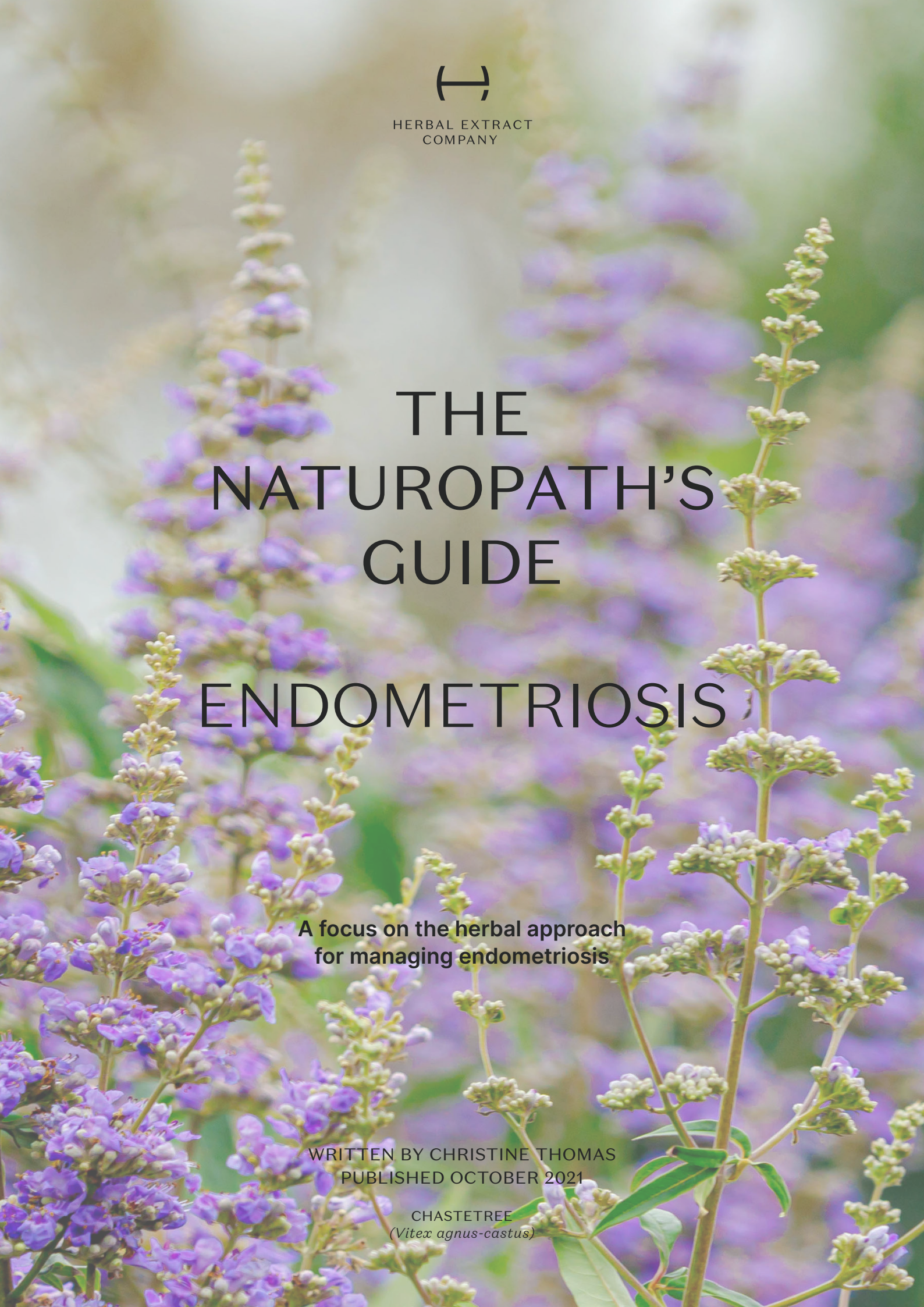

HERBAL EXTRACT COMPANY

THE NATUROPATH'S GUIDE

ENDOMETRIOSIS

A focus on the herbal approach for managing endometriosis

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PUBLISHED OCTOBER 2021

CHASTETREE
(Vitex agnus-castus)

ENDOMETRIOSIS

Endometriosis is a common inflammatory, gynaecological condition that causes pain, abnormal menstrual bleeding, infertility and prolonged disability which can negatively impact the quality of women's lives.

This debilitating condition is an oestrogen-dependent, multifactorial disease that affects mostly women of reproductive age. It occurs when some of the tissue similar to the lining of the uterus (womb), called the endometrium, grows outside of the uterus. This happens most frequently in the pelvis, and occasionally in tissues and organs outside the pelvis such as the ovaries and fallopian tubes.

Condition Overview

These endometrial-like tissues are collectively known as endometriosis and, like the endometrial tissue lining the uterus, they respond to hormones released by the ovaries, causing bleeding. This leads to inflammation and scarring which can cause painful 'adhesions' joining together pelvic organs which are normally separate. The word endometriosis is derived from the Greek endo "inside", metra "uterus" and osis "disease". It can be a chronic condition that has a significant physical, sexual, psychological, emotional and social impact.

Endometriosis affects at least one in nine (11%) girls and women in Australia which is more than 830,000 Australians. This condition accounted for 34,200 hospitalisations in 2016 to 2017 in Australia. Of these about half had endometriosis as the principal diagnosis while the remainder had endometriosis as an additional diagnosis only. Adenomyosis, which involves the movement of the endometrial tissue that lines the uterus into the muscles of the uterus, is a related condition that occurs independent of, or in conjunction with, endometriosis in some people and is frequently overlooked.

Diagnosis of endometriosis is often delayed with an average of seven years between onset of symptoms and diagnosis. This is because endometriosis can be difficult to diagnose and, although there are many theories, from a medical perspective the exact causes are unclear. It involves a complex interplay of genetic, anatomic, immunologic and environmental factors. While genetic factors are considered to account for about 50% of the cause of endometriosis the fact that it is an epigenetic disease means physiological, biological and environmental factors may contribute to the cause in varying degrees and account for substantial variation in its presentation.

One possible mechanism is retrograde menstruation which is an outflow of the endometrial lining through the fallopian tubes into the pelvic space. This retrograde flow may result in the seeding of endometrial tissue in abnormal sites. The fact that retrograde menstruation is a phenomenon caused in a large proportion of women of reproductive age, but not all of them suffer from endometriosis, indicates that retrograde menstruation is not enough by itself to cause endometriosis and that there are also other factors contributing to the disease.

What is known is that endometriosis is an inflammatory condition (similar to many other chronic diseases such as arthritis and cardiovascular disease) with an abnormal immune response and it can be triggered by cyclic hormonal changes (oestrogen being the main hormone responsible), environmental exposure to endocrine disruptors (which are found in plastics, fragrances, personal care and household products), diet and other factors such as stress and too little sleep. These not only harmfully alter hormone balance but also disrupt the immune system and cause inflammation.

While endometrial growths are benign, endometriosis patients may have concerns about the risk of cancer and this can be a source of anxiety. There is no conclusive evidence to support an association between endometriosis and an associated increased risk of cancer of the reproductive organs.

Common Symptoms

The symptoms of endometriosis are highly variable with some people experiencing very little pain, or other common symptoms, and others having reoccurring symptoms that substantially affect their quality of life on a daily basis. It is however agreed that approximately 80% of women with symptomatic endometriosis have dysmenorrhoea and persistent pelvic pains. Symptoms that may be suggestive of endometriosis include:

- persistent pelvic pain
- period-related pain (dysmenorrhoea) affecting daily activities and quality of life
- deep pain during or after sexual intercourse
- period-related or cyclical gastrointestinal symptoms, in particular painful bowel movements
- period-related or cyclical urinary symptoms, in particular blood in the urine or pain passing urine
- fatigue
- infertility in association with one or more of the above

These symptoms are not specific to endometriosis, and there are many causes of each symptom, so they can overlap with other conditions. Also they may, or may not, be cyclical.

During a clinical examination of the pelvis signs suggestive of endometriosis may be found including:

- tenderness
- tethering of pelvic organs that decrease mobility of the pelvic organs and tissues
- palpable plaques, nodules or areas of thickening
- fixed enlarged or tender ovarian masses
- visible vaginal endometriosis lesions on speculum examination

Risk Factors

Family and Genetic History

The risk for developing endometriosis is seven to 10 times higher than those with no family history of the condition. Endometriosis can be passed down both maternally and paternally. Epigenetic changes are a factor in the progress of endometriosis demonstrated by the fact that not only women of reproductive age suffer from the disease but also adolescents and younger women with a family history. The specific physical location of genes, or other DNA sequences on a chromosome, have been identified for the initiation of the disease making some women more prone to the disease than others, however the genetic profile is not yet fully understood.

Age

Endometriosis involves uterine lining cells so any woman or girl old enough to menstruate can develop the condition. In spite of this the peak of the disease incidence is greater in women between 25 and 29 years old and lowest in women over 44 years old. Experts theorise this is the age at which women try to conceive and, for some, infertility is the main symptom. Women who don't have severe pain associated with menstruation might not seek assessment by their doctor until they are trying to get pregnant.

Menstrual Cycle Factors

The more exposure a woman has to menstruation the higher the chance she has of developing endometriosis. Factors that increase menstrual exposure, and thus risk, include having a short menstrual cycle (less than 27 days), early age of first period (menarche starting before the age of 11 years) and experiencing long periods (lasting seven days or longer each month). Pregnancy reduces the number of times a woman has periods so it decreases risk, but does not cure endometriosis. Pregnancy may provide temporary relief, particularly if combined with breastfeeding, and symptoms may fade but it is common for them to return after the baby is born. In most (but not all) cases the symptoms of endometriosis subside after menopause.

Uterine Abnormalities (conditions that interfere with normal menstrual flow)

One theory associated with the causes of endometriosis is retrograde menstrual flow. A medical condition that increases, blocks or redirects menstrual flow could be a risk factor including increased oestrogen production, uterine growths, such as fibroids or polyps, structural abnormality of the uterus, cervix or vagina, obstructions in the cervix or vagina and when the vagina contracts abnormally and/or excessively during menstruation.

Immune System Disorders

Endometriosis has not yet been classified as an autoimmune condition but it may increase risk for autoimmune conditions such as systemic lupus erythematosus, rheumatoid arthritis and autoimmune thyroid disease. There are also increased rates of food sensitivities, asthma and allergies. The inflammatory nature of endometriosis seems to trigger an imbalance in the immune system. If the immune system is weak it is less likely to recognise misplaced endometrial tissue. The scattered endometrial tissue is left to implant in the wrong places which can lead to problems such as lesions, inflammation and scarring.

Abdominal Surgery

Sometimes abdominal surgery, such as caesarean delivery or hysterectomy, can misplace endometrial tissue. If this misplaced tissue is not destroyed by the immune system it can lead to endometriosis.

Exposure to Toxins

Some research suggests that persistent environmental contaminants might contribute to the development of endometriosis. These include polychlorinated biphenyls (industrial applications such as the electrical industry and plastics), organochlorine pesticides (such as DDT) and phthalate esters (used in a variety of consumer and personal care products and plastics such as vinyl).

Lack of Exercise

Lack of exercise can increase levels of both oestrogen and inflammatory mediators as well as reduce oestrogen excretion. Exercise has been shown to both reduce oestrogen production and increase oestrogen excretion. However, strenuous physical activity during menstruation may increase the risk of adhesion.

Smoking is Related to a Decreased Risk for Endometriosis

The fact that smoking has an inverse association with the risk for endometriosis attracts a lot of attention. Smoking has a catastrophic effect on almost every aspect of health but this is not the case with endometriosis. A controversial finding is that smoking in utero is associated with a reduced risk for endometriosis, whereas passive smoking in childhood with an increased risk. Although the mechanism is still not clear women who smoke have lower levels of oestrogen in the body. Regardless of this finding it is not advisable to encourage patients to smoke due to the many other damaging factors.

How To Get The Correct Diagnosis

Endometriosis diagnosis cannot be based merely on physical examination and patient history but requires a surgical procedure for the diagnosis to be confirmed. The gold standard diagnostic tool for endometriosis remains laparoscopy, a type of keyhole surgery, combined with an exploration of the abdominal cavity and a tissue biopsy, which allows confirmation of suspicious lesions. However

emerging data suggests that it is reasonable (and perhaps preferable in some circumstances) to make a clinical diagnosis without an invasive intervention. Advances in imaging have allowed for a greater number of cases to be diagnosed with increasing accuracy, although this may be confined to more advanced stages of the disease process. The main imaging modalities used in diagnosing and mapping endometriosis are ultrasound (abdominal, vaginal and rectal) and magnetic resonance imaging, although there may be circumstances where computed tomography is useful.

On the first visit to a doctor a detailed history is taken and a gynaecological physical examination is performed. This examination may reveal variable findings, depending on the location and size of the endometriotic lesion, however the absence of physical findings cannot exclude the diagnosis of endometriosis. Positive family history, pelvic pain, benign ovarian cysts, pelvic surgeries and infertility issues point doctors to a diagnosis of endometriosis.

Based on the extent and location of the endometriosis the condition is sometimes staged as minimal (stage I), mild (stage II), moderate (stage III) or severe (stage IV). However the stages may not relate to the severity of symptoms experienced. Other systems for classifying endometriosis also exist.

Conventional Treatment & Prevention

There is no known cure for endometriosis, no single agreed-upon conventional approach to its treatment or one that works consistently for everyone. The goals of medical therapy for endometriosis are pain control, improvement of the quality of life, prevention of disease recurrence, fertility preservation and reduction of operative intervention. Most conventional treatments suppress, or temporarily eliminate rather than heal, the problem and all have risks including haemorrhage, perimenopausal symptoms, masculinising manifestation and liver dysfunction. Treatment is broadly categorised into two main categories, pharmacological and surgical, including the use of painkillers, hormonal contraceptives or other hormonal treatments and the removal of lesions via laparoscopy or laparotomy (abdominal surgery).

Excruciating pain is a common symptom of endometriosis so effective use of analgesics is employed however this provides symptomatic relief of pain only and does not address any underlying cause. Chronic use of pain medications, such as ibuprofen and other non-steroidal anti-inflammatory drugs, are commonly recommended and although they provide temporary relief they have risks including long-term damage to the gut lining and heart attack. Regular use of aspirin, even doses as low as 81mg a day over a period of weeks, have been associated with increased risk of gastric bleeding. Stronger analgesics may be prescribed but are often associated with undesirable side effects that need to be carefully weighed against the benefits.

Endometriosis is predominantly an oestrogen dependent condition so hormonal therapies that regulate oestrogen are a treatment option. Oral contraceptives, progestins and gonadotropin-releasing hormone (GnRH) agonists can relieve symptoms of mild to moderate pain, and slow or suppress the growth of endometriosis lesions, but also have potential short, and long term, side effects and a high possibility of endometriosis related pain recurrence when discontinued.

Surgery is commonly performed as a management option for endometriosis to remove or destroy endometriosis deposits, and to correct any alteration to the normal anatomy that has resulted from inflammation and subsequent healing, including formation of adhesions and scar tissue (fibrosis). While laparoscopic removal of endometrial tissue can alleviate symptoms, even when surgery removes all disease, recurrence of both symptoms and disease is high due to the many contributing factors which cause endometriosis. Relapse of symptoms occurs in 40 to 45% of women and up to 30% of women are readmitted for surgery within five years of their first surgery. Half of all women diagnosed with endometriosis will have a second operation and just over a quarter will undergo three or more procedures.

While hysterectomy is sometimes recommended there is no evidence for, or against, the effectiveness of this procedure for endometriosis and this is not an option for women who want to become pregnant. It may be helpful if the woman

has adenomyosis or heavy menstrual bleeding that has not responded to other treatments.

Endometriosis is an important cause of infertility and this can also have a significant effect on quality of life. Options include a trial of expectant management (i.e. no intervention, and pregnancy is attempted naturally), surgical removal of endometriosis followed by expectant management and/or assisted methods of reproduction, or assisted methods of reproduction (e.g. in vitro fertilisation [IVF]). The approach will vary according to the associated symptoms (e.g. pain or other systemic symptoms), previous surgical history, individualised risks and benefits of the two types of interventions and ovarian reserve. Importantly, hormonal treatments interfere with the natural menstrual cycle and cannot be used when the woman is trying to conceive.

Many endometriosis symptoms have been normalised by our culture, hovering under the golf-sized umbrella with the label "female problems".

Bupleurum
(Bupleurum falcatum)

INTERVENTION	Analgesic etc.	Anti-inflammatory etc.	Astringent etc.	Hepatic etc.	Hormone modulators etc.	Imune modulators etc.	Sedatives etc.	Uterine tonic etc.
Bupleurum		✓		✓				
Calendula	✓	✓	✓			✓		
Chastetree					✓			
Dong Quai	✓	✓						✓
Ginger	✓	✓				✓		
Lady's Mantle		✓	✓		✓			✓
Mugwort	✓			✓				✓
Paeonia	✓	✓			✓			✓
Raspberry	✓		✓					✓
St. Mary's Thistle		✓		✓				
Turmeric		✓		✓	✓			
Valerian							✓	

Natural Therapies For Treatment & Prevention

It is critical that the management of endometriosis is tailored to the individual with a focus on the symptoms that most affect that patient. Natural remedies can be successful and, although the treatment can be prolonged to reach a complete remission, symptoms can be alleviated soon after initiating treatment. As mentioned above the long-term administration of conventional therapies has been associated with concerning adverse effects. In light of this herbal medicines have become popular for their effect, not only in pain management, but also in managing other symptoms associated with endometriosis including general fatigue, anxiety, depression, subfertility and gastrointestinal and urinary upset. There is no "one size fits all approach" when it comes to herbs however there are some herbs that are valuable in the treatment of endometriosis when used alongside diet and lifestyle advice. A recent review revealed that treatment with medicinal plants had a significant role in endometriosis.

A long-term, sustainable approach includes:

- reducing systemic inflammation and oxidative damage (the tissue damage caused by chronic inflammation).
- supporting healthy hormone levels and promoting healthy oestrogen metabolism and clearance.
- improving gut health: an unhealthy gut may increase systemic inflammation and alter the proper functioning of the immune system. Women with endometriosis and extensive adhesions are more likely to develop bowel problems, especially constipation.
- improving the body's natural detoxification processes to reduce the toxic load on the body. Because of chronic pain women are at risk of complications associated with the overuse of pain medications such as liver toxicity, leaky gut, gastrointestinal bleeding and heart attack.
- addressing symptoms.
- addressing dietary and lifestyle issues affecting the condition.

Diet

Diet modification to deal with endometriosis is an exceptional way to resolve the symptoms. Changing diet for endometriosis may help reduce pain, cramps, inflammation, bloating, oestrogen levels, toxins and weight. Being overweight increases the likelihood of being oestrogen-dominant so appropriate weight loss can be helpful in reducing general inflammation and keeping blood sugar stable. An improved diet also increases energy levels, boosts immune system and improves overall health.

A June 2021 Australian (Western Sydney University) study found that while no single diet appeared to provide greater self-reported benefits than others, dietary modifications are a very common self-management strategy used by women with endometriosis, with the greatest benefit reported on gastrointestinal symptoms (abdominal discomfort, bloating, flatulence and diarrhoea), nausea/vomiting, fatigue, depression and sleep. Reducing or eliminating gluten, dairy or a low-fermentable oligosaccharides, disaccharides, monosaccharides and polyols (FODMAPs) diet, or a combination of these, was the most common strategy. Current evidence suggests that the risk of endometriosis is reduced in women who regularly consume fish oils, green vegetables and fruits (especially citrus fruits) whereas the risk of endometriosis may be higher for women who regularly consume red meat.

Increase

Anti-inflammatory, nutrient dense, easy to digest wholefoods. This includes fresh vegetables, especially dark green leafy greens such as kale, spinach, broccoli, brussels sprouts, fruits such as blueberries and cherries (antioxidant foods), essential fatty acids as found in oily fish and a handful of nuts and seeds daily (especially almonds, walnuts, pecans, pumpkin seeds, ground flax seed), legumes, whole grains, healthy cooking oils, such as olive oil or coconut oil, prebiotic and probiotic foods such as fermented sources, filtered water daily. Eat food produced without the use of synthetic chemicals or genetically modified components to avoid environmental toxins.

Decrease

Remove the most common inflammatory dietary triggers including saturated fats, trans-fatty acids (found in commercially-baked goods such as biscuits, crackers, cakes, French fries, donuts, processed foods and margarine), animal fats, dairy products, gluten-containing products, corn, soy, refined sugar, preservatives, food additives, red meat (a plant-based diet with no red meat and small amounts of poultry and fish is preferable), caffeine and alcohol. Avoid food that comes in soft plastic wrap, food stored or microwaved in plastic, plastic water bottles

Lifestyle

The symptoms of endometriosis, which occur throughout the reproductive life of patients, are considered significant sources of stress. Patients have reported high levels of stress due to the negative impact of the symptoms in all aspects of life including work, relationships and fertility.

Stress Support

Supportive treatments include cognitive behavioural therapy, relaxation techniques including meditation, mindfulness, pain management programs, pain management physiotherapy, pain management psychology, expert patient program and hypnosis.

Exercise

Exercise regularly including yoga, pilates and tai chi.

Pain Support

Acupuncture (may help reduce pain and balance hormone levels), transcutaneous electrical nerve stimulation (TENS) (preliminary studies suggest that TENS may help reduce pain and improve quality of life for women with deep endometriosis), massage (e.g. shiatsu: therapeutic massage may help resolve pelvic congestion), an endometriosis symptom journal, osteopathy, chiropractic treatment and reflexology.

Castor Oil Pack

Apply oil to a soft, clean cloth, place on the abdomen and cover with plastic wrap. Place a heat source over the pack and let sit for 30 to 60 minutes. Use for three consecutive days. Never use castor oil internally.

Potential Treatment Plans

Endometriosis	Bupleurum	Calendula	Chastetree	St Mary's Thistle	Turmeric
Endometriosis with pain	Dong Quai	Ginger	Lady's Mantle	Mugwort	Paeonia
Endometriosis with infertility	Bupleurum	Chastetree	Paeonia	St Mary's Thistle	Valerian
Endometriosis with menorrhagia	Calendula	Dong Quai	Lady's Mantle	Raspberry	St Mary's Thistle

Desired Herbal Actions and Potential Herbs Include:

Analgesic, Antispasmodic, Circulatory Stimulant

For symptomatic pain relief for dysmenorrhoea and chronic pelvic pain. Herbs such as black cohosh, blue cohosh, calendula, chamomile, cinnamon, dong quai, feverfew, ginger, Jamaica dogwood, mugwort, paeonia, peppermint, raspberry, valerian, wild yam.

Antiallergic

To manage any allergic or autoimmune factors. Herbs such as albizia, astragalus, baical scullcap, hemidesmus, rehmannia, Siberian ginseng.

Anti-inflammatory, Antioxidant

For symptomatic pain relief and reduction in oxidation. Herbs such as black cohosh, bupleurum, calendula, cat's claw, cinnamon, dong quai, feverfew, ginger, gotu kola, green tea, liquorice, maritime pine, paeonia, rehmannia, St. Mary's thistle, schizandra, turmeric, wild yam.

Antimicrobial

To assist with any bacterial overgrowth and help prevent infection. Herbs such as andrographis, calendula, cinnamon, echinacea, garlic, ginger, golden seal, gotu kola.

Astringent, Antihaemorrhagic

To reduce bleeding and for menorrhagia. Herbs such as calendula, golden seal, lady's mantle, oak bark, raspberry, shepherd's purse, witch hazel.

Hepatic, Hepatoprotective, Cholagogue

To detoxify and reduce blood fat levels and reduce oestrogen concentration by indirectly improving liver function. Herbs such as barberry, bupleurum, burdock, calendula, dandelion root, ginger, globe artichoke, golden seal, mugwort, rosemary, St. Mary's thistle, schizandra, turmeric.

Hormone Modulator

To help the body change the underlying hormonal problems, stabilise hormone cascades and regulate hormonal secretion. Herbs such as black cohosh, chastetree, dong quai, false unicorn root, fenugreek, lady's mantle, paeonia, red clover, sarsaparilla, shatavari, tribulus, turmeric, wild yam.

Immune Modulator, Lymphatic, Alterative

To reduce congestion and toxicity and to help prevent and resolve endometrial cysts. Herbs such as astragalus, burdock, calendula, cat's claw, clivers, dong quai, echinacea, ginger, paeonia, poke root, red clover, reishi, thuja.

Sedative, Nervine Tonic, Anxiolytic, Adaptogen

For the exacerbating effects of stress. Herbs such as oats, rhodiola, St. John's wort, schizandra, scullcap, valerian, vervain, withania.

Uterine Tonic, Emmenagogue

To promote normal menstrual flow and tone and strengthen the reproductive system. Herbs such as black cohosh, blue cohosh, chastetree, dong quai, false unicorn root, mugwort, paeonia, raspberry, rue.

Chastetree
(Vitex agnus-castus)

Herbal Support Could Include:

HERB NAME	DESCRIPTION	ACTIONS
Bupleurum (Bupleurum falcatum) 	A traditional liver herb used to support liver function and detoxify wastes such as excessive hormones.	Anti-inflammatory Hepatoprotective
Calendula *(Calendula officinalis)* 	Calendula has been traditionally used to assist lymphatic drainage, waste removal and improve wound healing. It is often used to treat the common endometriosis symptom of dull pain with heavy bleeding and may help reduce muscle spasms, lessen menstrual bleeding and inflammation, thereby reducing congestion.	Astringent Antimicrobial Lymphatic Antispasmodic Anti-inflammatory Immune Modulator
Chastetree *(Vitex agnus-castus)* 	Chastetree is used to treat endometriosis with clinical trials supporting its use for infertility initiated by luteal phase dysfunction. It is widely used in endometriosis for its ability to regulate hormonal balance and improve the oestrogen-to-progesterone ratio, an imbalance that is implicated. Studies have shown that clinical pregnancy rates in those treated with chastetree were higher than that of the control group. As infertility affects 30 to 50% of women with endometriosis chastetree may be an effective treatment for endometriosis-related infertility.	Hormone Modulator Uterine Tonic
Dong Quai *(Angelica polymorpha)* 	Used in traditional Chinese medicine as a blood tonic to treat gynaecological diseases including menstrual disorders, dysmenorrhoea and amenorrhoea. It may ease the muscular pain that is so distressing in this condition, possibly by regulating the muscular activity of the uterus.	Uterine Tonic Anti-inflammatory Immune Modulator Hormone Modulator Analgesic Antispasmodic Circulatory Stimulant

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Ginger *(Zingiber officinale)* 	The warming properties of ginger make it useful for period pain that is improved by the application of heat or warm drinks. A recent systematic review and meta-analysis found that ginger could be effective for dysmenorrhoea.	Anti-inflammatory Antioxidant Antispasmodic Analgesic Antimicrobial Circulatory Stimulant Immune Modulator
Lady's Mantle *(Alchemilla vulgaris)* 	Lady's mantle has an affinity for the female reproductive system. It can be used to relieve period pains, regulate periods and reduce heavy periods (a common occurrence in endometriosis) due to its astringent properties.	Astringent Emmenagogue Anti-inflammatory Hormone Modulator
Mugwort *(Artemisia vulgaris)* 	Traditionally used for irregular or painful menstruation, mugwort can aid normal menstrual flow so is useful for bringing on late periods and reducing pain by relaxing the uterus.	Emmenagogue Cholagogue Antispasmodic
Paeonia *(Paeonia lactiflora)* 	Paeonia has been used to treat endometriosis and the dysmenorrhea associated with it. It may also normalise the oestrogen-progesterone balance.	Hormone Modulator Immune Modulator Anti-inflammatory Antispasmodic Uterine Tonic

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Raspberry *(Rubus idaeus)* 	Raspberry leaf has long been known as a women's uterine tonic. Its astringent and stimulating properties help to strengthen and tone the uterine and pelvic muscles, while the relaxing and soothing properties relax the uterus at the same time. It is also a treatment for heavy periods and as a general and uterine tonic following surgery to the uterus.	Astringent Uterine Tonic Antispasmodic
St Mary's Thistle *(Silybum marianum)* 	Research has demonstrated this plant's remarkable ability to protect and repair liver function. St. Mary's thistle can improve liver enzyme activity in regard to oestrogen clearance and may protect against environmental toxins.	Hepatoprotective Cholagogue Antioxidant Anti-inflammatory
Turmeric *(Curcuma longa)* 	Turmeric has been shown to benefit a range of conditions that involve perpetuation of inflammatory pathways including endometriosis.	Anti-inflammatory Antioxidant Hormone Modulator Cholagogue
Valerian *(Valeriana officinalis)* 	In modern herbal medicine valerian is prescribed for the treatment of dysmenorrhea, reducing pain, cyclic cramps, anxiety and stress. In a double-blind, randomised, placebo-controlled trial valerian was found to be effective in reducing pain severity for the treatment of primary dysmenorrhoea in 49 students. Valerian (255mg dose) was given three times daily, for three days beginning at the onset of menstruation, and continued for two consecutive menstrual cycles. Valerian combined with St. John's wort was found to be effective in reducing symptoms of mild to moderate depression and anxiety which may help compromised quality of life in women with endometriosis.	Anxiolytic Sedative Antispasmodic Relaxing Nervine

Lady's Mantle
(Alchemilla vulgaris)

Conclusion

Endometriosis is a complex condition, with many interconnecting systems, that presents differently in each patient. It is likely that a number of treatment approaches are required however there is no need to overcomplicate things. While studies suggest that sometimes simple dietary modifications may be enough to significantly improve outcomes, herbal medicines can play a significant role in the management of endometriosis, both alone and in conjunction with standard medical therapy.

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