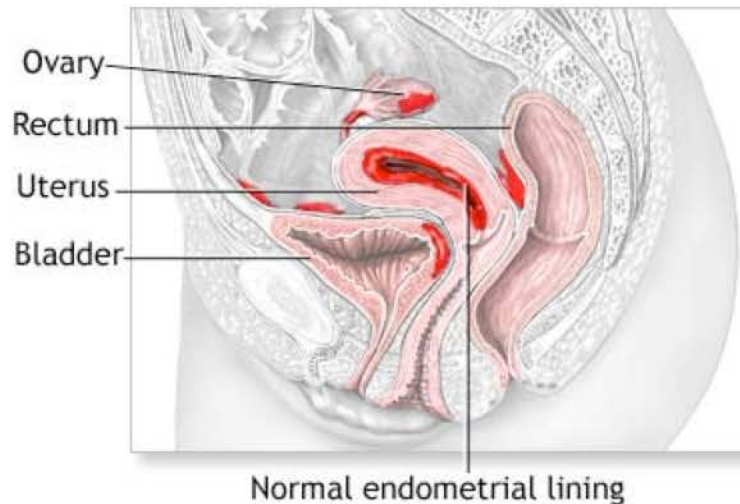


Endometriosis

Common sites for endometrial growths in red



ADAM.

Endometriosis is the condition in which the tissue that normally lines the uterus (endometrium) grows on other areas of the body causing pain and irregular bleeding.

Definition [Return to top](#)

Endometriosis is a condition in which the tissue that normally lines the uterus (endometrium) grows in other areas of the body, causing pain, irregular [bleeding](#), and frequently [infertility](#).

The tissue growth typically occurs in the pelvic area, outside of the uterus, on the ovaries, bowel, rectum, bladder, and the delicate lining of the pelvis, but it can occur in other areas of the body as well.

Causes, incidence, and risk factors [Return to top](#)

The cause of endometriosis is unknown. However, a number of theories have been proposed. The retrograde-menstruation theory proposes that endometrial cells (loosened during menstruation) may "back up" through the fallopian tubes into the pelvis, where they implant and grow in the pelvic and/or abdominal cavities.

The immune-system theory suggests that a deficiency in the immune system allows menstrual tissue to implant and grow in areas other than the uterine lining. Another theory suggests that the cells lining the abdominal cavity may spontaneously develop endometriosis. A genetic theory proposes that certain families may exhibit predisposing factors that lead to endometriosis.

Once the endometrial cells implant in tissue outside of the uterus, they may become a problem. Each month the ovaries produce hormones that stimulate the cells of the uterine lining to multiply and prepare for a fertilized egg (swell and thicken).

The endometrial cells outside of the uterus also respond to this signal, but they lack the ability to then separate themselves from the surrounding tissue and slough off during the next menstrual period. They sometimes bleed a little bit, but they heal and are stimulated again during the next cycle.

This ongoing process can cause scarring and [adhesions](#) in the tubes and ovaries, and around the tubal fimbriae (fingerlike projections at the end of the fallopian tubes). These adhesions can make transfer of an ovum from the ovary to the fallopian tube difficult or impossible. They can also stop passage of a fertilized egg down the fallopian tube to the uterus.

Once in a while the growing cells will penetrate the tough covering of the ovary and begin to multiply. These cells can collect large amounts of blood and form what is called, appropriately, an ovarian blood [cyst](#) (endometrioma).

Ovarian blood cysts have been known to grow to the size of a hen's egg or even an orange, and are usually painful. Over time the collected blood darkens and, for this reason, the [cysts](#) are frequently called "chocolate cysts".

Endometriosis is a common problem among women, and it occurs in an estimated 10% of them during their reproductive years. The prevalence may be as high as 25% to 35% among [infertile](#) women. Although endometriosis is typically diagnosed between the ages of 25 and 35, the problem probably begins about the time that regular menstruation begins.

A woman who has a mother or sister with endometriosis has a risk of developing endometriosis that is 6 times greater than that of the general population. Other possible risk factors include early onset of menstrual periods, regular menstrual cycles, and periods lasting 7 or more days.

Symptoms [Return to top](#)

- Increasingly [painful periods](#)
- Lower abdominal pain or pelvic cramps that can be felt for a week or two before menstruation and/or during menstruation (the pain and cramps may be steady and dull or quite severe)
- Pelvic or [low back pain](#) that may occur at any time during the menstrual cycle
- Pain during or following sexual intercourse
- Pain with bowel movements
- Premenstrual [spotting](#)
- [Infertility](#)

Note: Frequently, symptoms may not be present. In fact, some women with severe cases of endometriosis have no pain at all, while some women with only a few small [adhesions](#) have severe discomfort.

Signs and tests [Return to top](#)

A pelvic examination may reveal the presence of tender [nodules](#), with a lumpy consistency. These are often found in the posterior vaginal wall or adnexa (ovary regions), and they may sometimes be felt in healed wound scars (especially those from [episiotomy](#) and [C-section](#)). There may be pain with uterine motion.

The uterus may be fixed or retroverted. A pelvic ultrasound test may detect an endometrioma on an ovary. A [laparoscopy](#) is necessary for a definite diagnosis, but most patients can start treatment without this.

Treatment [Return to top](#)

Treatment depends on the the degree of symptoms experienced, the extent of the disease (determined through [laparoscopy](#)), the woman's desire for future childbearing, and the woman's age.

Observation may be the appropriate treatment for younger women with minimal disease and symptoms. It is important to have the woman maintain a regular schedule of examinations (every 6 to 12 months) to note any changes or progression of the disease.

Treatment with medications may focus on several strategies. [Analgesic](#) therapy, treating the discomfort of the disease only, may be indicated for women with mild to moderate premenstrual pain, with no pelvic examination abnormalities, and with no immediate desire to become [pregnant](#).

Expectations (prognosis) [Return to top](#)

Fertility rates in women with mild endometriosis are very high, even without therapy. Enhanced fertility after surgery for endometriosis depends on the extent of the endometriosis.

[Pregnancy](#) rates, achieved after conservative surgery in women previously considered to be [infertile](#), are approximately 75% for mild endometriosis, 50% to 60% for moderate cases, and 30% to 40% for severe cases.

TCM's evaluation of healing effect on such disease.

Many Painful periods are successfully treated by TCM's treatment, it is more effective than other kind of treatments. Generally, it takes about two or three months to treat Painful periods completely; however, the acupuncture may release the pain immidately.

TCM Treatment approach:

(The following can use Click to get detail information)

1. Herbal medicine/Formula^{oo}
2. Acupuncture and Moxibustion
3. Qigong and other therapies
4. Medicated diet
5. Life style

Differentiation of common syndromes:

Total Syndromes:

- (1) Blood stasis due to stagnation of Qi
- (2) Stagnancy of cold and dampness
- (3) Deficiency of both Qi and Blood

1.Blood stasis due to stagnation of Qi

Distending pain and tenderness in the lower abdomen one or two days prior to or during menstruation accompanied with fullness sensation in the chest, hypochondrium and breast, deep-purple blood with clots, relief of pain after discharge of clots, ecchymoses on the tongue edges, string-like pulse.

Herbal medicine treatment

Therapeutic principle: Regulating the flow of Qi and removing blood stasis to alleviate the pain.

Recipe: Modified decoction for dissipating blood stasis under diaphragm.

Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Red peony root (Chi shao), Peach kernel (Tao ren), Safflower (hong hua), Bitter orange (zhi qiao), Trogopteris dung (wu ling zi) at 10 g each; Corydalis tuber (Yan hu suo), Sichuan chinaberry (Chuan lian zi), Lindera root (Wu yao), Nutgrass flatsedge rhizome (Xiang fu) at 12 g each.

Acupuncture and Moxibustion

Therapeutic principle: Regulating the Circulation Of Qi, activate blood, resolve blood stasis and relieve pain by using points mainly from the Ren meridian and the Liver meridian of Foot Jueyin.

Prescription: Taichong (LR3), Sanyinjiao (SP6), Hegu (LI4).

2. Stagnancy of cold and dampness

Distending pain in the lower abdomen several days prior to or during menstruation, which can be relived by warmth, menstrual flow scanty in amount, dark in colour and with clots, pale tongue with white and greasy fur, deep and tense pulse.

Herbal medicine treatment

Therapeutic principle: Warming the channels and expelling dampness to arrest pain.

Recipe: Modified decoction for Removing blood stagnation in the lower abdomen.

Common fennel fruit (Xiao hui xiang), Cinnamon bark (Rou gui) at 6 g each; Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Red peony root (Chi shao), Corydalis tuber (Yan hu suo), Myrrh (mo yao), Cat-tail pollen (Pu huang) at 10 g each; Trogopteris dung (wu ling zi), Poria (Fu ling) at 12 g each.

Acupuncture and Moxibustion

Therapeutic principle: Expel pathogenic Cold by Warming, the meridians and collaterls and resolve dampness and blood stasis by using points mainly from the Ren meridian and the Spleen meridian of Foot Taiyin.

Prescription: Qihai (RN 6), Tianshu (ST 25), Mingmen (DU 4), Sanyinjiao (SP 6)
Ciliao (BL 32)

3. Deficiency of both Qi and Blood

Vague pain in the lower abdomen during or 1-2 days after menstruation which can be relieved by pressing, scanty menstruation with reddish and thin blood, accompanied with lack of vitality and asthenia, pale tongue with white and thin fur, thready and weak pluse.

Herbal medicine treatment

Therapeutic principle: Invigorating Qi and enriching Blood to alleviate pain.

Recipe: Modified Dysmenorrhea-curing decoction.

Ginseng (Ren shen) 3 g; Astragalus root (Huang qi) 15 g; Chinese angelica root (Dang gui), Chuanxiong rhizome (Chuan xiong), Prepared rehmannia root (Shu di) at 10 g each; White peony root (Bai shao), Nutgrass flatsedge rhizome (Xiang fu), Corydalis tuber (Yan hu suo) at 12 g each.

Acupuncture and Moxibustion

Therapeutic principle: Replenish Qi and blood by using points, mainly from the Ren meridian and the Stomach meridian of Foot Yangming.

Prescription: Guanyuan (RN 4), Shenshu (BL 23), Zusanli (ST 36), Sanyinjiao (SP 6).