Article 13 Endometriosis; Part One

Endometriosis is a common gynaecological disease which appears to be affecting more and more women, often those in their teens and early twenties. It is caused by the presence of endometria-like tissue outside of the uterine cavity which bleeds in the same way that the endometrial lining of uterus does when a woman has her monthly menstruation. The symptoms include severe menstrual pain, heavy bleeding on menstruation, pelvic pain on intercourse or passing a bowel motion, inflammation of the lower abdomen, reduced fertility, and chronic pelvic pain in general. In some women the pain may be exacerbated by the presence of other inflammatory conditions such as irritable bowel syndrome, interstitial cystitis, kidney stones, migraines, allergies and fibromyalgia.

It is thought that endometriosis is caused when bits of the endometrial lining travel through the fallopian tubes into the abdominal cavity via the fallopian tubes, instead of being passed out of the body during menstruation. This theory is supported by the fact that the most common areas affected by endometriosis are the outside of the bowel, the ovaries, the ligaments which hold the uterus in place and the outside of the fallopian tubes. Other possible theories suggest that in some women, remnants of a woman's own pre-natal tissue may develop into endometriosis, or that endometriosis may be an auto immune disorder and that there may be a genetic link. By some unknown mechanism, the bits of endometrial tissue survive and are able to attach to the organs and structures inside the abdominal cavity. These attachments are often referred to as “endometrial implants”, and they respond to estrogen in the same way that normal endometrial tissue does. This means that they grow and bleed exactly as the uterine lining does in response to changing estrogen levels.

For many women with severe endometriosis the treatment offered is surgery to remove the implants. However, 30-40% of women have a recurrence of the endometriosis within three years of laparoscopic surgery. The failure rate for laparoscopic surgery is more than two-fold higher than hysterectomy without removal of the ovaries. The failure rate is more than six-fold higher for laparoscopic surgery in comparison with hysterectomy with removal of the ovaries. Because the best success rate relies upon the removal of the ovaries, my suspicion is that one of the key issues in the recurrence of endometriosis after laparoscopy is the fact that the underlying hormonal imbalances have never been addressed.

Estrogen is responsible for the growth and thickening of the uterine lining during the first half of a woman’s cycle, and it has long been acknowledged that endometriosis is a highly estrogen-sensitive condition. If a woman has a relative excess of estrogen in relation to her progesterone levels she will be more prone to heavy menstrual bleeding because her endometrial lining will be thicker, and she is more likely to experience estrogen-dominant conditions like endometriosis. This means that the degree of endometriosis is often a reflection of the degree of imbalance in a woman’s hormones – specifically the ratio of estrogen to progesterone. This is one of the key things I address when working with a woman with endometriosis, especially if we want to prevent a recurrence after surgery.

There are two categories of estrogen that a woman’s body can produce. One type is very beneficial and has a mild effect on estrogen-sensitive tissues and the other is very strong and is implicated in breast cancers, endometriosis and other estrogen-dominant conditions. The tendency for a woman’s body to be dominant in one or the other is largely determined by the level of inflammation in her body, the activity of a

certain enzyme complex within the liver called P450, and her estrogen-to-progesterone ratio.

When endometrial tissue attaches to the inside of the abdominal cavity, the immune system recognizes that there is abnormal tissue there and calls upon macrophages and other immune cells to clean it up. In order to communicate where and what the problem is, the immune system generates messenger chemicals called cytokines which induce an inflammatory response. This draws immune cells to the affected area. It is the monthly breakdown of the implants, the immune response and the effect of the resulting cytokines which are responsible for the ongoing pain usually experienced by women with endometriosis.

Indirectly, cytokines also change the way P450 works in the liver making it less effective, which affects the way estrogens are metabolized or broken down. This results in more E_2 (estradiol) which is the strong estrogen responsible for the exacerbation of estrogen-dominant conditions like endometriosis. For this reason it is vital to address the inflammation by reducing the cytokine levels, to improve the metabolism of estrogen by treating the liver and reducing the inflammation, and to improve the estrogen-to-progesterone ratio. Usually we are able to do this very effectively using herbal medicine.

Studies have revealed that around 42% of women with endometriosis have low thyroid function. This makes sense when you consider that the thyroid and the ovaries are often referred to as "sister" organs because of the close correlation between thyroid health and correct ovarian function. It may also explain why 31% of women with endometriosis experience chronic fatigue, which commonly has its roots in a malfunction of the thyroid gland or the way thyroid hormone is being used by the body. Hence treating the thyroid and improving the uptake of thyroid hormone can also be an important factor in treating endometriosis.

There are a number of things which can be done to reduce the inflammatory response in the body, to reduce auto-antibody involvement, to improve thyroid function and to correct the hormonal imbalances. As always, it pays to take an approach which treats the whole person. Some of these need to be assessed on an individual basis, but there many which are diet and lifestyle oriented. These are the things which are discussed in the second article on endometriosis.

If you require further help with anything in this article, please contact us at The Self Heal Clinic on 06-304 8177. The dispensary is open Tuesday, Thursday, Friday and Saturday.