



AMERICAN
BOTANICAL
COUNCIL

Post Office Box 144345
Austin, Texas 78714-4345
Phone 512/926-4900
Fax 512/926-2345
Email: abc@herbalgram.org
www.herbalgram.org

Mark Blumenthal
Editor

Wayne Silverman, PhD
Underwriting Coordinator

Betsy Levy
Densie Webb, PhD
Leela Devi, MSN, RN
Summary Writers

Karen Newton
Database Manager

Susan McFarland
Ginger Webb
Co-coordinators

Dawnelle Malone
Research Assistant

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HERBCLIP

FILE: Endometriosis

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RE: **Clinical Treatment of Endometriosis**

Rogers, C. Herbal Medicine in the Treatment of Endometriosis. *The European Journal of Herbal Medicine*, Vol. 4(1), pp. 34-39.

Endometriosis is a chronic, painful condition that mostly afflicts childless women in their thirties to forties. It is characterized by the growth of endometrial tissue outside of the uterus. (The endometrium is the hormonally responsive lining of the uterus that sheds during menstruation.) The foreign endometrial tissue can be found on the ovaries, the exterior of the uterus and its supportive ligaments, as well as the peritoneum and intraperitoneal organs. This invading endometrial tissue responds to hormonal fluctuations and sheds blood during the monthly cycle. As the condition progresses, cysts (most commonly ovarian) and adhesions form between organs and supporting intraperitoneal tissues. Endometriosis can be diagnosed by biopsy of laparoscopically obtained tissue. The condition ranges from painful to excruciating. Text book symptoms include: dysmenorrhea (painful menstruation), menorrhagia (abnormally long or heavy menstruation), dyspareunia (painful sexual intercourse), infertility, and a host of other ailments. This article details the author's method of treating endometriosis with herbs.

The author, an herbalist trained at England's National Institute of Medical Herbalism (NIMH), uses hormonal regulation, pelvic decongestion, immune system balancing, and herbal analgesia to alleviate symptoms and reverse the process of endometriosis. Chaste tree berry (*Vitex agnus castus*) in doses of 10 to 20 ml a weeks work on the pituitary to help prevent the over-production of estrogen by the ovaries. Vitex should be combined with *Chamaelirium luteum*, 20 to 40 ml a week, as a uterine tonic and to help regulate estrogen. *Smilax* spp., 20 to 30 ml, is a progestogenic tonic. Other saponin-rich herbs that may have an adaptogenic effect on the menstrual cycle include *Alchemilla vulgaris*, saw palmetto (*Serenoa repens*), and blue cohosh (*Caulophyllum thalictroides*). Chinese herbs, such as dong quai (*Angelica sinensis*), peony root (*Paeonia lactiflora*), *Rehmannia glutinosa*, and *Ligusticum wallichii*, are also recommended.

For pelvic decongestion, 10 to 20 ml of one of the following herbs may be taken weekly: wild yam (*Dioscorea villosa*), black haw (*Viburnum*

prunifolium), black cohosh (*Cimicifuga racemosa*), or *Anemone pulsatilla*. Herbs to improve pelvic circulation and astringents are also recommended. The author recommends immune stimulants, such as echinacea (*Echinacea* spp.) and garlic (*Allium sativum*), along with licorice (*Glycyrrhiza glabra*), St. John's wort (*Hypericum perforatum*), astragalus (*Astragalus membranaceus*), Siberian ginseng (*Eleutherococcus senticosus*), and others. For pain relief, weekly doses of 10 to 20 ml *Anemone pulsatilla*, 40 to 60 ml *Piscidia erythrina*, 20 to 30 ml white willow (*Salix alba*), or 40 to 60 ml valerian (*Valeriana officinalis*) are recommended. The author suggests a three to six month regimen of herbs to treat endometriosis-related infertility. Nutrition and lifestyle recommendations are also presented in this article. —Leela Devi, MSN, RN

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