endometriosis

by Claudette Wadsworth, naturopath, herbalist and nutritionist, specialising in women's health and fertility.

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 of age. Endometriosis is the cause of up to 80% of pelvic pain or infertility, and it is the most common cause of infertility in women over 25 years. Endometriosis can even occur in males. Some elderly males with prostate cancer who have had their testicles removed and been put on oestrogen drugs have been found to have endometriosis in their bladder or prostate.

WHAT IS IT?
Normally, the endometrium lines the inside of the uterus and is expelled during each menstrual period. Endometriosis is the presence of functioning endometrial tissue in an abnormal location, commonly in sites throughout the pelvis, abdominal cavity and other parts of the body – for example, the bowel, colon, rectum, ovary, bladder, lungs. Adenomyosis is endometrium growing between the fibres of the muscular wall of the uterus.

Fragments of the endometrial tissue continue to respond to hormonal stimulation and they build up to form lesions – areas of inflammation and eventually cysts which act like miniature uteri with bleeding occurring when the woman menstruates. As the blood cannot escape, the cysts slowly increase in size and are filled with tarry blood. Scar tissue and adhesions to other pelvic organs develop as the condition advances.

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

HOW IS IT DIAGNOSED?
- Based on symptom picture
- Pelvic examination
- Ultrasound
- Laparoscopy – the only way a diagnosis of endometriosis can be absolutely confirmed

WHAT CAUSES IT?
There is no known single cause, and medical theories about endometriosis abound. Obviously it is a very complex condition with a multitude of causes and aggravating factors.

COMMON THEORIES OF CAUSATION
- Excess oestrogen levels. Endometriosis can recur or start when postmenopausal women go on hormone replacement. Oestrogen stimulates the thickening of the endometrium, and causes more serious pelvic contamination due to greater menstrual volume, as well as affecting the immune system.
- Retrograde flow is postulated as causative. It is where reflux of menstrual blood flows through and out of the fallopian tubes, adhering to other pelvic organs and growing inwards. However, almost all menstruating women who have patent (non-blocked) fallopian tubes have some menstrual fluid in the pelvic cavity, but in the majority of women, endometriosis does not develop. Women who have a vaginal outflow blockage (either partial or complete) by, for example, congenital abnormalities, adhesions within the uterus or cervix, imperforate hymen or damage to the cervix such as by cauterisation, may have excessive volume of refluxed endometrial cells, and appear to have a higher incidence of endometriosis.
- Auto-immunity is another postulated theory. Auto-immunity means that the body develops antibodies to its own tissues. The immune systems of women with endometriosis have shown decreased ability of natural killer cells to destroy misplaced tissue and the presence of autoimmune antibodies to endometrial tissues. There is a direct correlation between the severity of endometriosis and the extent to which natural killer cell function is impaired.
- Endometrial cells are displaced through an embryonic mix-up when the embryo is just forming its tissues. Dysfunctional DNA (genetic coding) can lead to a more widespread distribution of these embryonic tracts in areas remote from the pelvis, for example, on the diaphragm or intestinal tract, thereby, being a congenital condition and present at birth. At puberty, the ovaries begin to produce oestrogen that acts on these tissues.

receive the Societies' discounts! See page 80 for details...
Endometriosis is a 20th century disease caused by the toxic effects of xenoestrogens (synthetic environmental oestrogens or chemicals that mimic oestrogen, for example, dioxin) on tissues of the developing embryo or the developing foetus. Doctors before this century did not describe this condition, unlike all other female reproductive conditions, which is unusual given the severity of pains and the association with monthly periods. The American Endometriosis Association found that when Rhesus monkeys were exposed to dioxin, an industrial byproduct, 79 percent developed spontaneous endometriosis. Xenoestrogens are much stronger than oestrogens made by the body. They act as hormonal disrupters and have been prevalent in the environment only in modern times. Sources of xenoestrogen exposure include dioxin, pesticides, herbicides, growth hormones stored in animal fat, PCBs in plastics especially when heated or used for hot drinks or food, waterways due to the urine of women taking birth control pills containing synthetic oestrogen, nonylphenols which are breakdown products of surfactants used in detergents, cosmetics and other toiletries and spermicides used in diaphragm jellies, condoms and vaginal gels.

Endometrial tissue may travel via the lymph and blood to distant places, for example, the lungs and nose.

Iatrogenic (caused by medical procedures) due to increased laparoscopy investigations that may cause damage to or the spread of endometrial lining.

Bacterial invasion (for example, due to a pelvic infection) can lead to weakening and destruction of the endometrium, causing chronic endometriosis.

Inflammatory prostaglandin excess causes inflammation, irritation and constriction of tissues. Women with endometriosis have been shown to have higher levels of inflammatory prostaglandins.

It is estimated that 10-20% of all women during their reproductive life are affected by endometriosis.

Risk Factors

- Early menarche (menstruation starting at an earlier age), delayed pregnancy and short duration of breastfeeding. These result in increased time of exposure to oestrogen.
- Having an immediate family member (mother/sister) with endometriosis increases the risk seven times.
- Strenuous physical activity during menstruation increases the risk. Regular exercise is associated with a lower risk because exercise decreases the rate of oestrogen production and decreases insulin resistance.
- IUD contraceptives increase the risk because they irritate and cause inflammation locally.
- Cigarette smoking, caffeine and alcohol consumption increase the risk.

Other Possibilities

- Liver disorders are associated with higher incidence of endometriosis.
- Cigarette smoking, caffeine and alcohol consumption increase the risk.
- Higher incidence of endometriosis in women with glandular fever or chronic viral infections. The glandular fever virus impairs the immunity to occur.
- Often there has been sexual, physical or psychological trauma to the woman.
- According to Christiane Northrup, MD, in her book, *Women's Bodies, Women's Wisdom*, endometriosis can be related to blocked pelvic energy and is an illness of competition, historically called the "career woman's disease". It occurs when a woman feels that her innermost emotional needs are in direct conflict with what the world is demanding of her. Typically these women drive themselves relentlessly in the outer world, rarely resting or tuning in to their inner needs and desires.

When Rhesus monkeys were exposed to dioxin, an industrial byproduct, 79% developed spontaneous endometriosis.

HOW THE DOCTORS TREAT ENDOMETRIOSIS

Pharmaceutical drugs for endometriosis include painkillers and various hormone derivatives. There are hormones to inhibit ovulation and suppress menstruation, resulting in atrophy of the endometrium. For example, the oral contraceptive pill given continuously without a breakthrough bleed, progestogens to rebalance the oestrogen excess and GnRH agonists which induce a temporary menopausal state. All of these have severe side effects, and most women have a return of symptoms within 6 months of stopping them.

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 recur, with about 50% of women developing the condition again within 2-5 years.

Cigarette smoking, caffeine and alcohol consumption increase the risk of endometriosis.

Endometriosis can be related to blocked pelvic energy and is an illness of competition, historically called the "career woman's disease".

Eliminating dairy gives many women enormous relief as dairy contains hormones and stimulates excess oestrogen production in the body.

Endometriosis is the cause of up to 80% of pelvic pain or infertility and it is the most common cause of infertility in women over 25 years.