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Endometriosis



Endometriosis is the cause of up to 80% of pelvic pain or infertility. It is the most common cause of infertility in women over 25 years. It is estimated 10-20% of all women during their reproductive life are affected by endometriosis with or without symptoms, with a peak incidence at 25-35 years.

Causes

Endometriosis is caused by endometrial tissue growing in an incorrect place, such as the ovaries, tubes, outer wall of uterus, bladder or bowel. It is not well understood by this occurs. Some theories include:

- **Retrograde flow.** The menstrual blood moving back into the pelvic cavity during the period. Interestingly, most women who do not have blocked fallopian tubes do experience backward flow, but not everyone develops endometriosis.
- **Immune dysregulation.** There are some elements of auto-immunity in endometriosis. Immune systems of endometriosis patients have shown impairment of natural killer cells to destroy misplaced tissue, autoimmune antibodies to endometrial tissues as well as increased T-helper cell activity and reduced T-suppressor cell capacity. There is a direct correlation between the severity of endometriosis and the extent to which natural killer cell function is impaired. Endometriosis also secretes an unidentified substance that destabilizes surrounding capillaries and brings white blood cells to the region to release irritating

chemicals, thereby showing increased numbers and activity of macrophages. Macrophages can prevent fertilization of eggs, reduce sperm motility, engulf and destroy sperm, eggs and embryo, increase adhesions and stimulate the growth of endometriosis.

- **Genetics.** The endometrial tissue is incorrectly located from birth.
- It is known that endometriosis is a condition of **oestrogen excess**, as oestrogen is responsible for the development of endometrial tissue. Since oestrogen signals the body to regrow the endometrium each month the endometrium which has been moved keeps growing. This is usually associated with a lack of progesterone.
- Other factors that can be involved are **toxin build up** (certain toxic chemicals can act as xeno-oestrogens, such as dioxin, Bisphenol A, pesticides and herbicides which all lead to more oestrogen receptors); **liver stagnation** (the liver breaks down and removes oestrogen and toxins); past exposure to **glandular fever** (this impairs the immune system and can predispose the woman to auto-immunity); and an imbalance in the **inflammatory prostaglandins** (these are the body's inflammation balancing hormones, and problems will lead to increased pain, increased endometrial adhesion growth and irregular ovulation).

Signs and Symptoms

- Severe, painful periods which worsen towards the end of the period
- Infertility, decreased success rates for in vitro fertilization and increased miscarriage
- Long and heavy periods (more than 7 days) with darker, brownish blood to start. Spotting and mid-cycle bleeding can be common
- Pain before period and at ovulation
- Feelings of pressure in pelvis, one-sided pelvic pain, pain during bowel movements, pain during intercourse
- PMS symptoms, including anxiety, mood swings, bloating, breast tenderness, constipation, food/sugar/chocolate cravings, headaches

Management

Orthodox Medical Treatment

- Laparoscopic removal of lesions and cysts: reduces or resolves both period pain and other pelvic pain significantly. However, there is increased risk of adhesions and scar tissue and the endometriosis tends to reoccur with about 50% of women developing the condition again within 2-5 years.

- Hormones to inhibit ovulation and suppress menstruation results in atrophy of the endometrium, eg. the Oral Contraceptive Pill: given continuously without a breakthrough bleed. Side effects include blood clots, stroke, heart attack, especially for smokers, abnormal cholesterol ratios. However, the Pill compares favourably with other drug regimes for endometriosis that have more serious side effects. The Pill is not as effective for advanced endometriosis and is not suitable for women who want to fall pregnant. Most women have a return of symptoms within 6 months of stopping the Pill. Other options include implants, such as Depo Provera, which are a stronger form of the Pill and although they have same side effects, have the benefit that it cannot be forgotten.
- Progestogens: side effects of nausea, bloating, acne, breast tenderness, weight gain, mood changes, increased facial and body hair, effects of the drugs as well as abnormal cholesterol ratios. About 30% of women have spotting or breakthrough bleeding until the drug starts to work or the dose is adjusted. These drugs are relatively inexpensive and give significant pain relief. Fertility is not improved by these drugs, menstrual cycle may be delayed for many months and endometriosis may reoccur after stopping therapy.
- GnRH agonists induce a temporary menopausal state. They are effective in reducing symptoms and the size of endometrial growths but obvious side effects are less severe. There is early and significant bone density loss, although this causes no symptoms until later in life but should be considered in the decision to use these drugs. On average, endometrial cysts return to their original size, 4 months after stopping treatment, so additional treatment is necessary.
- Hysterectomy, pregnancy.

Naturopathic Perspective

Treatment length for endometriosis usually requires 6-12 months, depending on the severity and duration of the condition.

Dietary and lifestyle changes are essential for successful treatment and for maintenance of the condition long term to prevent reoccurrences.

Herbal medicines and nutritional supplements are individually prescribed to:

- Balance hormones to improve the relative oestrogen excess and prevent reoccurrences by correcting underlying hormonal imbalance, rather than superseding the body's own hormones
- Ensure normal menstrual flow and uterine function
- Improve fertility if required
- Decrease constriction of blood vessels and muscular spasm, thereby decreasing pelvic congestion and pain
- Rebalance immune system dysfunction to address auto-immunity basis

- Improve liver function which breaks down and removes excess oestrogen, other hormones and toxins
- Soften and heal scar tissue and adhesions, and drain cysts
- Decrease heavy bleeding and spotting
- Regulate bowel habits and decrease constipation. Women with endometriosis commonly experience irritable bowel syndrome symptoms which complicate their pain and hormonal imbalance.
- Address any bacterial or fungal overgrowth
- Calm and nourish the nervous system to cope with chronic pain and anxiety as well as balance mood swings

Call us on **0415 517 445** or book online on www.nnhealth.com.au

We look forward to seeing you soon,

Paula