ENDOMETRIOSIS

What is Endometriosis?

Endometriosis is a condition where endometrium(the lining of the uterus) is found in locations outside the uterus. This misplaced tissue may be found on the ovaries, uterus, bowel, bladder utero-sacral ligaments (ligaments that hold the uterus in place), or peritoneum (covering lining of the pelvis and abdominal cavity.) On rare occasions it can be found in other distant sites.

Endometriosis is one of the most common gynecological diseases, affecting more than 5.5 million women in North America alone.

Symptoms:

The most common symptoms of endometriosis are very painful cramps or periods, heavy periods, chronic pelvic pain (which includes lower or mid back pain), intestinal pain, pain during or after intercourse, infertility. About 30 percent to 40 percent of women with endometriosis are infertile, making it one of the top three causes for female infertility.

Who Gets Endometriosis?

Endometriosis can affect any menstruating woman, from the time of her first period to menopause, regardless of whether or not she has had children, her race or ethnicity, or her socio-economic status. Endometriosis can sometimes persist after menopause.

RECOVERY PLAN:

The following supplement program has assisted many women with endometriosis, ovarian cysts, and/ or uterine fibroids. The products that are listed can be purchased from the Shaklee Corporation. The reason that the Shaklee Corporation has been chosen for this program is that their products are produced with the highest standards of quality control and have been shown to produce results in double-blind clinical studies. Numerous women's clinics around the country have now adopted this program due to the rapid results it produces.

Basic Nutritional Foundation:

Vitalizer with Iron

1-2 blister strips per day

1 in a.m. (1 in p.m.) with meals

Energyzing Soy Protein

3-6 Tbs. per day

a.m. +/or midday (not p.m.)

Water one half your body weight in ounces

For women who are experiencing significant pain:

GLA Complex 4-6 per day 2 in a.m., 2 in p.m.
OmegaGuard 4-6 per day 2 in a.m., 2 in p.m.
Pain Relief Complex 3-6 per day As needed for pain
Osteomatrix (Calcium Mg) 6-12 per day 2-4 per meal

Adjust amounts as needed for pain. As the condition heals, the need for these supplements will decrease accordingly.

ENDOMETRIOSIS TESTIMONIES

Endometriosis Success with Supplementation

I started having severe cramps from the time of my first period, which just continue to get worse as the years went by. I took many over-the-counter painkillers that didn't work. When I was 16 I went to a GYN. He put me on different prescription painkillers, which included Annaprox, Vicodin, Darvocet and Tylenol with codeine, which I took twice as often as prescribed, at double the dosage. This did nothing for my pain. I had pain for 3 to 4 days during ovulation, and 2 days before, during, and 2 days after my menstrual cycle. My cycles were only 21 to 25 days apart.

My personality had also started to change. I seemed to be emotional, angry and frustrated because I never felt well. I also started having other health problems like strep throat, and sinus infections. By high school graduation I was taking pain medication more often than not as well as many antibiotics. I had a laparoscopy at age 20, at which time they discovered I had stage 3 to 4 Endometriosis of my lower abdomen and on my cervix. Things started getting worse again after about 9 months and I started using painkillers again. I was still having problems emotionally. My husband (boyfriend at the time) said I would be a basket case most of the time. By this time I was having problems with my stomach. I was throwing up about two to three times a week. I have tried many different things to help with the pain and to slow the progression of the Endometriosis. I have taken birth control pills, prescription painkillers, and the depo provara shot. These things helped for short periods of time but always came with many side affects such as weight gain, depression, dizziness, blackouts, and, as I discovered years later, the eating away of my digestive system that lead to the breakdown of my immune system. I never wanted to try any other of the traditional treatments of the Endometriosis because the side affects didn't seem worth it. Also during this time I began having frequent migraines. After looking at my prior health, I feel fortunate to have a son who is now 4 years old.

In October 1999 I went to a Shaklee meeting with a friend who was having good results with the products. I was skeptical but willing to try anything. My biggest goal was to have energy to play with my son and still be able to clean my house. I had tried over the counter medications, vitamins and herbs, but nothing seemed to make a difference. I expected this to be the same way. To say the least I was skeptical. At the meeting I was so impressed by the Science behind Shaklee. I filled out the health questionnaire. When Sherry Attilla called and said that there were big problems, I wasn't surprised. She told me that it seemed like I didn't absorb anything I ate because I was showing signs of not having any vitamins or minerals in my system. She also mentioned that I might have a yeast problem. She had me contact Carol Dalton, a nurse practitioner. It never crossed my mind that I could help my Endometriosis with nutrition. With the help from nurse practitioner, Carol Dalton, and Missy Peden, I have been able to stop taking painkillers for cramps completely! Missy told me from the very beginning to try the GLA when I started to supplement with Shaklee. I didn't need to take any pain medication for cramps during that first period! Since that time I have only had one period in 9 months where I have had cramps, however, I didn't need to take any pain medication. I have learned with that experience that there are other things that contribute to cramping. For example, excess sugar (white flour) in your diet as well as the caffeine makes the cramping worse. During the month where the cramps were worse I had eaten a lot of sugary foods and drank a lot of caffeinated drinks. I also have found that the relaxation techniques that I have learned in biofeedback for headaches also help with menstrual cramps. I take many different supplements but a few help specifically with Endometriosis pain.

Always start any supplement plan with the *Vitalizer*. Then I have found these to be essential for menstrual pain:

- 6 8 B-Complex to help with PMS and sugar cravings
- 4 6 tbs. Soy protein to help with sugar cravings; also assists with hormone function
- 3 6 Osteomatrix (Calcium) natural muscle relaxer for cramps
- 4 GLA natural anti-inflammatory; also assists with hormone function
- 4-6 Omegaguard natural anti-inflammatory

Ovarian Cysts Testimony

As my daughter had ovarian cysts and I wanted to get rid of them with Shaklee, I asked one of the nutritionists what to do. Her reply was to simply pick up her B Complex. She explained that B regulates the estrogen in the body. Too little B ... too much estrogen thus ovarian cysts. We picked her up to 10-12 B a day and in four months the cysts were gone, much to the doctor's amazement. Barb Lagoni explained to me that most female problems stem from too much estrogen. Estrogen accelerates the growth of cells. Endometriosis is uterine cells growing outside the uterus so, if it were my daughter, I would encourage her to get off white sugar, flour, and cow's milk, etc. and take lots of B Complex.

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COMMON AILMENTS ENDOMETRIOSIS 2009 By Martha Wilmore – *Nutritionist* NOTE:

- **1.** To reduce toxin exposure, eliminate ALL AVOIDABLE TOXINS by choosing Shaklee toxin-free cleaners and personal care products.
- **2.** To support more optimal fiber and raw essential oils, it is recommended to eat 3 tablespoons of fresh ground flaxseed daily
- **3.** With every ailment listed below, use the three items listed FIRST for support to one of the Starter Programs

4. ALL programs should begin with ONE of the following three STARTER PROGRAM OPTIONS:

☐ A. Bare Essentials

- 1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
- 2. 2 Vita Lea
- 3. 1 Optiflora Pearl PLUS 1/8th to 1 teaspoon Optiflora Powder

☐ B. Basic Program for Prevention

- 1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
- 2. 1 Vitalizer Strip (with or without iron) PLUS 1/8th to 1 teaspoon Optiflora Powder

☐ C. Better Program for Prevention and Symptoms

- 1. 3 tablespoons of Soy Protein or 2 scoops of Cinch Shakes
- 2. 1 Vitalizer Strip (with or without iron) PLUS 1/8th to 1 teaspoon Optiflora Powder
- 3. 1 teaspoon of Vivix
- 4. 2 NutriFeron

ENDOMETRIOSIS:

- a. If candida is one of the causes it must be dealt with see candida
- b. Caffeine must be avoided
- c. Natural progesterone hormonal cream is highly recommended
- 1. VITAMIN E + SELENIUM: reduces hormonal storms
- 2. GLA: minimizes fluctuations in hormonal imbalance
- 3. B COMPLEX: promotes hormonal balance; promotes blood cell productivity; assists in water balance
- 4. OPTIFLORA: reduces yeast proliferation
- 5. VIVIX: to support cellular healing and hormonal balance
- 6. VITAMIN C: important for healing process
- 7. CALCIUM/MAGNESIUM: reduces vascular & muscular tension
- 8. ZINC: essential for healing
- 9. CorENERGY: reduces pain; helps bring balance in hormonal system

What should I know about Endometriosis? From Shaklee.com

Endometriosis is a disease where the tissue that lines the uterus (endometrial tissue) is found outside of the uterus. The tissue attaches itself on other organs and can spread over a larger area over time. It acts just like the tissue inside the uterus during the monthly menstrual cycle. Endometrial implants, as this tissue is called, may be found anywhere in the body, but are mostly found in the pelvic region.(1) Often, these implants are seen on the outside of the ovaries, the fallopian tubes, or the uterus.

The exact cause of endometriosis is unknown, but it occurs almost exclusively in menstruating women. It is rarely seen in women before puberty or after menopause, or in women who are not having monthly periods. One theory that explains how these cells get outside of the uterus is called the transport theory. The transport theory says that endometrial tissue moves to and attaches itself in the abdomen and other areas of the body by something called "retrograde menstruation." This means that the lining of the uterus that is shed at the end of the monthly cycle flows upwards instead of draining out of the body normally. The transport theory also says that the tissue may spread by going through the blood vessel circulation or the lymph nodes.(2) When the implants act along with the menstrual cycle, it often leads to inflammation in the areas around the implants. These cycles of bleeding and inflammation cause scar and fiber-like tissue to form in the abdomen. The organs may even become attached to each other.(3) Endometriomas are blood filled cysts that range in size from those that are so small that they can only be seen with a microscope to 10 centimeters (about 4 inches). They are often found on the ovaries. These cysts are commonly called "chocolate cysts" because of their dark brown color. Small swellings may form on the muscular tissue around the uterus. Women with endometriosis are often infertile.(3)

The number of women who have endometriosis is unknown. Women with endometriosis may have an increased risk for other diseases such as chronic fatigue syndrome, fibromyalgia, and hypothyroidism among other disorders.(4) This disease can be present without major symptoms, and diagnosis is only possible through looking at the lesions during a surgery called laparoscopy, where a lighted tube is inserted into the abdomen or other affected area. The number of women 15 to 44 years of age with endometriosis is estimated to be between 10 and 20 percent.(5) Laparoscopic surgery provides a way to place the disease diagnosis into a specific stage, which helps the health care practitioner select an appropriate treatment for the patient. The stages are minimal (Stage I), mild (Stage II), moderate (Stage III), and severe (Stage IV). These stages are based on the location and size of the endometrial lesions, and the presence and extent of adhesions, fibrous structures by which parts abnormally stick together.(6)

Statistics

National Institute of Child Health & Human Development, 2002.

- At least 5.5 million women in North America alone have endometriosis.
- About 30 percent to 40 percent of women with endometriosis are infertile, making it one of the top three causes for female infertility.
- Current estimates place the number of women with endometriosis between 2 percent and 10 percent of women of reproductive age. But, it's important to note that these are only estimates, and that such statistics can vary widely.

Signs and Symptoms

The most frequent symptom of endometriosis is pelvic pain, although it is possible to have endometriosis without any symptoms at all. The pain may occur before or during the menstrual period, or sometimes in the middle of the month when ovulation occurs. Sometimes the pain is reported as pain in the lower back, rectal area, or down the legs. Menstruation can also be abnormal in patients with endometriosis. The menstrual flow may be different than usual, or exceptionally heavy. These women may likely experience very painful menstrual cramps. Women with endometriosis may have painful intercourse and have difficulty becoming pregnant.

Other organ systems can be affected by endometriosis. If the intestines are involved, symptoms may also include painful bowel movements, diarrhea, constipation, or other upsets of bowel habits during menstrual periods. Rectal bleeding may also be present. If the bladder or urinary tract is involved, symptoms may include blood in the urine, an increased feeling of the need to urinate, or painful urination during menstrual periods. Lower back pain may also occur during periods. If the lungs are involved, blood may be seen in sputum that may be coughed up during a menstrual period.

The following list does not insure the presence of this health condition. Please see the text and your healthcare professional for more information.

General

Pelvic pain
Pain during menstruation
Abnormal or heavy menstrual flow
Difficulty becoming pregnant
Pain during bowel movements
Pain during urination
Rectal bleeding
Blood in the urine

Footnotes

- ¹ Sagraves R, Letassy NA. Gynecologic Disorders. In: Koda-Kimble MA, Young LY, et al, eds. Applied Therapeutics, The clinical use of Drugs, 5th ed. Vancouver, Washington: Applied Therapeutics Inc; 1992:70-14 to 70-16.
- ² Ridley JH. The validity of Sampson's theory of endometriosis. Am J Obstet Gynecol. 1961;62:777.
- 3 Talbert LM, Kauma SM. Endometriosis. In: Scott JR, et al, eds. Danforth's Obstetrics and Gynecology. Philadelphia: JB Lippincott Co; 1990:845.
- ⁴ Sinaii N, et al. High rates of autoimmune and endocrine disorders, fibromyalgia, chronic fatigue syndrome and atopic diseases among women with endometriosis: a survey analysis. Hum Repr. Oct 2002;17(10):2715-24. View Abstract
- 5 National Institutes of Health, NIH Publication number 91-2413.
- ⁶ Buttram VC. Evolution of the revised American Fertility Society classification of endometriosis. Fertil Steril. 1985;43:347.

This information is not intended to replace medical care; to diagnose, to treat or to cure.

GLA for breakthrough bleeding 1-01

Back last November, I started having break through bleeding during my monthly cycles. The bleeding started to become daily. Along with this I had terrible hot flashes that woke me at night. I thought for sure I was going through early menopause. I went to the doctor and had all kinds of blood work and was told everything was fine. The bleeding continued and I was scheduled to see a specialist around February. I called my sister-in-law and told her my problem. She told me she spoke with you and that you suggested trying GLA. I placed an order and began taking it within two days. Believe it or not, within 1 week the bleeding started to slow down and by the end of the first month had almost stopped. I went to my doctor's appointment and had a cervical biopsy and more blood work. The doctor suggested hormone patches and maybe a stripping of the lining of the uterus if the bleeding didn't stop. I told her I am not allowed to take any hormones because my family has a history of strokes and heart attacks. She told me it was still safe(2 of my cousins had strokes in their early 20's due to birth control pills.) I absolutely refused this form of treatment. She told me she would give it 3 more weeks and then if the bleeding didn't stop, she was going to schedule me for surgery. Well, by the third week, I had been one whole week without bleeding. Thank you GLA!!! So the only way the doctor could explain this was to say my body straightened itself out. They don't seem to believe that herbs would have anything to do with it. So from now on, when I heal myself, I don't let the doctor in on my secrets. Other things that Shaklee has help me with is Joint Health Complex and Osteomatrix for by back and hips. I have had previous back surgery and back therapy didn't work, but this sure did! I take the Soy Protein drink everyday for energy. I work 12 hour days and need all the energy I can get. I just starting taking Alfalfa for asthma & allergies and B-

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HRT Alternatives

Just wanted to let you know that I was on HRT (following a complete hysterectomy due to a diagnosis of cancerous tumors and cysts) for 2 years, did NOT feel good, gained weight, etc. so when we came into your down-line via John and Genevieve in '94, I studied up on all the Shaklee supplements that I needed and QUIT the HRT. Many people thought I was crazy, but I am here to tell you today.....there is NO OTHER WAY to go as far as I'm concerned. I have had NO symptoms, i.e. hot flashes, etc. and lost 50 pounds on the Shaklee weight loss program (which I have now kept off for almost 2 years). When we heard the news today about that study, I just said "HOORAY" - I did the right thing. I knew Shaklee's Osteomatrix would do more for my bone density than anything the doctors could offer me. And, now I have my almost 90-yr-old mother as a good example of what Shaklee can do for us. With her doctor's permission, I took her off of the 7 prescription drugs she was on about 7 years ago. The doctor was wanting to put her on Fosomex(?) and I told him NO - I have a young friend that was almost killed by that drug. She called me when she was desperate.....that she was NOT refilling her prescription and could I please bring her whatever she needed to take. She called me 3 days later to tell me she had slept through the night without having to change her nightclothes or bed linens (due to sweating) for the first time in....she couldn't remember when. When she went back to her doctor 2 months later, he could not believe her excellent health status. ALL her blood work was great - everything - and today she looks 10 years younger than she did 5 years ago.

Back to mother....she has only seen the doctor for physicals for the last 6 years, except for last month when she "found" herself on the kitchen floor and couldn't get up. After someone came to help her up, she went to the doctor the next day and he could find NOTHING wrong. Every year at her physical her doctor tells her she's in better health than he is and to just keep on doing what she's been doing. All she's on is Shaklee. --- Ella H

Cervical Cancer Testimony...

Our daughter Terri was diagnosed with Stage 5 Cervical Cancer. After receiving the results of her annual Pap test in September, there were some abnormal cells and they requested a biopsy. Three weeks later she had the biopsy which showed two areas with pre-cancerous cells and one area with cancer. The doctor recommended surgery immediately. Most of you know that we worked with Terri counseling her with a diet and Shaklee supplement program. When

the Physician reviewed the Biopsy test she stated that she noticed that it did not look as bad as the original results of the first test only 3 weeks earlier. However she did request again that Terri go through surgery as soon as possible.

After receiving the results of the biopsy test with the diagnosis of Stage 5 Cervical Cancer, we established for Terri an aggressive cancer nutrition and I Love Dieting food regime with Shaklee food supplements and enlisted encouragement from many of you who so graciously showed such wonderful support with your prayers and concerned inquiries. We thank each and every one of you so much.

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Women with Endometriosis at Higher Risk for Other Diseases.

Source: Human Reproduction
Date Added:9/30/2002
Date to be Archived:10/30/2002

Endometriosis is a disease where the tissue that lines the uterus (endometrial tissue) is found outside of the uterus. The tissue attaches itself on other organs and can spread over a larger area over time. It acts just like the tissue inside the uterus during the monthly menstrual cycle. Endometrial implants, as this tissue is called, may be found anywhere in the body, but are mostly found in the pelvic region. Often, these implants are seen on the outside of the ovaries, the fallopian tubes, or the uterus.

The exact cause of endometriosis is unknown, but it occurs almost exclusively in menstruating women. It is rarely seen in women before puberty or after menopause, or in women who are not having monthly periods. One theory that explains how these cells get outside of the uterus is called the transport theory. The transport theory says that endometrial tissue moves to and attaches itself in the abdomen and other areas of the body by something called "retrograde menstruation." This means that the lining of the uterus that is shed at the end of the monthly cycle flows upwards instead of draining out of the body normally. The transport theory also says that the tissue may spread by going through the blood vessel circulation or the lymph nodes.²

A recent study published in the journal Human Reproduction questioned if women with endometriosis are more at risk for other diseases when compared to women of the general population. A cross-sectional survey was conducted in 1998 and involved 3,680 women who had been surgically diagnosed with endometriosis. 99% of the respondents stated that they had pain, and 41% stated that they were infertile. When compared to the general population of women from previous studies, women with endometriosis were more likely to have hypothyroidism, fibromyalgia, Lupus, and rheumatoid arthritis among other autoimmune disorders. Allergies and asthma were also frequently reported. The authors of this study concluded that women diagnosed with endometriosis were especially prone to have autoimmune diseases, chronic fatigue syndrome, allergies, and other diseases when compared to the general female population.³

- 1. Sagraves R, Letassy NA. Gynecologic Disorders. In: Koda-Kimble MA, Young LY, et al, eds. Applied Therapeutics, The clinical use of Drugs, 5th ed. Vancouver, Washington: Applied Therapeutics Inc; 1992:70-14 to 70-16.
- 2. Ridley JH. The validity of Sampson's theory of endometriosis. Am J Obstet Gynecol. 1961;62:777.
- 3. Sinaii N, et al. High rates of autoimmune and endocrine disorders, fibromyalgia, chronic fatigue syndrome and atopic diseases among women with endometriosis: a survey analysis. Hum Repr. Oct 2002;17(10):2715-24. This information is not intended to replace medical care; to diagnose, to treat or to cure.

Endometriosis

Endometriosis is a condition in which the cells from the endometrium (the lining of the uterus) also grow elsewhere in the abdominal cavity.

SYMPTOMS:

- It can produce a host of different symptoms, including incapacitating pain in the uterus, lower back, and organs in the pelvic cavity prior to and during the menses Intermittent pain throughout the menstrual cycle
- Painful intercourse
- Excessive bleeding, including the passing of large clots and chreds of tissue during the menses
- Nausea, vomiting and constipation during the menses
- Infertility

CAUSES:

- Systemic Candida which punctures the uterus from the exterior wall and allows endometrial cells to leak out into the pelvic cavity
- Diet
- Stress & emotional unrest which blocks pelvic energy
- Many scientists believe that environmental toxins that are estrogen mimicers (like dioxin, chlorine, etc.) can convert pelvic tissue to endometrial tissue which responds to hormonal fluctuations.
- It can be a developmental abnormality or birth defect, probably caused by:
- o irritation by environmental toxins that the mother was exposed to during her pregnancy, embryonic female genital tissue that never made it to the inside of the uterus during development, and when puberty causes the onset of periods, there can be immediate problems.
- o Nutritional deficiencies that cause abnormal development

DIAGNOSIS

Laparoscopy can give a definite diagnosis.

UNDERSTANDING ENDOMETRIOSIS

Growths of endometrial tissue outside of the uterine cavity occur most often in or on the ovaries, the fallopian tubes, the urinary bladder, the bowel, and the pelvic floor. The following explanation tells what causes the pain and why the endometriosis tissue can proliferate in the abdominal cavity:

- During the normal menstrual cycle, a continually changing hormonal environment stimulates the endometrium to grow in preparation for a possible pregnancy. Though not inside the uterus, the abnormal implants of endometriosis also respond to the hormonal changes during menstruation.
- Like the uterine lining, these fragments build tissue each month, then break down and bleed. Unlike blood from the uterine lining, however, blood from the implants has no way to leave the body. Instead, it must be absorbed by surrounding tissue, which is a comparatively slow process.
- In the meantime, the blood accumulates in body cavities. The entire sequence, from bleeding through absorption, can be painful.
- As the menstrual cycle recurs month after month, the implants may get bigger. They may seed new implants and form localized scar tissue and adhesions ... scar tissue that attaches to pelvic organs and binds them together. This contributes to the pain of endometriosis.
- Sometimes a collection of blood called a sac or cyst forms. Endometrial or "chocolate" cysts are common on the ovaries. These are usually found to contain moderate amounts of oxidized blood, which looks something like chocolate syrup. If a cyst ruptures, it can cause excruciating pain.

WHAT TO DO:

- Use high amounts of natural progesterone cream from day 5 to 28 of the menstrual cycle (or whenever your normal cycle ends)
- Avoid anything that creates estrogen dominance female meat & eggs
- Avoid birth control pills
- Follow recommendations for candida
- Use only toxin-free cleaners and personal care products
- Use lots of Vitamin E + selenium to help dissolve the excessive tissue
- Ginger tea and red raspberry tea are beneficial
- Essential Fatty Acids (such as flaxseed / lecithin / GLA) help to balance hormones
- Adequate B Complex and other stress recovery formulas and help reduce estrogen dominance.
- Soy Protein is also very helpful in preventing hormonal imbalance

Detoxification is a must.
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