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How Endometriosis Affects Conception

By Dr. Mike Berkley

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by: **Dr. Mike Berkley**

Endometriosis is a common, yet poorly understood disease. It can strike women of any socioeconomic class, age, or race. It is estimated that between 10 and 20 percent of American women of childbearing age have endometriosis.

While some women with endometriosis may have severe pelvic pain, others who have the condition have no symptoms. Nothing about endometriosis is simple, and there are no absolute cures. The disease can affect a woman's whole existence—her ability to work, her ability to reproduce, and her relationships with her mate, her child, and everyone around her.

What is Endometriosis?

The name endometriosis comes from the word "endometrium," the tissue that lines the inside of the uterus. If a woman is not pregnant, this tissue builds up and is shed each month. It is discharged as menstrual flow at the end of each cycle. In endometriosis, tissue that looks and acts like endometrial tissue is found outside the uterus, usually inside the abdominal cavity. Endometrial tissue residing outside the uterus responds to the menstrual cycle in a way that is similar to the way endometrium usually responds in the uterus.

At the end of every cycle, when hormones cause the uterus to shed its endometrial lining, endometrial tissue growing outside the uterus will break apart and bleed. However, unlike menstrual fluid from the uterus, which is discharged from the body during menstruation, blood from the misplaced uterus has no place to go. Tissues surrounding the area of endometriosis may become inflamed or swollen. The inflammation may produce scar tissue around the area of endometriosis. These endometrial tissue sites may develop into what are called "lesions," "implants," "nodules," or "growths."

Endometriosis is most often found in the ovaries, on the fallopian tubes, and the ligaments supporting the uterus, in the internal area between the vagina and rectum, on the outer surface of the uterus, and

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on the lining of the pelvic cavity. Infrequently, endometrial growths are found on the intestines or in the rectum, on the bladder, vagina cervix, and vulva (external genitals), or in abdominal surgery scars. Very rarely, endometrial growths have been found outside the abdomen, in the thigh, arm, or lung.

Physicians may use stages to describe the severity of endometriosis. Endometrial implants that are small and not widespread are considered minimal or mild endometriosis. Moderate endometriosis means that larger implants or more extensive scar tissue is present. Severe endometriosis is used to describe large implants and extensive scar tissue.

What are the Symptoms?

Most commonly, the symptoms of endometriosis start years after menstrual periods begin. Over the years, the symptoms tend to gradually increase as the endometriosis areas increase in size. After menopause, the abnormal implants shrink away and the symptoms subside. The most common

symptom is pain, specially excessive menstrual cramps (dysmenorrhea) which may be felt in the abdomen or lower back or pain during or after sexual activity (dyspareunia). Infertility occurs in about 30–40 percent of women with endometriosis.

Rarely, the irritation caused by endometrial implants may progress into infection or abscesses causing pain independent of the menstrual cycle.

Endometrial patches may also be tender to touch or pressure, the intestinal pain may also result from endometrial patches on the walls of the colon or intestine. The amount of pain is not always related to the severity of the disease. Some women with severe endometriosis have no pain; while others with just a few small growths have incapacitating pain.

Endometrial cancer is very rarely associated with endometriosis, occurring in less than 1 percent of women who have the disease. When it does occur, it is usually found in more advanced patches of endometriosis in older women and the long–term outlook in these unusual cases is reasonably good.

How is Endometriosis Related to Fertility Problems?

Severe endometriosis with extensive scarring and organ damage may affect fertility. It is considered one of the three major causes of female infertility.

However, unsuspected or mild endometriosis is a common finding among infertile women. How this type of endometriosis affects fertility is still not clear.

While the pregnancy rates for patients with endometriosis remain lower than those of the general population, most patients with endometriosis do not experience fertility problems. We do not have a clear understanding of the cause–effect relationship of endometriosis and infertility

What is the Cause of Endometriosis?

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The cause of endometriosis is still unknown. One theory is that during menstruation some of the menstrual tissue backs up through the fallopian tubes into the abdomen, where it implants and grows. Another theory suggests that endometriosis may be a genetic process or that certain families may have predisposing factors to endometriosis. In the latter view, endometriosis is seen as the tissue development process gone awry.

According to the theory of traditional Chinese medicine, endometriosis is a disease which is caused by the stagnation of blood. Blood stagnation may occur due to one or more abortions or lower abdominal or pelvic surgeries.

Additionally, engaging in sexual intercourse during menstruation may very likely over time cause blood stagnation. Emotional trauma, severe stress, physical or emotional abuse can all lead to the stagnation of blood.

Additionally, diet may be a precipitating factor. The constant, long term ingestion of cold foods can congeal blood and thus contribute to the stagnation thereof. Cold foods include raw vegetable, ices, ice cream, ice in drinks, frozen yogurt, etc. Remember, cold congeals. Think about what happens to a normal glass of water when put in the freezer. It turns to ice.

The blood is affected similarly. That is to say, it congeals, doesn't flow smoothly and can form endometrial adhesions, chocolate cysts, uterine fibroids. Whatever the cause of endometriosis, its progression is influenced by various stimulating factors such as hormones or growth factors. In this regard, investigators are studying the role of the immune system in activating cells that may secrete factors which, in turn, stimulate endometriosis.

In addition to these new hypotheses, investigators are continuing to look into previous theories that endometriosis is a disease influenced by delaying childbearing. Since the hormones made by the placenta during pregnancy prevent ovulation, the progress of endometriosis is slowed or stopped during pregnancy and the total number of lifetime cycles is reduced for a woman who had multiple pregnancies.

How is Endometriosis Diagnosed?

Diagnosis of endometriosis begins with a gynecologist evaluating the patient's medical history. A complete physical exam, including a pelvic examination, is also necessary. However, diagnosis of endometriosis is only complete when proven by a laparoscopy, a minor surgical procedure in which a laparoscope (a tube with a light in it) is inserted into a small incision in the abdomen.

The laparoscope is moved around the abdomen, which has been distended with carbon dioxide gas to make the organs easier to see. The surgeon can then check the condition of the abdominal organs and see the endometrial implants. The laparoscopy will show the locations, extent, and size of the growths and will help the patient and her doctor make better-informed decisions about treatment. Endometriosis is a long-standing disease that often develops slowly.

What is the Treatment?

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While the treatment for endometriosis has varied over the years, doctors now agree that if the symptoms are mild, no further treatment other than medication for pain may be needed. Endometriosis is a progressive disorder.

It is my opinion that by not treating endometriosis it will get worse. Treatment should immediately after a positive diagnosis is made. The pain associated with endometriosis can be diminished by using acupuncture and herbal medicine. I have treated many women with endometriosis and have successfully alleviated pain and slowed down growth and recurrence of endometriosis.

For those patients with mild or minimal endometriosis who wish to become pregnant, doctors are advising that, depending on the age of the patient and the amount of pain associated with the disease, the best course of action is to have a trial period of unprotected intercourse for 6 months to 1 year. If pregnancy does not occur within that time, then further treatment may be needed. Again, these patients should consider herbal medicine to aid in the process of conception.

Dr. Mike Berkley is the founder and director of The Berkley Center for Reproductive Wellness, in New York. He works exclusively in the area of reproductive medicine and enjoys working in conjunction with some of New York's most prestigious reproductive endocrinologists. Sign up for his free newsletter at

What Is Endometriosis And Common Symptoms

By Sandra Montano

Endometriosis is a condition that can prevent pregnancy in a woman. It is a disease that is fairly common and can afflict women from their first menstrual cycle through menopause. In rarer cases, endometriosis can affect post-menopausal women as well. Currently, there is no cure for endometriosis. As well, general practitioners often have a difficult time diagnosing endometriosis.

Endometriosis occurs when the endometrium, or uterine lining, grows outside of the uterus. It may grow in areas such as around the ovaries, in the pelvic cavity, sometimes even the bowels or in the bladder. Although very rare, the endometrium can also grow in the lung area.

As the condition progresses, the growths develop into "tumors" or "implants." While the reference to tumors can be unnerving, endometrium growths are not cancerous or malignant. However, the condition can be severely painful, cause heavy menstruation, and can prevent pregnancy in some cases.

Endometriosis symptoms include pain that is localized in the pelvic, abdominal, or lower back areas. The severity of the pain does not directly correlate with the amount of endometriosis present in these areas. One can have a small amount of endometriosis growth and feel severe pain. Conversely, one can have a large area of endometriosis growth and feel no pain.

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Women who have pain in these areas might want to consult with their gynecologist. Gynecologists are specially trained to diagnose endometriosis. An MRI or ultrasound should be able to detect endometriosis, but it is not always the best way. A definitive diagnostic procedure is a laparoscopy. A laparoscopy is a surgical procedure that involves inserting a tube with an attached light into the abdomen. This procedure will determine the location, size, and extent of the condition. Once endometriosis is detected, treatment options are discussed with the gynecologist, which includes medication, hormone treatments, and surgery.

Sandra Montano is the owner of

to keep reading everything about Pregnancy

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