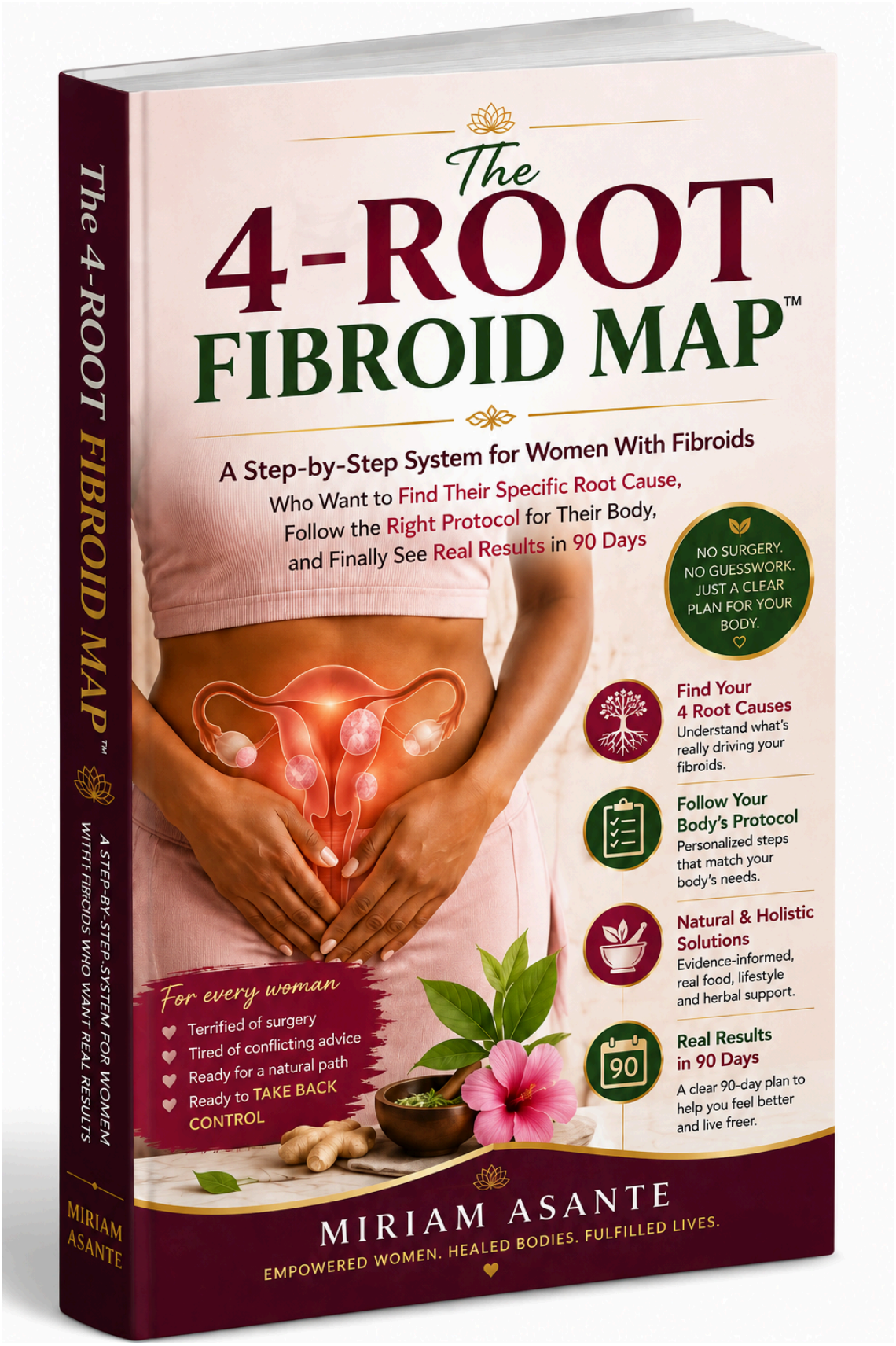
The
4-ROOT
FIBROID MAP™
A Step-by-Step System for Women With Fibroids
Who Want to Find Their Specific Root Cause,
Follow the Right Protocol for Their Body,
and Finally See Real Results in 90 Days
NO SURGERY. NO GUESSWORK. JUST A CLEAR PLAN FOR YOUR BODY.
Find Your 4 Root Causes
Understand what's really driving your fibroids.
Follow Your Body's Protocol
Personalized steps that match your body's needs.
Natural & Holistic Solutions
Evidence-informed, real food, lifestyle and herbal support.
90
Real Results in 90 Days
A clear 90-day plan to help you feel better and live freer.
For every woman
Terrified of surgery
Tired of conflicting advice
Ready for a natural path
Ready to TAKE BACK CONTROL
MIRIAM ASANTE
EMPOWERED WOMEN. HEALED BODIES. FULFILLED LIVES.
The 4-ROOT FIBROID MAP™
A STEP-BY-STEP SYSTEM FOR WOMEN WITH FIBROIDS WHO WANT REAL RESULTS
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The 4-Root Fibroid Map™

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INTRODUCTION

The Diagnosis That Changed Everything

The day you found out about your fibroids, something shifted.

Maybe it was a routine scan and the doctor said it so casually — like they were reading a shopping list. "You have fibroids." And then they moved on, already reaching for the next form, the next patient, the next file. And you sat there, still processing the word, still trying to remember if you'd heard it before, still trying to understand what it meant for you — for your body, your family, your future.

Or maybe you suspected something was wrong for a long time. The periods that floored you every month. The pressure in your pelvis that your doctor kept calling "stress." The belly that sat out no matter what you ate or how much you walked. The fatigue that made you feel like you were moving through wet concrete. And then came the scan, and suddenly there was a name for all of it.

Either way — you've been carrying this quietly. And if you're anything like the women I've walked alongside on this journey, you've probably spent more hours than you'd like to admit staring at your phone at midnight, reading forum posts, watching YouTube videos, saving Instagram infographics, and trying to piece together an answer from a hundred different sources that all seem to contradict each other.

This guide exists because that is an exhausting way to try to heal.

What Nobody Tells You After the Scan

Here is what most women are told after a fibroid diagnosis: surgery might eventually be necessary, or you can wait and monitor. Come back in six months for another scan. Try not to stress.

That is not enough. And deep down, you already know that.

What you weren't told is that fibroids don't grow in a vacuum. They grow in an internal environment that is feeding them — and that environment is different for every woman. What feeds one woman's fibroids is not necessarily what feeds yours. Which is exactly why your neighbour swore off red meat and her symptoms improved, while you tried the same thing for three months and felt no different. Why did your colleague take a particular supplement and say it changed her life, and you bought the same one and noticed nothing.

The reason generic fibroid advice produces inconsistent results is simple: it assumes every woman's fibroids have the same root cause. They don't.

This is the gap that The 4-Root Fibroid Map™ was built to fill.

How The 4-Root Fibroid Map™ Works

Through years of researching women's hormonal health and working with women navigating fibroid diagnoses, I identified four distinct internal conditions that drive fibroid growth. I call them the four roots.

The **Hormonal Root** is driven by oestrogen dominance — too much oestrogen circulating in the body with too little progesterone to balance it. The **Inflammatory Root** is driven by chronic low-grade inflammation that creates a tissue environment where fibroids thrive. The **Circulatory Root** is driven by poor pelvic blood flow and lymphatic stagnation — something traditional African healers have understood and addressed for generations. And the **Nutritional Root** is driven by specific deficiencies — in vitamin D, magnesium, iodine, and iron balance — that quietly create a fibroid-friendly internal environment, even in women who believe they are eating well.

Most women have one dominant root. Some have two. Very few have all four equally — but if you do, we will work through that too.

In Chapter 2, you will take a 20-question self-assessment that will tell you which root is dominant for you. From there, every chapter that follows gives you the specific

protocol designed for your root — the foods, the practices, the daily habits, and the timeline that matches what is actually driving your fibroid growth.

No more following protocols built for someone else's body.

A Promise Before We Begin

I want to be honest with you about what this guide is and what it is not.

This is not a miracle cure. I will not tell you that your fibroids will disappear in 30 days if you drink a particular tea or cut out one specific food. Anyone who tells you that is not being straight with you, and you deserve better than that.

What I will tell you is this: fibroids grow in an environment. And environments can be changed. When you stop feeding the conditions that are allowing your fibroids to grow — and you start building the conditions that make growth difficult — your body begins to shift. Symptoms ease. Periods become more manageable. The fear that has been sitting on your chest since the diagnosis starts to lift, because you are no longer passive. You are no longer just waiting and watching. You are doing something — the right something, for your specific body.

By the time you finish this guide, you will know your dominant root. You will have a clear 90-day protocol tailored to that root. You will have a Day 1 checklist so you know exactly what to do the moment you close this page. And you will understand your body in a way that no six-minute doctor's appointment has ever given you the time to understand it.

You were never meant to just wait and watch.

Let's find your roots.

CHAPTER 1

Why Your Fibroids Keep Growing (It's Not What You Think)

Let me ask you something.

How many things have you already tried?

Maybe you cut out red meat. Maybe you stopped eating processed foods for a while. Maybe you started taking supplements — agnus castus, vitex, serrapeptase, evening primrose oil — after reading about them in a Facebook group at 11pm. Maybe you tried cutting out dairy after someone in a fibroid support group swore it changed everything for her. Maybe you've been drinking more water, walking more, stressing less on purpose, praying harder.

And maybe — after all of that — your fibroids are still there. Still growing. Still making your periods unbearable, still pressing on your bladder, still sitting in your body like an uninvited guest who has decided they live there now.

If that sounds familiar, I want you to hear this clearly: you have not been failing. The approach has been failing you.

The Problem With Generic Fibroid Advice

Here is what most fibroid content — whether it comes from a wellness blog, a YouTube channel, or a well-meaning aunty — is built on: the assumption that all fibroids are the same.

They are not.

Fibroids are a symptom. They are what happens when a woman's internal environment — her hormones, her inflammation levels, her circulation, her nutritional status — tips into a state that makes fibroid growth possible. But the specific combination of factors that created that environment is different for every woman.

Think of it like this. Imagine two women. Both have fibroids. Both live in Lagos. Both eat Nigerian food every day. But one woman's fibroids are being driven primarily by oestrogen dominance — her body is producing and storing far more oestrogen than it can clear. The other woman's fibroids are being driven primarily by a severe vitamin D deficiency and chronic pelvic inflammation she has had since her last pregnancy.

Now imagine both of them follow the same "avoid oestrogen" diet they found online. The first woman might see some improvement. The second woman will see almost nothing — because oestrogen dominance is not her primary problem. She has been following the wrong map.

This is why your neighbour's protocol didn't work for you. This is why the supplement that changed someone else's life sat in your bathroom cabinet doing very little. This is why you've been trying hard and seeing inconsistent results. You have been given a general map when what you needed all along was your specific one.

What Fibroids Actually Need to Grow

Before we talk about the four roots, I want you to understand something fundamental about how fibroids survive and grow inside your body. This is the part that most guides skip — and skipping it is exactly why so many women feel lost.

Fibroids are made of smooth muscle tissue and fibrous cells. They are not cancerous — let me say that clearly, because the fear of that word sits in the back of many women's minds and I want it out. But they are opportunistic. They grow when the conditions inside your body make growth easy. And they struggle to grow — and can even reduce in size — when those conditions change.

Three things fibroids need to grow:

First, they need oestrogen. Oestrogen is the primary fuel for fibroid growth. Fibroids have oestrogen receptors on them — they are literally designed to absorb it. When oestrogen levels are high, or when oestrogen cannot be cleared from the body efficiently, fibroids have a constant supply of what they need most.

Second, they need inflammation. Chronic low-grade inflammation creates a tissue environment where abnormal cell growth — including fibroid growth — is easier to sustain. Inflammation is like the soil. Oestrogen is like water. Together, they create ideal growing conditions.

Third, they need stagnation. When blood flow to the pelvic region is sluggish, when lymphatic drainage is poor, when waste products and hormonal by-products are not being efficiently cleared from the uterine environment, fibroids are essentially sitting in a nutrient bath with no drainage. This is why pelvic circulation has been a cornerstone of traditional African women's health practices for centuries — our grandmothers understood something about this that modern medicine is only beginning to study.

Now here is the important part. Not every woman has all three of these conditions equally. Most women have one or two that are dominant. And the root or roots that are dominant for you — that is what determines which protocol will actually work for your body.

Reason why "Just Reduce Oestrogen" Is Incomplete

You have probably heard this advice more times than you can count: reduce your oestrogen. Avoid oestrogen-mimicking foods. Cut out plastics. Stop eating soy. Eat more cruciferous vegetables.

This advice is not wrong. Oestrogen management is genuinely important for many women with fibroids. But it is incomplete in two significant ways that nobody talks about.

The first problem is that it only addresses one of the four roots. If your fibroids are primarily driven by inflammation or a nutritional deficiency, reducing oestrogen will produce minimal results. You will do all the right things and feel like your body is not responding — because you are treating the wrong root.

The second problem is more subtle. Reducing oestrogen production is only half of the equation. The other half is oestrogen clearance — how efficiently your body is

actually removing oestrogen once it has been used. Many women are producing normal amounts of oestrogen but their body is recirculating it instead of eliminating it. The result is the same as oestrogen dominance, but the cause is different — and the solution is different too.

This is why some women follow strict oestrogen-reduction diets faithfully and see very little change. Their problem was never how much oestrogen they were producing. It was that their liver, gut, and lymphatic system were not clearing it efficiently. Cutting soy and avoiding plastics does almost nothing if the clearance pathway is blocked.

We will talk in detail about how to open those clearance pathways when we get to the Hormonal Root chapter. But for now, I want you to hold onto this idea: what is only half the answer. The why — your specific root — determines everything else.

The Most Dangerous Thing You Can Do

I want to say this gently but clearly, because I care about you getting real results from this guide.

The most dangerous thing you can do when managing fibroids naturally is follow a protocol built for someone else's body.

Not because it will harm you. But because it will exhaust you. You will try things faithfully, see little result, and begin to believe that natural approaches simply don't work — that surgery is inevitable, that your body cannot be supported, that you are somehow harder to help than other women.

None of that is true.

What is true is that you were given the wrong map.

That ends now.

In the next chapter, you are going to take the 4-Root Fibroid Map™ self-assessment — 20 questions that will tell you exactly which root is dominant in your body right

now. It takes about ten minutes. And by the time you finish it, you will have more clarity about what is actually driving your fibroid growth than most women get from years of Googling.

I've sat with women in Lagos, in London, in Toronto, who cried when they saw their results — not from sadness, but from relief. From the feeling of finally being seen. Finally having an explanation that matched their experience.

That is what the next chapter is for.

Let's go find your roots.

CHAPTER 2

The 4-Root Fibroid Map™ — Find Your Root Today

So now you understand why the generic advice keeps falling short. It was never designed for you specifically — it was designed for an average that doesn't actually exist. No two women's fibroids have identical drivers, and no two women's bodies will respond identically to the same protocol.

That changes right now.

This chapter is the heart of everything. Before we talk about food, herbs, protocols, or timelines — before any of that — we need to know which root is yours. Because everything that comes after this chapter will be built on what you discover here.

Take your time with this. Find somewhere quiet. Make yourself a cup of zobo or ginger tea, sit down, and give this your full attention. Ten minutes of honest self-reflection here will save you months of trial and error.

Meet the Four Roots

Before you take the assessment, let me introduce you to each root properly. As you read through these descriptions, you may already feel something — a recognition, a sense of "this sounds like me." Trust that feeling. It is your body trying to tell you something it has been trying to tell you for a while.

The Hormonal Root is about oestrogen — too much of it, circulating too long, with not enough progesterone to keep it balanced. Women with a dominant Hormonal Root often have fibroids that grow rapidly, particularly in their late twenties and thirties. They tend to have very heavy periods with large clots, noticeable PMS symptoms, weight that tends to sit around the hips and belly, and a history of hormonal contraception use. They may also notice their symptoms worsening in the second half of their cycle.

The Inflammatory Root is about your body's internal fire — a chronic, low-grade state of inflammation that creates exactly the kind of tissue environment where abnormal growth thrives. Women with a dominant Inflammatory Root often experience significant period pain beyond just heaviness, bloating that feels almost constant, skin issues like breakouts or eczema that come and go, joint aches, and a general feeling of their body being reactive and sensitive. They often have a history of gut issues — constipation, IBS symptoms, or food sensitivities — that they have learned to live with and no longer think to mention.

The Circulatory Root is about movement — or rather, the lack of it — in the pelvic region. When blood and lymphatic fluid stagnate in the lower abdomen, the uterine environment becomes congested. Fibroids sitting in that congested environment have everything they need and nowhere for waste products to drain. Women with a dominant Circulatory Root often experience a heavy, dragging sensation in the pelvis, periods with dark blood particularly at the start or end of flow, cold feet and legs, visible varicose veins, and a sense of pelvic heaviness that worsens when they sit for long periods. Many of them work desk jobs or have sedentary routines.

The Nutritional Root is the quietest root — and the most frequently missed. It is about specific deficiencies that create a fibroid-friendly internal environment, often in women who genuinely believe they eat well. The key deficiencies are vitamin D, magnesium, iodine, and disrupted iron balance. Women with a dominant Nutritional Root often feel tired in a way that doesn't fully respond to sleep, experience muscle cramps or tension, have hair that sheds more than it used to, and find their periods more symptomatic in winter or after periods of high stress when nutritional reserves are depleted fastest.

Now — let's find yours.

The 4-Root Fibroid Map™ Self-Assessment

Read each question carefully and answer honestly. Circle or note down the letter of every answer that genuinely applies to you. Do not choose what you think should

apply — choose what actually does. At the end, you will count your answers in each category to find your dominant root.

There are no right or wrong answers here. This is just your body speaking. Listen to it.

SECTION A

Question 1: How would you describe your period flow?

- A — Very heavy, often soaking through pads quickly, sometimes flooding unexpectedly
- B — Heavy with significant cramping and pain, sometimes with nausea
- C — Heavy with dark blood, particularly at the beginning or end of flow, with clots
- D — Variable — sometimes heavy, sometimes light, hard to predict month to month

Question 2: Do you experience PMS symptoms in the week before your period?

- A — Yes, significantly — mood changes, breast tenderness, bloating, irritability
- B — Yes, mainly physical — pain, inflammation, feeling unwell
- C — Mild to moderate — mostly pelvic heaviness and discomfort
- D — Yes, but mainly fatigue and low energy rather than pain or mood shifts

Question 3: Where does your body tend to hold extra weight?

- A — Mainly around my hips, thighs, and lower belly — it goes there first and leaves last
- B — Around my middle, and I feel bloated even when I haven't eaten much
- C — My lower abdomen feels heavy and full regardless of my weight
- D — I've noticed unexplained weight changes that don't seem related to what I eat
-

Question 4: How would you describe your energy levels day to day?

- A — Variable — I have good days and bad days, often worse around my cycle
- B — Often low, especially after eating certain foods or during stressful periods
- C — Reasonable but I feel heavy and sluggish, particularly in my lower body
- D — Consistently low — I am tired in a way that sleep doesn't seem to fully fix

Question 5: Do you have a history of using hormonal contraception — the pill, injection, or hormonal implant?

- A — Yes, for more than two years
- B — Yes, but I also have significant inflammation symptoms regardless
- C — No, or briefly only
- D — No, but my symptoms worsened significantly after pregnancy or a period of high stress

SECTION B

Question 6: Do you experience digestive issues — bloating, constipation, loose stools, or food sensitivities?

- A — Occasionally, mainly around my cycle
- B — Yes, regularly — my gut is sensitive and reactive
- C — Some bloating, mainly in my lower abdomen
- D — Occasionally, particularly when my diet has been poor or I'm under stress

Question 7: How would you describe your skin?

- A — Hormonal breakouts, mainly around my jaw or chin, that come and go with my cycle
- B — Reactive — prone to breakouts, eczema, or sensitivity that flares unpredictably
- C — Generally okay, but I notice my complexion dulls when I'm not moving enough

- D — Dull or dry, particularly in winter — I feel like my skin reflects my energy levels

Question 8: Do you experience pain or aching in your joints or muscles outside of your period?

- A — Occasionally, mainly around ovulation or before my period
- B — Yes, fairly regularly — my body often feels inflamed or reactive
- C — Not joint pain, but pelvic heaviness and leg aching, particularly after sitting
- D — Muscle cramps and tension, particularly in my legs and back

Question 9: How would you describe your sleep?

- A — Disrupted around my cycle — particularly the week before my period
- B — Often disrupted — I wake easily or find it hard to switch off
- C — Generally okay but I feel heavy and unrefreshed in the morning
- D — I sleep but wake up tired — sleep doesn't restore me the way it should

Question 10: Have you ever been told your blood results are "normal" while still feeling unwell?

- A — Yes, mainly regarding hormone levels — told they're "within range" but I don't feel balanced
- B — Yes — told inflammation markers are fine but my body clearly feels otherwise
- C — Not particularly — my issues feel more physical and structural than blood-related
- D — Yes — specifically around iron, vitamin D, or thyroid — told I'm fine but I feel depleted

SECTION C

Question 11: Do you spend long periods sitting — at a desk, in a car, or in one position?

- A — Sometimes, but I'm reasonably active
- B — Yes, and I notice it makes my symptoms worse
- C — Yes, significantly — and I feel it in my pelvis and legs by the end of the day
- D — Variable — my activity levels depend on my energy, which is often low

Question 12: How would you describe the colour and consistency of your period blood?

- A — Bright red and heavy, with large clots in the first two days
- B — Mixed — sometimes bright, sometimes dark, with cramping throughout
- C — Dark red to almost brown, particularly at the start and end — clots that feel thick
- D — Variable colour, sometimes light and watery when my energy is lowest

Question 13: Do you experience a sense of heaviness, pressure, or dragging in your lower abdomen outside of your period?

- A — Occasionally, mainly around ovulation
- B — Yes, often accompanied by bloating or sensitivity
- C — Yes, regularly — it's one of my most consistent symptoms
- D — Sometimes, particularly when I'm nutritionally depleted or exhausted

Question 14: Do your feet or legs feel cold, particularly in the evenings?

- A — Not particularly
- B — Sometimes, when my inflammation is high
- C — Yes, regularly — my lower body often feels cold and heavy
- D — Sometimes, particularly in harmattan season or UK/Canadian winters

Question 15: Have you noticed any varicose veins or visible veins on your legs?

- A — Not significantly
- B — Some, but I attribute them to inflammation and poor diet
- C — Yes — this is something I've noticed and it concerns me
- D — Not particularly

SECTION D

Question 16: How much time do you spend outdoors in direct sunlight on a typical week?

- A — A reasonable amount — I'm outside most days
- B — Variable — depends on the season and my energy
- C — I'm mostly indoors during the day — work, commute, home
- D — Very little, particularly if I'm in the UK, Canada, or a Northern climate

Question 17: How would you describe your diet over the past two years?

- A — Fairly good but not perfect — I eat Nigerian food regularly and try to balance it
- B — I've been trying to eat anti-inflammatory foods but it's inconsistent
- C — I eat well but I don't think about specific nutrients — just food in general
- D — I know my diet is missing things — I don't eat enough variety and I know it

Question 18: Do you take any regular supplements?

- A — Occasionally — nothing consistent
- B — I've tried several things for inflammation and gut health with mixed results
- C — Not really — I prefer to get nutrients from food
- D — I've tried iron or vitamin D before but not consistently or at the right dose

Question 19: Have your symptoms noticeably worsened during or after a pregnancy, during winter months, or after a prolonged period of high stress?

- A — After pregnancy, yes — that's when my hormonal symptoms became significant
- B — During stress, yes — my inflammatory symptoms flare badly under pressure

- C — During periods when I'm least active — lockdown was particularly bad for me
- D — In winter, yes — or after pregnancy when my nutritional reserves were depleted

Question 20: If you had to describe how your body feels most of the time in one word, which would it be?

- A — Imbalanced
- B — Inflamed
- C — Congested
- D — Depleted

Reading Your Results

Now count your answers.

How many **A** answers did you choose? ____
How many **B** answers did you choose? ____
How many **C** answers did you choose? ____
How many **D** answers did you choose? ____

Mostly A — Your Dominant Root is the Hormonal Root.
Your internal environment is being shaped primarily by oestrogen imbalance. Your fibroids are feeding on hormonal fluctuations that your body is currently struggling to regulate and clear. Chapter 3 was written for you.

Mostly B — Your Dominant Root is the Inflammatory Root.
Your body is living in a state of chronic low-grade inflammation that is creating ideal growing conditions for your fibroids. Your protocol is less about hormones and more about cooling the fire. Chapter 4 is your chapter.

Mostly C — Your Dominant Root is the Circulatory Root.
Stagnation in your pelvic region is the primary driver of your fibroid environment. Your body needs movement, drainage, and circulation — in ways that go beyond ordinary exercise. Chapter 5 has what you need.

Mostly D — Your Dominant Root is the Nutritional Root.

Specific deficiencies are silently creating a fibroid-friendly internal environment — even if you believe you eat reasonably well. Chapter 6 will show you exactly what is missing and how to replace it.

If You Scored High on More Than One Root

This is more common than you might think. Many women find they have a clear dominant root with a strong secondary. Perhaps you scored 10 A's and 7 B's. Or 8 C's and 8 D's equally.

Here is what to do.

If you have a clear dominant root with a noticeable secondary — start with your dominant root's chapter and work that protocol fully for the first 30 days. Then layer in the secondary root's key practices in weeks five through eight. The 90-Day Roadmap in Chapter 7 will show you exactly how to sequence this.

If you scored nearly equally across two roots — read both chapters fully before starting any protocol. The overlap between the two will become clear as you read, and you will be able to build a combined approach. Again, Chapter 7 will guide you through this.

If you genuinely scored high across three or four roots — do not panic. It simply means your body has been dealing with multiple stressors for a while and needs a more comprehensive reset. Work through all the relevant chapters and use Chapter 7 to build your layered plan. Many women in this position see the fastest initial results once they start, because there are multiple entry points for positive change.

You have your roots now. Or your roots.

Write it down somewhere. Say it out loud if you want to. Because from this moment, everything becomes more specific — more yours.

The next four chapters each belong to one root. Go directly to the chapter that matches your dominant root first. You can read the others afterwards — and I encourage you to, because understanding all four roots will deepen your understanding of your own body in ways that will serve you long after this guide is finished.

But start with yours.

If your dominant root is the Hormonal Root — Chapter 3 is waiting for you, and what it reveals about how oestrogen is actually cleared from your body — or fails to be — is going to change the way you think about everything you've tried before.

Chapter 3: The Hormonal Root — When Oestrogen Is Running the Show

So your results pointed to the Hormonal Root.

Good. Not because it's the easiest root to work with — it isn't, always. But because once you understand what is actually happening with oestrogen in your body, the path forward becomes remarkably clear. And clarity, after months or years of confusion and conflicting advice, is its own kind of relief.

Before we get into the protocol, I need to give you a proper understanding of what oestrogen dominance actually means — because the phrase gets thrown around constantly in fibroid spaces and most explanations stop at the surface. A surface understanding leads to surface solutions. We are going deeper than that today.

What Oestrogen Dominance Actually Means

Let me start by saying something that might surprise you.

Oestrogen is not your enemy.

Oestrogen is a remarkable hormone. It is responsible for your reproductive cycle, your bone density, your skin elasticity, your mood stability, your cardiovascular health, and dozens of other functions your body depends on daily. Without oestrogen, your body could not do most of what it does.

The problem is not oestrogen itself. The problem is oestrogen that has overstayed its welcome.

Think of it like a guest in your house. A good guest arrives, does what they came to do, and leaves when the time is right. An overstaying guest — one who keeps coming back, accumulating in your space, never fully leaving — starts to cause problems no matter how welcome they were originally.

Oestrogen dominance happens when oestrogen levels are high relative to progesterone — the hormone that is supposed to balance and oppose oestrogen's effects. This imbalance can happen in two ways. Either your body is producing too much oestrogen, or — and this is the part most guides never explain — your body is producing a normal amount but failing to clear it efficiently. The used oestrogen keeps recirculating. It keeps coming back. And your fibroids — which have oestrogen receptors designed specifically to absorb it — keep feeding.

This is why some women follow strict oestrogen-reduction diets for months and see minimal change. They were focused entirely on the input — what was going into the body — without addressing the clearance pathway. The drain was blocked. And a blocked drain causes flooding no matter how carefully you manage the tap.

The Oestrogen Clearance Pathway — And Why Yours May Be Blocked

Your body clears oestrogen through a three-stage process involving your liver, your gut, and your lymphatic system. All three stages must work efficiently for oestrogen to actually leave your body rather than recirculate.

Here is what happens when it works correctly.

Your liver takes used oestrogen and breaks it down into water-soluble compounds that can be excreted. Those compounds travel to your gut, where they are supposed to bind to fibre and be carried out of the body in your stool. Meanwhile, your lymphatic system — the body's drainage network — helps clear oestrogen metabolites from the tissues, including the uterine tissue where your fibroids live.

Here is what happens when it breaks down.

If your liver is sluggish — overloaded with alcohol, processed foods, medication residue, or environmental chemicals — it cannot break oestrogen down efficiently. The used oestrogen sits and waits. If your gut microbiome is imbalanced — particularly if you have an overgrowth of certain bacteria — an enzyme called beta-glucuronidase becomes overactive and literally unwraps the oestrogen your liver just packaged for excretion, releasing it back into circulation. If your lymphatic system is sluggish — from inactivity, dehydration, or poor diet — oestrogen metabolites accumulate in tissue rather than draining away.

The result of any one of these failures — let alone all three — is the same. Oestrogen keeps circulating. Fibroids keep feeding. And dietary changes that focus only on reducing oestrogen intake without addressing clearance produce frustratingly incomplete results.

Now you know why.

The Foods Silently Fuelling Your Hormonal Root

Here is where I need to be honest with you about some things that are very common in Nigerian and diaspora households — things that are feeding your Hormonal Root without you realising it.

Conventional meat and dairy. Livestock raised with hormones — which describes most commercially available meat in Nigerian markets and in UK and US supermarkets unless specifically labelled otherwise — introduces synthetic oestrogens directly into your body. This is not about avoiding meat entirely. It is about being specific about your source.

Plastics. The bottled water sitting in your car in Lagos heat, the plastic containers your suya or stew was packed into, the nonstick pans that are scratched and worn — all of these leach xenoestrogens, chemical compounds that mimic oestrogen in your body and bind to the same receptors your fibroids use. This is not fearmongering. This is chemistry.

Certain cooking oils. Highly refined vegetable oils — the cheap blended oils used in most Nigerian cooking and sold everywhere — are high in omega-6 fatty acids that promote inflammation and disrupt hormonal balance. This does not mean abandoning your cooking. It means upgrading your oil.

Alcohol. Even moderate alcohol significantly impairs liver function — and as you now understand, your liver is the first and most important stage of oestrogen clearance. A liver working hard to process alcohol is a liver not working efficiently to process oestrogen. The two compete directly.

Stress hormones. This one is not a food but it matters enough to include here. When cortisol — your primary stress hormone — is chronically elevated, it competes with progesterone for the same receptor sites, effectively reducing progesterone's ability to balance oestrogen. Chronic stress does not just affect your mood. It directly worsens oestrogen dominance. This is why women going through difficult seasons — difficult marriages, demanding jobs, family pressure — often see their fibroid symptoms worsen even when their diet hasn't changed.

The Oestrogen-Clearing Foods in Your Local Market Right Now

Now let me tell you what actually helps — and where to find it without spending a fortune or travelling to a health food shop.

Cruciferous vegetables. Broccoli, cabbage, and especially garden egg leaves contain a compound called indole-3-carbinol that directly supports your liver's oestrogen metabolism pathway. Cabbage is available in every market in Nigeria and in every supermarket in the UK and Canada. It is inexpensive, versatile, and one of the most powerful Hormonal Root foods available to you. Eat it several times a week — in stews, lightly cooked, or as a side. Do not boil it to death. Gentle cooking preserves the active compounds.

Bitter leaf and scent leaf. Both are staples of traditional West African cooking and both have documented liver-supportive properties. Bitter leaf in particular has been used in Igbo and Yoruba traditional medicine specifically for conditions involving hormonal and uterine imbalance. Your grandmother likely knew this without knowing

the biochemistry behind it. Use them regularly in soups and stews — not just for flavour but as medicine.

Flaxseed. This is the most powerful dietary tool for oestrogen balance available to you. Flaxseed contains lignans — plant compounds that bind to oestrogen receptors and block the more aggressive forms of oestrogen from attaching, while also binding to excess oestrogen in the gut and carrying it out before it can be reabsorbed. One tablespoon of ground flaxseed daily — in smoothies, in pap, stirred into yoghurt, added to soups — is a genuinely significant intervention. Ground is important. Whole flaxseed passes through largely undigested. Grind it yourself or buy pre-ground and store in the fridge.

Fibre, consistently. The link between dietary fibre and oestrogen clearance is one of the most well-documented and least discussed connections in women's hormonal health. Fibre is what oestrogen binds to in your gut before being excreted. Without adequate fibre, oestrogen has nothing to bind to — and gets reabsorbed. Most Nigerian diets have reasonable fibre from beans, plantain, and vegetables, but diaspora diets often slip significantly. Prioritise beans, okra, garden eggs, and whole grains daily.

Water — more than you think you need. Your lymphatic system — the third clearance pathway — has no pump of its own. It depends entirely on movement and hydration to drain. Dehydration is one of the fastest ways to slow lymphatic clearance and allow oestrogen metabolites to accumulate in tissue. Aim for at least two litres daily. More if you are in Lagos heat. More if you are exercising.

The Hormonal Root 21-Day Protocol

This protocol works in three sequential weeks. Do not skip ahead. The order matters because each week prepares the body for what comes next.

Week One — Clear the Pathway

Before your body can rebalance oestrogen, the clearance pathway must be open. This week is entirely focused on liver support and gut preparation.

Daily actions for Week One:

1. Begin each morning with warm water and the juice of half a lemon before any food or drink. This gently stimulates liver function and bile production — the first step in oestrogen breakdown.
2. Add one tablespoon of ground flaxseed to one meal daily. Start here, not higher, to allow your gut to adjust.
3. Remove alcohol entirely for the duration of this protocol. This is non-negotiable. Your liver cannot efficiently process oestrogen while also processing alcohol.
4. Switch your cooking oil to cold-pressed coconut oil or red palm oil — both are stable at cooking temperatures and do not contribute to hormonal disruption the way refined vegetable oils do.
5. Eat bitter leaf or scent leaf in at least four meals this week. If you are in the diaspora, dried bitter leaf is available in African food shops and online. It is worth finding.
6. Drink two litres of water daily. Set a reminder if you need to.

Week Two — Reduce the Load

With the clearance pathway beginning to open, this week focuses on reducing new oestrogen entering your system.

Daily actions for Week Two:

1. Continue everything from Week One.
2. Replace conventional meat with fish, eggs, or legumes at least four days this week. If you eat meat, source it from a butcher who can confirm hormone-free rearing, or choose frozen imported options specifically labelled hormone-free.
3. Replace plastic water bottles with a glass or stainless steel bottle. Stop reheating food in plastic containers — transfer to a plate or glass bowl first.
4. Add cabbage to your diet three times this week — as a cooked side, in stew, or lightly sautéed with garlic and a little palm oil.
5. Add a daily 20-minute walk. This is not primarily for weight — it is for lymphatic drainage. Your lymph needs movement to clear. A brisk walk is one of the simplest and most effective lymphatic support tools available.

6. Begin a simple stress practice before bed — five minutes of slow, deliberate breathing. Inhale for four counts, hold for four, exhale for six. This actively lowers cortisol and over time supports progesterone's ability to balance oestrogen. Five minutes. Every night.

Week Three — Support the Balance

The clearance pathway is more open. The oestrogen load is reducing. Now we support the body's own hormonal balancing capacity.

Daily actions for Week Three:

1. Continue everything from Weeks One and Two.
2. Introduce vitex agnus-castus — available as a supplement in health stores and online — at the recommended dosage on the packaging. Vitex supports progesterone production and helps rebalance the oestrogen-to-progesterone ratio over time. Note: vitex takes time. You will not feel it in a week. Think in cycles — give it a minimum of three months before assessing its impact.
3. Add magnesium-rich foods daily — pumpkin seeds, black beans, dark leafy greens, and dark chocolate (70% and above). Magnesium is critical for liver enzyme function and directly supports the oestrogen detoxification pathway. Many women with dominant Hormonal Roots are quietly deficient.
4. Increase your flaxseed to two tablespoons daily if your gut has adjusted well to the first week's introduction.
5. Do a gentle castor oil pack over your lower abdomen twice this week — warm castor oil applied to the skin, covered with a cloth, and left for 45 to 60 minutes. This traditional practice, used across West Africa and in naturopathic medicine globally, supports lymphatic drainage and liver circulation in the pelvic and abdominal region. It is simple, inexpensive, and deeply supportive for the Hormonal Root specifically.

Tracking Your Progress

Here is what to expect and when.

In the **first two weeks**, you may notice changes in your digestion before anything else — more regular bowel movements, less bloating, a sense of things moving more efficiently. This is your clearance pathway opening. It is a good sign.

By **weeks three and four**, some women notice their mood shifting in the days before their period — less irritability, less breast tenderness, a slightly more predictable emotional landscape. Progesterone is beginning to have more room to work.

By **the end of the first full cycle** on this protocol, pay attention to your period flow. Specifically, notice whether the first two days — typically the heaviest — are slightly more manageable than before. A reduction in the volume of clots is often one of the first measurable signs that the oestrogen environment is shifting.

Months two and three are where the more significant changes tend to emerge for Hormonal Root women. Be patient with this timeline. Hormonal rebalancing is not a sprint. Your hormonal environment took time to reach its current state and it will take time to shift. But it will shift — consistently and measurably — when you address the root correctly.

Take a photo of your protocol results at the end of each cycle. Note your flow, your pain level, your PMS symptoms, and your energy in the week before your period. These are your metrics. Track them, because the changes are often gradual enough that without tracking, you may not notice how far you've come.

If you took the quiz and your dominant root was not Hormonal — or if you scored high on both Hormonal and another root — continue to the chapter that matches your secondary root after reading this one. Understanding both will help you build the layered protocol in Chapter 7.

But if the Hormonal Root is yours, you now have everything you need to start.

And starting — actually starting, with specific actions rather than more research — is the most important thing you can do.

The next chapter is for the women whose bodies are living in a state of chronic inflammation. And even if that is not your dominant root, what I am going to share there about the inflammatory environment and how it interacts with fibroid growth is something every woman in this guide should understand. It is one of those chapters that will make you look at your daily habits completely differently.

CHAPTER 4

The Inflammatory Root — When Your Body Is Fighting Itself

Now that we've covered the Hormonal Root, I want you to hold onto one thing from that chapter as we move forward — the idea that fibroids need a specific internal environment to grow. Oestrogen is one part of that environment. But there is another condition that works quietly alongside oestrogen, amplifying its effects and making the uterine environment even more hospitable to fibroid growth.

That condition is inflammation.

And here is what makes the Inflammatory Root particularly tricky: most women who have it don't know they have it. Not because they aren't paying attention — but because chronic low-grade inflammation doesn't always announce itself loudly. It doesn't always look like swelling or fever or obvious pain. Sometimes it looks like I'm tired. Like bloating. Like skin that won't settle. Like a body that just feels permanently reactive, permanently a little more sensitive than it should be, permanently running slightly too hot in ways that are hard to name.

If that sounds familiar, stay close. This chapter is for you.

What Chronic Inflammation Actually Feels Like

We tend to think of inflammation as something acute — a swollen ankle, an infected cut, the redness around a wound. That kind of inflammation is healthy. It is your immune system doing exactly what it is supposed to do: rushing resources to a site of injury or infection, containing the problem, and then standing down once the threat is resolved.

Chronic low-grade inflammation is different. It is what happens when your immune system never quite stands down. When the alarm keeps sounding at a low volume, day after day, even when there is no acute injury to respond to. The immune system

stays activated — not dramatically, not in a way that shows up obviously — but consistently, at a level that creates widespread tissue effects throughout the body.

Think of it like a generator running constantly in the background. You can't always hear it. But it is consuming fuel, producing heat, and wearing down the system — quietly, steadily, over time.

For women with fibroids, chronic inflammation matters because of what it does to the uterine environment specifically. Inflammatory compounds — particularly a family called prostaglandins — promote abnormal cell growth and stimulate the smooth muscle tissue of the uterus in ways that encourage fibroid development and maintenance. In a non-inflammatory environment, a fibroid has oestrogen but limited structural support for growth. In an inflammatory environment, it has oestrogen and a tissue environment actively primed for abnormal growth. The two conditions together are significantly more powerful than either one alone.

This is why some women with relatively moderate oestrogen dominance have very large or rapidly growing fibroids — because their inflammatory environment is amplifying the effect of even moderate oestrogen levels.

And this is why treating only oestrogen, for a woman with a dominant Inflammatory Root, will always produce incomplete results.

The Surprising Connection Between Your Gut and Your Fibroids

I need to spend a moment here on something that will connect several dots for you — the relationship between your gut health and your fibroid environment.

Your gut is home to trillions of microorganisms — bacteria, fungi, and other microbes that collectively make up your gut microbiome. This microbiome does far more than digest food. It regulates your immune system, produces neurotransmitters that affect your mood, influences your hormonal balance — and critically, it is one of the primary determinants of your body's inflammatory state.

When your gut microbiome is balanced, it produces anti-inflammatory compounds, maintains the integrity of your gut lining, and supports efficient immune regulation. When it is imbalanced — a state called dysbiosis — it does the opposite. It produces pro-inflammatory compounds, weakens the gut lining (allowing partially digested food particles and bacterial fragments to enter the bloodstream and trigger immune responses), and keeps the immune system in that state of low-level constant activation we are talking about.

Here is the part that stops most women when I tell them.

The majority of women with a dominant Inflammatory Root have gut issues they have simply learned to live with. Bloating that they consider normal. Constipation that comes and goes. A sensitive stomach that reacts to stress. IBS symptoms that they've had for so long they no longer mention them to doctors. Recurring thrush or bacterial vaginosis that keeps coming back — which is itself a sign of systemic microbiome imbalance.

These are not separate problems from your fibroids. They are connected. They share a root.

And when you address the gut, the inflammatory environment shifts — sometimes faster and more dramatically than dietary changes alone.

The Three Inflammatory Triggers Hiding in Plain Sight

Let me tell you about three specific triggers that are almost certainly contributing to your inflammatory state — and that are extremely common in both Nigerian and diaspora households.

The first is refined carbohydrates consumed in volume.

Before you close this guide — hear me out. I am not about to tell you to give up your pounded yam or your rice. What I am going to tell you is that the frequency and quantity of refined carbohydrates in many Nigerian diets — white rice daily, white bread, refined semolina, heavily processed instant noodles — creates a pattern of

repeated blood sugar spikes that directly triggers inflammatory responses. Every significant blood sugar spike causes your body to release insulin in large amounts, and chronically elevated insulin is one of the most potent drivers of systemic inflammation known.

This is not about carbohydrates being bad. It is about blood sugar stability. We will address this practically in the protocol without asking you to abandon the foods you love.

The second is seed oils used daily at high heat.

The refined vegetable oils used in most everyday Nigerian cooking — the cheap blended oils sold in large quantities at the market — are extremely high in omega-6 polyunsaturated fatty acids. At room temperature, these oils are merely pro-inflammatory. Heated to cooking temperatures, they oxidise and produce compounds called aldehydes that are significantly more inflammatory than the original oil. Cooking with these oils daily, at the high temperatures typical of Nigerian cooking — frying, sautéing, making stew — is one of the most consistent hidden inflammatory triggers in the diet.

Again — this is not about abandoning your cooking. It is about a simple swap that will cost you nothing extra and make a significant difference.

The third is unprocessed stress stored in the body.

I know. You've heard about stress. But I want to tell you specifically what stress does to inflammation — because the mechanism matters.

When you are chronically stressed, your body produces sustained high levels of cortisol. In the short term, cortisol is actually anti-inflammatory — it is one of the body's primary mechanisms for dampening immune responses during acute stress. But here is what most people don't know: when cortisol is elevated chronically over months and years, your immune cells become desensitised to its anti-inflammatory signal. They stop responding to it. And when they stop responding to cortisol's dampening signal, inflammation runs unchecked.

This is why women going through sustained difficult periods — difficult marriages, grief, financial pressure, the particular exhaustion of raising children far from home with no family support — often see their fibroid symptoms worsen significantly. It is not in their heads. It is in their immune system's response to cortisol resistance.

Stress is not a soft issue for the Inflammatory Root woman. It is a biochemical driver of her fibroid environment. And it must be addressed in the protocol alongside food — not as an optional extra.

The Inflammatory Root Protocol

This protocol runs across four weeks and focuses on three simultaneous targets: cooling your dietary inflammatory load, rebalancing your gut microbiome, and reducing the chronic stress activation that is keeping your immune system's alarm sounding.

Week One — Remove the Fuel

The first week is about identifying and removing the primary dietary triggers feeding your inflammatory state. Do not try to add new things this week. Just remove.

Daily actions for Week One:

1. Replace your refined cooking oil immediately. Switch to red palm oil for stews and soups — it is rich in antioxidants and genuinely anti-inflammatory, and it is already in most Nigerian kitchens. Use coconut oil for anything requiring higher heat. If you are in the diaspora and have access, extra virgin olive oil used at lower temperatures is also excellent.
2. Reduce white rice consumption to a maximum of once daily, and when you eat it, eat it with significant amounts of vegetables and protein before the rice itself. Eating fibre and protein before refined carbohydrates slows glucose absorption and significantly blunts the blood sugar spike. This single habit change — eating your egusi or vegetable soup first, then your swallow, rather than mixing them from the start — makes a measurable difference.

3. Remove or significantly reduce instant noodles, white bread, and packaged biscuits this week. These are the highest glycaemic index foods in most Nigerian diets and they have no nutritional redemption to offset their inflammatory effect.
4. Drink one cup of ginger tea daily. Fresh ginger grated into hot water with a little honey is one of the most accessible and well-documented anti-inflammatory interventions available. It is available everywhere in Nigeria and in every UK and Canadian supermarket. Drink it in the morning or between meals.
5. Add turmeric to your cooking wherever it fits naturally — in stews, soups, rice dishes. The active compound curcumin is one of the most studied natural anti-inflammatory agents known. Combined with black pepper — which increases its absorption dramatically — even small daily amounts accumulate into a meaningful anti-inflammatory effect over weeks.

Week Two — Rebuild the Gut

With the primary inflammatory fuel being reduced, this week introduces active gut microbiome support.

Daily actions for Week Two:

1. Continue everything from Week One.
2. Introduce fermented foods daily. Fermented locust beans — iru or dawadawa — are a traditional West African fermented food that most Nigerian households already use for cooking. They are a genuine probiotic food and significantly more culturally appropriate than the yoghurt-based recommendations in most Western wellness content. Use them in your soups. If you are in the diaspora, African food shops carry them dried. Also consider adding natural yoghurt — plain, unsweetened — as a daily snack if you tolerate dairy.
3. Increase your prebiotic foods — the foods that feed beneficial gut bacteria. Onions, garlic, leeks, and unripe plantain are all excellent prebiotic sources and all are deeply embedded in Nigerian cooking. Use them generously and regularly rather than sparingly.

4. Add one tablespoon of extra virgin coconut oil daily — taken directly or added to food. Coconut oil contains lauric acid, which has documented antimicrobial properties against the specific gut bacteria most commonly overgrown in dysbiosis states.
5. If you have taken antibiotics in the past two years — for any reason — consider adding a high-quality probiotic supplement for this month. Antibiotics are one of the most significant disruptors of gut microbiome balance and a single course can have effects that last for months without active restoration.

Week Three — Cool the Stress Response

This week introduces the stress regulation practices that are as essential to the Inflammatory Root protocol as anything you eat.

Daily actions for Week Three:

1. Continue everything from Weeks One and Two.
2. Introduce a ten-minute morning practice before you look at your phone or speak to anyone. This can be quiet prayer, slow breathing, gentle stretching, or simply sitting with a warm drink in silence. The specific form matters less than the consistency. You are training your nervous system to begin the day from a regulated state rather than an already-activated one. Ten minutes. Every morning. Non-negotiable.
3. Identify your highest stress period of the day — for most women it is either the morning rush or the evening after work — and introduce a five-minute decompression ritual at that specific point. Deep breathing, a short walk outside, or even stepping into a bathroom alone for five minutes of quiet counts. You are interrupting the chronic cortisol cycle at its most active moment.
4. Reduce your news and social media consumption in the hour before sleep. Evening blue light exposure and the emotional activation of social media and news directly impairs sleep quality, and poor sleep is one of the most consistent drivers of elevated morning cortisol. Your phone charges in another room this month. Make this non-negotiable.

5. Consider magnesium glycinate supplementation at 300–400mg taken before bed. Magnesium is the body's natural relaxation mineral, directly supports cortisol regulation, improves sleep quality, and is deficient in the majority of women with dominant Inflammatory Roots. It is one of the highest-impact, lowest-risk supplements available for this root specifically.

Week Four — Lock in the New Baseline

By week four, your gut is beginning to rebalance, your dietary inflammatory load is significantly reduced, and your stress response is starting to shift. This week is about establishing what you've built as your new normal.

Daily actions for Week Four:

1. Do a full honest audit of Weeks One through Three. Which actions did you do consistently? Which did you skip most? The ones you skipped most are usually the ones most needed — because resistance often follows the path of highest impact.
2. Reintroduce one eliminated food — carefully, one at a time, with a gap of two to three days between reintroductions — and observe your body's response. Bloating, skin flaring, mood shifting, or pelvic heaviness after reintroducing a specific food is your body telling you that food is a personal inflammatory trigger, regardless of whether it is generally considered healthy.
3. Add omega-3 fatty acids consistently this week. Oily fish — mackerel, sardines, titus fish — eaten three times this week provides EPA and DHA, the anti-inflammatory fatty acids that directly counter the omega-6 excess in most modern diets. These are affordable, widely available in Nigerian markets, and profoundly anti-inflammatory at the doses achievable through regular eating.
4. Begin a simple gratitude or reflection practice before sleep — three things that went well, written down or spoken aloud. This is not a soft suggestion. Positive emotional processing has documented effects on cortisol and inflammatory marker levels. It costs nothing and takes three minutes.

What to Expect and When

In the **first week**, most Inflammatory Root women notice gut changes first — reduced bloating, more regular digestion, a sense of less internal noise. Some notice their skin settling.

By **week two**, energy often begins to improve — particularly the post-meal afternoon slump, which is frequently driven by blood sugar instability and gut inflammation. When blood sugar stabilises, energy stabilises with it.

By **the end of the first full cycle** on this protocol, pay close attention to your period pain levels. Prostaglandins — the inflammatory compounds most directly responsible for period pain — are among the first fibroid-related markers to respond to dietary anti-inflammatory intervention. A measurable reduction in cramping, even in the first cycle, is a strong indicator that your inflammatory environment is shifting in the right direction.

Months two and three are where systemic effects become more apparent — reduced pelvic heaviness, more manageable flow, and for many women a general sense of the body feeling less reactive and more resilient. Document these changes. They accumulate quietly and it is easy to forget how you felt at the beginning.

If the Inflammatory Root is yours — you now have a complete four-week starting protocol and a clear understanding of why your body has been stuck in the pattern it has been stuck in. That understanding is not a small thing. Most women spend years treating symptoms without ever understanding the mechanism beneath them.

You understand your mechanism now.

The next chapter belongs to the women whose bodies are dealing with something different — not fire, but stillness. Stagnation in the pelvic region that has been building quietly, often for years, creating an environment where fibroids sit undisturbed in exactly the conditions they need. And what I'm going to share about how our grandmothers understood and addressed this — long before anyone had a

name for it — is one of the most fascinating and practically useful parts of this entire guide.

CHAPTER 5

The Circulatory Root — When Blood and Energy Stop Moving

If you've been reading through the last two chapters, you now understand two of the four conditions that can drive fibroid growth — the hormonal environment that feeds them and the inflammatory environment that sustains them. Both of those roots involve something the body is doing too much of. Too much oestrogen. Too much inflammation.

The Circulatory Root is different.

This root is not about excess. It is about absence. Specifically, the absence of movement — of blood, of lymphatic fluid, of energy — in the pelvic region of the body. And what makes this root particularly interesting is that it is the one our grandmothers understood most intuitively, even without ever using words like circulation or lymphatic drainage or pelvic congestion. They simply knew that certain things needed to move. That a woman's lower body needed warmth and flow. That stagnation — in the body as in life — leads to problems.

They were right. And modern science is only now catching up to what traditional West African women's health practices have been saying for generations.

What Pelvic Stagnation Actually Is

Your pelvis is one of the most vascularly complex regions of your entire body. It contains your uterus, ovaries, bladder, and bowel — all of which require rich, consistent blood flow to function well. It is also home to a dense network of lymphatic vessels responsible for draining waste products, hormonal metabolites, immune cells, and inflammatory compounds away from the pelvic organs and into the broader lymphatic circulation for elimination.

When everything is working as it should, blood flows richly into the pelvic region carrying oxygen, nutrients, and hormonal signals, and lymphatic fluid flows efficiently

out, carrying waste products away. The uterine environment is well-nourished and well-drained. It is a dynamic, flowing system — never stagnant, never congested.

Pelvic stagnation happens when this dynamic balance tips toward congestion. When blood flow into the pelvic region is reduced — from prolonged sitting, cold, sedentary lifestyle, or structural tension in the pelvic floor muscles — and when lymphatic drainage slows — from dehydration, inactivity, or chronic tension — the uterine environment becomes like a room with the windows closed and the ventilation blocked.

Waste products accumulate. Hormonal metabolites — including used oestrogen — linger in pelvic tissue rather than draining away. Inflammatory compounds build up without clearance. And fibroids sitting in that congested environment have a consistently rich local supply of everything they need — including the oestrogen metabolites that the liver processed but the lymphatic system failed to drain — with nothing moving them on.

This is why the Circulatory Root often overlaps with the Hormonal Root in women who score high on both. The liver may be processing oestrogen efficiently, but if the lymphatic drainage from the pelvic region is poor, that processed oestrogen accumulates locally in uterine tissue even when systemic blood levels appear normal. The problem is not production. It is local clearance.

The Signs Your Body Has Been Giving You

The Circulatory Root tends to announce itself in ways that are physical, structural, and often dismissed.

The period blood that comes out dark — almost brown, particularly at the start of flow when blood has been sitting — is one of the most consistent signs of pelvic stagnation. Fresh, well-circulated blood is bright red. Blood that has been sitting in a poorly circulating environment oxidises and darkens before it exits. Your period blood has been telling you something for a long time.

The thick clots — particularly the ones that feel like your body is passing something substantial — are another sign. Clots form when blood that should be flowing is instead pooling and partially coagulating before it exits. A small clot occasionally is normal. Large clots consistently are a sign of poor pelvic circulation and uterine congestion.

The heaviness — that dragging, weighted sensation in the lower pelvis that many Circulatory Root women describe as feeling like they are carrying something extra — is the felt experience of pelvic congestion. The pelvis is literally congested. It feels congested. This is not imagined and it is not simply a fibroid pressing on things. It is the felt experience of tissue that is waterlogged and poorly drained.

Cold legs and feet, particularly in the evenings, are a systemic sign of poor peripheral circulation that often mirrors what is happening in the pelvic region. Varicose veins on the legs — present in a significant number of Circulatory Root women — are a visible manifestation of venous insufficiency, blood that is pooling in vessels rather than returning efficiently to the heart. The same venous insufficiency that creates varicose veins in the legs often contributes to pelvic vascular congestion.

And the sedentary pattern — the desk job, the long commute sitting in Lagos traffic or on the London Underground, the evenings spent on the sofa after an exhausting day — is both a cause and a perpetuator of the Circulatory Root. Movement is not optional for this root. It is medicine.

What Our Grandmothers Knew

I want to spend a moment here because this matters — both practically and culturally.

The practices I am about to describe in the Circulatory Root protocol are not new inventions. They are not Western wellness trends repackaged for African women. They are the codified wisdom of generations of African women who understood, through observation and transmission, that a woman's pelvic health requires active

maintenance — warmth, movement, specific herbs, and practices designed to keep the lower body vital and flowing.

Steaming. Sitting over warm herbal preparations to bring heat and circulation to the pelvic region. This practice exists across West Africa, Central Africa, and in the Caribbean diaspora — in different forms, with different herbs, under different names, but with the same underlying logic. Heat dilates blood vessels. It draws circulation into the pelvic region. It softens tension in the pelvic floor muscles that chronically contract around stress and cold and sedentary living. It supports lymphatic drainage.

Belly binding. The practice of wrapping the abdomen — particularly after childbirth — exists across virtually every African culture in some form. The compression supports pelvic organs, encourages fluid drainage, and maintains warmth in the lower abdomen. Modern pelvic physiotherapists are now recommending variations of exactly this practice for postpartum pelvic recovery.

Specific movement practices. Traditional dance forms across West Africa — with their emphasis on hip movement, pelvic rotation, and lower body activation — are not merely cultural expressions. They are pelvic health practices. The figure-of-eight hip movement that appears in so many African dance traditions is, functionally, one of the most effective pelvic circulation exercises a woman can do.

Our grandmothers did not have the language of lymphatic drainage or pelvic vascular congestion. But they had practice. And those practices worked then for the same reasons they work now — because the body has not changed, even if our language for understanding it has.

The Circulatory Root Protocol

This protocol is the most physically tactile of the four. It involves what you do with your body as much as what you put into it. Approach it with openness — some of these practices will feel unfamiliar if your wellness habits have been primarily diet-focused. But the Circulatory Root responds to physical intervention in ways that diet alone cannot match.

Week One — Introduce Heat and Basic Movement

Daily actions for Week One:

1. Begin a daily 30-minute walk — specifically brisk enough that you feel warmth in your body and mild breathlessness. Not a slow stroll. The goal is to generate circulatory demand in the lower body, drawing blood actively into the pelvic region and stimulating lymphatic movement. If Lagos heat makes outdoor walking difficult in the middle of the day, walk in the early morning or evening. If you are in the UK or Canada, walk regardless of the weather — dress for it. Cold weather walking is particularly beneficial for Circulatory Root women because the body increases circulatory effort significantly in cold conditions.
2. Introduce a hot water bottle or heat pad applied to your lower abdomen for 20 minutes each evening. This is simple, costs almost nothing, and directly supports pelvic vascular dilation and blood flow. Do this consistently — not occasionally.
3. Begin dry brushing your legs before your morning shower. Using a natural bristle brush, brush your legs from feet upward toward your groin in long, firm strokes. This mechanical stimulation directly supports lymphatic drainage from the lower limbs and contributes to pelvic lymphatic clearance. Dry brushing brushes are available inexpensively in markets and pharmacies in Nigeria and in most UK and Canadian drugstores.
4. Drink warm water rather than cold water consistently this week. Cold water — particularly the habit of drinking iced water, very common in Nigerian settings — causes constriction of blood vessels in the digestive and pelvic region. Warm water supports vasodilation and digestive circulation. This is a small habit with a measurable effect for Circulatory Root women specifically.
5. Elevate your legs for ten minutes each evening — lying on your back with your legs raised against the wall. This simple inversion position reverses the gravitational pooling of blood and lymphatic fluid in the lower limbs and pelvis, actively assisting venous return and lymphatic drainage. Ten minutes. Every evening. Before bed.

Week Two — Introduce Herbal Circulatory Support

Daily actions for Week Two:

1. Continue everything from Week One.
2. Introducing a daily ginger and cinnamon tea. Boil fresh ginger — a thumb-sized piece, grated or sliced — with one cinnamon stick in water for ten minutes. Drink one cup daily, warm. Both ginger and cinnamon are vasodilatory — they actively improve peripheral and pelvic circulation. This combination is used in various forms across West African traditional medicine specifically for conditions involving pelvic heaviness and menstrual stagnation. It is inexpensive, widely available, and genuinely effective for this root.
3. Add cloves to your cooking or drink clove tea twice this week. Cloves are one of the most potent circulatory herbs in the West African traditional pharmacopoeia. They appear in Nigerian cooking naturally — add them to your pepper soup, your rice, your stews — and their circulatory benefits accumulate with regular use.
4. Introduce castor oil packs over the lower abdomen twice this week. This is the same practice mentioned in the Hormonal Root chapter, but its application for the Circulatory Root is distinct. For circulatory stagnation, the castor oil pack works by penetrating the skin and underlying tissue and directly stimulating lymphatic drainage and local circulation in the uterine region. Apply warm castor oil to the lower abdomen, cover with an old cloth or flannel, and apply your heat pad on top for 45 minutes. Do this in the evening when you are resting. The combination of the oil's tissue-penetrating properties and the heat's vasodilatory effect creates a powerful pelvic circulation stimulus.
5. Begin incorporating hip circles and pelvic rotation into your daily movement. This does not require a dance class or a gym. Stand with your feet hip-width apart and rotate your hips in slow, deliberate circles — 20 rotations in each direction, morning and evening. This is the movement equivalent of a pelvic massage. It activates the muscles and connective tissue surrounding the uterus, stimulates local blood flow, and begins to break up the muscular holding patterns that contribute to pelvic stagnation. If you feel self-conscious

doing this alone in your bedroom — do it anyway. Nobody is watching and it will change things.

Week Three — Deep Pelvic Support

Daily actions for Week Three:

1. Continue everything from Weeks One and Two.
2. If you have access — particularly in Nigeria — seek out a traditional steam practitioner or prepare a simple pelvic steam at home. A basic home pelvic steam involves sitting over a basin of hot water infused with specific herbs — efirin (scent leaf), bitter leaf, and cloves are a traditional West African combination — with a towel draped around your waist to contain the steam. Sit for 15 to 20 minutes. Do this once this week and once more in week four. This practice directly delivers heat and herbal compounds to the pelvic region. It is one of the most directly effective interventions for Circulatory Root women and its cultural roots in West African women's health practice mean it is something many Nigerian women's mothers and grandmothers have personal knowledge of. Ask around. You may be surprised.
3. Add a cold-to-warm shower contrast to your morning routine twice this week. Finish your warm shower with 30 seconds of cool water directed at your lower back and abdomen, then return to warm. Repeat this contrast two to three times. The alternating constriction and dilation of blood vessels that this creates is a powerful circulatory training stimulus — used in traditional hydrotherapy practice for exactly this purpose. It sounds uncomfortable. It is, briefly. And then it becomes one of the most energising parts of your morning.
4. Introduce nattokinase or serrapeptase supplementation — both are enzymes with documented fibrinolytic properties, meaning they help break down fibrin, the protein matrix that contributes to fibroid tissue density. They also support general circulatory health by reducing blood viscosity and improving flow. These are available as supplements in health food stores and online. Take as directed on the packaging, away from food, and away from any blood-thinning medications. If you are on any medication, check with your pharmacist before adding either.

5. Increase your water intake to at least 2.5 litres daily this week. The lymphatic system has no pump. It depends on hydration and movement to flow. For Circulatory Root women, dehydration is one of the fastest ways to slow pelvic lymphatic drainage and undo the work of every other practice in this protocol. Carry water with you. Drink consistently throughout the day rather than in large amounts at once.

Week Four — Establish the Movement Practice

Daily actions for Week Four:

1. Continue everything from Weeks One through Three.
2. Assess your daily sitting time honestly. If you sit for more than six hours daily — as most desk workers and many commuters do — this week introduces the standing and movement interruption habit. Set a timer to stand and walk for five minutes every hour of your working day. This is not about exercise. It is about preventing the gravitational pooling of blood and lymphatic fluid in the pelvis that prolonged sitting causes. Five minutes of movement every hour is more circulatory effective than one 30-minute walk per day for Circulatory Root women specifically.
3. Introduce swimming if it is accessible to you. For women in Lagos, Abuja, or Port Harcourt with access to pools, swimming is the single most comprehensive circulatory exercise available — it engages the entire body, is non-impact, and the horizontal position removes gravitational pressure from the pelvic region entirely while stimulating systemic circulation. For diaspora women in the UK and Canada, community pool access is widely available and inexpensive. One session per week adds meaningfully to the protocol.
4. Practise the legs-up-the-wall position for 15 minutes before sleep rather than 10. This week, add slow abdominal breathing while in the position — inhaling to let the belly rise, exhaling to let it fall — which adds a gentle internal massage effect to the lymphatic drainage benefit of the inversion. This combination — inversion plus diaphragmatic breathing — is one of the most effective passive pelvic lymphatic drainage techniques available.

What to Expect and When

The Circulatory Root tends to produce some of the most immediately felt changes of all four roots — because the body responds to physical stimulation quickly, even before dietary and supplemental changes have had time to accumulate.

In **Week One**, most Circulatory Root women notice improved energy — particularly in the legs and lower body — and a reduction in the heaviness feeling after beginning the daily walk and evening elevation practice. Some notice their sleep improving almost immediately from the evening heat pad and elevation routine.

By **Week Two**, the colour and consistency of period blood often begins to shift — moving toward brighter, more fluid flow with reduced dark blood and clots at the start. This is one of the clearest early indicators that pelvic circulation is improving.

By the **end of the first cycle**, pelvic heaviness between periods typically reduces measurably. The dragging sensation — particularly noticeable when sitting for long periods — begins to ease as local blood flow and lymphatic drainage improve.

Months two and three bring progressive improvement in period experience — less dark blood, fewer large clots, reduced heaviness — as the cumulative effects of improved circulation, regular herbal support, and consistent pelvic practices establish a new baseline. Some women also notice improvement in their varicose veins as systemic venous circulation improves, which is a satisfying visible marker of the deeper circulatory changes happening in the pelvic region.

Track your period blood colour and clot presence monthly. Take a note of your pelvic heaviness on a scale of one to ten at the start of each week. These are your metrics for the Circulatory Root. They will show you, clearly and measurably, that your internal environment is changing.

There is one more root to cover — and in some ways it is the most important one to understand, because it is the most hidden. The Nutritional Root doesn't announce itself with heavy periods or pelvic pain. It whispers. It shows up as tiredness that

won't shift, as hair that keeps falling, as a body that feels like it is running on not quite enough of everything it needs.

And what I'm going to show you in the next chapter — about the four specific deficiencies that silently create a fibroid-friendly environment even in women who believe they eat well — will make you look at your plate completely differently.

CHAPTER 6

The Nutritional Root — When Your Body Is Running on Empty

So we've walked through three of the four roots together now. The hormonal fire that feeds fibroids directly. The inflammatory environment that amplifies their growth. The circulatory stagnation that traps everything in place. Each one is a distinct condition. Each one has a specific protocol.

And then there is this root.

The Nutritional Root is the quietest of the four. It doesn't announce itself with dramatic symptoms or obvious patterns. It seeps in slowly — a tiredness that doesn't respond to rest, a hairline that's retreating slightly, a winter that felt harder than it should have, a pregnancy that left the body feeling like it never quite fully recovered. It is the root most frequently dismissed by doctors because standard blood panels often miss the subclinical deficiencies that drive it. And it is the root most frequently overlooked by women themselves — because if you are eating three meals a day, feeding your family, putting food on the table, it is difficult to believe that your body might be running on empty.

But here is what I need you to understand.

You can eat three full meals every day and still be significantly deficient in the specific nutrients that your uterine environment — and your body's ability to regulate fibroid growth — depends on. Not because you are eating badly in a general sense. But because the specific nutrients involved are depleted by stress, by pregnancy, by years of hormonal contraception, by limited sun exposure, by the particular composition of common Nigerian and diaspora diets, and by the chronic inflammation that many women with fibroids are already carrying.

The Nutritional Root is not about eating less or eating differently in a broad sense. It is about four very specific gaps. And closing those gaps — precisely, consistently, with the right foods and the right supplementation — changes the internal environment in ways that nothing else can replicate.

Let's meet the four deficiencies.

Deficiency One — Vitamin D

If there is one deficiency I would tell every woman with fibroids to investigate first, it is this one.

The relationship between vitamin D deficiency and uterine fibroids is one of the most well-documented nutritional connections in women's reproductive health research. Studies consistently show that women with fibroids have significantly lower vitamin D levels than women without them. Vitamin D receptors are found directly on fibroid cells — meaning vitamin D has the ability to communicate directly with fibroid tissue. And in laboratory studies, vitamin D has been shown to inhibit fibroid cell proliferation and reduce fibroid size. This is not alternative medicine. This is published, peer-reviewed science.

Now here is the part that makes this particularly significant for the women reading this guide.

Black and African women are disproportionately vitamin D deficient. This is not a coincidence. It is melanin. The same melanin that gives our skin its depth and beauty also reduces the skin's ability to synthesise vitamin D from sunlight. A woman with deep melanin-rich skin needs significantly longer sun exposure than a woman with lighter skin to produce the same amount of vitamin D. In Lagos, where sunlight is plentiful and strong, this disadvantage is partly offset — though not eliminated, because most Nigerian women spend significant time indoors, in cars, or covered during peak sun hours. But for Nigerian and African women in the UK, Canada, and Northern Europe — where sunlight is weak for six to eight months of the year — the deficit is severe. Truly severe.

Many diaspora African women reading this guide are vitamin D deficient right now. Not borderline. Significantly deficient. And their doctors may have tested them and told them they are "within range" — because standard laboratory reference ranges

for vitamin D are set for a general population, not calibrated for the levels at which vitamin D actually exerts its anti-fibroid effects.

Optimal vitamin D levels for women with fibroids — based on current reproductive health research — are in the range of 60 to 80 nanograms per millilitre. The standard laboratory "normal" threshold is typically 20 nanograms per millilitre. The gap between what is considered medically "normal" and what is actually protective for fibroid management is enormous. Many women told they are "fine" are operating at levels that offer no fibroid-protective benefit whatsoever.

Getting your vitamin D:

Food sources of vitamin D are limited but include oily fish — mackerel, sardines, titus — eaten three to four times per week, egg yolks from pasture-raised hens, and red palm oil, which contains modest but meaningful amounts of vitamin D precursors.

Supplementation is almost certainly necessary for Nutritional Root women — particularly for diaspora women in low-sunlight climates. Vitamin D3 — not D2, which is less bioavailable — at a dosage of 2,000 to 4,000 IU daily is appropriate for most women with confirmed or suspected deficiency. Take it with your fattiest meal of the day — vitamin D is fat-soluble and absorbs significantly better in the presence of dietary fat. Take it alongside vitamin K2 — which works synergistically with D3 to ensure calcium is directed to bones rather than soft tissue. This combination is available together in most pharmacies and health food shops.

If you can, get your vitamin D levels tested before supplementing and again after three months. This gives you actual data about where you started and whether your supplementation is achieving therapeutic levels. In Nigeria, this test is available at most private diagnostic laboratories. In the UK, it is available through the NHS or privately.

Deficiency Two — Magnesium

Magnesium is involved in more than 300 enzymatic processes in the human body. It regulates muscle function, nerve signalling, blood sugar stability, protein synthesis,

and — critically for fibroid management — it plays a central role in oestrogen detoxification, inflammatory regulation, and progesterone activity.

Women with fibroids are almost universally magnesium deficient. This is partly because the conditions that drive fibroid growth — chronic stress, inflammation, hormonal imbalance — all deplete magnesium rapidly. Stress in particular burns through magnesium reserves at an extraordinary rate, which is part of why chronic stress worsens fibroid symptoms through multiple simultaneous pathways. And magnesium deficiency then makes the stress response worse — because magnesium is required to regulate cortisol. The deficiency feeds the stress. The stress deepens the deficiency. It is a cycle that quietly perpetuates itself.

For fibroid management specifically, magnesium matters for three reasons.

First, it is required by the liver enzymes responsible for phase two oestrogen detoxification — the step where broken-down oestrogen metabolites are made water-soluble for excretion. Without adequate magnesium, this process slows. Oestrogen clearance becomes less efficient even when everything else in the clearance pathway is working.

Second, magnesium regulates prostaglandin synthesis — the inflammatory compounds most directly responsible for period pain and the inflammatory environment that sustains fibroid growth. Adequate magnesium directly reduces the production of the most pro-inflammatory prostaglandins. Women with painful periods and dominant Inflammatory Roots are almost always significantly magnesium deficient.

Third, magnesium supports progesterone receptor sensitivity. Even when progesterone is being produced in reasonable amounts, magnesium deficiency impairs the cells' ability to respond to it — effectively reducing progesterone's balancing effect on oestrogen even when blood levels appear adequate.

Getting your magnesium:

Food sources include pumpkin seeds — which are extraordinarily magnesium-rich and available everywhere in Nigeria as ugba accompaniment and snack — dark

leafy greens such as ugu leaf and bitter leaf, black beans, dark chocolate at 70% cacao and above, and avocado. Incorporate these consistently and generously.

For supplementation, magnesium glycinate is the preferred form for most women — it is the most bioavailable form, the gentlest on digestion, and the most effective for the stress, sleep, and hormonal benefits most relevant to fibroid management. Magnesium oxide — the most common and cheapest form found in general pharmacies — is largely ineffective because it absorbs poorly. Seek out glycinate specifically. Take 300 to 400 milligrams before bed. The sleep improvement alone will make this worthwhile within two weeks.

Deficiency Three — Iodine

This is the deficiency that most surprises women when I mention it — because iodine is not something most people think about in relation to fibroids or hormonal health. It is associated, in most people's minds, with the thyroid and with goitre — the visible neck swelling caused by severe iodine deficiency that was historically common in many parts of West Africa before iodised salt was introduced.

But iodine's role in women's reproductive health extends well beyond the thyroid — and its relationship to fibroid development is a genuinely important one.

Iodine is concentrated in two primary tissues in the female body: the thyroid gland and the breast and uterine tissue. In both locations, iodine plays a protective role — modulating cell growth, reducing the sensitivity of tissue to oestrogen stimulation, and supporting the production of a specific form of oestrogen called estriol, which is the weakest and least growth-promoting of the three oestrogen forms the body produces.

When iodine is deficient, uterine tissue becomes more sensitive to the growth-stimulating effects of oestrogen — essentially lowering the threshold at which oestrogen stimulates abnormal cell proliferation. A woman who is iodine deficient responds to the same oestrogen level as a woman who is iodine sufficient would

respond to a significantly higher oestrogen level. The deficiency amplifies oestrogen's effect.

Subclinical iodine deficiency — not severe enough to cause visible symptoms but significant enough to affect reproductive tissue — is common in Nigerian women despite iodised salt use, for several reasons. Iodine in iodised salt is volatile and depletes significantly when salt is stored improperly, exposed to air, or added to food before rather than after cooking — which is common practice in Nigerian cooking. Additionally, certain foods common in Nigerian diets — cassava, soy products, millet — contain compounds called goitrogens that interfere with iodine uptake when consumed in large amounts without adequate iodine intake to compensate.

Getting your iodine:

The richest food sources of iodine are sea vegetables — dried seaweed, nori, kelp. These are not traditional West African foods and they are largely absent from Nigerian diets. However, they are available in Asian supermarkets in Nigerian cities and in most supermarkets in the UK and Canada, where a large portion of the diaspora readership of this guide lives.

Sea fish and shellfish are also good iodine sources — prawns, crayfish, dried fish — all of which are deeply embedded in Nigerian cooking. Crayfish — used liberally in most Nigerian soups and stews — is a genuinely meaningful iodine source and one that Nutritional Root women should use generously rather than sparingly.

Eggs from hens that have access to outdoor foraging are a modest iodine source. Dairy — specifically yoghurt and milk — is a significant iodine source in Western diets but less so in traditional Nigerian diets.

For supplementation, iodine is one that I urge caution around. Unlike vitamin D and magnesium, iodine supplementation requires more care because excess iodine can be as problematic as deficiency for women with thyroid conditions. If you suspect iodine deficiency — particularly if you experience cold intolerance, hair loss, fatigue unresponsive to sleep, or unexplained weight gain alongside your fibroid symptoms — have your thyroid function and iodine status assessed before supplementing beyond dietary sources. Food-first is the right approach here.

Deficiency Four — Iron Balance

I have deliberately called this iron balance rather than iron deficiency — because the relationship between iron and fibroids is more nuanced than simple deficiency, and that nuance matters for getting the protocol right.

Here is the situation many fibroid women find themselves in.

Heavy periods — one of the most common and debilitating fibroid symptoms — cause significant monthly blood loss, which depletes iron stores over time. The resulting iron deficiency anaemia causes fatigue, breathlessness, poor concentration, hair loss, and a generalised depletion that affects every body system. So far, this is straightforward — heavy bleeding, iron loss, anaemia, supplement iron.

But here is the complication.

Excess iron — particularly unabsorbed supplemental iron that accumulates in tissue rather than being properly utilised — is itself pro-inflammatory and pro-oxidative. It feeds oxidative stress, which contributes to the inflammatory environment that drives the Inflammatory Root. And several studies have found elevated tissue iron in uterine fibroid tissue specifically — suggesting that fibroids may actively accumulate iron from the local uterine environment.

This means that blindly supplementing iron without attention to absorption, form, and cofactors can, in some women, inadvertently contribute to the oxidative and inflammatory environment while addressing the anaemia. It is a balance that requires care.

Getting your iron balance right:

Food sources of iron divide into two categories. Haem iron — found in red meat, organ meat, and fish — is directly absorbed and does not carry the pro-oxidative risk of poorly absorbed supplemental iron. Liver — beef liver, chicken liver — is the single most iron-rich food available and is deeply embedded in Nigerian cooking tradition. Eat it regularly. Not daily — once to twice per week is appropriate.

Non-haem iron — found in beans, lentils, dark leafy greens, pumpkin seeds — is less directly absorbed but when combined with vitamin C at the same meal, absorption increases dramatically. Squeeze lemon over your beans. Drink a small glass of orange juice with your leafy greens. These combinations make a measurable difference.

Vitamin C also matters here for another reason — it is one of the most important antioxidants for counteracting the pro-oxidative effects of iron in tissue. Women eating iron-rich diets alongside generous vitamin C intake are supporting iron utilisation while simultaneously providing antioxidant protection against the pro-oxidative risks.

If supplementation is necessary — which it may be for women with confirmed iron deficiency anaemia from heavy fibroid-related bleeding — choose ferrous bisglycinate or iron bisglycinate over ferrous sulphate. It absorbs significantly better, causes dramatically less digestive discomfort, and is less likely to produce the free radical activity associated with poorly absorbed forms. Take it with vitamin C. Take it away from calcium-rich foods and away from tea and coffee, which both significantly inhibit iron absorption.

The Nutritional Root Protocol

Unlike the previous three protocols, the Nutritional Root protocol is less about a weekly phased approach and more about a consistent daily practice that accumulates over months. The deficiencies driving this root took time to develop — depleted across pregnancies, stress, seasons, years — and they take consistent time to restore.

The Daily Non-Negotiables:

1. Vitamin D3 with K2 daily with your fattiest meal. Establish this as a habit alongside an existing meal — breakfast or lunch — so it does not require separate remembering. Consistency matters more than perfection here.

2. Magnesium glycinate every night before bed. This one will also improve your sleep, which accelerates every other aspect of the Nutritional Root protocol — because the body does the majority of its nutritional restoration and hormonal regulation during deep sleep.
3. Ground flaxseed daily — one to two tablespoons in any meal. Flaxseed appears here as well as in the Hormonal Root protocol because it serves a dual function for Nutritional Root women — it provides lignans that modulate oestrogen receptor activity and it is rich in magnesium, manganese, and omega-3 fatty acids that directly support the nutritional gaps driving this root.
4. Crayfish generously in your cooking. This is the most culturally embedded iodine source available to Nigerian and diaspora women and it requires no behaviour change — just a shift in mindset from using it as a seasoning to understanding it as medicine. Use it liberally.
5. Liver once to twice per week. Beef liver or chicken liver — prepared however you enjoy it — is the most nutritionally dense single food you can eat for the Nutritional Root. It is rich in iron, vitamin A, the full B vitamin complex including B12 and folate, copper, and zinc. It is inexpensive in Nigeria and available in most UK and Canadian supermarkets. If you have not eaten it regularly, start with chicken liver — the flavour is milder and it adapts well to Nigerian-style preparation with peppers and onions.

The Weekly Nutritional Framework:

Structure your week around what I call the Four Corners — four food categories that between them address all four nutritional deficiencies driving this root.

Corner One — Oily Fish (three times per week): Mackerel, sardines, titus, herrings. Rich in vitamin D, omega-3 fatty acids, and iodine simultaneously. Grill, smoke, fry, or add to stews. These fish are deeply familiar in Nigerian cooking and require no unusual preparation.

Corner Two — Dark Leafy Greens (daily): Ugu leaf, bitter leaf, waterleaf, spinach. Rich in magnesium, iron, folate, and vitamin C. The fact that Nigerian cooking already incorporates these greens generously in soups and stews is a significant advantage. Use them in volume — not as a garnish but as a primary component.

Corner Three — Legumes (four times per week): Black-eyed beans, black beans, lentils, cowpeas. Rich in magnesium, non-haem iron, and plant-based protein that supports hormonal balance. Beans feature heavily in Nigerian cuisine and the Nutritional Root gives you good reason to eat them even more consistently.

Corner Four — Seeds and Nuts (daily): Pumpkin seeds, sesame seeds, ground flaxseed, walnuts. Rich in magnesium, zinc, omega-3, and lignans. Eat them as snacks, grind them into soups, add them to pap or porridge. Sesame seeds — beni seed — are deeply embedded in Nigerian cooking and are an excellent daily addition.

The Diaspora Adjustment:

For women in the UK, Canada, and the United States — where winter reduces sunlight, where food access and variety differ, and where the pace of life often makes consistent cooking more challenging — the Nutritional Root protocol requires specific seasonal adaptation.

From October through March in the UK and Canada, treat vitamin D supplementation as mandatory, not optional. Sunlight during these months is insufficient to produce meaningful vitamin D synthesis in any skin type, let alone melanin-rich skin. This is not a lifestyle suggestion. It is a medical necessity for Black women living in Northern climates, and it is one that the NHS and public health authorities in both countries now acknowledge explicitly.

Dried crayfish and dried fish are available in African food shops in every major UK and Canadian city — London, Birmingham, Manchester, Toronto, Calgary, Ottawa, Vancouver. These shops are your primary source of culturally appropriate, nutritionally relevant food medicine. Identify your nearest one and make it a regular stop.

For weeks when cooking from scratch is not realistic — long work weeks, childcare demands, exhaustion — keep these five things in your kitchen at all times as the irreducible minimum: eggs, a tin of sardines or mackerel, dried crayfish, ground flaxseed, and pumpkin seeds. Between these five things, you can address the Nutritional Root's core deficiencies even on your hardest weeks.

What to Expect and When

The Nutritional Root is the slowest of the four roots to show measurable change — because you are rebuilding depleted reserves, and reserves take time to fill. Manage your expectations with honesty and patience.

In the **first two to three weeks**, most Nutritional Root women notice energy shifting first — a slight but noticeable improvement in morning energy and a reduction in the afternoon crash that has become so familiar it felt normal. Magnesium's effect on sleep quality often produces this energy shift before any other change is apparent.

By **the end of the first month**, hair shedding often begins to reduce — a sign that the nutritional environment supporting hair follicle health is improving. This is a sensitive marker for the Nutritional Root and one worth tracking.

By **months two and three**, period symptoms typically begin to shift — less anaemia-related fatigue during and after the period, slightly reduced flow as the uterine environment becomes less nutritionally depleted, and improved recovery time after menstruation.

Month three onward is where the deeper fibroid-environment changes become apparent. Vitamin D's direct effect on fibroid cell behaviour operates over a three-to-six-month timeline. Do not measure this protocol against a four-week window. Give it a full quarter and assess what has changed.

Track three things monthly: your energy level on a scale of one to ten, your hair shedding (count what comes out in the shower on day one of washing), and your post-period recovery time — how many days after your period ends before you feel fully normal again. These three markers will show you clearly and specifically that the Nutritional Root is responding.

You now have all four roots. You understand your body in a way that very few women — and frankly, very few doctors — have taken the time to explain to you.

What comes next is where everything comes together. Because knowing your root is the foundation. But the 90-Day Fibroid Recovery Roadmap — the complete plan that sequences everything you've learned into a clear, day-by-day structure — is what turns knowledge into results.

Chapter 7 is the chapter that makes everything you have just read actually happen. And if there's one chapter in this guide I would tell you to read twice, it is that one.

CHAPTER 7

Your Personal Fibroid Recovery Roadmap — Start Here, Do This First

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You've done something most women never do.

You didn't just read about fibroids in a general way. You didn't collect more information to add to the pile of information that was already confusing you. You went deeper. You found your root. You understood the mechanism driving your specific fibroid environment. And you now have four complete protocols — one for each root — sitting in your hands.

That is not a small thing.

But I want to be honest with you about something, because I respect you too much to skip this part.

Knowledge without a clear starting point has a way of staying knowledge. Women who feel overwhelmed by where to begin often do what feels safe — they read more, they research more, they save more posts, they buy more supplements without a protocol behind them. And then six months pass and nothing has changed except the size of their supplement collection.

This chapter exists to make sure that doesn't happen to you.

By the time you finish reading it, you will know exactly what to do on Day 1. Not "sometime this week." Not "when I've bought everything." Day 1. Tomorrow morning, if you choose it.

Let's build your roadmap.

Before You Start — The Foundation Assessment

Before you begin any protocol, spend 30 minutes doing what I call the Foundation Assessment. This is not complicated. It is four simple things that will anchor everything that follows.

Step 1 — Confirm your dominant root.

Go back to your quiz results from Chapter 2. Write your dominant root at the top of a fresh page. If you had a clear secondary root, write that underneath. If you scored equally across two roots, write both with equal weight. This page becomes your protocol reference page — the one you return to when you feel confused about what to prioritise.

Step 2 — Take your starting measurements.

Not weight. Not the number on a scale. The measurements that actually matter for tracking fibroid recovery progress.

Write down today:

- Your period pain level on your last cycle, scored out of ten
- Your flow heaviness — light, moderate, heavy, or very heavy
- The presence or absence of clots, and approximately how large
- Your pelvic heaviness between periods, scored out of ten
- Your energy level on an average day, scored out of ten
- Your most disruptive symptom — the one that affects your daily life most significantly

These are your baseline markers. You will revisit them at the end of months one, two, and three. The changes you see in these specific numbers will tell you more about your progress than any scan can tell you in the short term.

Step 3 — Do a kitchen and supplement audit.

Look at what you currently have and what you currently use. Do not throw anything away. Simply identify what is already aligned with your protocol and what is working against it. Make a simple list — one column for what stays, one column for what to

phase out, one column for what to add. You do not need to buy everything immediately. Start with what matters most for your specific root and add the rest over the first two weeks as budget and access allow.

Step 4 — Choose your tracking method.

Some women track in a dedicated notebook. Some use the notes app on their phone. Some use a simple period tracking app that allows symptom logging. The method matters less than the consistency. Choose something you will actually use — not the most beautiful journal you own that you are afraid to write in, but the most practical option that fits your life. Commit to a weekly five-minute check-in with yourself — every Sunday, or whatever day makes sense — to note what you did, what you noticed, and how your body responded.

These four steps take 30 minutes. Do them before you begin. They are not optional extras — they are the difference between a protocol you follow consistently and one you abandon when life gets hard.

The 90-Day Fibroid Recovery Framework

The 90-day framework is built in three phases. Each phase has a specific focus, a specific set of non-negotiables, and a specific set of expectations. The phases are sequential — meaning phase two builds on phase one, and phase three locks in what phase two established.

Do not skip phases. Do not rush. The sequencing is deliberate.

Phase One — Weeks 1 to 4: Clear and Prepare

The focus of Phase One is removing what is feeding your fibroid environment and opening the pathways your body needs to begin shifting.

Think of your body right now as a room that has been closed up for a long time. Before you can redecorate — before you can bring in the new — you need to open

the windows, let the air move, clear what has accumulated. Phase One is opening the windows.

Phase One Non-Negotiables (apply regardless of your root):

These apply to every woman, regardless of dominant root, because they address the foundational conditions that affect all four roots simultaneously.

1. Remove refined cooking oils immediately. Switch to red palm oil, cold-pressed coconut oil, or extra virgin olive oil today. Not next week. Today. This single change reduces both your inflammatory load and your hormonal disruption simultaneously — it is the highest-impact, lowest-effort dietary swap in the entire protocol.
2. Begin warm lemon water every morning before food or drink. This is your liver activation signal — the first thing you give your body every morning is a gentle prompt to begin oestrogen clearance, bile production, and digestive preparation. It costs almost nothing and takes thirty seconds.
3. Drink two litres of water daily. Minimum. Set a reminder if you need to. Non-negotiable.
4. Begin your root-specific Week One protocol. Go back to the chapter for your dominant root and begin Week One exactly as written. You do not need to do Week Two yet. Focus entirely on Week One for the first seven days.
5. Remove alcohol entirely for 90 days. I know this is a significant task. But alcohol impairs liver function, disrupts gut microbiome balance, elevates cortisol, and directly interferes with oestrogen clearance — meaning it actively works against every single root's protocol simultaneously. For 90 days, this is off the table. After that, you can make an informed decision about whether and how much to reintroduce based on how your body has responded.
6. Begin tracking your sleep. Not with an app necessarily — just notice. Are you getting seven to eight hours? Are you waking in the night? Is your sleep restorative? Sleep is when your body does its hormonal regulation, tissue repair, and inflammatory clearance. Poor sleep actively undermines every other thing you are doing. If your sleep is disrupted, address it now — magnesium glycinate before bed, no screens in the final hour, a consistent sleep time even on weekends.

Phase One Root-Specific Additions:

In addition to the universal non-negotiables, add these based on your dominant root:

Hormonal Root: Your Phase One priority is liver support and oestrogen clearance. Ground flaxseed daily, bitter leaf and scent leaf in your cooking, switching to hormone-free meat sources, and beginning your morning lemon water with particular consistency. The liver cannot be rushed — but it responds quickly when you stop overloading it and start supporting it.

Inflammatory Root: Your Phase One priority is removing the primary inflammatory triggers. Refined oil is already addressed above. Now focus on reducing your high-glycaemic carbohydrate load — not eliminating carbohydrates, but spacing them, pairing them with protein and fibre, and removing the highest-impact processed forms entirely. Begin your ginger tea daily from Day 1.

Circulatory Root: Your Phase One priority is getting your body moving and your pelvis warm. Begin your daily 30-minute walk from Day 1 — not when the weather improves, not when you feel more motivated, Day 1. Begin the hot water bottle on your lower abdomen every evening. Begin dry brushing your legs every morning. These three physical practices, done consistently through Phase One, will begin shifting your circulatory baseline in ways that compound significantly through Phases Two and Three.

Nutritional Root: Your Phase One priority is establishing your supplementation foundation. Vitamin D3 with K2 and magnesium glycinate must be purchased and started in Week One. Not Week Two. The nutritional restoration timeline is the longest of the four roots — every week of delay is a week of slower progress. Food changes matter, but for the Nutritional Root specifically, supplementation in Phase One is non-negotiable.

Phase Two — Weeks 5 to 8: Build and Layer

The focus of Phase Two is layering in the deeper protocol elements and — where relevant — beginning to address your secondary root.

By Week 5, your body has been in the new environment for a full month. Your clearance pathways are more open. Your inflammatory load is reducing. Your circulation is improving. Your nutritional reserves are beginning to replenish. Phase Two builds on this foundation.

Phase Two Non-Negotiables:

1. Continue everything from Phase One without dropping anything. This is where many women unconsciously begin cutting corners — the initial motivation has faded, the changes feel normal rather than exciting, and habits that were new in Week 1 now feel optional. They are not optional. They are the foundation. Continue.
2. Add your root-specific Weeks Two and Three protocols. If Phase One was Week One of your root chapter, Phase Two covers Weeks Two and Three. Go back to your root chapter now and read those sections again with Phase Two in mind.
3. Introduce your secondary root's Week One protocol. If you scored high on two roots, Phase Two is when you begin addressing the second. Do not try to do both root protocols at full intensity simultaneously from Week 1 — this is why the phasing exists. Phase One establishes your dominant root's foundation. Phase Two layers in your secondary.
4. Do a Phase One review. Sit down at the start of Week 5 with your tracking notes and answer these questions honestly. What did I do consistently? What did I skip regularly? What changed in my body? What didn't change? The answers tell you where to focus your Phase Two energy. The things you skip most consistently are usually the things your body needs most — and the things that feel uncomfortable are usually the ones working hardest.
5. Assess and adjust your supplements. By Week 5, you have been on your foundational supplements for a month. If you started vitamin D, magnesium, and any root-specific supplements in Phase One, assess whether you have been taking them consistently and at the right times and with the right cofactors. Supplements taken inconsistently, at the wrong time, or without appropriate cofactors produce a fraction of their potential benefit. Fix the administration before adding anything new.

Phase Two Root-Specific Additions:

Hormonal Root: Begin vitex agnus-castus supplementation in Week 5 if you haven't already. This is a three-month commitment minimum — begin it now so it has time to work within your 90-day framework. Also in Phase Two, introduce seed cycling if it appeals to you — eating specific seeds in the first and second halves of your cycle to support oestrogen and progesterone in phase-appropriate ways. In the follicular phase (Day 1 through ovulation), eat ground flaxseed and pumpkin seeds daily. In the luteal phase (ovulation through Day 1 of next period), eat ground sesame seeds and sunflower seeds daily. This is a gentle, food-based hormonal support tool that compounds over several cycles.

Inflammatory Root: Phase Two is when you begin the systematic food reintroduction process described in Week Four of your root chapter — testing eliminated foods one at a time to identify your personal inflammatory triggers. This information is invaluable because it transforms your anti-inflammatory protocol from general to personalised. You also introduce omega-3 supplementation in Phase Two if your oily fish intake has not been consistent — fish oil at 2 to 3 grams daily of combined EPA and DHA.

Circulatory Root: Phase Two introduces the castor oil pack practice at full frequency — twice weekly — and where accessible, the first pelvic steam. It also introduces nattokinase or serrapeptase if you have sourced them. Phase Two for the Circulatory Root woman should also include an honest assessment of her sitting time — and the introduction of the hourly movement break if it hasn't been implemented yet.

Nutritional Root: Phase Two is when you build out the Four Corners framework from your root chapter into a full weekly meal structure. Use the Sunday before Week 5 begins to plan your week's meals deliberately — identifying where each Corner appears across the week and ensuring none are missing. Nutritional Root women often feel significantly different by Week 5 — energy is typically measurably improved, sleep quality is often noticeably better, and the accumulating vitamin D and magnesium begin to have systemic effects. Use this improved energy to build the food practices that will sustain the progress.

Phase Three — Weeks 9 to 12: Lock In and Sustain

The focus of Phase Three is transforming protocol into lifestyle — making what you have built automatic, sustainable, and yours.

This is the phase most guides skip. They give you the protocol and leave you to figure out the long game alone. But the long game is everything for fibroid management — because fibroids exist in an environment that you are continuously either feeding or starving, and the practices that starve them need to become part of how you simply live, not something you are heroically maintaining.

Phase Three is about making that transition.

Phase Three Non-Negotiables:

1. Continue your full combined protocol — dominant root plus secondary root — without reduction. You are twelve weeks in by the end of Phase Three. What you have built is working. This is not the moment to relax the structure. This is the moment to confirm that the structure has become natural enough to sustain.
2. Do your three-month baseline comparison. Pull out the measurements you took in your Foundation Assessment and compare them to where you are now. Score your pain, your flow, your pelvic heaviness, your energy, your most disruptive symptom — and write the new numbers beside the old ones. This comparison is important not just for motivation but for information. Where has the most change happened? Where is there still work to do? The comparison tells you which root has responded most readily and which may need continued emphasis in the months following this framework.
3. Identify your three non-negotiable daily practices — the three things from across your combined protocol that have produced the most noticeable impact on how you feel, and that you will carry into permanent lifestyle practice regardless of what else changes. For most women, these are magnesium before bed, warm lemon water in the morning, and their most impactful dietary change. But yours may be different. Choose deliberately.
4. Build your maintenance meal framework. By Week 9, you have been eating differently for two months and you have accumulated real information about

what works for your body. Use this information to build a simple, realistic weekly meal framework — not a rigid meal plan, but a loose structure that ensures your Four Corners are covered, your inflammatory triggers are avoided, and your root-specific foods appear regularly without requiring daily conscious decision-making.

5. Plan your next medical review. The 90-day framework is designed to run alongside — not instead of — your medical monitoring. If you have a scan scheduled in the coming months, attend it. Bring your tracking notes. Show your doctor what you have been doing and ask for objective measurements of your fibroid size and symptoms. You are entitled to this information and you are entitled to ask questions about what you are observing. A doctor who dismisses your self-managed protocol without engaging with your documented symptom improvements is a doctor worth getting a second opinion from.

Your Day 1 Checklist

This is what you do tomorrow morning. Not everything. Not the full protocol. The first day.

Morning:

- Wake and drink a large glass of warm water with the juice of half a lemon before anything else
- Take your vitamin D3 with K2 with your breakfast — your fattiest meal
- Make your root-specific morning tea — ginger and cinnamon for Circulatory Root, ginger alone for Inflammatory Root, plain warm water for Hormonal and Nutritional Roots who are still building habits one at a time
- If you are a Circulatory Root woman, do your hip circles before you leave the bedroom — 20 in each direction, two minutes total

During the day:

- Drink your two litres of water consistently — not all at once, but across the day
- Eat your ground flaxseed in one meal — stir it into your morning pap, add it to a smoothie, mix it into yoghurt
- If you are an Inflammatory Root woman, make sure your cooking oil today is palm oil or coconut oil — not the refined blended oil
- If you are a Circulatory Root woman, take your 30-minute brisk walk today — morning, afternoon, or evening, whichever is realistic for today specifically

Evening:

- Take your magnesium glycinate before bed — 300 to 400mg
- If you are a Circulatory Root woman, elevate your legs against the wall for 10 minutes and apply your hot water bottle to your lower abdomen for 20 minutes
- Do five minutes of slow breathing before sleep — inhale four counts, hold four, exhale six — regardless of your root. This is a universal practice that costs nothing and benefits every root simultaneously
- Write three sentences in your tracking notes: what you did today, anything you noticed in your body, and what you will do tomorrow

That is Day 1. Nothing more is required. Tomorrow you do it again, adding the next element from your root's Week One protocol. And the day after that. And the day after that.

Consistency is the mechanism. Not perfection. Consistency.

Working Alongside Your Doctor — Not Against Them

I want to close this chapter with something important.

Everything in this guide is designed to work alongside your medical care, not to replace it. Please do not stop attending your medical appointments. Please do not stop taking any medication your doctor has prescribed without discussing it with them first. Please do not use this guide as a reason to delay seeking medical attention for symptoms that are worsening significantly or rapidly.

What this guide gives you is agency — the ability to actively participate in your own health rather than passively waiting for a system that often moves slowly and offers limited options. That agency is real and it is valuable. But it works best when it sits alongside, not instead of, appropriate medical monitoring.

Go to your scans. Attend your appointments. And walk into those appointments as an informed, self-aware woman who has been actively managing her own internal environment — because that is exactly what you are.

You were never just a patient waiting for a solution to be handed to you. You were always someone capable of understanding her own body and making decisions that support it.

Now you have the map. And now you know how to use it.

CONCLUSION

You Were Never Meant to Just Wait and Watch

We have covered a lot of ground together.

You came into this guide carrying something heavy — a diagnosis, a fear, a question that nobody had taken the time to answer properly. You came in with a body you were struggling to understand and a medical system that had handed you two options and called it a conversation. You came in with a pile of information that contradicted itself and a quietly growing suspicion that there had to be something more specific, more personal, more useful than what you had been given.

And now here you are.

You know your roots. You understand the internal environment that has been feeding your fibroid growth — not in vague terms, not in the generic language of wellness content that could apply to anyone, but specifically. Your body specifically. Your pattern specifically. Your protocol specifically.

That is not a small thing. That is everything.

What Has Actually Changed

I want to reflect something back to you, because it is easy to finish a guide and immediately start thinking about what you still don't know, what you still haven't done, what still feels uncertain. That is a very human response. But before you move into doing, I want you to sit for a moment in what has already shifted.

You now understand that fibroids do not grow in a vacuum — they grow in an internal environment that can be changed. This understanding alone separates you from the version of yourself who sat in that doctor's office feeling like something was happening to her body that she had no power over. You have power. You have always had power. You just needed the right information to access it.

You now understand that the reason generic fibroid advice produced inconsistent results was not a failure of your body or your discipline — it was a failure of specificity. You were following a map drawn for someone else. Now you have your own.

You now understand that your symptoms — your heavy periods, your pelvic heaviness, your fatigue, your skin, your hair, your energy — are not separate problems to manage separately. They are expressions of the same underlying root condition. When you address the root, you address all of them simultaneously. This is why the women who commit to this kind of protocol often report changes they did not even know to expect — better skin, better sleep, more stable moods, more energy — alongside the fibroid-specific changes they were tracking. The root runs deeper than the fibroids. And healing it reaches further than you might imagine.

The Truth About What Comes Next

I want to be straight with you about the road ahead, because you deserve honesty more than you deserve comfortable promises.

This protocol works. The four roots are real, the mechanisms are documented, and the interventions in this guide are grounded in both traditional African women's health wisdom and current nutritional and reproductive health science. Women who follow their root-specific protocol consistently, across a genuine 90-day commitment, see measurable changes. Not every woman sees the same changes at the same pace — because bodies differ, root combinations differ, severity differs, and life circumstances differ. But consistent application of the right protocol, for the right root, produces results.

The word that matters in that sentence is consistent.

This is not a ten-day detox. This is not a supplement you take for two weeks and assess. The internal environment that is feeding your fibroids took months or years to develop — through accumulated stress, through nutritional depletion across pregnancies, through years of refined food, through seasons without sunlight,

through the particular pressures of being a Black woman navigating systems that were not designed with your body in mind. That environment shifts meaningfully in 90 days when you address it correctly. But it shifts permanently only when the protocol becomes the lifestyle.

The goal of this guide was never to give you a 90-day programme after which you return to exactly how you were living before. The goal was to give you a clear enough understanding of your own body that the changes you make feel logical rather than effortful — because when you understand why something works, you do not need willpower to maintain it. You simply do it, the way you do anything else that makes obvious sense.

Warm lemon water in the morning because you understand what it does for your liver. Ground flaxseed in your food because you understand how it changes your oestrogen environment. Movement and warmth because you understand what pelvic stagnation costs your body. The right supplements because you understand which specific gaps they are closing. These are not sacrifices. They are choices made by a woman who understands her own body. That is who you are now.

A Word on the Harder Days

There will be days when the protocol slips. When life is too loud and too full and the warm lemon water doesn't happen and the flaxseed doesn't get added and the walk doesn't happen and you fall asleep without your magnesium and you eat what was available rather than what you planned.

Those days are not failures. They are Tuesday.

What matters is not perfection over 90 days. What matters is your average across 90 days. A protocol followed at 80% consistency across a full quarter produces significantly better results than a protocol followed at 100% for two weeks and then abandoned because an imperfect day felt like a reason to start over.

Do not start over. Continue.

On the days when you slip, simply return to the next action. Not the next day, not Monday, not after the next period — the next action. The next meal. The next evening. The next morning. The protocol is always one action away from resuming. That is its design.

What to Do After 90 Days

At the end of your 90-day framework, do three things.

First, do your full baseline comparison. Return to the starting measurements you took in Chapter 7's Foundation Assessment and score yourself honestly on every marker. Period pain. Flow heaviness. Clot presence. Pelvic heaviness. Energy. Most disruptive symptom. Write the new numbers. Look at the gap between where you started and where you are. Some of that gap will be larger than you expected. Some of it will be smaller. All of it is information.

Second, attend your medical review. If you have a scan scheduled, go. Bring your tracking notes. Share what you have been doing. Ask for objective measurements. The combination of your subjective symptom tracking and objective clinical measurement gives you the most complete picture of how your internal environment has responded.

Third, decide on your next 90 days. Based on what changed and what didn't, based on your scan results and your symptom tracking, build your next phase deliberately. Which root needs continued primary focus? Which protocol elements produced the most impact? Which habits are now fully automatic and which still require conscious effort? Your second 90 days will be more refined, more personalised, and more effective than your first — because you are building on real data about your real body.

This is an ongoing relationship with your health. Not a one-time intervention. Not a problem you solve and move on from. A continuous, evolving practice of listening to your body, understanding what it needs, and providing it — consistently, specifically,

with the knowledge that what you do every day creates the internal environment you live in.

The Last Thing I Want to Say to You

Somewhere in West Africa — in a compound, in a village, in a city neighbourhood — there was a woman in your lineage who knew things about her body that she passed down through practice, through food, through ritual, through the specific herbs she grew and the specific preparations she made and the specific things she told her daughters and her daughters' daughters about how to care for a woman's body across a lifetime.

Some of that knowledge reached you. Some of it was lost — to migration, to modernity, to the quiet erosion of traditional practice in the face of systems that told African women their ancestral knowledge was superstition rather than science.

This guide is, in some ways, an attempt to bridge that gap. To take what traditional West African women's health practice knew — about warmth and circulation and bitterness and flow and the liver and the womb and the relationship between food and the female body — and hold it alongside what reproductive science now understands about vitamin D and oestrogen metabolism and inflammatory pathways and gut microbiome function, and show you that they are not opposing things. They are the same knowledge, arrived at by different paths, speaking about the same body.

Your body is not a problem to be managed. It is a system to be understood. And you understand it now in a way you didn't when you opened the first page of this guide.

You know your roots.

Now go find your way back to yourself.

The 4-Root Fibroid Map™ — by Miriam Asante