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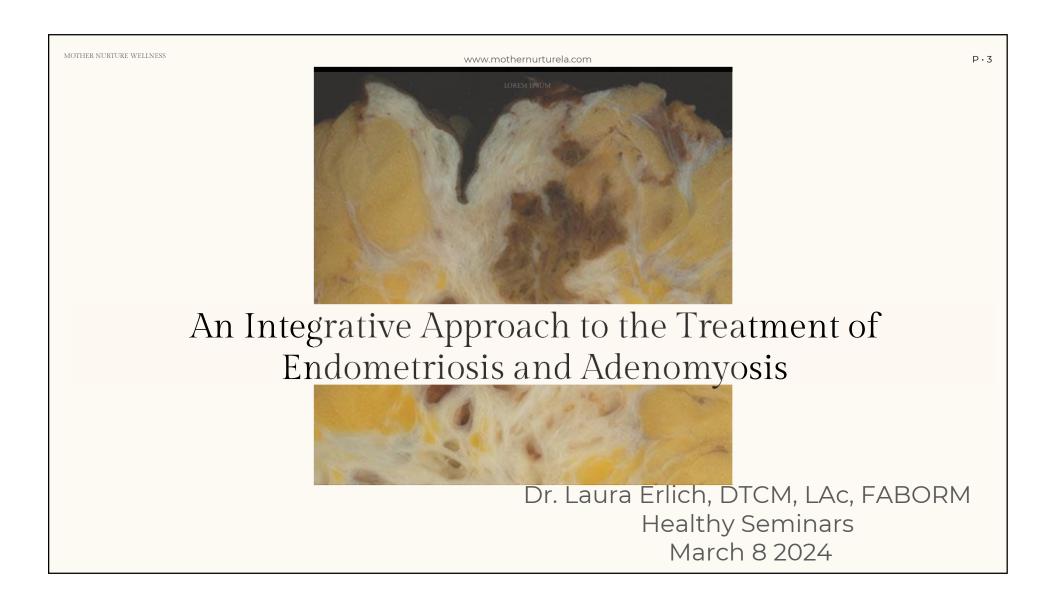
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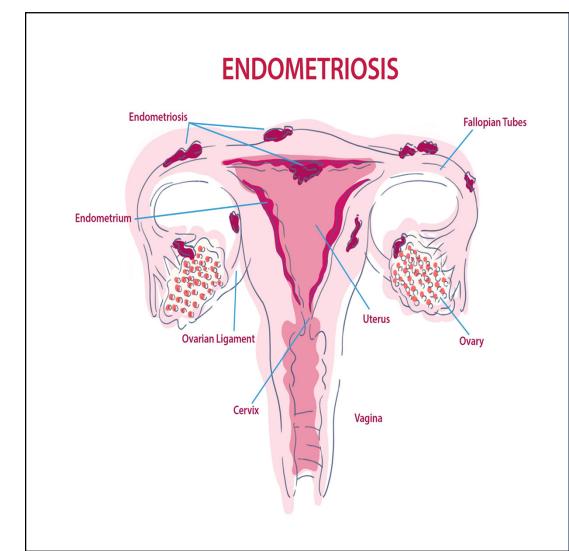


Endometriosis

Western Perspective

- A condition which affects 1/10 women, wherein endometrial tissue grows outside the uterus, can attach to the bowel, bladder, uterus, ovaries, fallopian tubes, etc. (endo) or in the muscle layer of the uterus (adeno)
- Unknown etiology (cause)
 - Retrograde menstruation
 - Congenital (happens in utero)
 - Genetic
- Diagnosed & treated through laparoscopic surgery, or hormones suppression. staged 1-4
- Severity of symptoms do not necessarily correlate to severity of disease





Endometriosis

Common Symptoms

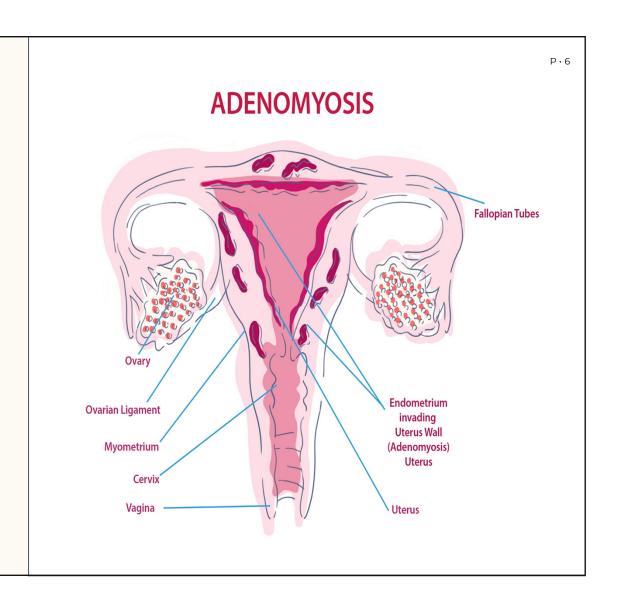
- Painful periods
- Pain during or around ovulation
- Pain during or after sex
- Heavy bleeding or irregular bleeding
- Pain with bowel movements or urination
- Anxiety & depression
- IBS
- Interstitial cystitis
- Pain in the pelvic area, lower back, or legs
- Nausea
- Fatigue
- SIBO
- Difficulty achieving pregnancy (infertility)

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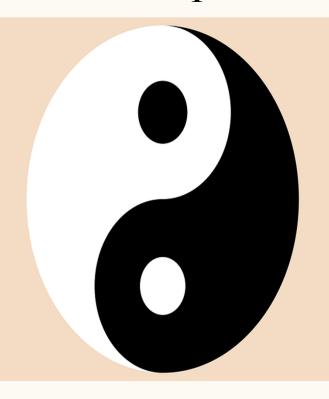
Adenomyosis

Common Symptoms

- Painful menstrual cramps (dysmenorrhea).
- Heavy menstrual bleeding (menorrhagia).
- Abnormal menstruation.
- Pelvic pain.
- Painful intercourse (dyspareunia).
- Infertility.
- Enlarged uterus.



Eastern Perspective

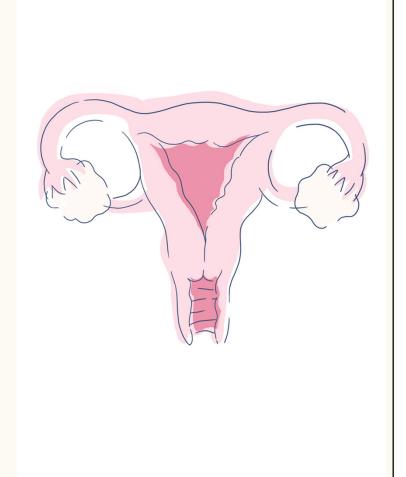


- Kidney Yang deficiency leading to blood stagnation
- Cold invasion leading to congealed blood (too much exposure to cold?)
- Impeded Qi Flow (liver qi stagnation from emotional distress/ ongoing high stress levels)
- Spleen Qi Deficiency impacting production of healthy blood (unhealthy blood may coagulate more easily, or fail to provide adequate nourishment)
- Toxic heat in the blood (this happens when the lesions bleed with the period, leading to an immune response/ inflammation)
- Anxiety- when blood gets too hot & qi gets too stagnant

'/

Cold Uterus

- Women who suffer from extremely painful menstrual cramps with clotting that is eased with heat applied topically often have a condition called "cold uterus."
- "Cold Uterus" is a primary infertility diagnosis in Chinese medicine
- It is treated nutritionally primarily through Yang warming foods and warming herbs
- Warm castor oil packs or other warmth applied to the lower abdomen during the menstrual and follicular phase can be helpful
- Acupuncture for yang deficiency, moxa applied topically or via v-steam



Pathogenesis & Predisposition

- Retrograde menstruation & implantation (possible tight cervical os)
- Possible abnormal growth/placement of endometrial-like tissue while in utero***
- Increased incidence occurs in women with early menarche, short menstrual cycles or menorrhagia. There is a genetic component.
- · Impaired or overactive immune function may contribute

Common Presentations

- Often painful from menarche (early onset), leads to missed days of school, severe dysmenorrhea
- Dyspareunia
- Digestive issues: IBS, nausea, diarrhea- worse with period
- Commonly prescribed OCP to promote "remission"
- Will typically return once OCP is ceased, often around the time of TTC
- Symptoms often worsen over time, especially with hormone fertility treatments.

** it takes the average patient 8 years to receive a diagnosis of endometriosis

Endometriosis

Pigmented lesions

- Most active when they are both superficial and hemorrhagic, become less active over time and are replaced with fibrotic or scar tissue
- Hemorrhagic lesions and cysts cause pain when they bleed
- Internal bleeding damages peritoneal cavity as blood has no escape and massive inflammation ensues



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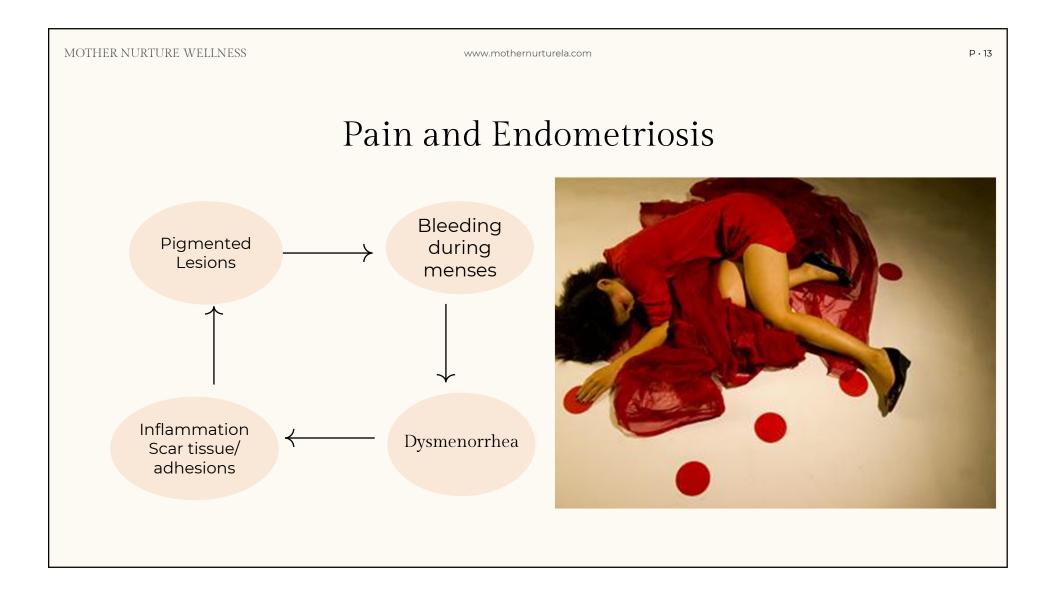
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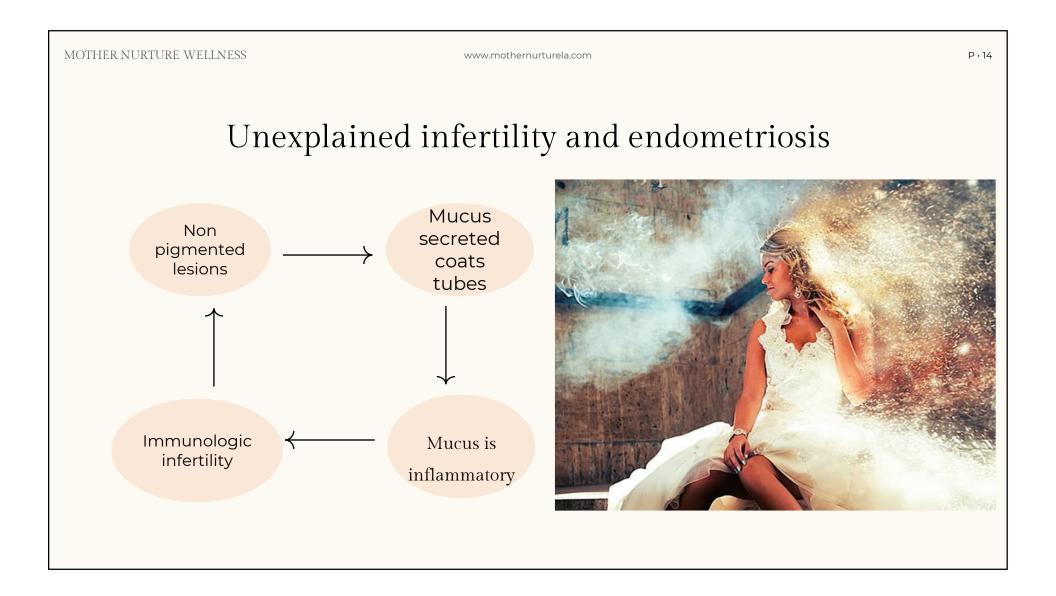
"Silent" endometriosis

Non-pigmented lesions



- Sit superficially on peritoneal membrane and secrete mucus which may coat tubal fimbriae or block tubes leading to infertility
- Mucus is inflammatory and implicated in immunologic infertility
- Highly implicated in "unexplained infertility diagnosis (up to 40% due to endo)





How does endometriosis cause infertility?

- For nearly 1/3 of endometriosis patients the only symptom is infertility
- Can distort shape of uterus, fallopian tube and/or ovaries due to scar tissue
- Secretions from superficial endometriosis glands produced block fallopian tubes and leads to hydrosalpinx. Increased prostaglandins harm tubal flexibility
- Bleeding lesions and cysts cause inflammation and lead to immunologic infertility
- Endometrial cysts can lead to damaged ovaries & low follicle count
- Associated with uterine septum
- Luteal phase defect due to low progesterone (luteal spotting) or LUFS
- Thickened uterine muscle layer leading to local inflammation & implantation issues (adenomyosis)
- Reduced implantation rates due to endometrial changes, reduced oocyte quality, reduced ovarian reserve, immunologic response to embryo

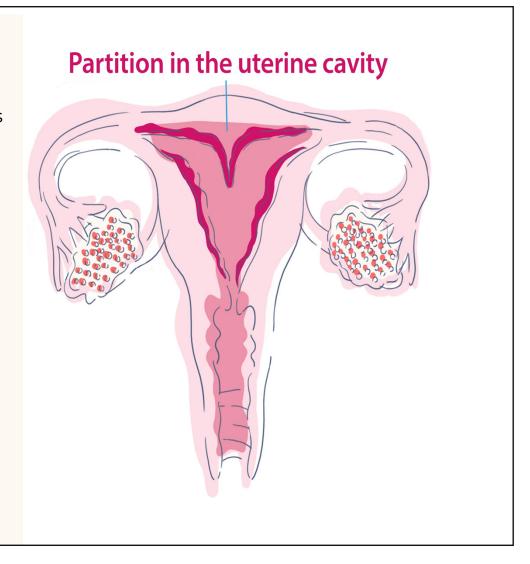
Scar Tissue

- When damage to the uterus or pelvic cavity occurs due to bleeding or injury, scar tissue may form
- This is common in the case of endometriosis, because the immune system acts on the bleeding lesions each month to try and stop the bleeding. Some people's bodies lay down scar tissue on these 'wounds'
- Asherman syndrome is a rare condition where scar tissue forms inside the uterus, often from multiple D&C procedures, or a uterine infection.
- Surgery is necessary to correct scar tissue if it is impeding implantation or damaging the structures of the uterus, ovaries and fallopian tubes



What is a uterine septum?

- A congenital 'wedge' of tissue that hangs from the top of the uterus
- 37% in endo patients vs. 27% gen pop
- Can be small or may extend all the way down to the cervix, essentially dividing the uterus in half
- Common issues that may arise from a septum are recurrent miscarriage (sometimes late, unfortunately)
- Septums should ideally be surgically removed via hysteroscopy, and followed up with herbs/ acupuncture for healing
- Septum correction often eliminates the roadblock to pregnancy and many women become pregnant immediately following surgery.



Endometriomas



Hemorrhagic cysts made of endometrial tissue, found in the ovaries

AKA "Chocolate Cysts"

Responsible for damage to ovaries, egg quality, POF

Uterine biopsy testing for Endometriosis

Endometrial Function Test

- Developed by Dr. Harvey Kliman, Yale University
- Most comprehensive, includes multiple histologic & inflammatory markers + receptivity including endometriosis, endometritis and RPP markers

Receptiva

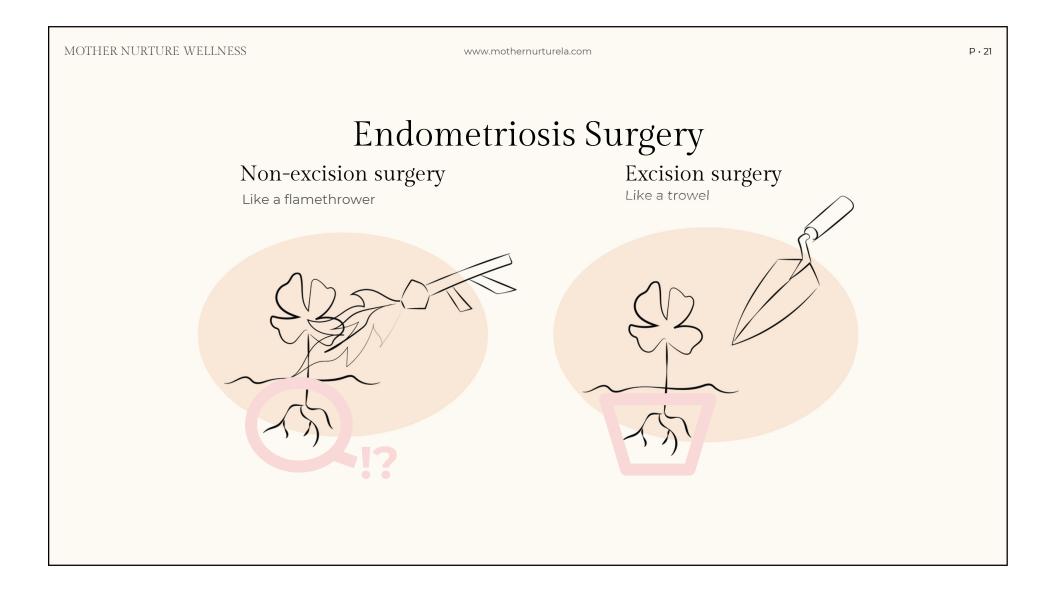
- Checks for presence of inflammatory markers closely associated with endometriosis
- Can detect silent endo and improve implantation outcomes

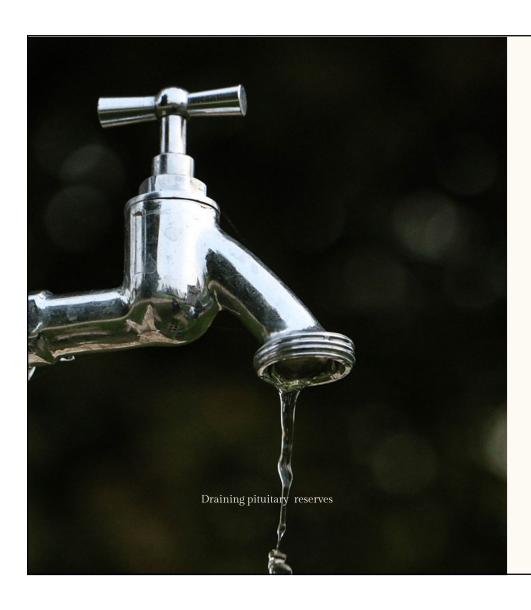
ERA

- Evaluates endometrial receptivity to determine optimal window of implantation
- Has recently fallen out of favor

Treatment Options

- It is important to distinguish between patients who have endometriosis and want to get pregnant and those who are coming to have the condition treated.
- For patients who wish to become pregnant and time is a factor, success may be enhanced by a combination of excision surgery/Depolupron and CM intervention
- For patients seeking to improve their menstrual health and inflammation, holistic approaches including diet, lifestyle, herbs, acupuncture, pelvic PT can lead to sustained symptom remission with ongoing management.





Non-invasive Medical Treatment

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Depot Lupron (Leuprorelin)

- Temporarily stops the production of pituitary hormones (FSH/ LH), leading to a drop in estrogen levels
- Endometriosis lesions recede and lining thins out
- Temporary relief of endometriosis symptoms
- May help fertility outcomes if done in close proximity to transfer
- Drains Damp
- Plunders Yin

The 8 Extraordinary Meridians and Reproductive Medicine

Why are these vessels useful?

- They are the only prenatal vessels
- They regulate the 7/8 year cycles of Jing for reproduction, growth & development.
- The 8 extras are primordial vessels that are present and active during oocytogenesis.
- They have a direct connection to the curious organs and can influence the function of the primary channels.
- They have a profound impact on mental health

Eight Extras and Endometriosis

- Ren Mai: sphincter problems, pelvic pain, hormone dysregulation, digestion
- Chong Mai: rebellious qi & blood counterflow, blood stagnation, family history
- Yin Qiao: abdominal masses
- Du Mai- supports kidney yang, qi circulation via microcosmic orbit, ANS

Endometriosis: Menstrual Phase

- The menstrual phase is the time of the cycle when the disease is doing the most damage if (dysmenorrhea is present)
- Blood stasis turns to toxic heat
- WM: inflammatory response to bleeding lesions damages ovaries and can lead to scarring
- Treatment should address individual symptoms, plus clear heat, gently move blood (if indicated) and nourish yin

- SP 4 x PC 6
- ST 40
- SP 6
- SP 8
- KD 9
- SP 10
- LV 14
- ST 29-30
- KD 26
- Ren points (ie. 2, 4, 10, 15)
- Moxa

Late Follicular Phase- supporting the surge and proper ovulation

Activating the HPO axis

LU 7 x KD 6 x UB 62 x SI 3

Ren 12 x ST 36

Ren 4/6

Ren 15

Du 24/20

Endometriosis

Follicular Phase:

Ren Mai & Yin Qiao

Lu-7 X Ki-6

- Sp-6
- . Ki-8
- Ren-3 & 7
- Lu-1 or Ren 17
- ZGX

Luteal Phase: Ren & Chong

- . Lu-7 X Sp-4
- . Sp-10
- . St-40
- . Ren- 4,7
- St-29 thread to St- 30

Herbal considerations: Endometriosis

- Phasic Formulas are indicated, with modifications based on patterning.
 A single formula with minor phasic modifications is also appropriate
- Be very cautious with strong blood breakers in the menstrual/follicular phase with deficient patientsgentle works better, always protect the yin.

Substances used to break up masses in the peritoneal cavity:

San Leng

E Zhu

Ru Xiang

Mo Yao

Bai Jiang Cao (DH)

Hong Teng (DH)

Xia Ku Cao

Nutrition and Endometriosis

- Support liver in hormone conjugation
 - Lemon water
 - Leafy greens
 - o "Eat the rainbow"
- Support the digestive system and healthy elimination:
 - Fiber rich diet
 - Manage insulin
 - Fermented Foods
- Reduce Inflammation
 - Manage stress
 - Systemic Enzymes
 - Curcumin

Supplements and Endometriosis

- CoQ10
- NAC/ Glutathione
- NAD
- Methylfolate
- DIM
- Systemic Enzymes
- Prebiotics/ glutamine/fiber
- Curcumin
- Antioxidants
- Inositol
- Vitex





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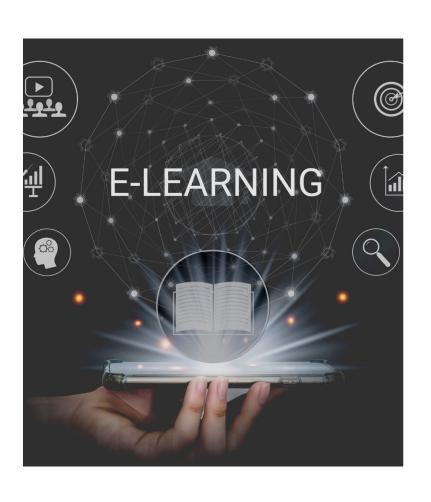
LABOR PREPARATION & THE 8 EXTRAS: SUPPORTING THE TRANSITION FROM PREGNANCY TO PARENTHOOD

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