

Pain Treatments for Fibroids and Endometriosis

Abstract

In this examination, my goal is to examine Western medical practices to treat pain associated with fibroids and endometriosis. Secondly, I will add a Chinese Medicine perspective as well as my clinical experience with these imbalances.

Keywords: fibroid pain, endometriosis pain, pelvic pain, uterine disorders, hormone imbalance pain disorders, dysmenorrhea, dyspareunia

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Fibroids

Uterine fibroids, also called, leiomyomas, are the most common abnormal tissue growths in women (Stewart et al., 2017). They are the most prevalent cause of pelvic pain and discomfort for women. According to Flake et al. (2003), fibroids are the most frequent tumors found in women and are the number one precursor to hysterectomy in the United States. Additionally, approximately 70% of women, by menopause, have had or do have uterine fibroids (Flake et al., 2003). This data is almost twenty years old, and our world has gotten more stressful and laden with environmental estrogens both of which are involved in the prevalence of such disorders.

There is research on what causes fibroids, who is more susceptible, and why they begin forming but the true etiology is unknown. Speculation among researchers points to genetics, race, stress, hormones, environment, obesity, diet, exercise, the obvious instigators of most modern-day diseases.

Fibroids are a hyper-growth of smooth muscle cells in the wall of the uterus. They can form very superficially, growing into the uterus. Or they can be in one of the deeper layers of smooth muscle that line the uterus. They can be asymptomatic, or they can cause heavy menstrual bleeding to the point of hemorrhage, anemia, and blood loss emergencies. They are a common cause or contributor to infertility.

Endometriosis

Endometriosis is another cause of chronic pelvic pain in women. Endometriosis is affiliated more with women of child-bearing age because it is detrimental to fertility and so these cases are found. Many women do not know they have it unless it is affecting their ability to conceive or if their chronic pain affects their quality of life (QoL). According to Hickey et al.

(2014), the only diagnostic tool is laparoscopy and our social deterrents to health make clear how accessible this is for women around the world.

Research cannot definitively say what causes endometriosis. We do know endometriosis is estrogen-dependent. Women usually recognize they have endometriosis in early menarche and after menopause, it ceases. Although the symptoms and pain patterns are like that of fibroids, it is very different. Endometriosis is when cells of the uterus leave the uterus and start growing somewhere else in the body. Usually, they are confined to the pelvic area, however, they can be found in the colon, the diaphragm, the abdominal cavity, even the cavity encasing the lungs. The cells are endometrium so when a woman goes through her monthly cycle, these cells do too. This causes bleeding where there should not be. In addition, they are like fibroids in that they are tumor-like. They take up space where there should not be additional tissues. The result is chronic pelvic pain, painful intercourse, bladder pain, painful bowel movements, and disruptions of other functions if the fibroses metastasize outside of the pelvis. If the lesions are ovarian, tubal, in the uterine wall, or outside but near or on the uterus, infertility is an effect.

Traditional Chinese Medicine (TCM)

One of the most important sources for gynecology in the TCM world is Giovanni Maciocia's book: *Obstetrics and Gynecology in Chinese Medicine*. The etiology of fibroids and endometriosis are cold invading the uterus, emotional stress, a fatty diet creating phlegm, lack of exercise (Maciocia, 2011). Maciocia discusses one etiology unique to endometriosis as having sex during menstruation. In TCM theory, Maciocia (2011) says, "When a woman is aroused, Minister Fire goes upwards. If menstrual blood is flowing downwards, the two will meet and lead to stagnation of Qi and Blood in the Uterus" (p. 858). For both imbalances, emotional stress affecting the Liver and causing Liver Qi and then Blood Stagnation are at play (Maciocia, 2011).

Because our paradigm of differential diagnosis and treatment is pattern-based, not diagnosis-based, (unlike Western medical treatments), we do not have one herb for all women we may treat. But we may have some in-common differential diagnoses among patients with these diagnoses. In TCM, both disorders are seen as dampness or phlegm accumulation and stagnation of qi and blood. Other patterns may accompany these, and the underlying causes are considered. While we will always treat the pain the patient is coming in for, we will always treat the root to rid the patient of the problem altogether, when possible. None of these is simple imbalance, and depending on other variables like age, comorbidities, severity, and length of symptoms, it may not be a quick fix.

Western Medical Treatments

Western medicine is limited in its treatments for endometriosis and/or fibroids. They still resort often to hysterectomy. A surveillance study published by the Centers for Disease Control (CDC) examined hysterectomy rates in the United States (Hillis et al., 2001). Not only is the data revealing but also data from 1994-1999 is the most up-to-date data I could find on hysterectomy statistics. This is not of concern but should be. The study said, "After a cesarean section, hysterectomy is the second most frequently performed major surgical procedure for women of reproductive age in the United States. Approximately 600,000 hysterectomies are performed annually in the United States, and an estimated 20 million U.S. women have had a hysterectomy (Keshavarz et al., 2002). In an article published in 2013, the same old statistical data were used, and the authors added, "Although hysterectomy is the treatment for most gynecologic malignancies, the vast majority of hysterectomies are undertaken for benign gynecologic disease" (Wright et al., 2013, p. 1).

There was an intervention I had not heard of before, interventional radiology used for embolization of fibroids. I had heard anecdotally of a procedure for cutting off the blood supply to fibroids or endometrial tumors. This is the goal of interventional radiology. It stems from prolapsed or dysfunctional vein treatments. I did not see the effectiveness of this treatment but intuitively, fibroids and endometrial metastases are numerous, rarely singular, and often inaccessible.

The other option for Western Medical treatment is birth control. Most female gynecological disorders are treated with birth control i.e., hormones. There are a few newer drugs that down-regulate estrogen. But estrogen is vital to not just reproductive organs in the body. Down-regulating estrogen will affect muscles, joints, the elasticity of structures, skin, hair, etc.

That discusses what the options are for treating the disorders. Treating pain in Western medicine is a confusing topic at present. Up until recently, opioids were the go-to for any pain for any condition a patient had. Now, we see more Tramadol used. This is supposedly less habit-forming. And Toradol, a stronger NSAID, is rising in use. But these have notable side effects. And opioids are still an option for many when the pain is severe and unrelenting.

My Experience

As stated earlier, we do not have a shelf of herbs that treat pain. Although we may all be able to name a list of possibilities for acute pain treatment, our pattern diagnosis will be the primary focus of our treatments. With chronic pelvic pain conditions, I turn to moxibustion. A lot of it. Every treatment, for at least 20 minutes. Or, if not feasible for this in the clinic, I send home stick-on moxa or moxa poles for patients to do on themselves. Compliance is difficult but if in enough pain, patients will comply. The other effective technique to treat the accompanying pain

with these conditions is electrical stimulation on Zi Gong, CV4, and CV6. We are attempting to break up accumulations from stagnation. I find herbs and moxibustion are more powerful in treating the underlying conditions. Moxibustion and e-stim help with acute pain. I have also recently added infra-red-light therapy for pain. Patients respond well with palpable relief that holds for a couple of days, depending on the patient.

Discussion

I never question a woman's decision to have a hysterectomy if she is set on the idea and ready to be done fighting. Chinese Medicine is not quick to resolve these conditions. Some women get to us too late. They are worn out with the failings of other Western techniques for obstetric and gynecological issues, and they just want it over with. In some places, this is changing, and women are often coming to us much earlier.

Ultimately, this did not turn out to be an integrative paper. Of course, we can help patients before and after surgery. We can help with the pain. But our paradigm is not to cut something out until it is the last resort like cancer or tumors that are hurting other structures. We need those options for a lot of medical cases. I saw on the Mayo website that an upcoming research study the Mayo is doing will study the immunity and the biome in the upper and lower reproductive tract in women with fibromyalgia. Now we may be able to talk about integrative ideas.

In addition, I always refer a new patient to their gynecologist for these issues to run blood tests, get ultrasounds, record sizes and locations of cysts and lesions, confirm the diagnosis, test hormone levels, and rule out more serious problems. While these two conditions are not deadly, any of these lesions or growths can be in areas that could cause bigger problems and they are predispositions for cancer.

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