

Treatment for Endometriosis

Marianne Marchese, ND

Introduction

Endometriosis is a common condition affecting around 10% of women. It is characterized by the presence and growth of endometrial cells outside the uterus, called implants. Endometriosis is a hormonally responsive condition and is a common cause of dysmenorrhea and infertility. Endometriotic implants contain estrogen, progesterone, and androgen receptors. [1] Risk of endometriosis seems related to the amount of menstrual flow. Women with a short menstrual cycle (<27days), longer menstrual flow (>7days), and spotting before the onset of menses are at greater risk for developing endometriosis. [2] This is a clinical case review of ten patients treated by Dr. Marianne Marchese utilizing a specific protocol.

Cause of Endometriosis

The exact cause of endometriosis is unclear. A common theory is retrograde menstruation. This is where endometrial cells flow backwards through the fallopian tubes and land on pelvic organs where they start to grow. [3] Another theory is metaplasia, or the changing from one type of tissue to another. [4] There appears to be a genetic link as well. Women with first degree relatives with endometriosis are predisposed to develop the disease, develop symptoms earlier, and have more severe manifestations. [5] Inflammatory cytokines are elevated in women with endometriosis suggesting immune dysfunction play a role in the pathogenesis. [6] Other causes of endometriosis include iatrogenic, where endometriosis develops after gynecological procedures, abdominal surgery or cesarean sections. Diet is linked to endometriosis. One study found that there was a 40% decrease risk of endometriosis in women with higher consumption of green vegetables and fresh fruit and an 80% increase risk in women who ate high amounts of beef, other red meats, and ham. [7]

Environmental Factors

The influence of environmental factors on endometriosis has been an area of great interest and research of late. Chemicals in the environment that women are exposed to through diet, cosmetic and grooming products, plastics and other common sources are known to alter hormones in the body. These compounds are called 'hormone-disrupting' or 'endocrine disrupting' compounds. Many chemicals have hormone-disrupting properties including; bisphenol A found in canned foods and plastic bottles, organochlorines found in food and water, phthalates found in plastic food storage containers and cling wrap, pesticides and polycyclic aromatic hydrocarbons found in food, solvents found in paint, and chemicals found in some household cleaning products. Even heavy metals such as cadmium and mercury are shown to have endocrine-disrupting properties. [8]

The role of hormones in the pathogenesis of endometriosis is clear and new evidence has directly linked hormone disrupting chemicals to endometriosis. Organochlorine compounds such as dioxin and polychlorinated biphenols, PCBs, contaminate our food and water and women are exposed to low doses on a daily basis. Deep endometriotic nodules are associated with high blood levels of dioxin and PCBs. [9] Phthalates are used in the plastic industry and are in everything from plastic water bottles with the #3 on the bottom to plastic food storage containers.

A recent study showed that 55 women with endometriosis had elevated blood levels of phthalates compared to controls. [10] Phthalates is not the only chemicals in plastic products linked to endometriosis. A study done comparing women with endometriosis to healthy women found that over 63% of the women with endometriosis had Bisphenol A, BPA, in their blood compared to the healthy women. [11] Using data from the National Health and Nutrition Examination Survey, NHANES, researchers found that women with endometriosis had higher blood levels of cadmium than women without endometriosis. [12] Cadmium is common contaminate of non-organic vegetables and fish. Plants absorb cadmium from soil, and the fish we eat absorb cadmium from the water they live in.

Endometriosis Treatment

As the evidence grows linking hormone disrupting compounds to endometriosis the question is, what can be offered patients in terms of treatment? Conventional treatment for endometriosis typically begins with medications such as oral contraceptives and Lupron. Nonsteroidal anti-inflammatory drugs (NSAIDS) are used to decrease inflammation and pain and well as other analgesics. Laparoscopic surgery is the main treatment to remove the endometrial lesions from the pelvic area. Typical alternative or natural treatments for endometrisois include diet and nutritional changes, anti-inflammatory and analgesic botanicals, herbs to decrease inflammatory cytokines, and hormone balancing herbs.

It is clear that women are exposed to chemicals that get stored in the body and cause hormone disruption. Several state and federal agencies have conducted studies to determine the amount of chemicals stored in the average person in the U.S. In 2010 the Center for Disease Control (CDC) released the Fourth Report on Human Exposure to Environmental Chemicals. www.cdc.gov/ExposureReport. The report outlines information collected from 2005-2006. Around 212 chemicals were tested for in over 2,400 people living in the U.S. This reflected low-dose exposure from everyday living in the U.S. One chemical linked to endometrisois, BPA, was found in over 90% of participants. Removing these chemicals from the body is a critical part of endometriosis treatment

Detoxification

Detoxification is a treatment used by physicians to remove chemicals from the body. This is done by mobilizing chemicals from storage sites such as fat tissue, organs and cells. Once they are released, they will re-enter the blood stream and are metabolized through the liver with proper support for liver phase-one and phase-two detoxification pathways. Next, the organs of elimination are supported to get the toxic byproducts out of the body. Detoxification has been used for years by both conventional and alternative physicians to address a plethora of health conditions. Recent studies have shown a positive effect of using detoxification for patients with multiple chemical sensitivity and for reversing the many health problems of the first responders to the World Trade Center/911 disaster. [13,14]

Detoxification is an option for treating endometriosis as well. Endometriosis is a hormonal responsive condition linked to several known hormone disrupting compounds. By removing chemicals from the body and decreasing body burden, patient's symptoms of endometriosis can improve. Detoxification methods along with other natural treatments for endometriosis is very effective.

Clinical Cases

This is a review of ten women with endometriosis that I have treated combining detoxification and other natural treatments. Six of the ten women had laproscopic confirmed endometriosis and presented with dysmenorrhea, painful menses. The remaining four women had a diagnosis of endometriosis from their OB/GYN or primary care doctor, without laproscopic surgery, and presented with painful menses. All ten women were prescribed the same 8-week treatment plan and 4-5 sessions of **frequency specific microcurrent** for endometriosis. Frequency specific microcurrent is an electrical modality I utilize where frequencies of microampere-level electrical stimulation are applied to particular places on the skin of a patient via conductive graphite gloves. The 8-week plan consisted of a diet, hydrotherapy and several supplements to assist the liver with hormone metabolism and microcurrent.

Results

A survey was sent to the ten women of the women I treated using this method asking what parts of the treatment plan prescribed were followed and what parts were not, along with a symptom survey to track the results/outcome of the plan. Part of the survey sent to the ten women included a symptom scale to rate the improvement in dysmenorrhea following the 8 week plan. They were asked to rate the degree of improvement immediately after the treatment plan, 3-6 months afterwards and at one-year. The survey asked to what degree the menstrual cycle pain/cramps improved; got worse, no change, somewhat improved, good improvement, great improvement. 80% (8/10) had somewhat to great improvement in the endometriosis symptom of dysmenorrhea. 10% (1/10) had no change and 10% (1/10) got worse.

Discussion

Although this is a small sample of patients I have treated using natural medicine and detoxification for the treatment of endometriosis it shows a positive effect in the symptom of dysmenorrhea. Detoxification can not only improve symptoms of disease but also lower blood levels of chemicals linked to endometriosis. A study done on 7 rescue workers from the World Trade Center disaster showed that detoxification reduced blood levels of chemicals. Seven rescue workers from 9/11 had health complaints since working at Ground Zero that ranged from headaches, breathing problems, muscle and joint pain, and skin rashes. The study measured their blood for levels of PCBs, dioxins and polychlorinated dibenzofurans. After undergoing a detoxification plan similar to the one outlined above, all 7 had a reversal in symptoms and PCB levels declined by 65%, and dioxins and dibenzofurans were below detection limits. [15]

Summary

Endometriosis is a common condition affecting thousands of women. Many factors contribute to the development and disease process including chemicals in the environment that are known 'hormone disruptors.' One of the main symptoms of endometriosis is dysmenorrhea which can be often challenging to manage. Detoxification is a way to decrease levels of 'hormone disrupting' chemicals in the body and manage the symptom of dysmenorrhea. You can learn more in Dr. Marchese's book *8 Weeks to Women's Wellness*, about the environmental links to women's health conditions and detoxification.

Bio

Dr. Marchese is the author of “8 Weeks to Women’s Wellness: The Detoxification Plan for Breast Cancer, Endometriosis, Infertility, and other Women’s Health Conditions.” Dr. Marchese graduated from the National College of Naturopathic Medicine in 2002. She maintains private practice in Phoenix AZ and teaches Gynecology at Southwest College of Naturopathic Medicine. Dr. Marchese lectures on topics related to women’s health and environmental medicine throughout the U.S. and Canada.

References

1. Frackiewicz E.J. Endometriosis: An overview of the disease and its treatment. *J AM Pharm Assoc* 2000;40(5):645-657
2. Spaczynski RZ, Duleba AJ. Diagnosis of endometriosis. *Semin Repro Med* 2003;21(2):193-207
3. Saul T, Dave AK. Endometriosis. *emedicine.medscape.com* [online] Available at: <http://emedicine.medscape.com/article/795771-overview> Accessed Nov 12, 2008
4. Olive DL, Schwartz LB. Endometriosis. *NEJM* 1993;328(24):1759-1769
5. Frackiewicz E.J. Endometriosis: An overview of the disease and its treatment. *J AM Pharm Assoc* 2000;40(5):645-657
6. Podgaec S, et al. Endometriosis: an inflammatory disease with a Th2 immune response component. *Hum Reprod*. 2007;22(5):1373-1379
7. Parazzini F, et al. Selected food intake and risk of endometriosis. *Hum reprod* 2004;19:1755-1759
8. De Coster S, van Larebeke N. Endocrine-disrupting chemicals: associated disorders and mechanisms of action. *J Environ Public Health*. 2012; 2012:713696. Epub 2012 Sep 6.
9. Hellier JF, et al. Organochlorines and endometriosis. *Chemosphere* 2008;71(2):203-210
10. Cobellis L, et al. High plasma concentrations of di-(2-ethylhexyl)-phthalate in women with endometriosis. *Hum Reprod* 2003;18(7):1512-1515
11. Cobellis L, et al. Measurement of bisphenol A and bisphenol B levels in human blood sera from health and endometriotic women. *Biomed Chromatogr*. 2009 May 14.
12. Jackson LW, Zullo MD, Goldberg JM. The association between heavy metals, endometriosis and uterine myomas among premenopausal women: National Health and Nutrition Examination Survey 1999-2002. *Hum Reprod* 2008;23(3):679-687
13. Dahlgren J, et al. Persistent organic pollutants in 9/11 world trade center rescue workers: reduction following detoxification. *Chemosphere*. 2007;69(8):1320-1325.
14. Rea WJ, Pan Y, Johnson AR, et al. Reduction of chemical sensitivity by means of heat depuration, physical therapy, and nutritional supplementation in a controlled environment. *J Nutr Environ Med*. 1996;6:141-148.
15. Dahlgren J, et al. Persistent organic pollutants in 9/11 world trade center rescue workers: reduction following detoxification. *Chemosphere*. 2007;69(8):1320-1325.