

Conservative Management of Endometriosis

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Endometriosis is a disorder in which abnormal growths of tissues, resembling that of the inner lining of the uterus, are present in locations other than the uterus. It is found almost exclusively in women of reproductive age. The growths, or lesions, are usually found on the surface of the reproductive organs, as well as the adjacent structures in the pelvis. There is great variability in the manifestation of the disorder, with some women presenting without any symptoms, and others crippled by pelvic pain and infertility.

Endometriosis is a common and significant health problem in women. Its prevalence is unknown, but it is estimated to affect about 15% of women during their reproductive years. It is the most common diagnosis responsible for hospitalization in women aged 15-44.

The cause of endometriosis is unknown according to conventional medical thinking. It has been proposed that retrograde menstruation, menstrual flow backward through the fallopian tubes, could be causative. However, this normally occurs in women and fails to explain why it is that more women do not have the disorder. Perhaps more significant is the role the immune system seems to play. Workers studying monkeys with spontaneous endometriosis found that the monkeys mounted a diminished immune response to endometrial antigens (endometrial tissue) as compared to control animals. This finding led to the hypothesis that endometriosis occurs when a deficiency of cellular immunity allows menstrual tissue to implant and grow in the pelvis. Although there is no medical therapy that has developed to address this phenomenon, alternative therapy is largely dependent on facilitating immune function.

How endometriosis causes pelvic pain and infertility is poorly understood. What seems apparent is that the implants of endometrial tissue are stimulated in the latter half of the menstrual cycle by estrogen and progesterone. The implants enlarge, much the same way the inner lining of the uterus does, and begin to bleed. However, because of the fibrotic nature of the lesions, the blood is unable to escape and the implant expands causing pain.

With regard to infertility, pelvic adhesions that develop due to endometriosis distort the normal relationship of the fallopian tubes and the ovaries. This may prevent proper egg transit to the uterus for implantation. Implants can also destroy the tissue inside the tubes, disabling proper egg transit.

A woman's history often suggests endometriosis. Pelvic pain is the cardinal symptom, and usually occurs in the second half of the menstrual cycle, with pain subsiding at the onset of menstrual flow. Dyspareunia (intercourse pain) is often present. As mentioned, infertility is also common—in fact, endometriosis is always suspected in any women with infertility. An actual diagnosis of endometriosis, however, can only be made by visualizing the implants in the pelvis with laparoscopy.

Conventional treatment is based on a woman's desire to have children, the severity of her symptoms, her stage of disease, and to some degree her age.

- (a) Observation:** In those patients with minimal disease, nothing is done other than regular examinations to note the progression of the disease.
- (b) Analgesic Therapy:** The use of nonsteroidal anti-inflammatory drugs is considered appropriate when symptoms are mild and there is no desire for immediate fertility.
- (c) Pseudopregnancy:** Because the endometrial lesions are known to regress during pregnancy, a treatment was devised using the administration of estrogen, progestin, or oral contraceptives. The goal is to mimic the hormones of pregnancy and “burn out” the implants. This therapy can relieve the pain in many patients but carries the

risks associated with hormonal therapy (blood clots, liver disease, gall bladder disease, depression, breakthrough bleeding, and an increase in certain cancers).

- (d) **Pseudomenopause:** Endometriosis is universally noted to regress after surgical castration or menopause; this forms the basis for hormone therapy designed to greatly reduce circulation levels of estrogen and progesterone (e.g. Lupron). This is considered the medical treatment of choice for endometriosis. The side effects of this therapy, however, are hot flashes, decreased sex drive, vaginal dryness, and a decrease in breast size.
- (e) **Surgical Treatment:** Surgery attempts to destroy or excise all endometrial tissue, remove adhesions, and restore pelvic anatomy as best as possible. Laparoscopy (using a scope through a small incision) uses electrocautery, scissors, or a CO2 laser beam. Results of surgery are usually good; however, repeat surgery is many times necessary.

Research in monkeys with immune system deficiency has pointed toward the role of immunity in the evolution of endometriosis. Although conventional medicine has not utilized this information to devise new therapies, alternative medicine practitioners have incorporated immune system enhancement into a holistic treatment approach that also addresses diet, nutrition, and acupuncture.

At the turn of the century there was about 25 documented cases of endometriosis worldwide. Some authors have proposed that the reason is attributed to the introduction of man-made chemicals into the environment—most specifically pesticides that have been shown to have potent estrogenic activity. These compounds are termed “xenoestrogens” and are found in our food supply. When ingested, xenoestrogens will bind to estrogen receptors throughout the body resulting in an excess estrogen state that may contribute to endometriosis as well as numerous other conditions, most notably breast cancer. Therefore, one aspect of conservative therapy is to diminish the levels of estrogen in the body. This is accomplished largely through dietary modifications.

Because animal products (meat, milk, cheese, etc.) are very high in xenoestrogens, a plant-based diet is sensible to manage endometriosis. To further limit the ingestion of these chemicals, organic produce can be used. Following these dietary guidelines will minimize chemical exposure, but more can be done to further decrease estrogen levels naturally.

It is the liver that breaks down estrogens that are produced within the body, as well as those that are gotten through the environment. By facilitating the function of the liver, the rate at which hormones are eliminated from the body will be increased. Therapeutic measures to accomplish this are as follows:

- (a) **Improve Digestion:** By eating fruits alone, either 20 minutes before a meal, or 2 hours after a meal, digestion will be aided. When our food is digested properly, less foreign material will enter the bloodstream—material which the liver is forced to deal with by breaking it down. Improper digestion creates a burden to the liver, preventing this organ from carrying out another important function—detoxification of estrogen. Other methods to improve digestion include avoiding beverages during meals to prevent dilution of digestive juices, and taking time to eat properly chewing food.
- (b) **Eliminate Food Allergies:** Food allergies occur when our immune system attacks the food that we eat as it enters the bloodstream. When this happens, the immune system is weakened, and the liver is once again burdened removing the resulting immune complexes. Food allergies can be identified with a simple blood test.

- (c) **Herbal Therapy:** There are specific herbs that have the ability to stimulate or cleanse the liver. Commonly used botanicals are Milk Thistle, Oregon Grape, Burdock root, and Red Clover.
- (d) **Water Fasting:** Fasting is one of the quickest, simplest means to cleanse the liver and improve immunity. When we stop eating, the digestive tract is able to shut down and the entire body is able to heal. The duration of this type of fast for endometriosis should be at least three days, but can extend to as many as three weeks. It is prudent, however, to have a doctor's supervision for fasts of this duration.

Improving digestive and liver function, and eating a plant-based diet, will diminish estrogen levels that are known to stimulate endometrial lesions. Also, immunity will be enhanced. Ultimately it is the immune system that possesses the ability to destroy endometrial implants in the pelvis. In addition to the recommendations above, there are other methods to improve immunity:

- (a) **Vitamin C:** approximately 4 grams per day
- (b) **Vitamin E:** 400-800 units per day
- (c) **Selenium:** 400-600 micrograms per day
- (d) **Beta Carotene:** 150,000 units per day
- (e) **Herbs:** Echinacea, Goldenseal (cannot take for extended periods of time), Astragalus

For acute premenstrual pain or menstrual pain associated with endometriosis, the following therapies are useful:

- (a) **Herbs:** Black Cohosh, Wild Yam, Vitex, Dong Quai
 - ?? These herbs are “phytoestrogens”—plant compounds that possess “good” estrogens and have been found to be useful in many female disorders.
 - ?? Herbal packs applied directly to the cervix can aid in the dissolution of endometrial implants. These are performed once per week for 6-8 weeks.
- (b) **Pelvic and Lumbar Manipulation:** Studies have demonstrated adjustments to the spine and pelvis is helpful.
- (c) **Acupuncture:** Acupuncture treatment is effective at relieving pain, as well as clearing “energetic blockages” that are thought to be involved in endometriosis (this is a perspective of Chinese Medicine).

Women suffering from endometriosis have therapeutic choices besides drug therapy and surgery. Holistic practitioners offer numerous conservative alternatives that attempt to address what might be some of the underlying causes of endometriosis—namely an ineffective immune system, and subtle hormonal imbalances due to injudicious eating habits, and poor detoxification. At the very least, it makes sense to try these non-invasive methods prior to resorting to therapies that may be damaging, or carry irreversible side effects.