

Documented in autonomic neuroscience research -- when you breathe using your diaphragm in a controlled rhythm, you stimulate the vagus nerve, the primary communication pathway between your brain and your organ systems. Vagal stimulation signals your adrenal glands to reduce cortisol output and begins shifting your autonomic nervous system out of fight-or-flight mode. This response is well-established; the exact timing varies per individual, but the mechanism is consistent.

Pelvic-floor body scanning reduces pain amplification

Women who have experienced repeated pelvic pain cycles often develop central sensitisation -- their nervous system becomes primed to amplify pain signals from the pelvic region even when the inflammatory stimulus is lower. Clinical research on pelvic floor physiotherapy confirms that intentional pelvic relaxation reduces both perceived pain intensity and pain anticipation anxiety.

Cognitive reappraisal reduces cortisol reactivity

A technique validated in stress neuroscience research -- consciously reframing your interpretation of a stressful situation reduces subjective stress experience and measurably modulates cortisol output. Stating factual, present-tense truths about what your body is doing shifts your cognitive framing and reduces the cortisol response that framing was generating.

All three mechanisms together, practised consistently over 30 days, work toward reducing baseline cortisol levels -- meaning less progesterone suppression, a more balanced oestrogen-progesterone ratio, and a less hospitable environment for fibroid growth.

THE 10-MINUTE DAILY RESET

Three phases. Ten minutes total. No equipment. No special clothes. No gym membership. Can be done lying on a mat, sitting in a chair, in a parked car, or in a quiet office corner. The only requirement: every day, same time if possible.

MINUTES 1-3: THE 4-7-8 BREATH

Sit or lie in a comfortable position. Close your eyes or soften your gaze downward.

- Breathe in slowly through your nose for 4 counts
- Hold your breath for 7 counts
- Exhale slowly and completely through your mouth for 8 counts

Repeat 4 to 6 times. If holding for 7 feels too long initially, begin with a 4-4-6 pattern and build up over the first week. The extended exhale is the key mechanism -- a longer exhale than inhale activates parasympathetic dominance and supports vagal tone.

MINUTES 4-7: THE PELVIC FLOOR BODY SCAN

Place one hand gently on your lower abdomen -- just below your navel. Breathe deliberately into the space beneath your hand.

With each exhale, consciously release tension in each area, one at a time:

- The muscles of your lower abdomen
- The area around your uterus and ovaries -- wherever you typically feel pain or heaviness
- Your pelvic floor muscles -- the hammock of muscles running between your sitting bones
- Your inner thighs and hip flexors
- Your lower back and sacrum

Many women with fibroids carry years of chronic, unconscious muscular bracing in their pelvic region -- a protective response to repeated pain that has become permanent. This scan systematically releases that tension, giving the muscles and tissue in your pelvic area a daily window of genuine rest.

If emotion arises during this body scan -- grief, frustration, fear about your fertility or your body -- allow it to be present without engaging it. The tears, if they come, are valid. Let the exhale carry them.

MINUTES 8-10: THE FACTUAL AFFIRMATION

Speak or think these three statements slowly and deliberately. They are not wishes. They are present-tense biological facts:

"The food I ate today is reducing inflammation in my body right now."

"My gut bacteria are working to clear excess oestrogen so it leaves my body rather than feeding my condition."

"My stress level is lower today than yesterday. My body is healing."

Cognitive reappraisal research confirms that stating factual, present-tense truths about a stressful situation -- rather than catastrophising about what has not yet changed -- measurably modulates cortisol output. These are not empty affirmations. They are grounded reframes of biological reality.

PRINTABLE POCKET CARD

Print this card. Cut it out. Stick it on your kitchen wall, bathroom mirror, or wardrobe door. Use every day.

MY 10-MINUTE DAILY RESET	
Minutes 1-3 The 4-7-8 Breath	Inhale 4 counts Hold 7 counts Exhale 8 counts Repeat 4 to 6 times. Eyes closed. Shoulders dropped.
Minutes 4-7 The Pelvic Floor Body Scan	Place one hand on your lower abdomen. Breathe into it. Release one at a time: belly, uterus, pelvic floor, inner thighs, lower back. One area at a time. One exhale at a time.

Minutes 8-10 The Factual Affirmation	"The food I ate today is reducing inflammation in my body." "My gut bacteria are clearing excess oestrogen." "My body is healing."
	<p style="text-align: center;"><i>Same time. Every day. 30 days.</i></p>

When You Do Not Have 10 Minutes

Do the 4-7-8 breath only. Three cycles. Ninety seconds. Standing at your kitchen counter, sitting in the car, waiting for your data to load. Three cycles of controlled breathing still stimulates your vagus nerve. It still sends your nervous system the signal that the emergency is over and the body can stand down. It keeps the daily habit alive on the days when life does not cooperate with a 10-minute window.

What This Chapter Has Given You

You understand that the stress you are under is not a character failing. It is a documented biological pathway connecting your nervous system, your cortisol levels, your progesterone suppression, and the oestrogen dominance feeding your fibroids. And it can be interrupted.

You have a complete, three-phase, 10-minute daily practice -- the exact steps, the biological mechanism behind each phase, and a printable card you can use every single day without opening this guide again. You now have all four pillars of this protocol running simultaneously -- the food plan, the drinks, the seed cycling, and the daily reset -- creating the internal conditions in which fibroids stop thriving.

Chapter 7 gives you the one practical thing standing between you and Day 1: a complete, print-ready shopping list covering every ingredient in this protocol -- with current naira prices, Nigerian market names, and sourcing notes for women in every part of Nigeria. Take it to the market. Day 1 starts the morning after you shop. Turn the page.



CHAPTER 7

Your Nigerian Market Shopping List

Everything in this protocol is usable. Nothing requires a foreign pharmacy, an imported supplement, or a specialist health store in a city you do not live in.

Whether you are in Kano, Calabar, Asaba, Ilorin, Umuahia, Sokoto, Owerri, or anywhere in between -- every ingredient in the food plan, every ingredient in the three drinks, every seed in the cycling protocol is available at your nearest local market or provision store.

How to Use This List

- Print it before Day 1. Do not try to memorise it or shop from your phone in a busy market.
- Buy in two categories: weekly and monthly. Fresh produce -- leaves, vegetables, and fish -- should be bought weekly. Dry goods -- grains, seeds, spices -- can be bought monthly.
- Do not try to buy everything on the first day. Start with the most critical ingredients: ugu, unripe plantain, ginger, turmeric, mackerel, zobo, and sesame seeds.

- Prices are current national ranges for 2025-2026. Prices vary by location, season, and market type.

SECTION 1: FRESH PRODUCE

Buy weekly from your nearest open market

Item	Nigerian Names / Notes	Weekly Qty	Current N Range
Ugu (fluted pumpkin leaf)	Ugwu (Igbo), Eweroko (Yoruba)	2-3 bunches	N300-N700 per bunch
Bitter leaf	Onugbu (Igbo), Ewuro (Yoruba), Shuwaka (Hausa)	1 bunch	N300-N500
Waterleaf	Mgbolodi (Igbo), Gbure (Yoruba) -- substitute scent leaf when unavailable	1 bunch	N500-N1,000
Scent leaf	Nchuanwu (Igbo), Efinrin (Yoruba), Daidoya (Hausa)	1 small bunch	N200-N500
Garden eggs	White and purple varieties	6-8 pieces	N500-N1,000
Garden egg leaves	Often available alongside garden eggs; use in stews	1 bunch	N1,000-N2,000
Fresh ginger root	Ata ile (Yoruba), Jinja (Igbo), Citta (Hausa)	2 full hands	N1,000-N2,000
Fresh garlic	Universal	1 full bulb	N500-N1,000
Fresh tomatoes	Standing stock -- adjust to household use	Medium basket	N1,000-N2,500
Onions	Standing stock	4-6 medium	N500-N1,000
Unripe plantain (green)	The greener the higher the resistant starch	8-12 fingers	N1,000-N2,000

Item	Nigerian Names / Notes	Weekly Qty	Current N Range
Lemons or limes	Oronbo -- limes more widely available across most states	10-14 pieces	N500-N1,000
Cucumber	Available widely	3-4 medium	N500-N1,000
Carrots	Available at most markets nationwide	500g	N500-N1,000
Fresh pawpaw, watermelon, or oranges	For daily fruit snack	2-3 servings	N500-N1,000

SECTION 2: PROTEINS

Buy weekly or fortnightly -- store fish in the freezer

Item	Notes	Quantity	Current N Range
Mackerel (titus fish)	Fresh or frozen -- available at all fish markets nationwide	4-6 medium	N3,000-N6,500
Catfish	Fresh or smoked -- substitute tilapia or croaker where unavailable	2-3 medium	N3,000-N6,000
Sardines -- canned in water, not oil	Titus brand or any sardine canned in water	6-8 tins	N600-N1,200 per tin
Eggs	Full crate -- used for breakfast options throughout	1 crate (30)	N4,500-N7,500
Dried crayfish	Ede -- for soups; available at all markets	100g	N800-N2,000

SECTION 3: GRAINS AND STAPLES

Buy monthly -- store in airtight containers away from moisture

Item	Notes	Monthly Qty	Current N Range
Oats -- plain, not flavoured	Quaker Oats or any plain rolled oats -- supermarkets and provision stores	1kg	N2,500-N5,000
Wheat meal (semolina)	Honeywell Semovita, Goldenvita, or equivalent	1-2kg	N2,000-N4,000
Ofada rice or brown rice	Ofada at southern markets; brown rice at supermarkets nationally	1-2kg	N3,500-N7,000
Unripe plantain flour	At supermarkets and health stores; can be made at home	500g-1kg	N2,500-N5,000
Black-eyed beans	Ewa (Yoruba), Akidi (Igbo) -- all markets	500g	N1,500-N3,000
Egusi (melon seeds)	Ground or whole -- all markets nationwide	500g	N2,500-N4,500
Palm oil -- small quantity	For light use in soups only -- buy a small bottle	500ml	N2,000-N3,500
Coconut oil or light vegetable oil	For breakfast cooking	500ml	N2,500-N5,000

SECTION 4: SEEDS AND SPICES

Buy monthly -- store in airtight containers away from heat and direct light

Item	Notes	Monthly Qty	Current N Range
Whole flaxseed (linseed)	Must be ground before use -- buy whole and grind fresh	250-500g	N2,500-N5,000
Sesame seeds	Beniseed -- virtually every open market in Nigeria	200g	N500-N1,500

Item	Notes	Monthly Qty	Current N Range
Pumpkin seeds -- shelled	Supermarkets and health food stores; online nationally	100-200g	N2,000-N4,000
Sunflower seeds -- raw, unsalted	Supermarkets; online nationally	100-200g	N2,000-N4,000
Turmeric powder	Atale pupa -- all spice sections of markets and supermarkets	100g	N800-N1,500
Ground black pepper	Available everywhere	50g	N500-N1,000
Ground cinnamon	Most supermarkets and provision stores	50g	N800-N1,500
Raw honey	Health stores and select markets -- least processed version	1 jar (300-500g)	N2,500-N6,000

SECTION 5: DETOX DRINK INGREDIENTS

Buy monthly -- dry ingredients store well in sealed containers

Item	Notes	Monthly Qty	Current N Range
Dried zobo petals (hibiscus flowers)	Zoborodo -- every open market and provision store across Nigeria	200-300g	N600-N1,500
Moringa powder	Health food stores and online nationally	100g	N2,000-N4,000
Dried moringa leaves	Herbal stalls at open markets -- more affordable alternative	50-100g	N500-N1,000

SECTION 6: ADDITIONAL ITEMS

Buy as needed -- supportive but not core requirements

Item	Notes	Quantity	Current N Range
Dandelion tea bags	Health food stores and online; optional liver support for Phase 2	1 box	N1,500-N4,000
Small spice grinder	For grinding flaxseed fresh; manual or electric	Once only	N1,500-N5,000
Uziza leaves	For pepper soup -- markets across southern Nigeria	1 bunch	N200-N500
Utazi leaves	For pepper soup -- most southern Nigerian markets	1 bunch	N200-N500

YOUR ESTIMATED MONTHLY BUDGET

Fresh produce (bought weekly x 4)	N28,000-N58,000
Proteins (bought weekly or fortnightly)	N18,000-N38,000
Grains and staples	N16,500-N32,000
Seeds and spices	N11,600-N24,500
Detox drink ingredients	N3,100-N6,500
TOTAL ESTIMATED MONTHLY INVESTMENT	N77,200-N159,000

Prices are approximate national ranges for 2025-2026 and vary by location, season, and market type. Adjust to your local market reality.

Understanding Your Budget Honestly

A significant portion of this budget is food you are already buying. You are already spending money on tomatoes, onions, fish, plantain, and vegetables

every week. This protocol redirects a large part of your existing food spending -- away from red meat, white rice, and processed snacks, and toward fish, leaves, unripe plantain, and oats.

The truly additional costs are smaller than the total suggests. The items that are genuinely new additions to most Nigerian women's grocery lists -- flaxseed, moringa powder, pumpkin seeds, sunflower seeds, raw honey, and dandelion tea -- add approximately N12,000 to N25,000 to your monthly spending above what you would normally buy. Everything else is a food replacement, not an addition.

Compare this to what you have already spent on your condition. One month of Instagram herbal capsules: N15,000-N40,000. One hospital consultation: N10,000-N30,000. The surgery quote you received: N400,000-N700,000. This protocol costs less than most single-session hospital visits -- and it is built from real food that nourishes your entire body.

What to Do If Something Is Unavailable

Pumpkin seeds or sunflower seeds not found locally: Order through Jumia, Konga, or health-focused Nigerian online sellers delivering nationally. Order before Day 11 when seed cycling begins.

Moringa powder unavailable: Use dried moringa leaves -- steep a small handful alongside your zobo petals overnight and strain together.

Unripe plantain flour unavailable: Make it at home. Peel green unripe plantains, slice thinly, dry in the sun or a low oven until completely dehydrated, and blend into fine powder.

Ofada rice not available in your state: Substitute any brown rice variety. The key requirements -- higher fibre and lower glycaemic index -- are shared by all brown rice.

Any ingredient completely unavailable and cannot be sourced online: Email the contact address in the Back Matter. Every sourcing question receives a direct response.

What This Chapter Has Given You

A complete, print-ready shopping list covering every ingredient in this protocol -- organised by market section, priced at honest current Nigerian market rates, sourced for women across every state in Nigeria, and clear about what to do when something is temporarily unavailable.

You will not stand in a market wondering what you came for. Every item is named with its common Nigerian market name. Every category is clearly separated so you can move through the market efficiently and purposefully.

Chapter 8 is the chapter that makes everything you are about to do measurable. A protocol you cannot measure is a protocol you cannot trust -- and a woman who cannot prove to herself that things are changing is a woman who stops at Day 15. The Symptom Tracker in Chapter 8 makes your progress undeniable -- in your own numbers, in your own handwriting, against your own baseline. Print it before Day 1. Turn the page.



CHAPTER 8

Your Monthly Symptom Progress Tracker

You have been living with this condition long enough to doubt yourself.

Long enough to wonder whether things are actually improving or whether you are just having a better week. Long enough to be told by someone -- a doctor, a family member, a well-meaning friend -- that your symptoms are not that serious, that you are being dramatic, that period pain is normal, that every woman deals with this. Long enough to start wondering, in your lowest moments, whether they might be right.

They are not right. But feelings are not enough to prove that to anyone -- including yourself -- on a difficult day.

Numbers are.

When a woman can point to her own recorded data and see that her Day 1 pain score dropped from 9 to 4, that she used eight fewer pads at peak flow this month, that the abdominal bloating she rated at 5 in Week 1 is now sitting at 2 in Week 4 -- that data belongs entirely to her. It is written in her own hand.

It is measured against her own baseline. Nobody can dismiss it. Nobody can tell her she is imagining the improvement. It is right there on the page.

How to Use This Tracker

Fill in your baseline on Day 1 -- Before you have taken a single drink, eaten a single protocol meal, or done a single daily reset. This baseline is your starting point. Without it, you have nothing to compare against. Do not skip it.

Update the weekly columns at the end of each week -- Sunday evening works well for most women. Look back at the week honestly and score each metric based on your average experience across those seven days, not just how you feel in the moment of filling it in.

Complete the monthly summary at the end of Day 30 -- Compare each metric against your Day 1 baseline. Write the comparison in your own words. This is your evidence.

Repeat the tracker every month -- Print a fresh copy for Month 2 and Month 3. The comparison between Month 1 and Month 3 is where most women see their most significant documented progress.

MY BASELINE -- Completed on Day 1 (before protocol begins)

Date: _____

My dominant pattern from Chapter 2: _____

My Section A score (Pain): _____ / 25

My Section B score (Bleeding): _____ / 25

My Section C score (Bloating/Hormone): _____ / 14

My three biggest symptoms right now: 1. _____

2.

3.

WEEKLY TRACKING TABLE

Pain and bloating: 0 = not present at all, 10 = severely present | Energy: 0 = completely drained, 10 = fully energised | Y = Yes, N = Not completed

Metric	Baseline (Day 1)	Week 1	Week 2	Week 3	Week 4
PAIN					
Worst pain level this week (0-10)					
Days pain disrupted work or plans					
Pre-period pelvic heaviness (0-10)					
BLEEDING					
Maximum pads at peak flow (per day)					
Flooding incidents this week (number)					
Clots present? (Y/N)					
BLOATING					
Abdominal bloating level mid-week (0-10)					
Clothes fitting better than last week? (Y/N)					
GENERAL					

Metric	Baseline (Day 1)	Week 1	Week 2	Week 3	Week 4
Energy level this week (0-10)					
Days missed from work or daily plans					
PROTOCOL COMPLIANCE					
Morning drink completed daily (Y/N)					
Pattern drink completed daily (Y/N)					
Seed ritual completed daily (Y/N)					
10-minute daily reset completed (Y/N)					

MY MONTHLY SUMMARY -- Complete at the end of Day 30

Date completed: _____

Pain this month vs. my Day 1 baseline: _____

Bleeding this month vs. my Day 1 baseline: _____

Bloating this month vs. my Day 1 baseline: _____

Days lost to fibroid symptoms vs. before the protocol: _____

The single biggest change I noticed this month: _____

The metric that still needs the most work going into Month 2: _____

My compliance score -- Food plan: ___% | **Drinks:** ___% | **Seed ritual:** ___% | **Reset:** ___%

My commitment for Month 2: _____

The Honest Timeline -- What to Expect and When

Timeframe	What Most Women Experience
Days 1-7	Gut adjustment phase. Temporary digestive changes as microbiome shifts. Some bloating may briefly increase before it reduces. This is normal and temporary. Keep going.
Days 8-14	First measurable shift. Bloat-dominant women: persistent abdominal fullness is lighter, particularly by evening. Pain-dominant: pre-period pelvic heaviness less intense than usual. Some report better mid-cycle energy.
Days 14-18	First period on the protocol arrives -- the most important data point of the 30 days. Compare against your last three periods, not an ideal. Most women: pain more manageable, flow slightly lighter, flooding less frequent.
Days 22-30	Progress check time. Most women report improvement in at least two of the three symptom clusters. Bloating typically shows the most dramatic early change.
Month 2-3	Compound effect builds. Hormonal rebalancing deepens. Scan results begin to reflect the internal changes.

Taking Your Tracker to the Doctor

Your completed Symptom Tracker is clinical evidence. Self-reported symptom tracking is both valid and used in medical research -- the NYU Langone Fibroid Lifestyle Intervention and Education Programme used validated quality-of-life questionnaires as primary outcome measures. When you go for your next gynaecological appointment or scan, bring your tracker. Show the baseline scores from Day 1 and the current scores from your most recent month. Ask

your doctor directly: does this data support what you are seeing on the scan or in the examination?

Your data is real. Your experience is real. You do not need anyone's permission to trust your own numbers.

What This Chapter Has Given You

A complete, print-ready tracking system that transforms your experience of this protocol from subjective to measurable.

You have a baseline record of exactly where you started -- pain, bleeding, bloating, energy, and daily function -- written in your own hand on Day 1 before anything changed. You have a weekly tracking table that builds an honest, undeniable picture of what is shifting across 30 days. You have a monthly summary that captures your progress and sets your intention for the month ahead. And you have an honest timeline that tells you what to expect and when -- so you never mistake a normal adjustment phase for a failed protocol.

Chapter 9 is the chapter most women skip -- and the reason most women lose their progress six weeks after completing the 30 days. Day 31 is not the finish line. It is the first day of the rest of your protocol-supported life. Chapter 9 gives you the exact rhythm that keeps your results building rather than fading -- including how to adapt the protocol if you are planning a pregnancy, what to do when life interrupts, and what long-term progress actually looks like on a scan. Turn the page. This is the chapter that determines whether your results last.



CHAPTER 9

Maintenance How to Make This Your Life, Not Just Your Protocol

Day 30 is not the finish line.

It is the end of the beginning.

The 30 days you have just completed were an intensive reset -- a deliberate, structured intervention to shift your body out of the hormonal and inflammatory environment that has been feeding your fibroids and sustaining your symptoms. That reset required focus, consistency, and more deliberate attention to your food and daily habits than you would normally give.

What comes next is different. It is not as demanding. It does not require the same level of daily vigilance. But it does require something that is harder for most women to sustain than an intense 30-day sprint: a long, quiet, consistent commitment to the habits that are now protecting your progress.

Why Maintenance Is Not Optional

Here is a truth that most natural health guides never say out loud: the conditions that grew your fibroids in the first place did not appear in 30 days, and they will not stay corrected without ongoing attention.

Fibroid recurrence after surgical removal is documented at over 50% within five years in gynaecological literature on myomectomy outcomes. The reason is straightforward -- surgery removes the fibroid but does not change the dietary, hormonal, and day-to-day environment that created it. The moment recovery ends and old habits resume, the conditions that fed the original fibroid begin operating again.

The goal of maintenance is not perfection. It is permanence.

THE DAILY NON-NEGOTIABLES

These four habits do not stop on Day 31. They are your daily defaults -- the foundation on which everything else rests.

The Morning Fire Drink -- every single morning

Even on days when everything else slips. Even in a hotel room with a kettle and a piece of ginger you carried in your bag. This drink is your daily anchor. Its anti-inflammatory effect is cumulative -- every morning you take it, you are adding to the biological work the previous days built. Three minutes. Every morning.

Ground flaxseed -- 1 tablespoon daily

Stir into your morning oats. Mix into your soup. Add to Drink 3. The method does not matter. The consistency does. Your flaxseed lignans are working on your oestrogen recirculation pathway every single day -- and that work only continues as long as the lignans keep arriving.

At least one anti-inflammatory Nigerian green leaf -- daily

Ugu, bitter leaf, waterleaf, scent leaf -- one of these, every day, in at least one meal. One bunch of ugu lasts most women three days of cooking. This is the simplest, most affordable anti-inflammatory habit available to any Nigerian woman.

The 10-minute daily reset -- every day

Or the 90-second 4-7-8 fallback on days when 10 minutes is genuinely impossible. Your cortisol management does not take holidays. The stressors continue after Day 30. Your daily practice is what keeps your nervous system from amplifying those stressors into a hormonal cascade.

The Weekly Rhythm

Two to three meals containing oily fish

Mackerel, sardines, catfish, or titus fish -- in at least two main meals across the week. Your omega-3 intake is what keeps the prostaglandin balance working in your favour. One week without adequate omega-3s will not undo your progress. Several months without it will gradually allow the inflammatory prostaglandin balance to tip back.

Egusi or melon-seed-based soup at least once

The zinc in egusi continues supporting your progesterone synthesis. The healthy fats continue reducing inflammation. Continue making it with fish rather than red meat as your primary protein.

Unripe plantain at least three times

Boiled, as porridge, as eba -- the preparation method matters less than the frequency. Three portions across a week provides enough resistant starch to sustain the microbiome shift your 30-day protocol began.

One lighter day -- fruit, vegetables, and light protein only

Choose one day per week where meals are lighter and primarily plant-based, free of heavy carbohydrates. This gives your liver a weekly window of reduced digestive load in which it can focus on its detoxification work rather than food processing.

The Monthly Practice

Complete the Symptom Tracker

Every month, fill in a fresh tracker. Compare it against the previous month. Look for the direction of travel across pain, bleeding, and bloating scores. The month-over-month comparison is where the compound effect of this protocol becomes most visible.

Rerun the Chapter 2 Self-Assessment

Your dominant pattern may shift over time. A woman who was bleed-dominant at the start may find after three months that her bleeding has improved but her bloating is now the lingering issue -- meaning she should shift her priority drink from Drink 2 to Drink 3 for the next phase.

Note your major stressors

At the end of each month, spend five minutes writing down the biggest stressors you carried. If your symptoms were worse than usual, look at the stressor list first before questioning whether the protocol is working. Cortisol spikes from sustained stress can temporarily worsen symptoms even in women following the protocol consistently.

Prepare for your next doctor's visit or scan

Bring your last three months of completed Symptom Trackers. Ask your doctor to compare your current scan against the baseline -- not just describe it in isolation. The word you are looking for from your doctor is stable. Then reduced. Those words come over time, with consistent maintenance.

Adapting the Protocol for Pregnancy Planning

IMPORTANT NOTICE

If you are actively trying to conceive or planning a pregnancy, consult your gynaecologist before making any changes to your health routine, including starting or continuing this protocol. The guidance below is general and informational. Your doctor's specific advice takes precedence. This guide is for educational purposes only and does not constitute fertility or medical advice.

If you are actively trying to conceive, this protocol is designed to support that goal -- not conflict with it. The anti-inflammatory food plan reduces uterine inflammation, creating a healthier environment for implantation. The oestrogen-progesterone rebalancing supports the hormonal conditions needed for a healthy luteal phase. The daily stress reset reduces the cortisol that can interfere with ovulation and early pregnancy maintenance.

Add these specific steps when pregnancy planning:

Increase vitamin D exposure deliberately

Spend 15 to 20 minutes in direct morning sunlight daily -- arms and legs exposed where possible. Research specific to Nigerian women with fibroids found that vitamin D deficiency was significantly more prevalent in those with the condition. Women with sufficient vitamin D had a 32% lower odds of fibroids in NIH data. Vitamin D also plays a direct role in supporting healthy uterine function. Ask your doctor about a serum vitamin D test at your next appointment.

Continue the seed cycling protocol

Through the months you are trying to conceive. The progesterone-supporting work of Phase 2 seeds is directly relevant to luteal phase adequacy.

Stop the seed cycling protocol immediately

If you receive a confirmed positive pregnancy test. Consult your doctor about which elements of the food plan to continue. The oily fish, leafy greens, and anti-inflammatory food principles are generally pregnancy-supportive, but specific guidance during pregnancy should come from your healthcare provider.

When Life Interrupts -- and It Will

There will be weeks when the protocol falls apart. A family event where the only food available is red meat and white rice. A difficult period at work where the morning drink gets skipped three days running. A month where grief, or illness, or an emergency takes everything you have.

This is not failure. This is life. And the protocol is designed to absorb it.

The three-day rule

If you fall off the protocol for three to five days, return to Phase 1 foods for five days to re-baseline your gut environment. Do not start over from Day 1. Simply return to the simplest, most foundational version -- ugu soup with fish, unripe plantain, morning drink, daily reset -- and rebuild from there.

The anchor rule

On your most difficult days, do the one thing that requires the least effort but carries the most sustained impact. That thing is the morning drink. Boil water. Add ginger and turmeric. Drink it. That single act keeps the anti-inflammatory and liver-support work alive even when everything else has slipped.

The seed rule

Never abandon the seed cycling ritual during dietary slips. The hormonal rebalancing it supports is the slowest-acting element of the protocol -- and the hardest to rebuild from scratch if you stop for an extended period.

The grace rule

You have been living with fibroids, managing pain, managing anxiety, managing other people's expectations, and managing a full life simultaneously. The fact that you followed this protocol for 30 days -- even imperfectly -- is significant. One difficult month does not erase 30 days of biological work. Return to the conditions and the body responds.

What Long-Term Progress Actually Looks Like

Be honest with yourself about the timeline.

By the end of Month 1, most women have measurably reduced bloating and a first period that was more manageable than previous cycles.

By the end of Month 3, most women report significant improvement across all three symptom clusters. This is when scans begin to show fibroids that are stable rather than growing. This is when doctors say things like -- whatever you are doing, keep doing it.

By the end of Month 6, women who have maintained the protocol consistently report that fibroid management has become less of a daily battle and more of a background awareness. The condition is still present. But it is no longer dominating every month, every outfit choice, every social plan.

That is what this protocol builds toward. Not a cure. A life in which fibroids are a managed background condition rather than a monthly emergency. A life where your body is yours again -- not perfectly, but meaningfully. Not cured, but controlled. Not suffering, but managing with dignity, with data, and with food that has always been sitting in your kitchen.

Results described are individual experiences. Your results may vary based on your specific health circumstances and the consistency with which you follow the protocol.

What This Chapter Has Given You

A complete, specific, long-term maintenance rhythm -- daily habits that sustain your progress, weekly practices that keep your nutritional foundation solid, monthly rituals that keep your tracking honest and your protocol personalised as your body changes.

You have clear, honest guidance on adapting this protocol for pregnancy planning -- including the vitamin D step that is particularly relevant for Nigerian women. You have four recovery rules for the inevitable weeks when life does not cooperate. And you have an honest long-term timeline that tells you what progress actually looks like across six months of consistent practice.

You began this guide not knowing why your body was fighting itself. You are ending it knowing exactly what was feeding the condition, what biological conditions are now working against it, and how to sustain those conditions for the rest of your reproductive life.

The protocol is not over on Day 31. It is simply wearing different clothes -- lighter, quieter, more comfortable. It is no longer a 30-day sprint. It is your life, lived differently. And differently, for a Nigerian woman who has been gripping the bedframe and counting the minutes and wearing dark clothes and answering polite questions about pregnancies that were not pregnancies -- differently is everything.



BACK MATTER

A Personal Note From Chidinma Abaz

I want to tell you something before you close this guide.

When I sat under that mango tree in Nnewi with Mama Adaora, I was not taking notes. I was not thinking about a guide or a protocol or a product. I was a 30-year-old woman who had spent two years in pain, two years bleeding through her clothes, two years watching her belly stay distended and watching her husband's face when he thought she was not looking -- and I was simply listening to an old woman who seemed to understand exactly what was happening inside me without being told.

What she gave me that afternoon was not a recipe. It was a framework. A way of understanding my own body that nobody in any hospital had offered me. She explained the oestrogen dominance. She explained the gut bacteria and the oestrogen loop. She explained why the stress of being a Nigerian wife with an uncooperative womb was not just emotional suffering -- it was physiological input feeding the very condition I was trying to correct. She explained all of it

with the calm patience of a woman who had sat with thousands of suffering bodies and understood that the body, given the right conditions, is not stubborn. It is responsive.

That framework changed everything for me. Not because I believed it blindly -- I am not that kind of person -- but because it made biological sense. And when I went home and tested it, my body confirmed it.

By Day 8 my bloating was lighter. By Day 16 I went to work on my period for the first time in two years. By Day 30 my husband stood in our kitchen watching me make breakfast on a Saturday morning -- fully dressed, earrings in, not in pain -- and he cried. Quietly. Into his tea. He thought I did not see.

I saw.

I wrote this guide because I could not reach every woman who needed what Mama Adaora gave me. I wrote it because the WhatsApp messages were coming in at 11pm from women I did not know, in cities I had never been to, describing mornings I recognised completely. I wrote it because the knowledge was too important to remain in private conversations.

This guide is not a miracle. It is not magic. It is not the end of your fibroid journey -- and I would be lying to you if I told you otherwise. What it is, is the beginning of a different relationship with your body. A relationship built on understanding rather than fear. On biology rather than guesswork. On the food that has always been in your kitchen rather than the imported supplement someone in your DMs is selling.

Your fibroids may not dissolve. Your symptoms may not disappear completely. But they can become manageable. They can become -- for many women who follow this protocol consistently -- something that stops growing, something that stabilises, something a doctor looks at on a scan and says, with genuine surprise in his voice: whatever you are doing, keep doing it.

That moment is worth 30 days of discipline. It is worth the morning drink you make when you are tired. It is worth the unripe plantain when you would rather have rice. It is worth the 10 minutes you protect every day from a life that is very good at demanding all of your minutes.

You are worth it. Your body is worth it. Your womb -- which has been fighting so hard in conditions it was never meant to sustain -- deserves the chance to work in conditions that favour it.

Go back to the tracker. Go back to the morning drink. Go back to the protocol on the days when symptoms flare and the old despair tries to return. The answers are in these pages. They were always in your kitchen.

With genuine love and solidarity --

Chidinma Abaz

Author, *Fibroid No Go Kill You*

Women's Health Advocate

QUICK REFERENCE CARD

Print this card. Cut it out. Stick it on your kitchen wall, your bathroom mirror, or the inside of your wardrobe. Read it every morning until it becomes automatic.

FIBROID NO GO KILL YOU -- MY DAILY PROTOCOL

By Chidinma Abaz

EVERY MORNING -- Before Eating Anything

Warm Lemon Water (Phase 2 onwards -- before the fire drink)

200ml warm water + juice of 1/2 lemon

Morning Fire Drink -- every morning, every pattern

Boil 500ml water + ginger (5 min) - off heat - add 1/2 tsp turmeric + pinch black pepper - cool - add lemon juice + honey

Drink warm. Before eating. Non-negotiable.

10-Minute Daily Reset

4-7-8 Breath (3 min) - Pelvic Body Scan (4 min) - Factual Affirmation (3 min)

DAILY FOOD PRINCIPLES

Always INCLUDE: Ugu or another green leaf | Oily fish | Unripe plantain or low-GI carb | Ground flaxseed (1 tbsp)

Always AVOID: Red meat | Full-fat dairy | Deep-fried foods | White rice in excess | Alcohol | Processed snacks

DAILY SEED RITUAL

Where in your cycle?	Take these seeds daily
Day 1 of period to Ovulation (Days 1-14)	1 tbsp ground flaxseed + 1 tbsp pumpkin seeds
Ovulation to Next period (Days 15-28)	1 tbsp sesame seeds + 1 tbsp sunflower seeds
Irregular cycle?	New moon = Phase 1 Day 15 of lunar cycle = Phase 2

YOUR PATTERN DRINK

My pattern	My priority drink	When
Pain-Dominant	Drink 1 -- Morning Fire	Every morning
Bleed-Dominant	Drink 2 -- Bleeding Control Blend	Mid-morning
Bloat/Hormone-Dominant	Drink 3 -- Hormone Flush	Every evening, 1hr after dinner
Mixed Pattern	All three drinks	Morning / Mid-morning / Evening

MY DAY AT A GLANCE

Time	What to do
On waking	Warm lemon water (Phase 2+) - Morning Fire Drink
Breakfast	Oats with ginger / boiled unripe plantain + eggs / moi moi
Mid-morning	Pattern drink if mid-morning (Drink 2 if bleed-dominant)
Lunch	Ugu or egusi soup + wheat eba or unripe plantain
Afternoon snack	Cucumber / garden eggs / groundnuts / fruit
Before or after dinner	10-minute daily reset
Dinner	Pepper soup / plantain porridge + ugu + fish
1 hour after dinner	Drink 3 -- Hormone Flush (if bloat-dominant or mixed)

Time	What to do
Daily	Minimum 2 litres of plain water

MONTHLY CHECK-IN

- Complete Symptom Tracker and compare to last month
- Rerun Chapter 2 Self-Assessment -- has your pattern shifted?
- Note major stressors this month
- Prepare tracker to bring to next doctor's appointment

Morning drink. Seeds. Green leaf. Daily reset. Every day. That is the protocol. That is the life.

REFERENCES AND RESEARCH SOURCES

Sources are presented in plain language so every reader can understand what each study found and why it matters for this protocol. A full academic reading list with journal volume numbers and DOI references is available on request by email.

1. Early onset of fibroids in Black and African women -- the age 25 data

A community-based prospective study tracking African-descent women aged 23 to 35 found that 21% already had fibroids at their first ultrasound before ever being diagnosed. Among women who were fibroid-free at the start, nearly 10% developed new fibroids within 18 months -- rising from 6% in the 23-25 age group to 13% in the 32-35 group.

Source: Prospective ultrasound screening study on fibroid incidence in African-American women -- PubMed indexed

2. Cumulative fibroid incidence beginning around age 25 in Black women

Ultrasound screening data confirmed that cumulative fibroid incidence begins a steep and rapid increase starting around age 25 for Black women -- approximately 10 years earlier than for white women, for whom the equivalent rise does not begin until around age 35.

Source: Fibroid incidence epidemiology data -- PubMed Central indexed

3. Nigerian teaching hospital fibroid data -- Kano and Anambra States

Research conducted across Nigerian teaching hospitals found that the average age of fibroid diagnosis in Nigerian women is 35.7 to 35.8 years -- significantly younger than the 40.4 to 46.5 year average seen in Western countries.

Source: Nigerian teaching hospital studies -- Kano State and Anambra State, published in African health journals

4. BMJ Open 2024 -- Black women and fibroid severity

A 2024 scoping review published in BMJ Open confirmed that Black women are three times more likely to suffer from fibroids compared to the general population and experience larger fibroids with earlier onset and more frequent and severe debilitating symptoms.

Source: BMJ Open, 2024 scoping review on racial disparities in uterine fibroid burden

5. Vitamin D deficiency and fibroids in Nigerian women

Research studying Nigerian women with fibroids specifically found that vitamin D deficiency was significantly more common among women with the condition than in age-matched women without fibroids. Women with sufficient vitamin D had an estimated 32% lower odds of developing fibroids in NIH study data.

Source: NIH National Institute of Environmental Health Sciences Fibroid Study; Nigerian women's study on vitamin D and uterine fibroids -- PubMed indexed

6. HPA axis, cortisol, and uterine fibroid risk

Research published in Oxford's Endocrine Reviews confirmed that disruption of the hypothalamic-pituitary-adrenal axis and elevated release of stress biomarkers including cortisol and epinephrine are directly linked with increased uterine fibroid risk. Stress was confirmed to provoke measurable fluctuations in both oestrogen and progesterone.

Source: Endocrine Reviews, Oxford Academic -- HPA axis dysregulation and reproductive health outcomes

7. Ugu leaf (*Telfairia occidentalis*) and fibroid cell activity

Recent NIH-indexed peer-reviewed research confirmed that *Telfairia occidentalis* -- ugu -- contains flavonoids, alkaloids, saponins, and polyunsaturated fatty acids with verified anti-inflammatory, antioxidant, and hormone-modulating properties. The research found it capable of triggering apoptosis in fibroid tumour cells and halting their replication cycle.

Source: PMC-indexed peer-reviewed ethnobotanical and pharmacological research on Telfairia occidentalis

8. Curcumin and menstrual pain reduction

A 2024 systematic review and meta-analysis confirmed that curcumin produced a clinically meaningful pain reduction of 1.25cm on the visual analogue scale for dysmenorrhea, operating by decreasing COX-2 expression and prostaglandin E2 release.

Source: 2024 systematic review and meta-analysis on curcumin for primary dysmenorrhea -- PubMed indexed

9. Ginger for dysmenorrhea -- clinical trial data

A randomised controlled trial confirmed that 1,500mg of ginger daily was effective for pain relief in moderate-to-severe dysmenorrhea, working on the same prostaglandin pathway as common NSAIDs but without gastric side effects.

Source: Randomised controlled trial on ginger for primary dysmenorrhea -- PubMed indexed

10. Flaxseed lignans and oestrogen metabolism

Research confirmed that flaxseed interrupts oestrogen circulation by binding unconjugated oestrogens in the digestive tract so they are excreted rather than reabsorbed, by reducing intestinal beta-glucuronidase activity, and by inhibiting aromatase activity.

Source: Multiple peer-reviewed studies on SDG lignans -- PubMed and PMC indexed

11. Seed cycling and menstrual health -- growing evidence base

A growing body of research examining flaxseed, sesame, pumpkin, and sunflower seed consumption separately and in combination has found associations with improved menstrual regularity, reduced PMS severity, and favourable modulation of sex hormone levels. Large-scale randomised controlled trials on seed cycling as a combined protocol for uterine fibroids specifically are still developing.

Source: Research across reproductive nutrition and phytoestrogenic compound literature -- PubMed and PMC indexed

12. Pumpkin seeds, zinc, and progesterone synthesis

Research confirmed that pumpkin seeds are among the richest plant sources of zinc -- a mineral directly essential for progesterone synthesis in the luteal phase. Adequate zinc supports the progesterone rise that should characterise the second half of the menstrual cycle.

Source: Nutritional biochemistry literature on zinc and reproductive hormone synthesis -- PubMed indexed

13. Zobo (Hibiscus sabdariffa) -- antioxidant and anti-inflammatory properties

Multiple peer-reviewed studies confirmed that zobo is rich in anthocyanins and polyphenols with documented anti-inflammatory, antioxidant, and antihypertensive effects. Cold steeping preserves significantly more anthocyanin content than hot steeping.

Source: Multiple studies on Hibiscus sabdariffa bioactive compounds -- PubMed and PMC indexed

14. Moringa oleifera -- nutrient density and anti-inflammatory properties

Research confirmed that Moringa oleifera leaf is exceptionally high in iron, calcium, and vitamin C relative to most common vegetables, alongside anti-inflammatory isothiocyanates that suppress inflammatory markers elevated in women with fibroids.

Source: Multiple nutritional and pharmacological studies on Moringa oleifera -- PubMed indexed

15. Dietary intervention and fibroid symptom burden

Research published in *Nature npj Women's Health* and the NYU Langone Fibroid Lifestyle Intervention and Education Programme documented that high-quality whole-food dietary approaches produced clinically meaningful reductions in fibroid symptom burden -- including pain, bleeding volume, and quality-of-life measures -- over periods of 3 to 12 months.

Source: Nature npj Women's Health; NYU Langone Fibroid Lifestyle Intervention and Education Programme

A full academic reading list with journal titles, volume numbers, and DOI references is available on request. Email the address below with the subject line: Research References Request.

CONTACT, GUARANTEE, AND TESTIMONY SUBMISSION

Your 30-Day Money-Back Guarantee -- In Writing

You read this guarantee on the sales page. It is repeated here -- inside the guide itself, with no conditions attached -- because you deserve to see it in writing inside the product you paid for, not only in the marketing that sold it to you.

YOUR 30-DAY GUARANTEE

Follow this protocol for 30 full days.

Take the morning drink every day. Follow the food plan to the best of your ability. Take yo

If, after 30 full days of genuine effort, you do not notice any measurable improvement in y

The risk of this purchase sits entirely with me. Not with you.

Results described are individual experiences. Your results may vary based on your specific health circumstances, the consistency with which you follow the protocol, and factors outside the protocol's control. This guarantee applies to women who have genuinely followed the protocol for 30 full days.

How to Contact

Email: abazuomary81@gmail.com

Subject Line	Purpose
Refund Request -- Fibroid No Go Kill You	Refund requests
Protocol Question -- [your specific topic]	Questions about the protocol
Sourcing Help -- [ingredient name]	Sourcing assistance
My Testimony -- Fibroid No Go Kill You	Sharing your experience
Research References Request	Full academic reference list

For refund requests: Send your name, the email address used for purchase, and a brief note that you completed the 30 days and did not see improvement.

For questions about the protocol: If you are unsure about an ingredient, a substitution, how to adapt the protocol for a specific situation, or what to do if a particular symptom is not responding -- send your question. Every protocol question receives a direct, personal response.

For ingredient sourcing help: If you are in a part of Nigeria where a specific ingredient is unavailable and you cannot find it online, send your location and the ingredient name. You will receive specific sourcing guidance for your area.

For testimony submission: If this protocol has made a measurable difference in your life -- your pain, your bleeding, your bloating, your ability to go to work on day one of your period, your scan results, your doctor's words -- send your story. With your permission, your testimony may be shared to reach the next woman who needs to know that this is real and this works.

A Final Word

If you have read every page of this guide, you now know more about your own body than most women with fibroids ever learn. You know what is feeding your condition. You know what is fighting it. You know the four pillars -- the food, the drinks, the seeds, the reset -- and you know exactly why each one matters.

The rest is consistency.

You do not need to be perfect. You need to be consistent. You need to make the morning drink on the difficult mornings as well as the easy ones. You need to put the ugu in the soup. You need to take the seeds. You need to protect the 10 minutes.

One month at a time. One period at a time. One scan result at a time.

Your body has been waiting for these conditions. Give it the conditions.

Chidinma Abaz

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