

Common and Confounding Endometriosis, a case study.

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ABOUT THE AUTHOR:

Ange graduated from the Canterbury College of Natural Medicine in 2001 with a Diploma in Clinical Herbal Medicine and is currently in private practice in Nelson.

With a background in conservation work, Ange was led to herbal medicine after creating Moontime in the early 90s, a business offering washable menstrual cloths.

“Through this women-focused enterprise I became aware of how many women had lost touch with the tidal flow of their natural cycles and how many struggled with hormonal imbalance. I work from a strong ecological perspective – a profound sense of being part of the earth, and bring compassion, creativity and intuition into my work as much as I can.”

In recent years Ange was based in Australia where she co-produced a feature documentary film about climate justice called *2 Degrees* which has just been released. She also teaches Ashtanga yoga. Her interests include tramping, horse riding and sea turtle conservation. www.angepalmer.com

Endometriosis (‘endo’) is a common and confounding condition. One in 10 women (or more than 176 million women worldwide) are known to have endometriosis, but its prevalence is thought to be much higher as many women go undiagnosed. Given its prevalence it is amazing that we don’t hear more about it in the mainstream media but perhaps like many aspects of women’s reproductive health, it is often disregarded as merely being a variant on ‘normal women’s stuff’.

Endo is confounding because a woman may have miniscule amounts of affected tissue and yet experience debilitating pain almost constantly, or have extensive affected areas throughout her body and yet the pain may be minimal. In my experience women often fall somewhere in the middle of this continuum, but pain is certainly a key factor for most. Because of this, I find women with endometriosis often gravitate to orthodox medical treatments and manage the condition over years with a mix of painkillers, synthetic hormones (such as a contraceptive pill or device), and surgery. It is also confounding because there are still many gaps in the understanding of the aetiology, nature and effective treatment of this condition.

Endometriosis occurs when tissue similar to the lining of the uterus (the endometrium) is found outside the uterus where it shouldn’t be. The endometriosis tissue can appear to be red and inflamed but can also form nodules and cysts. It is mostly found within the pelvic region on structures such as the pelvic lining (peritoneum), ovaries, bowel, Pouch of Douglas as well as the bladder and uterine ligaments.

Case Study

Initial Consultation – July

The patient is a 39-year-old mother parenting alone. A laparoscopy in her early twenties gave no diagnosis. She presented to her GP in her mid thirties with pelvic pain and was diagnosed after three laparoscopies carried out over three years. At the first a cyst was aspirated, the second was “possible endo”, then eighteen months later due to severe pain the third confirmed endo at stage 1.

She is debilitated by the condition and unable to work. She has daily radiating abdominal pain, which starts in the bowel which she describes as ‘sharp and jagged’. The pain is less in the morning but triggered by the first bowel motion and she uses pain medication daily. She describes her energy and stamina as ‘low’ but is very motivated to improve wellness.

Daily medications and supplements at first presentation:

- Provera – 60mg
- Panadol 500mg – 6-8 tabs
- Ponstan 250mg – 2-6 tabs
- Acupan 30mg – taken when needed for pain
- Lactulose – 20mg as needed for constipation
- ☞ L-glutamine 2g
- ☞ Fish oil – 10mls
- ☞ Probiotic – 1-2 caps
- ☞ Rhodiola 500mg
- ☞ Vitamin C – 500mg
- ☞ Cal/Mag & Vit D – 400mg/400mg/200iu – 1 tab
- ☞ Wild oregano oil

Patient has also been having acupuncture to treat adrenals and liver.

Surgery was carried out three months prior to cauterise affected tissue in areas of the Pouch of Douglas and ovaries. For six weeks post surgery symptoms improved but then the pain returned. She was considering having a Mirena device inserted.

Health History

- Menarche 12 years old.
- Dysmenorrhoea in teens. Irregular menses and pain with bowel motions for many years along with constant digestive issues, food intolerances and weight loss. Caesarean section with birth (daughter now seven years old) as labour did not progress. Menorrhagia common; tampons always uncomfortable.

- Bowel motions either once daily, or every second day with well formed stools. Sense of incomplete emptying at times. No bloating since surgery. Lactulose used once or twice weekly. Diet is largely gluten and dairy free. Cannot tolerate raw fruit or vegies, red meat or psyllium hulls.
- Immunity not robust – a tendency to cold sores and moth ulcers.
- Peripheries become cold easily, history of low blood pressure and low iron.
- Headaches – tight, temporal common – possibly linked to neck and back issues. Lately mild, frontal headaches also common.
- Sleep maintenance is variable, currently needing 11 hours. Ongoing back discomfort due to an old injury can affect sleep. Moods are mostly stable. Meditator, optimist.
- Pain experienced in the past with a full bladder but not since surgery.
- Vaginal itching comes and goes, with thrush flaring at times. Pain with intercourse in the past.
- Exercise difficult due to the severity of pain.
- BP 108/78. Pulse 80, thin and thready

Treatment

Herbal Formula

<i>Angelica sinensis</i>	30
<i>Rehmannia glutinosa</i>	30
<i>Silybum marianum</i>	20
<i>Eleutherococcus senticosus</i>	15
<i>Calendula officinalis</i>	10
<i>Zingiber officinale</i>	05
TOTAL	110ml

Dose: sig 5ml tds

Advised to stop rhodiola and oregano oil, increase Vit C to 3g and add slippery elm powder.



After two weeks patient reported by email a 'subtle lift' and said the endo pain had been milder, constipation still every second day.

"My stamina is still not great and I find it hard concentrating for long periods and also have memory lapses. I'm also having a low appetite, not eating until dinner time and just snacking on crackers during the day. I have started juicing though."

Knowing these sorts of conditions typically shift slowly I repeated the tonic for another month with gentle encouragement around taking regular meals.

Follow Up 1, late August

Due to a cancellation she was offered an appointment to have a Mirena inserted. This was carried out three weeks earlier and after initial severe cramping the pain had settled somewhat although spotting and 'menstrual-like' cramps were still occurring. The endo pain was less intense and only Panadol needed. Pain was less triggered by the bowel, but bowel motions were still variable. The specialist recommended she try the Mirena for six months, saying that 80% of women had success with this treatment approach.

Appetite was still low due to constant low grade nausea. She thought this could be linked to the Mirena. (Nausea is a noted side effect of this device/drug). Headaches had cleared. Thrush symptoms still 'niggling'.

Feeling much better emotionally and needing to sleep less, and feeling good on waking. Exercising most days. Pulse 72, strong and regular. Patient has been compliant and motivated with excellent self-insight.

Herbal Formula

<i>Rehmannia glutinosa</i>	25
<i>Calendula officinalis</i>	15
<i>Glycyrrhiza glabra</i>	15
<i>Filipendula ulmaria</i>	20
<i>Silybum marianum</i>	20
<i>Phytolacca decandra</i>	05
TOTAL	100ml

Dose: sig 5ml tds

Rx. Mediherb Fe Max iron tonic sig 5ml tds (Ferritin = 30)

Discussed the importance of protein – gave handouts on this, general vitamin and mineral food guidelines, and natural treatment of thrush.



Follow Up 2, November

Mirena device had been removed two weeks earlier due to pain and very low moods which included suicidal thoughts. Moods better since removal however the pain was now 'very severe'. Patient said she was 'tender everywhere' but there was especially pressure and a burning sensation in the rectum. 'I feel that my body is in a constant state of shock because of the pain.'

Currently using a morphine-based drug (Ponstan) and Panadol daily, with codeine and Acupan at night. She feels some relief from these but symptoms are worse at night. Sleep is disturbed and she feels her adrenaline levels are high. Headaches occurring possibly linked to medications. An ultrasound is pending and she is booked to see a specialist.

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(Patient subsequently saw specialist again. They discussed our process utilising herbal medicine and the specialist was supportive of this. Specialist was not able to offer anything else in terms of endo management but referred to another specialist for possible colonoscopy. She also recommended IBS specific probiotics and peppermint oil.)

Prior to the removal of the Mirena there had been light bleeding and pain. The pain has been persistent since then and worsening. Patient is nauseous due to the meds, and exhausted. Thrush had been diagnosed on a swab.

A urinary indican test suggested severe gut dysbiosis (2+).

Herbal Formula

In an effort to help reduce the load of medications, an acute anti-inflammatory support mix is employed:

<i>Paeonia lactiflora</i>	30
<i>Viburnum opulus</i>	30
<i>Dioscorea villosa</i>	25
<i>Actaea racemosa</i>	15
TOTAL	100ml

Dose: sig 5ml up to 6 X daily

A week later I added in this 'endo support mix':

<i>Vitex agnus castus</i>	20
<i>Thuja occidentalis</i>	15
<i>Phytolacca decandra</i>	05
<i>Calendula officinalis</i>	15
<i>Silybum marianum</i>	20
<i>Tabebuia avellanedae</i>	25
TOTAL	100ml

Dose: sig 7.5ml bd

After the first dose patient reported feeling very nauseated. I recommended going to a dose of just 2.5ml with food and working it up slowly over a few days.



Five days later patient reported:

"I've been feeling so much better since on the new herbs. I've managed just with Panadol the last few days and nothing stronger which is amazing! Could they be working that fast? If so I'm grateful to you. Not completely pain free but a lot less and now feeling there is hope and a way to move forward other than surgery."

We added in Vitamin E 500iu (with selenium) to help reduce adhesions. In some studies the reduction of adhesions has been related to an inhibition of Series 2 prostaglandins. These increase inflammation. I also recommended a different probiotic due to new research emerging relating to lactic acid-promoting bacteria that can affect the pH of the gut and therefore may impact gut wall permeability. Research shows that some strains of bacteria support natural killer cells in the immune system, which are reduced in women with endo.

Two weeks later patient reports by email:

"My pain has reduced to a 4/10 and that's not consistently throughout the day. I have found that

after a bowel motion, which lately is not until later in the day, an inflammatory reaction is triggered with pain around my rectum and this radiates to my abdomen. This usually calms down with some anti inflamm herbs and Panadol. I'm not taking as much Panadol as a few weeks ago which is good to give my liver a break.

...Emotionally I've been tense and agitated but that has shifted to feeling more balanced and calm the past few days. It helped to see a clinical psychologist organised through the pain clinic to address the emotional side of things.

...My energy is slowly picking up but I can feel dizzy when I get up too quickly so glad to be continuing with the iron tonic...

...Thank you so much for your energy and support into my health journey. I can feel how the herbs are helping and am hopeful we're on the right track."

Patient continues to utilize anti-inflammatory mix, 'endo support mix' and iron tonic. She also reported a positive response to the new probiotic noting increased appetite, good digestion, bowels regular with easy passing, and an increase in energy within a week. The flare of pain on passing bowel motions has stopped completely.

December

Patient reports that "pain is reducing even more". She is seeing a physio who specializes in women's health and has taught patient deep massage techniques to clear the adhesions around c-section scar as well as other fascia massage.

Follow Up 3 January (by phone)

Patient reports feeling "even better". Gut function, energy and stamina improved as well as less pain. Advised her to reduce glutamine and slippery elm and monitor symptoms. If no bowel motion occurs during a day (due to constipation) NO endo pain is experienced. Rectal pain rare. No indigestion or bloating. Last period – heavy, pain, and exhausted on first two days, used Ponstan. Unilateral sharp pain noted during ovulation. Using anti-inflammatory mix for analgesia as first port of call when pain presents with good effect. Happy with progress.

Summary

Over a six month period this patient has marked improvement in all of her symptoms. Factors undoubtedly included excellent compliance and motivation, increased exercise, improved nutrition especially protein consumption and iron supplementation, and embracing a variety of supporting modalities including pelvic massage, acupuncture and counselling, alongside the herbal protocol as outlined here, and my support.

The *New Zealand Endometriosis Foundation* is an extremely active advocacy organisation. Its website www.endonz.org.nz provides an excellent resource for at least 120,000 girls and women who have endometriosis in New Zealand, and the health professionals who are treating them. ❀