

Endometriosis

Endometriosis is a common, painful and debilitating gynaecological condition that may affect as many as 10% of women of reproductive age. Conventional treatment often leads to only short term benefits and may have significant side effects. Clinical experience , together with research from China, strongly suggests that Chinese Herbal Medicine (CHM) can make a real contribution to an improved management of this condition.

It occurs when endometrial cells which are normally found lining the inside of the uterus occur in other locations-most commonly in the pelvic cavity but sometimes as far a field as the lungs and even the brain. If these cells implant in the ovaries then they give rise to the classic endometrial or chocolate cysts. At other sites they form deposits of hormonally responsive endometrial cells that can damage local tissue and organs by applying direct pressure, by forming sticky adhesions, or by causing a destructive local inflammatory response.

As a consequence of these changes women with endometriosis frequently suffer conditions such as:

- Painful periods
- Pelvic pain
- Pain on intercourse
- Painful on urination or bowel movements
- Autoimmune and allergic disorders
- Infertility-with up to 30% of women with endometriosis having difficulties in conceiving

There is still no generally agreed explanation for what causes endometriosis. Early explanations proposed that retrograde menstruation led to endometrial cells entering the pelvic cavity but as around 90% of women demonstrate some degree of this phenomena, it is clear that endometriosis is a complex condition which probably involves genetic, immunological, environmental and psychological factors.

Conventional Treatment of Endometriosis

The treatment of endometriosis can be broadly divided into medical and surgical management. Medical treatment ranges from symptomatic control with non-steroidal anti-inflammatory drugs (NSAIDs) and analgesics, through to treatments that aim to suppress the normal ovarian production of oestrogen by either hormonally simulating pregnancy (continuous oral contraceptives and progestins) or menopause (danazol and gonadotrophin-releasing hormone agonists). Surgical intervention can be either conservative, involving the removal of endometrial

lesions or the severing of the nerve pathways responsible for the transmission of pelvic and uterine pain; or definitive, involving the removal of the uterus and ovaries.

Medical Management

Danazol, Progestins and the COC have comparable short term rates of success in alleviating the symptoms of endometriosis and in partially reducing the size of endometriosis related lesions. Unfortunately the benefits are poorly sustained over time with studies frequently reporting a high level of returning symptoms at 6 months post treatment and even studies with more positive findings commonly demonstrate a return of symptoms in over a third of the women who took part 2-3 years after stopping treatment.

These treatments also have unpleasant side effects including menopausal symptoms such as hot flushes and osteoporosis, acne, weight gain. There may also be more serious side effects such as an increased risk of stroke from COC and progestin use.

Surgical Management

There is no doubt that surgery can lead to significant symptomatic relief from the symptoms of endometriosis however these benefits are often short lived with symptoms commonly reoccurring in up to 75% of women within 2 years of surgery. Surgery is also associated with potentially serious side effects with, for example, perforations of the bowel occurring in around 2-3% of operations. There is a general consensus that, despite the ability of surgery and drug therapies to provide short-term relief from the symptoms of endometriosis, the long-term management of this condition is still far from satisfactory.

Chinese Medicine and Endometriosis

Endometriosis is understood in Chinese medicine as being a manifestation of Qi (vital energy) and Blood stagnation. There are different sub-types of endometriosis that are determined according to an analysis of the presenting signs and symptoms. It is very common, for example, for patterns of stagnation to exist upon a background of deficiency and in practice it is important to address both aspects to optimise treatment benefits.

There have been many studies investigating the role of Chinese herbal medicine in the treatment of endometriosis. Most trials are simple observational studies such as one reporting the treatment of 56 patients with endometriosis (Xi Jian Zhong Yi Za Zhi 1996;5:209-210) over a 3 month period. At the end of the trial period pain had improved in 94% of the group and pelvic pain in 92%.

A useful summary of 10 clinical trials conducted in China over the past 20 years reports very positive findings (Dharmanada S (2002) Chinese herbal therapy for endometriosis). Of the 900 women treated in a series of studies, 88% reported significant relief from their endometriosis symptoms.

Other studies compare the effect of using Chinese herbs with conventional treatments.

A study in the Liaon Ning Journal of TCM (2004;4:315-316) compared 46 women using the hormonal treatment Danazol with an equivalent group using only Chinese herbs. In the Danazol group after 6 months of treatment 60% of the women reported effective treatment compared to 87% of the herbal group. Another study (reported in Xin Zhong Yi 2005;7:19-20) compared

women having only surgical intervention with women having either hormonal treatment or hormonal treatment with Chinese herbs. After 2 years only 30% of the surgical group were pain free and 62.5% of the hormonal group, compared to 84% of those who combined Western and Chinese medicines.

Although research from China tends to lack rigorous research methodology, there is a significant weight of evidence suggesting that Chinese herbs may have an extremely useful role to play in the management of endometriosis.