

beyond PMS

understanding endometriosis

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CONTENTS

PART 1: WHAT, WHY, HOW?

- I Get The Worst PMS...
- So What Are Endometriosis And Adenomyosis?
- Why And How Does It Happen?
- Uterine Fibroids, Polyps And Hyperplasia
- Signs And Symptoms This Is Not "Just PMS"

PART 2: DIAGNOSIS

- Pathology
- Genetic Testing
- Medical Testing

PART 3: TREATMENT

- Medical Treatment
- Naturopathic Treatment
- MindBody Awareness

PART 4: HELP

- You Are Not Alone
- How to Find The Right Naturopath For You
- Creating A Team Of Support

WHAT, WHY, HOW?

I GET THE WORST PMS...

Pre-menstrual syndrome, pre-menstrual tension, pre-menstrual #&!&*^ – most of us have experienced it at some point in our lives. Cramping, sharp pain, moodiness, crying, anger, anxiety, backaches, headaches, migraine, sore breasts, fatigue, bloating, diarrhoea or constipation are all part of the stock-standard experience. For some, it's a minor annoyance, for others it majorly impacts their ability to experience and enjoy life.

But it's "just PMS." I mean it's normal – everyone goes through that right?

Wheeeelllll no. Is it common? Definitely. Is it normal? No. And it makes me a little cranky (before you jump in, no, I'm only on day 3 of my cycle thanks very much) that as women, we've generationally been taught that the pain is normal, just put up with it or it's not that bad. PMS is a travesty! Why would we accept that recurrent pain for several days each month is just part of our lot in life and not question what is actually going on in our body. Why would our body signal pain every month for what is a

normal female process? We're intricately designed creations and not much goes on in our bodies without specific function or purpose.

But unfortunately, we as women have been taught differently. When PMS strikes, we either suck it up, hit the pain pills or succumb to one of the most commonly inevitable solutions for pesky periods, i.e. shutting the whole shebang down. Welcome The Birth Control Pill (that'll teach it!)

Why this makes me sad

By throwing a pill, or The Pill, at a warning signal (pain) in the body, all we are doing is holding our hands to our ears singing 'la la la la' as we numb our body's only method of communication. And I'm not sure that's a very adult way of talking to ourselves. The body is a pretty smart vessel, and it's my experience that if it's got something to say, it's saying it for a very good reason. It may just be useful to listen to it instead of shushing it like some annoying younger sister (I'm the youngest of 6 ... I get it.)

Why this makes me angry

So here's the problem. It's one thing to deal with PMS when it's a slight annoyance. But a misdiagnosis of "just PMS" may mask one or more serious problems which could cause debilitating pain, heavy bleeding, ectopic pregnancy, infertility, cancer risk and seriously impact your life quality, relationships, work and overall ability to function as a healthy, happy, empowered woman in the world.

One such condition is endometriosis.

Not only is there a lack of understanding for a whole lot of women out there, the cost to the community, business, partners and family is a huge and often unrecognized burden.

CONSIDER THE FACTS

1. 1 in 10 women suffer endometriosis.
2. There's a delay in diagnosis of between 7-10 years.
3. 35-50% of women suffering some form of infertility and/or pelvic pain knowingly or unknowingly have endometriosis.
4. Average cost of endometriosis per woman per year:
 - Total = AUD\$12,094 or ≈ €9,579
 - Lost work productivity = AUD\$7950 or ≈ €6,298
 - Direct health care costs = AUD\$3930 or ≈ €3,113
5. Average yearly cost of endometriosis on Australian society as a whole: \$7.7 billion:
 - Approx \$5.2 billion relates to loss of productivity
 - Approx **\$2.5 billion relates directly to health care costs**

In comparison, diabetes, considered one of the most targeted chronic conditions in Australia, costs just \$1 billion annually in direct health care costs.

SO WHAT ARE ENDOMETRIOSIS & ADENOMYOSIS?

You may have no idea, or you may be well aware that one or both have set up residence in your body. Either way, let's take a deeper look at both conditions, how they're diagnosed and what you can do should you find they are part of your unique body story.

But first, let's start with a little anatomy...



“It’s embarrassing to have to cope with this at work. Mentally & physically it’s exhausting.”

The Uterus

The uterus comprises 3 layers:

1. **The outer layer: serosa, or perimetrium**

This is loose connective tissue which surrounds the uterus. Its role is to allow the uterus to move as needed, so it doesn't harm other organs and vice versa.

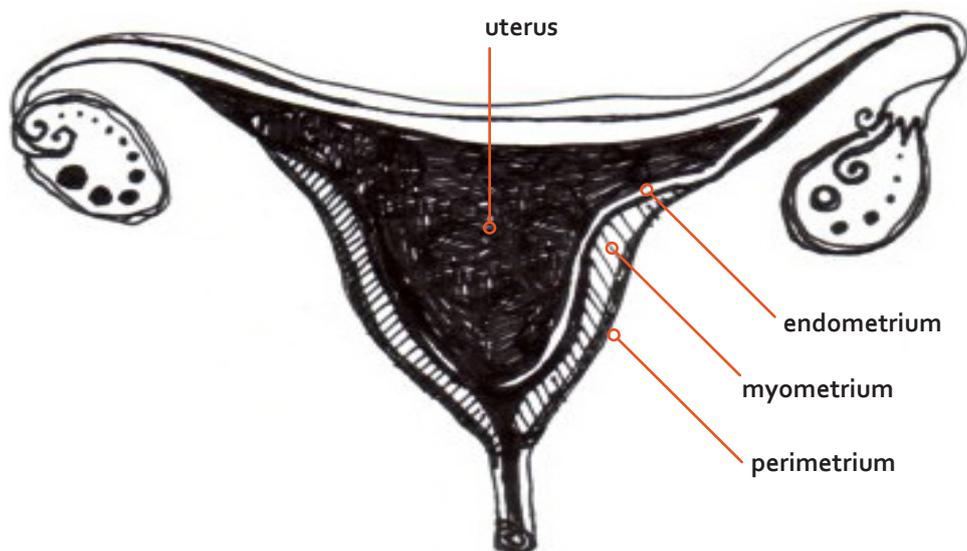
2. **The inner lining: endometrium**

The endometrium is tiered, having a top or functional layer (what's expelled each month during your period) and a basal, or base layer, from which the functional layer is formed.

3. **The middle muscular layer: or myometrium**

This layer is made of smooth muscle tissue and is what allows the uterus to contract, either to expel the functional endometrial lining during a period, or to give birth to a baby.

UTERUS LAYERS



Endometriosis

Endometriosis is an inflammatory, potentially autoimmune-like condition where tissue that ordinarily lines the uterus (endometrium) is also found attached to other areas and organs in the abdominal cavity, such as the bowel, fallopian tubes, bladder, ovaries and ligaments. Actually, we only *think* it's endometrial tissue. It's more than likely to be "similar-but-different" tissue as you'll see in the next section

Why and How Does It Happen?

Every month, the endometrium in the uterus responds to hormonal changes in the body. During the luteal phase, or second half of the cycle, oestrogen and progesterone plump the endometrium so that post ovulation, a potentially fertilized egg has a nice cosy landing place to call home as it gets busy creating a baby.

But if fertilizing an ovum is not on the cards that month, the progesterone-producing corpus luteum starts to break down. Progesterone and oestrogen levels drop, the endometrial lining starts to shed and you're back at day 1 of your cycle with a period.

For women with endometrial-like tissue outside the uterus, it responds in exactly the same way, plumping then shedding. However, without an outlet (like your cervix), this process can cause sticky adhesions to neighbouring organs, resulting in inflammation, scar tissue and for some women, extreme abdominal pain.

These symptoms are what mistakenly may be dubbed PMS and could also be the cause of unexplained infertility.

Adenomyosis

Adenomyosis is simply endometriosis of the myometrium (or muscle layer) of the uterus.

Surgical treatment options are limited as once endometrial tissue has spread throughout the muscle layer of the uterus, its removal is difficult.

WHY & HOW DOES IT HAPPEN?

Good question. There are many theories, but no definitive answer.

- 1. Retrograde menstrual flow:** One of the original theories was that during a bleed, some of the menstrual blood would head in reverse, escaping via the fallopian tubes and releasing into the abdominal cavity. This theory has had its critics however as it doesn't explain how cases of pre-pubertal endometriosis can occur (yes, apparently it can happen. Even weirder, it can also happen in men!)
- 2. Reabsorption:** The theory is if the uterus doesn't expel the top layer of endometrium through your period completely, remaining tissue can become reabsorbed by the body and find its way to the pelvic/abdominal cavity.
- 3. Autoimmunity:** There's some consideration that endometriosis is an autoimmune condition where the body starts to attack its own tissue causing an overactive immune response resulting in pain, inflammation and scarring. With a healthy immune system, your body would normally detect the foreign cells and destroy them, but with

sub-optimal immune function, the misplaced endometrial tissue may remain. Women with endometriosis often present with decreased Natural Killer Cell activity, lowered immune function and increased levels of macrophage activity.

- 4. Genetic:** There is often a strong, sometimes undiagnosed, family history of endometriosis. If your mother, sister or first-degree relative have either had endometriosis or have suffered through painful heavy periods, your risk of the condition is greater, as is an increase in symptom severity.
- 5. Environmental toxins:** Environmental toxins from water, BPA/plastics, insecticides, paints etc all act as hormone disruptors and may impact upon the body's ability to detoxify and remove recycling oestrogen from the system. There is a link to early exposure to toxins and development of endometriosis.
- 6. Oxidative stress and inflammation:** Damaged endometrial-cell DNA is thought to occur due to oxidation of lipoproteins, perpetuating an inflammatory cycle and contributing to the development of endometriosis.

7. From birth: There is also a theory endometrial tissue is misplaced at birth or is created and sent to the wrong area of the body from stem cells. Stem cells are basically generic cells from which other cells can be made. Kind of like an Ikea table that can be painted, have a different finished top, multiple leg options ... the one cell can turn itself into whatever cell the body needs. Some circulatory stem cells can travel further afield, which would account for pockets of endometrial tissue which can sometimes be found in the oddest of places, like the nasal cavity, belly button and even the brain.

8. Too much oestrogen: During different parts of your cycle, oestrogen shifts and changes relative to progesterone, all the while creating balance for the building and shedding of the endometrium. While our actual levels of oestrogen may be fine, a shift in the balance of hormone ratios, e.g. a drop in progesterone, may cause a relative imbalance of oestrogen. Put simply, too much oestrogen relative to progesterone. This is often dubbed Oestrogen Dominance. Oestrogen is proliferative in nature, meaning it loves to grow things, like endometrial

cells. Which in turn means bulking out the endometrium in the uterus (called uterine hyperplasia) and uterine tissue found (misplaced) anywhere else in the body. Not only can an unchecked oestrogen imbalance cause worsening of endometriosis, it can lead to more serious conditions like uterine polyps (which have a potential to become pre-cancerous) and uterine cancer. I actually hate throwing in the C word I'm not here to scare people. It's a risk factor, not a definitive future event. The risk of malignancy or pre-malignancy combined is around 4%.

UTERINE FIBROIDS, POLYPS AND HYPERPLASIA

Conditions of an oestrogen dominant picture, fibroids and polyps are pedunculated structures (like they're sitting on a little stool) with their own blood supply that can literally 'take root' in the uterus lining (and elsewhere such as the cervix). Their impact in the uterus affects the ability of the uterine muscle to contract smoothly during menstruation and can often increase symptoms of pain, cramping and heavy bleeding. In particular, mid-cycle spotting or spotting after sex can be an indication of polyps.

Whilst fibroids are typically benign and can be monitored without surgical removal, polyps have a pre-cancerous potential and should, in my opinion, be monitored and surgically removed. However, the risk of malignancy is greatest in post-menopausal women still experiencing bleeding and over 60 years of age.

Endometrial hyperplasia is a thickening of the uterine lining. This happens due to the stimulation of excess oestrogen (which, remember, loves to grow things) and also carries a pre-cancerous risk. Treatment is usually a Dilatation and Curettage, or D&C. A D&C gently scrapes away the endometrial lining when heavy bleeding is an issue or hyperplasia is present. This may resolve the symptoms temporarily, but unless the hormonal imbalance is addressed, symptoms will return.

SIGNS AND SYMPTOMS

THIS IS NOT “JUST PMS”

- Pain/cramping at the onset of your period lasting for 1-2 (or more) days. In contrast, PMS pain will start up to a week before your period, and generally stop when you bleed.
- Severe abdominal pain, often described as acidic, burning, stabbing or cutting
- Shooting pain from the pelvis down into the legs
- Back and/or pelvic pain
- Irregular periods
- Heavy periods and/or clotting
- Mid-cycle spotting or bleeding
- Painful sex (dyspareunia)
- Frequent or painful urination
- Painful bowel movements or IBS (constipation/diarrhoea)
- Upper body pain/painful breathing into the diaphragm
- Infertility
- Rarely, some women notice symptoms that seem unrelated but happen every time they have a period, like nose bleeds

DIAGNOSIS

A good understanding of your signs and symptoms above may alert you the fact this is more than a touch of PMS, but there are a number of things that should be further investigated to confirm a diagnosis.

PATHOLOGY

Some common hormone tests include:

- Day 2-3 FSH (Follicle Stimulating Hormone)
- LH (Luteinising Hormone)
- Day 21 Progesterone
- Oestrogen
- Prolactin

Depending on your symptoms, your Natural Health Care Practitioner or GP may request additional testing.

GENETIC TESTING

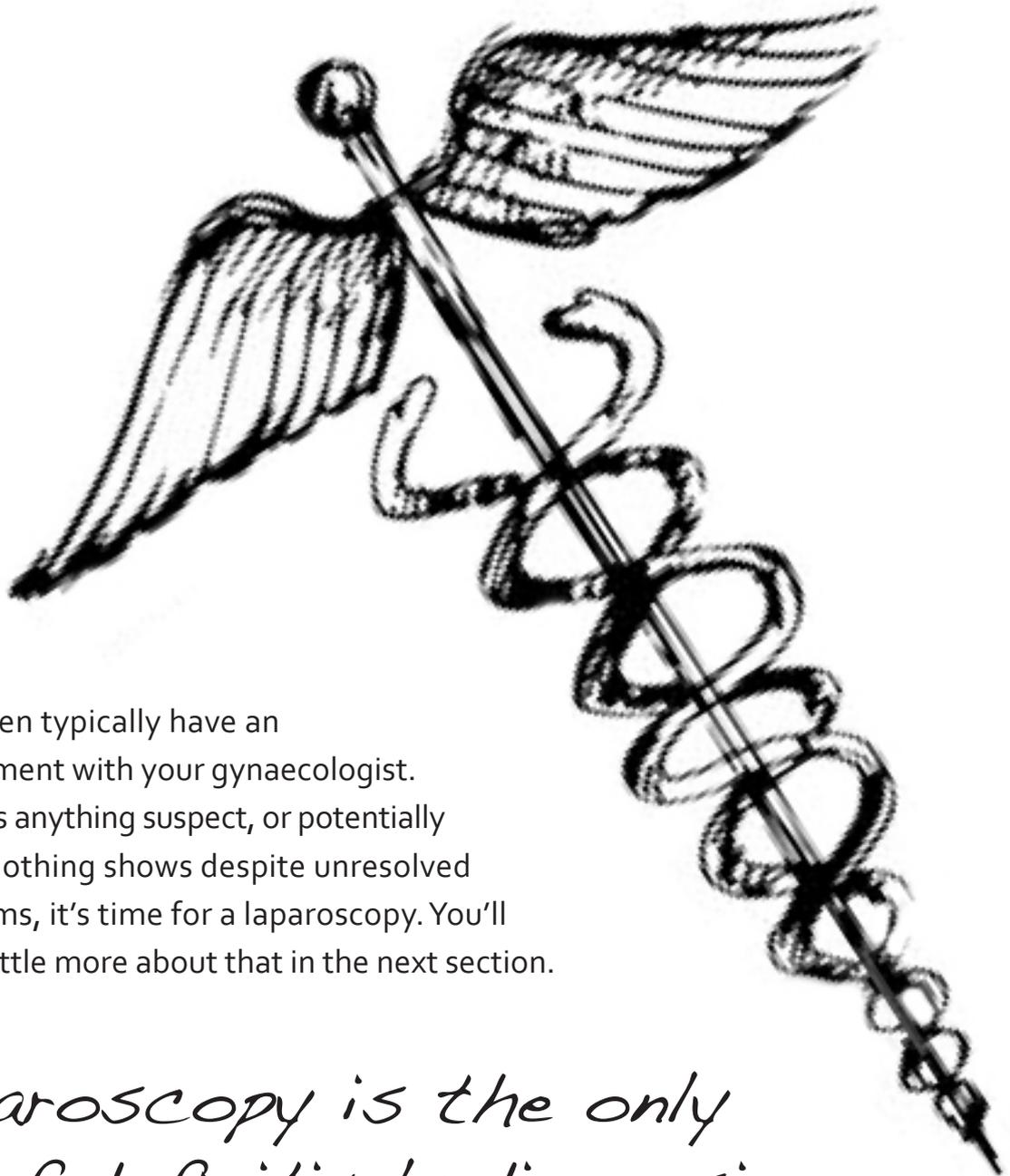
By no means essential or definitive, a genetic DNA report can pinpoint your propensity for endometriosis and ability for detoxification and oestrogen clearance. For example, if your genetics show a problem in any of the genes involved in oestrogen clearance (e.g. PEMT, COMT, SOD, MTHFR), it may indicate an increased

risk for endometriosis. We also know you will need additional support to manage your condition via targeted diet, lifestyle, herbal and/or nutritional supplement support.

MEDICAL TESTING

If your Health Care Practitioner suspects endometriosis, you will initially be referred to a GP/gyno for a pelvic ultrasound and internal doppler. This allows the uterus and ovaries' size, shape and general appearance to be checked. This is often where polyps or fibroids or other structural abnormalities can be found. However, this will not necessarily confirm a diagnosis of endometriosis. It may suggest potential adenomyosis if the uterus appears thickened, also known as a bulky uterus.





You'll then typically have an appointment with your gynaecologist. If there is anything suspect, or potentially even if nothing shows despite unresolved symptoms, it's time for a laparoscopy. You'll learn a little more about that in the next section.

A laparoscopy is the only way of definitively diagnosing endometriosis.

There is a lot that can be done for the treatment of endometriosis, both medically and wholistically. I believe a combo of the two leads to the greatest outcomes, not only physically, but mentally, emotionally and yes, even spiritually.

TREATMENT

MEDICAL TREATMENT

Hysteroscopy

Not to be confused with a *hysterectomy*. (Though no kidding, I've personally had this mistake made by a distracted receptionist on an admission form so eyes peeled people!)

A hysteroscopy is simply an internal exam of your cervix and uterus with a lighted tube called a hysteroscope. Kind of like a next-level-up PAP test. It is not a surgical procedure, but does require a local anaesthetic (if done in a doctor's surgery) or general anaesthetic (if combined with a more complex procedure such as a laparoscopy).

Laparoscopy

This is the slightly bigger deal requiring a general anaesthetic and an overnight (or two) stay in hospital.

During the procedure, 3 small incisions are made in a triangle from your belly to pubic bone region and a fibre-optic device investigates the internal cavity, which doubles as a treatment tool, and potentially your gynaecologist will remove any signs of endometrial tissue then and there.

Hormone Therapy

Your gyno may suggest ongoing hormone therapy after your procedure to quell your natural hormone cycle and natural oestrogen production. There are several choices, some of which include:

- **The Pill:** In some cases, The Pill may be effective in stopping new pockets of endometriosis forming. However, it is at the cost of shutting down your own natural cycle and replacing it with a synthetic 'look-alike' one. The Pill has been linked with symptoms of nausea, breast tenderness, headaches and increased appetite. It may also lead to more serious complications such as deep vein thrombosis (blood clots), heart attacks and strokes. The combined pill is not recommended for women with certain medical conditions such as migraines, high blood pressure, severe heart conditions or liver disease.
- **Implanon or Nexplanon:** a synthetic progestin delivered via an implant under the skin (not terribly popular as is associated with depression and weight gain.)

- **IUD, e.g. Mirena®** With the most localized form of hormone delivery system (the synthetic progestin levonorgestrel direct to the endometrium without the complications of the oral or transdermal route going systemically through your body), it's probably the best option for some women seeking medical treatment (or basically at their tether).

It's not for everyone. For some women, it increases bleeding severity, cycle irregularity, depression and weight gain. For some, it reduces their bleed and symptoms dramatically.

Discussion, research, second/third opinions AND listening to your own body sense should be engaged.

If you are one of these women that it simply doesn't suit, it may be removed by your gyno via local anaesthetic.

Ablation

Ablation is a procedure that effectively removes the top endometrial layer from the uterus. This may systematically stem heavy bleeding, but is not an option for anyone still wanting to conceive (need an endometrium for that!) and is only useful potentially for polyps or heavy bleeding. It cannot cure endometriosis or adenomyosis as it doesn't address the endometrial

tissue outside of the uterus nor the endometrial tissue that has grown into the myometrium or middle layer of the uterus.

Hysterectomy

A last resort. Despite feeling like "you just want this thing out" when in pain, it's important to hang on to that uterus for as long as possible. Too many women readily agree to the first suggestion of a hysterectomy, or have had one under the recommendation of their medical practitioner, but have no idea why. Common, and sad. It may well be the right option for you. But seek a few opinions. Removing the uterus, even if you keep your ovaries (therefore hormones) increases risk of incontinence and vaginal prolapse down the track.

Even more importantly, if at all possible, you want to keep your *ovaries* and uterus. These are your key organs in manufacturing oestrogen and progesterone. Without your ovaries, you then need to rely on your adrenal glands to take over the show (as well as some handy fat tissue).

Remember, the adrenals are all about stress management, so that's where pregnenolone, the precursor hormone for oestrogen, progesterone, testosterone AND cortisol, is made.

If you are stressed, pregnenolone is going to be commandeered to make the stress hormone cortisol.

And if you are stressed for a long period of time, lots of pregnenolone will be used to make cortisol, leaving not much hope for sex hormone production. Apart from, well, lowered sex production (aka libido!) it may also mean vaginal dryness, hot flushes and a need for oestrogen replacement therapy (OET) and/or diet, herb, lifestyle support.

And as mentioned above, removing the uterus will not solve your problems if your problem lies with endometriosis. Remember, endometrial tissue may be found anywhere. Just removing the uterus does not remove remaining tissue attached to other organs and tissues within the pelvic cavity.

NATUROPATHIC TREATMENT

There is a LOT we can do naturopathically to help re-balance your system. In naturopathy, we look at balancing your entire body, not just removing the offending problem, whether that's polyps, endometriosis, adenomyosis, fibroids or affected organs.

Indole-3-carbinol (I3C) + DIM from cruciferous vegetables like broccoli + Brussels sprouts or supplemental. I3C assists the remove xenoestrogens and rebalances good:bad oestrogen ratios.

Calcium D-glucarate assists the liver in oestrogen detoxification.

Curcumin is the active ingredient in turmeric. It's antiinflammatory and hinders abnormal cellular development and growth, key in addressing the proliferic nature of endometrial cells.

St. Mary's Thistle, or *Silybum marianum*, is a beautiful liver detoxification herb, assisting oestrogen clearance.

Rosemarinus officinalis is antioxidant, antiviral and may inhibit abnormal cell growth.

Sulfurophane, from broccoli sprout extract, may stimulate detoxification enzyme pathways that are essential in eliminating xenoestrogens.

Vitex agnus-castus supports a healthy ovulatory cycle, promoting progesterone and rebalancing oestrogen ratios in the cycle.

I honestly can't function. I'm either anxious or depressed and it affects my partner, my job - I'm not coping.

The focus is always on you as a whole, and that means yes, your physical system and what you're eating, how you're moving and how to help balance physical pain and restore functionality back into your life, but also the energetics, or non-physical side to healing. This may include stress management, mental and emotional patterns, meditation, talk therapy and mindbody techniques to help you connect your thought patterns and emotions to the physical expression of disease.

Physically, a practitioner may look to enhance liver detoxification of oestrogen, decrease scar tissue and adhesions in the pelvic cavity, re-establish hormone balance, modulate immune and lymphatic function, calm the nervous system and reduce pain and inflammation.

Following are general treatment options. To address your specific symptoms, please see a qualified practitioner.

Nutrition

The right nutrition is key for oestrogen clearance, reducing inflammation, minimizing pain and rebalancing the immune system.

Typical diets will look at whole food eating and adopting an anti-inflammatory diet based on fresh produce, minimally processed foods, reduced dairy, clean water and avoidance of pesticides, preservatives, additives, plastics (BPA), incorporating brassica foods like brussels sprouts and broccoli, rebalancing your omega 6:omega 3 fat ratios down to incorporating teas that can assist the liver and nervous system.

Lifestyle

Not only do we need to address what we're physically putting into our bodies, but it's important to look at external impacts as well. Things like:

- Detoxification: especially gut and liver function
- Quitting smoking and/or reducing alcohol intake
- Moving your body via exercise + rebounding

- Stress management via breathing, meditation and mindbody work
- Sleep hygiene and quality
- Womb care: cod liver oil packs, Mayan Abdominal Massage and steaming are nutritive and healing for scar tissues and adhesions and to relax the uterine muscle and decrease pain

Nutritional Supplements

Targeted supplements may be prescribed to help rebalance a particular area of methylation, detoxification, hormonal function, pathogen imbalance, immune dysfunction or nervous system support. Depending on your individual symptom picture, some of the key supplements may include:

- B6 + Magnesium
- Curcumin
- DIM/Calcium-D-Glucarate
- Zinc
- Vitamin E
- EPA/DHA or EPO
- Iron
- Iodine
- N-acetyl-cysteine (NAC)
- Liposomal Glutathione

Herbs and Flower Essences

Herbal medicines are created from distilling flowering tops, seeds, roots or

Pain (Anodynes)	<i>Laurelia novae-zelandiae, Corydalis ambigua, Piscidia erythrina, Vibernum opulus</i>
Adhesions	<i>Calendula officinalis, Cod-liver oil</i>
Hormone imbalance	<i>Alchemilla vulgaris, Vitex agnus-castus, Paeonia lactiflora</i>
Immune modulation	<i>Hemidesmus indicus, Rhemannia glutinosa, Echinacea spp.</i>
Liver + bowel support/ oestrogen clearance	<i>Rumex crispus, Silybum marianum, Berberis vulgaris, Taraxacum officinale, Ramnus purshiana</i>
Lymphatic support	<i>Phytolacca decandra</i>
Fatigue + mood	<i>Hypericum perforatum, Magnolia officinalis, Passiflora incarnata, Eleutherococcus senticosus, Withania somnifera, Codonopsis pilosula</i>

bark of medicinally plants to release the plant's active constituents.

Different plant medicines have different properties. Some are anti-inflammatory, anodyne (pain-relieving) or anti-spasmodic (great for PMS and period pain).

Others are anthelmintic, antibacterial, antiviral or antimicrobial meaning they are great at killing pathogens, healing the gut and assisting our innate immune system.

Others' purposes are to assist the liver, kidneys and lymphatic system in detoxifying and ensuring our organs are working in balance.

It's important to understand herbs are impactful and just as you wouldn't start taking prescription medication via trial and error, you should never launch into playing with herbs in that manner either. See a practitioner who can ensure the herbs they are prescribing won't impact on your current medications or previous health conditions and are right for you.

MINDBODY AWARENESS

As previously mentioned, lifestyle is just as key as physically changing your habits in rebalancing an out-of-whack hormonal system. Our physical and emotional states are intrinsically linked, with the entire physical responding to emotional or stressful cues (up to 95% of your serotonin, a neurotransmitter, is housed in your gut for a start.) No longer can we think in a reductionist way that a part of me is sick in isolation, and it just can be cut out and discarded. That may solve a temporary problem, but it is only when our mental and emotional state, or thoughts and feelings are acknowledged, revealed and addressed that our whole body can begin to truly heal.

There is a lot of great research into the mindbody and emotional links to disease.

Specifically, endometriosis has been linked to a rejection on some level of the feminine or the creative processes of the feminine aspects (whether that's physically birthing a child, or creatively birthing a project or passion). It may relate

to repressed sexuality or partner rejection, which really gets back to a rejection of self as discussed above. Even more interesting is the consideration of how endometriosis can impact your life. It stops you from things.

Stops you from planning holidays, events, functions. Stops you from working, sometimes several days per month, stops you from feeling calm, joy, contentment when you're in the grips of depressing and debilitating pain and flooding. So mirroring that back, endometriosis also may link to your own inner conflict around being stuck (like endometriomas themselves) in finding your life purpose, your life path, your 'why' in this existence.

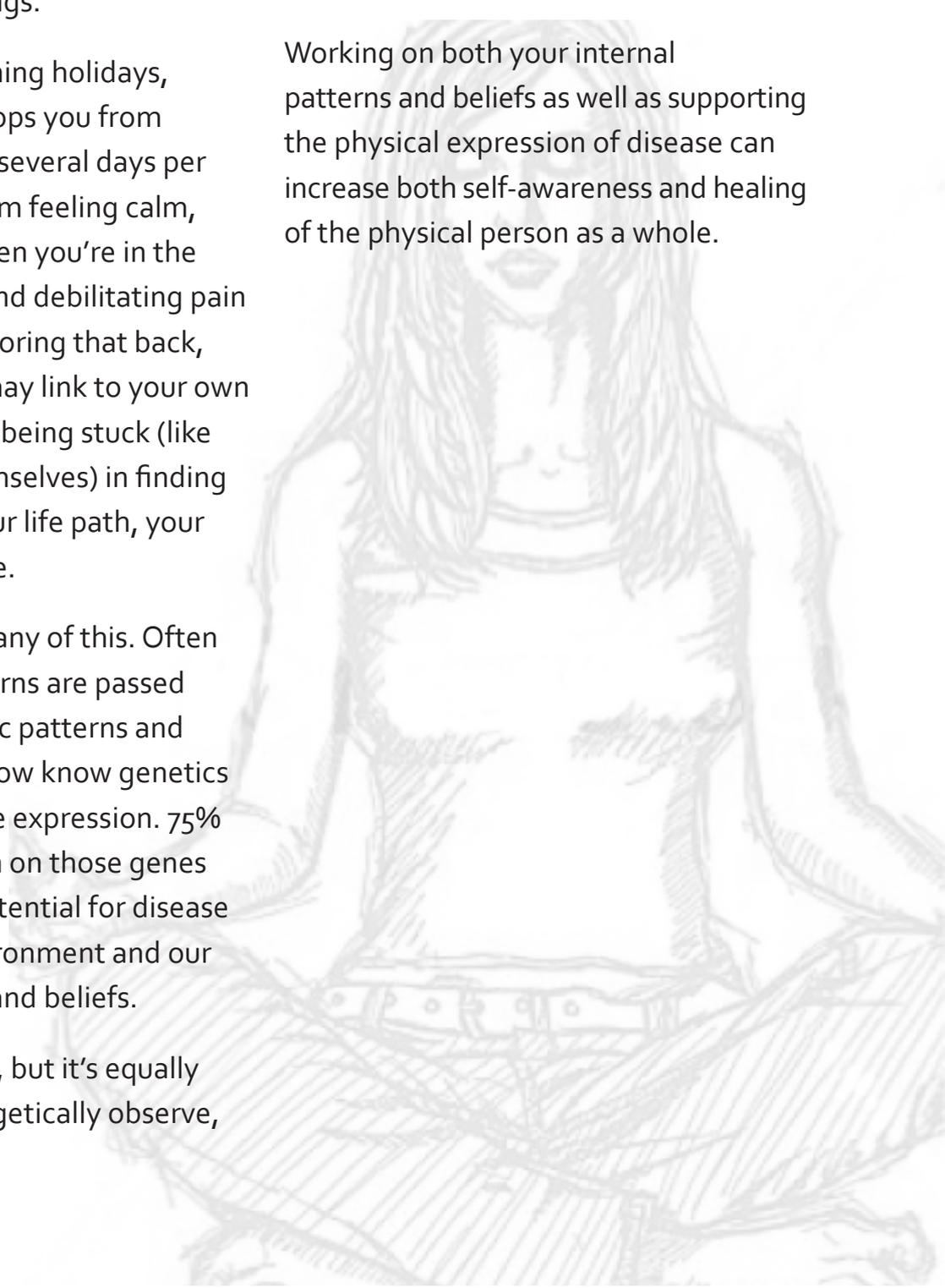
There is no blame in any of this. Often these beliefs or patterns are passed down from epigenetic patterns and blood lines. But we now know genetics is only 25% of disease expression. 75% of whether we switch on those genes that may hold the potential for disease comes from our environment and our thoughts, emotions and beliefs.

Support is important, but it's equally as important to energetically observe,

not attach to, the condition – not let it define who you are as a person.

You are not your disease and your mind can have an enormous impact on symptom expression.

Working on both your internal patterns and beliefs as well as supporting the physical expression of disease can increase both self-awareness and healing of the physical person as a whole.



HELP

Some resources (some endo specific, some general mindbody medicine titles) are included in **Part 4: Help**.

YOU ARE NOT ALONE

You don't have to go through this alone. If you suspect your PMS is not 'normal', don't put up with it. There are plenty of GPs, Naturopaths and other Health Care Practitioners to help you.

HOW TO FIND THE RIGHT NATUROPATH FOR YOU

- As with any practitioner, check their credentials. Your practitioner should be qualified with either an Adv. Dip. or a BHSc and be a member of a professional association such as ATMS or NHAA.
- Ask around: word of mouth is a great way to find out who is effective and if their personality or approach is going to work for you.
- Stalk them (oh, I mean "Research" them). View their website and social media pages (Twitter, FaceBook, Instagram, Pinterest etc). These are good places to get a feel for who the person is, what they stand for and if they feel like a good fit for you.
- Ring them up and have a chat. If you're unsure, talk to the practitioner and ask if they have experience in treating your problem. Ask them about their treatment approach, if they have a referral list of recommended gynaecologists and ultrasound specialists and how long it could take before you see improvement.
- Ask about consult times and fees and if they offer private health care rebates.
- Get to know and trust your gut feeling: even if the practitioner is the best in the industry, if you just don't get a good vibe from them, keep looking. Everyone is different and we all resonate to different treatment approaches, styles and

personalities. This is your health, your investment, your healing journey. You want it to be with someone who inspires you, not leaving you feeling short-changed or misunderstood.

CREATING A TEAM OF SUPPORT

No woman is an island so make sure you have support around you that best serves you in that moment. Not only are friends, partners and family important, but so are other professional modalities. You may also like to consider:

- Acupuncture/TCM
- Pelvic Physiotherapy
- Counselling
- EFT/Tapping
- Energetic Healing
- Kinesiology
- Massage (Lymphatic Drainage, Remedial, Mayan Abdominal, Shiatsu)
- Meditation
- Osteopathy or Chiropractic
- Women's Wisdom Groups

The online arena is also a wealth of virtual support, from professional associations to Facebook groups offering information, education and support for women with specific conditions including adenomyosis and endometriosis.

Books

Alexandra Elizabeth Pope:

The Wild Genie

Caroline Myss:

Anatomy of the Spirit

Caroline Myss: Why People Don't Heal, And How They Can

Dr Christiane Northrup:

Women's Bodies Women's Wisdom

Dr Gabor Mate:

When The Body Says No

Dr Lara Briden:

The Period Repair Manual

Dr Liisa Rankin: Mind Over Medicine

Lara Owen: Her Blood Is Gold

Louise Hay: You Can Heal Your Life

Other

Alexandra Elizabeth Pope (UK) –

The Women's Quest

<http://www.womensquest.org/>

Andrea Lopez (Aust) –

Avigo Mayan Abdominal Therapy

<http://www.mayanhealing.com.au>

Jean Hailes Organisation

<http://jeanhailes.org.au>

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- Women sketches © Izziyana Suhaimi <http://my-bones.tumblr.com/tagged/works>

Kate is Natural Medicine Practitioner with a passion for helping women banish PMS, balance their hormones and live an empowered, impassioned life.

She runs her home-based practice on Sydney's Northern Beaches, and offers skype consults for women across the globe addressing endometriosis, PCOS, thyroid disease, cycle-irregularity, post-pill acne and peri-menopause. She has studied in methylation and MTHFR and honed her interests in women's hormonal health via ongoing mentorship with leaders in the field. She has regularly contributed to Violet Magazine, Yours Magazine and bodyburnonline.com

Kate's also offers a 7-Day Period Fixer Program, the PoweHer Potions range of energetic essences to help women work with the power of their cycles and offers bespoke energetic reports and essences to help women achieve their purpose and potential.



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