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ENDOMETRIOSIS: Hope Beyond Drugs & Surgery

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Endometriosis Defined:

It is estimated that 12-15 percent of women have endometriosis, which would make it one of the most common diseases on the planet (Albee, Basic 1). The Endometriosis Research Center puts this into perspective for us: it is more prevalent than breast cancer, twice as common as Alzheimer's and seven times more prevalent than Parkinson's disease (ERC).

Endometriosis as a disease in which the tissue that lines the inside of the uterus, or endometrium, is found outside the uterus, in other areas of the body. This tissue develops into what are called nodules, tumors, lesions, implants or growths. These growths cause pain, infertility and other problems. Endometriosis lesions are most often found in the abdomen, on the ovaries, fallopian tubes, bowel, bladder, rectum, ureters, the ligaments supporting the uterus, and the cul-de-sac area between the vagina and the rectum. The ovaries can develop large cysts of endometrial tissue and decayed blood called endometriomas. These may actually may rupture, spilling some of its contents into the abdomen, causing intense pain, and inflammation (Albee, Basic 1; Albee, Cyst 1).

These endometrial tissues respond to monthly hormonal changes, just as the endometrium inside the uterus does. So, they grow during the proliferative phase of the menstrual cycle (days 6 to 14), as well as bleed and shed tissue during menstruation. However, the lesions have been found to be more receptive to the hormone estrogen, which builds the tissue up, and less receptive to the hormone progesterone, which would have the tissues stop growing (Rister 209). This keeps the tissues in a state of growth more than decline. Problems arise because the blood and shed tissues during menstruation have no place to exit the body: They remain in the abdominal cavity and decay, which causes irritation and inflammation of the surrounding tissue, which begin to create scar tissue for protection from the irritating

substances. As more and more monthly cycles happen, the lesions grow larger and possibly even "seed" new lesions, while, at the same time the scar tissue grows, eventually adhering tissues to other tissue surfaces within the abdomen. These are called adhesions, and often endometriosis lesions can be found growing on the adhesions themselves (Ballweg 10).

Symptoms & Characteristics of Endometriosis:

The most common symptom of endometriosis are pelvic pain before and during menses, which can get so intense as to be debilitating. Depending on where the lesions are, she may have pain with ovulation, pain with bowel movement, bladder pain, and pain during and/or after sexual activity. Irregular bleeding, infertility and fatigue are also common. Some women with endometriosis have no symptoms, while others are unable to work, have relationships, or even leave the house (Ballweg 10).

Infertility affects 30-40 percent of endometriosis patients, and between 30 to 70 percent of infertile women have been found to have endometriosis (Ballweg 11; Maciocia, Ob 259).

Causes of Endometriosis:

Very little is understood about the cause of this disease. There are a number of theories but none of them account for all cases. Common is the retrograde menstruation theory, in which it is thought that during menstruation, some of the blood and tissue flows backward, through the fallopian tubes and into the abdominal cavity, creating the seeds for the first implants to form. Some researchers believe that all women have some retrograde menstruation, and it is only in those women with compromised immunity or hormonal imbalances that implants form and begin to grow (Ballweg 11).

Related to this is another hypothesis about immune system dysfunctions, since having endometriosis increases the risk of developing autoimmune diseases such as lupus, thyroid related problems, chronic fatigue syndrome, allergies and candida albicans overgrowth. They have been found to have cells with reduced ability to fight off harmful cells, and an increased number of autoantibodies that attack their own healthy tissues (Endometriosis.org 2).

Another theory involves genetics, stating that the implants exist from birth, and begin causing problems at puberty, when the hormones start to stimulate the tissues (Ballweg 11). Related to this is the possibility of an endometriosis gene, which researchers are now looking for, which would explain why the disease is so often found to be hereditary (Endometriosis.org 2).

Research is also beginning to show conclusively that environmental toxins, such as dioxins, which are part of a class of chemical compounds called organochlorines, initiate and exacerbate endometriosis. They are commonly found in our environment in pesticides and herbicides (this includes those sprayed on the food we eat as well as those we spread on our lawns, landscaping and gardens), industrial wastes, household cleansers, and are widely found in products that have been bleached, such as toilet paper, tampons, sanitary napkins, disposable diapers, facial tissue, paper plates, paper towels, coffee filters and cigarette papers (Endometriosis.org 2). Other sources include burning of toxic and municipal waste in incinerators, leaded gas in motor vehicles, certain wood preservatives, and solvents (Ballweg 390).

Also startling is the fact that hundreds of organochlorines are released during the manufacturing and bleaching process; they then make their way into our water and air. One million metric tons of chlorinated organic materials enter U.S and Canadian waterways every year! (Ballweg 390) At least 177 of these organochlorines have been found in human tissues and fluids, and they are passed on through the placenta and breast milk (Ballweg 386). These chemicals are known to cause immune suppression, cancer and birth defects. They also are able to mimic hormones in the body, which can have profound influences on reproductive organs as well as the entire body.

Only a few of these chemicals have been banned, including PCB's and DDT. Since 1994, the U.S. Environmental Protection Agency has been considering new regulations on dioxins, of which there are 75 related compounds, but the industries involved in dioxin production are paying off scientists and lobbyists to discredit studies showing the detrimental effects of these chemicals on human health, and to fight regulation of them (Ballweg 386).

Studies involving rhesus monkeys have shown that even doses as small as 5 parts per trillion and 25 parts per trillion is enough to initiate endometriosis, though higher dosages are related with more severe disease (Ballweg 379, 389). They have also found dioxin and organochlorine exposure to have a significant relationship with infertility, miscarriage, and stillbirths in rhesus monkeys (Ballweg 378).

Diagnosis of Endometriosis

Most women with endometriosis go through many years of severe pain before they are actually given a diagnosis. If a doctor listens to the patient's complaints and takes them seriously, s/he may suspect endometriosis, but definite diagnosis is not possible without laparoscopic surgery (Ballweg 11).

Western Treatments for Endometriosis

Treatments are varied, and no one treatment is right for all women, simply because each woman has the disease in different places, in different degrees, with different symptoms. Once a patient is diagnosed with endometriosis, the doctor will usually start with the most conservative treatments available, see how the patient responds, and, if not satisfactory, move on to the next more invasive, risky treatment. Painkillers are prescribed for the pain, as are anti-inflammatory drugs. Hormonal treatments aim to stop menstruation all together, such as continuous birth control pills or progesterone pills or shots (such as depo-provera), in order to stop the progression of the disease and avoid menses, which is often the most painful time for those with endometriosis. However, this is a temporary treatment, only useful in women who are not trying to conceive, essentially putting the disease "on hold." Some women do not respond well to such hormone therapy, which may cause symptoms such as irregular bleeding, bloating, weight gain, severe headaches, blurred vision, and edema (Ballweg 12; Albee, Basic 3).

Other hormonal treatments include the latest class of drugs known as Gonadotropin Releasing Hormone analogs, which, by "short-circuiting" the hypothalamus-pituitary-ovary communication system, induces a chemical menopause; shutting down the ovaries in order to reduce the levels of circulating estrogen, and stopping menstruation altogether. These drugs are very controversial, as they are effective at temporarily suppressing

endometriosis, yet, have considerable side-effects and long-term negative health implications. Short-term side effects are similar to those seen with menopause, including hot flashes, night sweats, vaginal dryness, palpitations, insomnia, headache, depression, fatigue, decreased libido, and bone demineralization (Albee, Basic 3-4; Ballweg 175). In fact, it is due to the bone demineralization effect that use of these drugs is limited to 6 months. Reversibility of this bone loss is still being studied, but initial studies are unable to report complete recovery of the spinal vertebrae. It is unknown how this loss (which usually occurs at a relatively young age) may or may not affect a woman over her lifetime. It is also suggested that the rate of bone loss, which is faster than that of menopausal women, and the kind of bone lost may be more of a concern than the amount of bone lost. Little is understood at this point, but, needless to say, women with high risk factors for bone loss are not given these drugs (Ballweg 171).

Some doctors will give "add-back therapy" (birth control pills containing estrogen) along with the GnRH analog drugs in an attempt to give the body some bone sparing estrogen. In most cases, this may slow the bone demineralization, but doesn't stop it.

Longer term side effects aside from this class of drugs (GnRH analogs) are not generally acknowledged by the western medical establishment. However, there are many women (even many who were on "add back" therapy, on numerous websites, chat rooms, newsgroups and support groups that are more than eager to share their long-term side effects of GnRH analog drugs.

Though many doctors use these drugs, most of the experts in the field do not like to waste time and money on them (they are very expensive: at the time of this writing, Lupron is around $450 per month), considering that they do not cure, they only delay symptoms while creating possibly detrimental side effects. For example, Drs. Lyons and Albee at the Center for Endometriosis Care in Atlanta, GA do not prescribe Lupron or other GnRH drugs at all except in very severe cases, and then only do so following surgery (Albee 4).

Surgery is a route that most endometriosis patients have to take at least once, and many women have as many as 4 or 5 surgeries before their symptoms become manageable. In

the past, it was thought that removal of the uterus and one or both ovaries would "cure" endometriosis, since menstruation as well as production of estrogen would cease. However, it is now becoming clear that not only does hysterectomy not always take care of the pain and symptoms of endometriosis (Ballweg 130), it is often not necessary.

If a doctor were to remove the organs, and not the lesions and scar tissue, pain would likely still continue, since the lesions will still react to any estrogen replacement therapy taken, as well as, to a lesser extent, to estrogen created in other parts of the body, such as adrenal glands, muscle, skin and fat. The endometriosis on the bowels and bladder would still be there, causing problems just as before (Ballweg 130-31). But, if the doctor could skillfully remove all of the lesions and scar tissue, often the reproductive organs can be spared, allowing childbearing to be a possibility.

Assuming one has access to a skilled surgeon who is willing and able to excise (surgically remove) all scar tissue adhesion, lesions and cysts that are visible, and even those that are microscopic, through the laparoscope, if at all possible, one will likely have better pain management and preservation of organs than with such radical surgery as hysterectomy (Albee 4). This is known as Aggressive Conservative Surgery, as opposed to Radical Surgery, which is removal of the reproductive organs and Very Conservative Surgery, in which the surgeon treats only the largest and most obvious lesions and cysts. This type of surgery is not as effective as actual excision. Deeper disease and smaller lesions are left behind, to grow and cause more problems.

As explained by Dr. David Redwine on the video documentary Endometriosis: The Inside Story, the challenge for endometriosis patients is that there are very few doctors who are willing to take the time to learn the very fine surgical techniques necessary for recognizing and removing all of the adhesions and scar tissue of endometriosis, while doing as little damage to pelvic organs and structures as possible. This type of surgery, though more effective than others, is difficult to learn, difficult to perform, time consuming and labor intensive. Unless the doctor becomes an endometriosis specialist, performing this type of surgery is far less lucrative than other practices such as obstetrics or infertility treatments. If a patient does have access to a specialist, usually the cost is prohibitive.

Alternative Western Treatments for Endometriosis

Alternative western treatments for endometriosis focus on diet, stress reduction and relaxation techniques. Dietary therapies focus on encouraging production of series 1 and series 3 prostaglandins (which decrease inflammation and pain) by taking Evening Primrose oil, Borage oil, nuts and seeds. Fish oil is also highly recommended. There are also suggestions for decreasing estrogen levels through supporting the liver to detox excess estrogen. This process is assisted by increasing B-complex vitamins (through dark green leafy veggies and whole, unprocessed grains), eating less fatty meats, increasing fiber intake, reducing exposure to dioxins and PCB's, especially avoiding PCB contaminated fish, eating only organic foods, avoiding dairy products, especially non-organic, and avoiding caffeine and alcohol. (Mills & Vernon)

Some supplements suggested are Magnesium to help relax smooth muscle contraction, Selenium which has been shown to decrease inflammation in some endometriosis patients, Vitamin E, which inhibits the series 2 prostaglandins (those that contriubute to inflammation and pain) and strengthens the immune system, as well as Vitamin A which also improves immune function during times of stress. Vitamin C is a natural anti-histamine, detoxifier and wound healer. Zinc is important for inflammatory autoimmune diseases. (Mills & Vernon)

Oriental Medicine Treatments for Endometriosis:

Acupuncture and Oriental Medicine has been successfully used in China to treat most illnesses over the past 3,500 years, and research has shown that acupuncture can be very effective for endometriosis type pain. At the Concensus Conference on Acupuncture and Oriental Medicine in 1997, The National Institute of Health stated that:

> "The data in support of acupuncture is as strong as those for many accepted Western medical therapies….One of the advantages of acupuncture is that the incidence of adverse effects is substantially lower than that of many drugs or other accepted medical procedures used for the same conditions."

Traditional Chinese Medicine (TCM) does not require a surgical diagnosis of endometriosis to treat it effectively, because TCM does not need to differentiate endometriosis from other diseases with similar symptoms, such as primary dysmenorrhea, pelvic inflammatory disease, ovarian tumors / cysts, and uterine myomas or fibroids. However, it does differentiate according to patterns of symptoms and signs that characterize an individual woman's case. These patterns give clues as to the underlying imbalance, or root cause of the disease, and therefore, allow the Oriental Medical doctor to individualize treatment specific to an individual's disease pattern.

Some things a TCM practitioner will ask you is whether the pain is helped with application of heat or cold, whether the pain is dull and downbearing, or sharp and stabbing, whether putting pressure on the lower abdomen helps or makes it worse, at what time of day, week, or month the pain is at its worst, the color and quality of your menstrual blood, and if there are recurrent yeast or bacterial vaginal infections. Your answers give the TCM practitioner evidence of what the underlying energetic imbalance is, and how to treat it, using acupuncture, herbs, nutritional therapy and/or homeopathic remedies.
In my own practice, I have seen a 60%-100% reduction in pain and symptoms over a 3 to 6 month period, just using acupuncture, herbs and dietary therapy. Women experience less pain, less bleeding, the disappearance of clots in the menstrual blood, increased fertility and overall better health. The best results come when we can start working with the disease in its earlier stages. As the disease progresses, it becomes more difficult to treat, but, with time and perseverance, 70-80% of women can expect a noticeable reduction in their pain and symptoms.

Many research studies have been conducted, testing the effectiveness of several different Chinese herbal formulas in the treatment of endometriosis. One such study, conducted in Osaka, Japan found that a well-known classic Chinese herbal formula known as Gui Zhi Fu Ling Wan was just as effective at reducing pain and symptoms as the GnRH analog drug, Lupron, without reducing estradiol (estrogen) levels, without inducing a medical menopause, without any of the symptoms such as hot flashes, or bone loss. The herbs, which are safe to take long-term, actually decreased the IgM antibody titer, which means

that they decreased the body's immune reaction to endometriosis, a benefit that the group receiving Lupron did not exhibit. (Tanaka)

In another study, 152 participants with endometrial ovarian cysts were divided into 3 treatments groups. Group A received a combination of laparoscopic surgery and Chinese herbal medicine. Group B received only Chinese herbal medicine. Group C was treated using only Western medicine protocols, including the GnRH Danazol. The results showed that the shrinking and disappearance rates of the cysts were highest in the combination group A. And the fewest side effects were noticed in groups A and B. (Wu Y)

For different types of menstrual and pelvic pains, TCM offers many types of treatments, all of which address the root causes and treat the entire manifestation, with comparatively little expense, and few to no risks or side effects. However, even TCM may have difficulty getting significant results with severe cases of this disease, and many debilitated patients may find that TCM works best once excisional surgery has been performed, in order to prevent and slow the recurrence of disease. Either way, acupuncture and Oriental medicine are a much safer and more cost-effective alternative to drugs and surgery, and worth a try for severe endometriosis before turning to more invasive means. Eastern medicine is also a useful complimentary therapy if more invasive measures are required.

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