

What Your Doctor Might Not Tell You About Menopause

Natural Hormone Balance And Pelvic Disorders

John R Lee M.D with Virginia Hopkins - ISBN 978-0-446-69142-0 - May 2004

Pg 259

Endometriosis

Endometriosis is a serious condition in which tiny islets of endometrium (inner lining cells of the uterus) become scattered in areas where they don't belong : the fallopian tubes, within the uterine musculature (adenomyosis), and on the outer surface of the uterus and other pelvic organs , the colon, the bladder, and the sides of the pelvic cavity. With each monthly cycle , these islets of endometrium respond to ovarian hormones exactly as endometrial cells do within the uterus - they increase in size, swell with blood, and bleed into the surrounding tissue at menstruation. The bleeding (no matter how small) into the surrounding tissue causes inflammation and is very painful, often disabling. Symptoms begin 7 to 12 days before menstruation and then become excruciatingly painful during menstruation. The pain may be diffuse and may cause painful intercourse or painful bowel movements, depending on the sites involved. Diagnosis is not easily established, as there is no lab test to identify endometrial islets, nor are they usually large enough to show on an X-Ray or sonogram. Laparoscopy (a minimally invasive surgery enabling a doctor to look into the abdomen with a small scope) can be very useful in this regard.

The cause of endometriosis is unclear. Some authorities argue that these endometrial cells wander out through the fallopian tubes. Others suggest they are displaced through some sort of embryologic mix-up when an embryo is just forming in tissues, The fact is, however that endometriosis seems to be a disease of the 20th century. Given the severity of the pains and the association with monthly periods, it seems unlikely that earlier doctors would not have described the condition. Now that we know about xenoestrogens and the fact that the tissues of the developing embryo are especially sensitive to toxic effects of xenoestrogens, it is tempting to speculate that our petrochemical age has spawned diseases we've never know before - and that endometriosis is one of them.

Mainstream treatment of endometriosis is difficult and not very successful. Surgical attempts at removing each and every implant throughout the pelvis are only temporarily successful. Many of the tiny islets are simply too small to see, and eventually then enlarge and the condition recurs. Another surgical venture is even more radical: the removal of both ovaries, the uterus and the fallopian tubes, the aim being to remove or reduce hormone levels as much as possible - not a pleasant prospect.

When women with endometriosis delay childbearing until their 30's, they are often unable to conceive. Pregnancy often retards the progress of the disease and occasionally cures it. With this in mind, other medical treatments attempt to create a state of pseudo-pregnancy, with long periods of supplemented progestins to simulate the high progesterone levels of pregnancy. Unfortunately, the high doses needed are often accompanied by side effects of the progestin and breakthrough bleeding.

As an alternative, I have treated a number of endometriosis patients, some after failed surgery, with natural progesterone and have observed considerable success. Since we know that estrogen initiates endometrial cell proliferation and the formation of blood vessel accumulation in the endometrium, the aim of the treatment is to block this monthly estrogen stimulus to the aberrant endometrial islets. Progesterone stops further proliferation. I advised such women to use natural progesterone cream from day 6 of the cycle to day 26 of each month, using one ounce of the cream per week for three weeks, stopping just before the expected period. This treatment requires patience. Over time (four to six months), however the monthly pains gradually subside as monthly bleeding of the islets becomes less and healing of the inflammatory sites occurs. The monthly discomfort may not disappear entirely but becomes more tolerable.

Endometriosis is cured by menopause. This technique is surely worth giving a trial, since the alternatives are not that successful and laden with undesirable consequences and side effects

What Your Doctor Might Not Tell You About Breast Cancer

John R Lee M.D David Zava Ph.D., with Virginia Hopkins
ISBN 0-448-61540-4 - March 2005

Pg 251

Guidelines for Women with Endometriosis

... Using this concept as a model for treating endometriosis, progesterone can be given in doses similar to that of early pregnancy, starting at day 8 and continuing until day 26 of a usual 28-day cycle. Experience shows that this treatment is often effective in relieving the symptoms of endometriosis. Your goal is to find the lowest dose of progesterone necessary to control endometrial stimulation.

During the early weeks of pregnancy, progesterone production doubles or triples from the normal 12 to 24 mg per day to 40 to 60 mg per day. These levels easily reached using $\frac{1}{4}$ teaspoon of progesterone cream twice or three times a day during these 18 days of the cycle. Many women find success using a two-ounce jar or tube of the recommended cream each monthly cycle. Improvement is usually noted after several months of using progesterone cream in this manner. If improvement isn't found in two months, the dose can be raised to one ounce per week. It can take up to six months for symptoms to be controlled, and even then they may not dissipate entirely. If the symptoms eventually disappear, the progesterone dose can be decreased gradually to find the lowest effective dose. (Otherwise use the dose that's most effective to control symptoms.) This must be continued until menopause is passed, since recurrences are common if the progesterone protection is lowered too much. If a flare-up occurs, increase the dose to the previous effective level. If high doses of progesterone cream make you sleepy, that's an indication that you're taking too much. Reduce the dose until the sleepiness goes away.

#