

ENDOMETRIOSIS & NATURAL TREATMENT

Dear Dr. Rona:

My 25 year old daughter has just recently discovered she has endometriosis. She and her husband very much desire a family of their own and I would like grandchildren. Her physician has suggested a drug with many side effects. Can you suggest a natural course of treatment?

She also has a very acid immune system and so destroys her husband's sperm before they reach the uterus. She has been artificially inseminated once with no results. Perhaps you could recommend a natural way to overcome the problem.

C.M.
Alberta

Dear C.M. :

Endometriosis is a disorder that results from the presence of actively growing and functioning endometrial tissue (the name for the cells that line the uterus) in sites outside the uterus. Endometrial tissue can be widespread and the usual endometriosis sufferer has multiple sites including the ovaries involved in the pelvic cavity. The urinary bladder, the appendix, the small bowel, the large bowel, scars from previous abdominal incisions, the umbilicus and even the liver, gall bladder and kidneys may be involved.

Endometriosis is a disease of the active reproductive life of women. It affects approximately 15% of all women and many journals report that its incidence is increasing. The typical patient is in her late twenties or early thirties and is either single, has married late or has voluntarily delayed childbearing. Users of the birth control pill seem to have a slightly lower incidence of endometriosis while those using intrauterine devices (IUD's) have a significantly higher incidence. Without intervention, endometriosis ceases almost entirely after the menopause. Retrograde menstruation and implantation is still the most popular and widely accepted theory on the cause of the disorder. Although retrograde menstruation occurs in most women, the actual development of endometriosis is dependent on many other factors including the health of the immune system which, in turn, is dependent on nutritional status.

An alternative theory about endometriosis has recently been advanced by Dr. David Redwine. He believes that endometriosis is caused by an embryonic defect in cell differentiation as opposed to retrograde menstruation. Accepted theory states that lesions bleed monthly whereas Dr. Redwine theorizes that they do not. Dr. Redwine has developed a new surgical treatment for endometriosis called "near-contact" laparoscopy. Based on his studies, he reports little recurrence of lesions following removal of both typical and atypical lesions. Dr. Redwine claims that endometriosis is a positionally static disease while conventional gynecologists claim it is a progressive disease. Conventional thinking is that endometriosis affects primarily women over age 30 while Dr. Redwine believes it affects all females regardless of age. Accepted theories hold to the idea that endometriosis is

associated with menstruation, prevalent black lesions in the pelvis and that it causes infertility. Dr. Redwine believes that endometriosis is independent of menstruation, is associated with multicolored lesions and is not an actual cause of infertility. He maintains that removal of typical and atypical lesions by his special surgical techniques provides complete relief for 75% of cases. For more information on Dr. Redwine's studies, write to Nancy Petersen, St. Charles Medical Center, 2500 N.E. Neff Road, Bend, OR 97701 or call 503-382-4321.

The most obvious symptom of endometriosis is painful menstrual periods. About 15-20% of sufferers report no pain or discomfort but their endometriosis may be associated with infertility or a pelvic mass. Gynecologists have traditionally treated endometriosis either with pituitary gonadotrophin hormone inhibitors such as Danazol or surgery as radical as complete hysterectomy and oophorectomy (removal of the ovaries). At present, the medical profession as a whole does not promote any treatments for endometriosis involving lifestyle change, diet or nutritional supplements. Research, however, has linked several nutritional imbalances and lifestyles to setting the stage for the development of endometriosis.

Since endometriosis has been linked to estrogen dominance (too much estrogen and not enough progesterone), the use of natural remedies that rebalance these hormones can be very helpful. These include indole-3-carbinol, chaste berry (vitex), curcumin (from tumeric), rosemary leaf extract, resveratrol and isoflavones derived from kudzu and red clover. These natural hormonal balancers can be used indefinitely and have a high chance of either reversing or preventing the spread of endometriosis. There are some who recommend soy isoflavones but this is controversial. The use of natural progesterone as a body cream is also controversial because there is some conversion of progesterone in the body to estrogen. In addition, some women get an increased experience with yeast infections when using any progesterone supplement. There are also reports by some practitioners of alternative medicine that candidiasis is involved in the spread of endometriosis (see *The Complete Candida Yeast Guidebook* by Jeanne Marie Martin and Dr. Zoltan Rona).

Epidemiological studies show that a low iodine intake may produce a state of increased pituitary gonadotrophin activity which may lead to the development of endometriosis as well as endocrine disorders such as hypothyroidism (low thyroid function). It is also known that strenuous exercise decreases the risk for endometriosis. Although these associations exist, there have not as yet been any studies demonstrating that endometriosis can be ameliorated by either iodine supplementation or strenuous exercise. It is safe to say, however, that optimizing the iodine in one's diet is desirable. Good food sources of iodine include kelp, dulse, Swiss chard, turnip greens, watercress, pineapples, pears, artichokes, citrus fruits, egg yolks and seafoods. If the diet available is poor, supplementation of iodine with sea kelp or dulse tablets (no higher than 150 mcgs. of iodine daily) is a good alternative. Overdoing iodine supplementation can be as disastrous as not getting enough. Signs of excessive iodine supplementation may include acne and inflammation of the thyroid gland (thyroiditis).

A 1985 study by Ylikorkala and Makila reported in the *American Journal of Obstetrics and Gynaecology* showed that patients with pelvic endometriosis may have increased levels of

thromboxane A2 metabolites. Other studies have reported moderate imbalances in prostaglandin levels (PGF2 alpha and PGE2 are significantly higher) in women who suffer from endometriosis. It is known that supplementation of either flaxseed oil or evening primrose oil (Efamol®) can inhibit the action of thromboxane A2 and optimize prostaglandin levels.

Studies have also been done recently (Covens, Christopher and Casper, Fertility, Sterility, 1988) to demonstrate the effect of fish oil fatty acids on endometriosis. Omega-3 EPA oils (found in mackerel, tuna, trout, herring and salmon) can also decrease PGF2 alpha and PGE2 production and retard endometriotic implant growth. A number of health care practitioners have therefore been recommending flaxseed oil or Efamol® and omega-3 EPA oil supplements as complementary treatments for sufferers of endometriosis. They would not interfere with any medical therapy for endometriosis. Since therapeutic intake levels of these supplements are usually safe, they're certainly worth a 6-month trial therapy.

Essential fatty acid therapy should be complemented by vitamin E (400 I.U. - 1000 I.U.), vitamin B complex, vitamin C, bioflavonoids, calcium and magnesium. These and other antioxidant vitamins and minerals may be important in the prevention of adhesion formation in endometriosis. Recent studies indicate that free radicals are involved in some aspects of the disease process. For those more interested in getting these essential oils from diet alone, two recent books, *The Omega-3 Phenomenon* by Dr. Donald O. Rudin and Clara Felix and *The Omega-3 Breakthrough* by Julius Fast are very thorough with respect to menus and suggested meal recipes. They're definitely worth reading.

Herbal remedies that have been used in the treatment of endometriosis include dong quai, raspberry leaves and Siberian ginseng. It is important to avoid caffeine, salt, sugar, animal fats, fried foods and processed foods. These all either rob the body of essential trace minerals or create imbalances in essential fatty acids.

Lastly, daily exercise can provide a marked improvement. This should include nothing more strenuous than walking or stretching because severe cases may be aggravated by anything more strenuous. It is well known that heavy exercise in women over long periods of time (e.g. as in marathon runners) can not only eliminate menstrual pain but cause some women to stop having periods altogether until the heavy exercising is drastically reduced. Women suffering from endometriosis need to assess their physical fitness as there is clearly some exercise connection with this disease.

Treating endometriosis does not necessarily guarantee a cure for infertility. Fertility is a complex subject on which I have recently written a short book, "Fertility Control, The Natural Approach." The book discusses all the different natural approaches for fertility enhancement for both males and females. It should be available from your local health food store next month. Look for ads in the October issue of *alive*.

RESOURCES/SUPPORT GROUPS:

Endometriosis Association, P.O. Box 92187, Milwaukee, WI 53202; 1-800-992-ENDO.

Endometriosis Support Society, 2, 1401 1 Ave. NW, Calgary, Alberta, T2N 0A9.

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