Complementary therapies for endometriosis

CAM use in Australian endometriosis patients

In a survey of a focus group of Australian women with endometriosis (n=61), all but one participant reported using complementary medicine to manage symptoms and obtain some quality of life. [i]

Available evidence

There is a paucity of good quality research looking at complimentary medicine in endometriosis management. There are a number of small studies using herbs, supplements, traditional Chinese medicine which either doesn't support its use or the level of evidence is weak.

An example of the type of research studies: a small RCT (n=59), Vitamin E 1200 iu and Vitamin C 1000mg, over 8 weeks, decreased pelvic pain in women aged 19-41 years, with endometriosis and/or fertility. There was a non-significant improvement in chronic pain in 43% of patients. Dysmenorrhoea and dyspareunia decreased in 37% and 24 % of patients respectively[ii].

There is some evidence to support the use of acupuncture[iii]

Dietary recommendations

- Increase fish and omega 3 polyunsaturated fatty acids
- Increase vegetables
- Reduce trans fats (fried foods, commercial cakes and biscuits/crackers, pies and pastries)
- Reduce red meat

Rationale:

A literature review showed that women with endometriosis consumed fewer vegetables and omega-3 polyunsaturated fatty acids and more red neat, coffee and trans fats[iv]. These findings were not consistently replicated.

Dietary fats:

Data from the Nurses' Health Study II showed that women who consume the highest fifth of long chain omega -3 fatty acids were 22% less likely to be diagnosed with laparoscopically confirmed endometriosis compared with lowest fifth of intake.

Conversely, those in the highest quintile of *trans*-unsaturated fat intake were 48% more likely to be diagnosed with endometriosis.[v]

Some small studies, have shown that omega-3 fatty acids reduced the symptoms of dysmenorrhea generally. In endometriosis and dysmenorrhea, prostaglandins (PGs) are thought to play a pathogenic role. Fish oils, a rich source of omega 3-fatty acids act as anti-inflammatories in endometriosis and dysmenorrhea, by reducing the pro-inflammatory PGs derived from omega-6 fatty acids, and the associated symptoms of endometriosis and/or dysmenorrhea. [vi]

Exercise

A 2014 systemic review concluded that there is inconclusive data regarding the benefits of physical exercise as a risk factor for endometriosis. Exercise may be protective against diseases that involve inflammatory processes as it decreases systemic levels of cytokines with anti-inflammatory and antioxidant properties. Exercise also reduces oestrogen levels. [vii]

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