



Endometriosis - April 2009

Inside this months issue

What is Endometriosis?

What causes endometriosis?

What are the symptoms?

Who is most at risk?

What steps can we take to improve this condition?

What is Endometriosis?

Endometriosis is the growth of cells similar to those that form on the inside of the uterus (endometrial cells), but form in locations outside of the uterus. The cells of endometriosis attach themselves to tissue outside the uterus and are called endometriosis implants. These implants are most commonly found on the ovaries, the Fallopian tubes, outer surfaces of the uterus or intestines, and on the surface lining of the pelvic cavity. Although less common they can also be found in the vagina, cervix and bladder. They rarely occur outside the pelvis and while they can cause problems, are benign (not cancerous).

What causes endometriosis?

The cause of endometriosis is unknown but many theories exist:

- The endometrial tissue is deposited in unusual locations by the backing up of menstrual flow into the Fallopian tubes, the pelvic and the abdominal cavity during menstruation (termed retrograde menstruation). The cause of retrograde menstruation is not clearly understood and cannot be the sole cause, as many women have retrograde menstruation in varying degrees, yet not all of them develop endometriosis.
- Another possibility is that areas lining the pelvic organs possess primitive cells that are able to grow into other forms of tissue, such as endometrial cells.
- It is also likely that direct transfer of endometrial tissues during surgery may be responsible for the endometriosis implants sometimes seen in surgical scars.
- Transfer of endometrial cells via the bloodstream or lymphatic system is the most likely explanation for the rare cases of endometriosis that develop in the brain and other organs distant from the pelvis.

- Some studies have shown alterations in the immune response in women with endometriosis, which may affect the body's natural ability to recognize and destroy any misdirected growth of endometrial tissue.

What are the symptoms?

Some women who have endometriosis, in fact, do not have symptoms, but of those who do, the common symptoms are pain (usually pelvic) and infertility.

Pain

Pelvic pain usually occurs during or just before menstruation and lessens after menstruation; the pain generally depends partly on where the implants of endometriosis are located. Deeper implants, implants in areas where there are many pain-sensing nerves, and where the implants form scars, are more likely to produce pain.

Some women experience pain or cramping with intercourse, bowel movements and/or urination. The pain intensity can change from month to month and vary greatly.

Implants may also produce substances that circulate in the bloodstream and cause pain.

Infertility

Endometriosis can be one of the reasons for infertility in otherwise healthy couples. The reasons for a decrease in fertility are not completely understood, but might be due to both anatomic and hormonal factors. The presence of endometriosis may involve masses of tissue or scarring (adhesions) within the pelvis that may distort normal anatomical structures, such as Fallopian tubes, which transport the eggs from the ovaries. Alternatively, endometriosis may affect fertility through the production of hormones and other substances that have a negative effect on ovulation, fertilization of the egg and/or implantation of the embryo.

Other symptoms

Heavy or irregular periods, painful sex (dyspareunia), back pain, nausea, fatigue, gastrointestinal problems including diarrhoea, bloating and painful defecation.

Who is most at risk?

The exact prevalence of endometriosis is not known, since many women may have the condition and have no symptoms. It is one of the leading causes of pelvic pain and reasons for laparoscopic surgery and hysterectomy in this country. While most cases of endometriosis are diagnosed in women aged around 25-35 years, it has been reported in girls as young as 11 years of age.

- Endometriosis affects women in their reproductive years.
- Rare in post-menopausal women.
- Commonly found in white women as compared with African American and Asian women.
- Studies suggest that it is most common in taller, thin women with a low body mass index (BMI).
- Delaying pregnancy until an older age is also believed to increase the risk of developing endometriosis.

What steps can we take to improve this condition?

Endometriosis can be triggered by a combination of factors including hormone imbalances, stress and nutritional deficiencies, so a multi-factorial approach is the quickest way to eliminating the symptoms.

Diet

- Eat plenty of fruit and vegetables
- Eat complex carbohydrates - wholegrains like brown rice, oats, wholemeal bread
- Buy organic foods where possible to avoid Xenoestrogens*
- Eat phytoestrogens, including beans such as lentils, chickpeas and soya products
- Eat oily foods, including fish, nuts, seeds and oils
- Reduce your intake of saturated fat from dairy products and meat fats
- Drink enough fluids
- Increase your intake of fibre
- Avoid additives, preservatives and chemicals such as artificial sweeteners
- Reduce your intake of caffeine, alcohol
- Avoid sugar on its own and hidden in foods

Blood Sugar

Keep your blood sugar in balance by eating regular meals and healthy snacks - the type of carbohydrates we eat influences blood sugar. Complex carbohydrates sustain energy and balances blood sugar, refined carbohydrates can upset the delicate balance of your body's blood sugar level, resulting in fluctuations in energy and mood that leave you feeling irritated and tired.

*Avoid as much as possible Xenoestrogens ('foreign oestrogens'), which are oestrogen-like chemicals from pesticides or plastics and have a big effect on your hormones.

Exercise is beneficial in any form, try and fit in at least 30 minutes a day. Other lifestyle factors such as being overweight, smoking, lack of sleep and stress can have a negative affect on your health.

Supplements

The supplement programme below should be taken for at least three months in order to achieve best result

- A good multivitamin and mineral supplement
- B complex vitamins (50mg of each B vitamin per day)
- Vitamin C with bioflavonoids (1000 mg twice per day)
- Linseed oil (flaxseed oil) (1000 mg per day)

Herbs

- Agnus castus works by restoring balance, whether your hormone levels are too high or too low.