Endometriosis Bible & Violet Protocol

A Unique Easy To Follow 5 Step Plan To A Gentle Healing Of Endometriosis Using Natural Alternatives
Endometriosis Bible & Violet Protocol

By Zoe Brown

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To my sweet Violet.

You were a gentle flower and even though you passed on to blossom in heavenly meadows, I still feel you flourishing in my soul.

Rest in peace, my dear.
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Chapter 1: Introduction

Dear reader, co-sufferer and (let me be free and say it) friend - as I am sitting in my den, hitting these plastic buttons and as the first lines of this eBook appear on the screen I feel exhilarated. I feel as if my dear friend Violet is right beside me, God rest her soul. Cheering me and helping me in my attempts to do for you what she did for me.

I feel strangely close to you, wherever you are in this wide world, I feel bonded to you by the pain and the common battles that we have fought or will be fighting. This is one of the reasons that will make this ebook different. I will talk to you as if you were over for a cup of coffee in my 2 bedroom apartment in Paris. I will be your guide in getting to know and beating this horrible thing called endometriosis, but I will also try to be your friend as much as letters and a computer screen allows.

This way, you’ll know that it’s not some stone cold person behind these pages that knows everything but understands nothing. This way you’ll know that I am coming from where you are now and that’s an important part of the relationship.

First of all, I would like to congratulate you on getting a hold of this scarce eBook, if you are reading these lines, you are in the fraction of a percent of women that will have access to this life-changing information.

So, if you have gained access to this eBook, take a moment and let out a sigh of relief since this ebook will change everything.

Let me give you a little background information of what led to “Endometriosis Encyclopedia & Violet Protocol” being written in the first place.

Back in year 2002 when I was just 32 I seemed to me that I had it all figured out. I was in engaged to the man of my dreams and worked as a Customer Services Manager in a library in my hometown of Paris, France. I loved my fiancée and I loved my life. Before 2002, just every once in a while I had painful periods and
that was pretty much my only problem. It was not so bad and I never saw it as an issue. I just went on with my life, skipping a day or two of work here and then because of my period and just powering through it.

I was with Tommy, my boyfriend and the love of my life as I thought back then. But by mid 2002 my painful periods were slowly getting worse and longer and before I knew it I was absent from work for at least 3 days a week when this part of the month would come. I have been trying for a baby with Tommy for 8 months before I decided to talk to my doctor about it. When I explained how my periods felt, this was the first time I heard the E word.

I remember going home that day and sitting down in front of my computer to read about endometriosis. I remembered the chills down my spine and I remember the cold silence that I got that day from my boyfriend. I could feel it in the air that if I had this things and cannot give him children that our relationship would be in a lot of trouble. I could feel it in the way that his eyes looked when I explained what I read online.

I wanted to know as soon as possible and I scheduled the diagnostic surgery for the first thing next week. I also remember I was supposed to get the results on a sunny and warm Wednesday in June.

And let me share this – I cannot remember my first day of high school, I cannot remember my prom night or the details of my first kiss, yet I remember every little detail about that Wednesday. Wednesday I was officially diagnosed with endometriosis.

I remember the yellow chair that I sat in. I remember the glasses that my doctor wore. I remember thinking how that particular pair made him look a bit like Woody Allen. I remember the color of the walls and I remember the look on his face as he said that it is very unlikely that I will ever be able to get pregnant having in mind the severe damage on my fallopian tubes. I remember the silence in the car on the way home. I remember it all so vividly, like it was just this morning.
Very soon, things started falling apart. Tommy and I were arguing constantly and he had this attitude that made me feel like I was acting when I was in pain. I could see now that all he wanted was a way out. That alone made him “not the one” and it is best that we parted ways by mid 2003. But, it didn’t feel like that then, it seemed that God punished me for something by systematically taking away all things that I so passionately wanted – A FAMILY above all.

I was heavily under-performing at the office and I was absent for a couple of days every month. Soon, they found a way to let me go. I didn’t even think of suing or anything like that, I was aware that I was not the person they hired.

So, by November 2003 I was single, unemployed and living with my parents once again. I remember that I tried everything. Every medical option and every shady snake-oil remedy out there before I finally found my blessed salvation.

And the blessed salvation came after I met a close friend from high school at the supermarket one day, and when she told me a girlfriend of a colleague of hers had endometriosis and found a way out with this lady in Reims, who was an alternative medicine therapist specializing in female problems for over 26 years.

I was skeptical as always with new things. I remember thinking “What could this woman know that all the best doctors don’t and how could she help?” But when I look back now I see that that day made all the difference – so just to be able to keep my peace of mind I decided to give this a try. Since I had no money, my parents had to take a mortgage on their small house just so that we can get by while I was struggling with this thing. It was the worst part of my life. I was such a burden and I felt so useless.

I went to see Mrs. Violet Rubenstein very soon after that and that’s where the story about my healing, my new career and ultimately this ebook starts.

Violet Rubenstein was an alternative medicine researcher and health specialist that specialized in “female problems” for 26 years. Very
soon after we met she was a dear friend, too. Yes I was skeptical when I first saw her in her small practice in Reims near Paris, but I was not so skeptical about the fact that I had almost no pain by the third period after our first meeting.

Violet spent long years working on endometriosis research and fashioning an alternative treatment plan that would help all those women that have had their lives ruined by this horrible disease. Six months after I first met her, my doctor could not find any traces of endometriosis. Even now I shiver at the very thought of what would’ve happened if I hadn’t met her. All that comes to mind is that I would be alone, childless and hopeless. Thank God for bringing her into my life.

Long story short, finding this humble and kind lady in Reims was my blessed salvation and it changed everything. Now, at the age of 40 I am a proud mother of a healthy 1 year old daughter by the name of – you guessed it – Violet, and have not had any endometriosis symptoms for almost 6 years now.

I never got back to my old job. It’s been 5 and a half years now since I have decided that I found my new career in alternative medicine, herbalism and wellness. I am happy once more.

This ebook is fruit of me trying to share how Violet helped me in what is possibly the most important battle of your life – battle with endometriosis. To my deep sorrow, my sweet Violet passed away after a brain aneurism trauma in September 2008. But she’ll always live in my heart and trough the people whose lives she touched and made better. She’ll also live through my little daughter...

This ebook is dedicated to Violet, a great woman and a dear friend. Rest in peace, my Dear.

**How to use this ebook**

Generally speaking, this ebook has two parts. First part is meant to equip you completely with a usable knowledge so that you can say without any shred of a doubt that you know what you are up against. This first part will teach you all you’ll ever need to know
about endometriosis. Never again will you go online in pursuit of information.

The second part is where I will reveal all the little known facts that are a part of “the Violet protocol” – an alternative treatment plan that I and so many other women out there used to beat endometriosis.

So, in theory, you could skip the first part of the ebook digging in straight to the information about the Violet Protocol but I don’t recommend this. I recommend reading every line of this eBook very carefully since it is packed cover to cover with information that will allow you to completely understand what is happening in your body. I say this because it's crucial that you understand one thing – if you have endometriosis at one point in your life that means that you predisposed to it and it can end up re-occurring even if you beat it once. The only way to completely defeat this thing is to know everything there is to know and then incorporate this knowledge into your lifestyle. I know it sound like a lot of work, but once you get used to it you forget all about it and everything comes naturally.

I recommend that you have a piece of paper and a pen with you at all times when reading this ebook since it is the ultimate resource on endometriosis and is very comprehensive. This means that the first time you read it might get overwhelming and it might be useful to keep track of all the “aha moments” that I’m sure you’ll have.

**Conventions used in this book**

1. All the keywords that are especially important for understanding something will be **Bolded** just to bring your special attention to them

2. All the terms that you are very likely not familiar with will be in *Italics* and is usually explained in the brackets after the word in an understandable every-day language

3. All the terms that you are likely not familiar with and need a longer explanation will be in Italicics and marked with a *star*
and explained in the footnote or after that paragraph. If there is more then one of such words, they will respectively be marked with *two**, *three***.

4. Things that you need to keep in mind to avoid potentially dangerous practices will be marked with an icon of a blue bomb just to give you an extra heads-up. See the icon bellow:

5. Things that you might want to make a note about will be put bellow a red pencil icon and bolded. See the icon bellow:

6. All the information that I found especially shocking will be marked with an exclamation mark, such as the one bellow:

7. Some parts of the text will be in a different colored textbox shapes like the one bellow. This means that these parts are especially important and you might need to refer to them later in the eBook.

8. Pictures will be marked using the chapter number and then alphabetically – for example, the first picture in the 5th chapter will be 5a, the second 5b and so on...regardless of the number of pictures within the whole eBook.
Chapter 2: What is endometriosis?

In this chapter we will get our basic facts clear once and for all. This disease is so widely misunderstood that I think it’s safe to say that 80% of women that have it don’t really know what’s going on inside. But this will not be the case with you, by the end of this chapter you’ll know exactly what endometriosis is and just as importantly what it isn’t.

The word endometriosis comes from the Greek words endo (meaning inside), metrōs (meaning uterus) and is pronounced endo-meet-ree-oh-sis (with the accent on the “oh”).

a. So, what is Endometrium?

Endometrium is the natural lining of a women’s uterus. This is a very special tissue that contains glands and stroma (supporting tissue).

When this tissue that is specific to the uterus finds its way out and starts growing outside the uterus, this anomaly is known as endometriosis. As simple as that. It’s like waking up one day to find that you are growing an extra ear on your nose, only a bit worse since the endometrial tissue is different in a couple of ways.

This wandering endometrial tissue can end up in your lungs, bladder, ovaries, or even the brain.

b. Why does the endometrial tissue do the “stupid” traveling?

Well, the conventional medicine offers very little or no answers to this and endometriosis is still a poorly understood condition, but by the end of this ebook, the reader will know better since we will point out all of the primary suspects and ways of dealing with them.
Endometriosis was first described at the turn of the century. In 1899, Russell wrote: “On the microscopic study of the ovary, we were astonished to find areas which were an exact prototype of the uterine glands and interglandular connective tissue.”

Most of the knowledge offered in medical books today is fruit of work done in the early decades of the 20th century. Can you believe that?

**c. Is all endometrial tissue the same?**

It’s not but that doesn’t make much of a difference in terms of the things that we as regular folks need to know to successfully fight it. Here, we will mention that there are actually 3 different kinds of endometrial tissue. The difference is based on the architecture of the endometrial implants.

Going into this kind of detail is intentionally avoided in this eBook, since one kind of endometriosis is not in any way “better” then the other two and even the laparoscopy (special kind of surgery used for diagnosis – we’ll get into this later) cannot differentiate the 3 kinds.

**c. Why does it hurt?**

The sheer presence of this strange tissue would not cause any pain if there wasn’t for the fact that endometrial tissue anywhere else does the same things as the endometrial tissue in the uterus.

So, the endometrial tissue becomes thicker, harder and is then peeled of the wall of the uterus finding its way out as menstrual bleeding. Being practically the same tissue, endometrial tissue has no way of “knowing” that it is outside the uterus and responds to the same chemical stimuli during the period and does all the same things. It thickens and it bleeds, no matter if it’s in your uterus or in your brain, it’s all the same to this “stupid” tissue.

So, the tissue bleeds but unlike in the uterus, the blood that this tissue produces in other parts of the body has nowhere to go. This
contaminated blood irritates the surrounding tissue and causes inflammation and tenderness. When this takes place over and over again, month after month, the ongoing irritation can lead to the forming of nodules or cysts.

If the problem persists, the nodules can form scar tissue (adhesions) that can cause an organ to curve or stick to another organ. This deepens the pain spiral and the result is chronic pain. The worst thing is that many women that have mild forms of endometriosis will underestimate the condition and generalize it as “female problems” and will continue to do so until it becomes so serious that they turn to their doctors for help. By that time, it might be too late and endometriosis might have done some irreparable damage.

I, for example, probably had this thing for years before I actually knew I have it.

d. What is the size of these lesions?

Most of the time, these implants of endometrial tissue are small in size (size of a pea or smaller) but can also be as big as an orange. It can be a single lesion or it can be hundreds (both of these are rare) and most of the time it’s up to a dozen of lesions (implants). If you have more endometrial tissue, it doesn’t mean that you’ll experience greater pain than someone with single “pea” in the wrong place. There is no rule for this.

e. Why is endometriosis so commonly misinterpreted – (It’s a man’s world)

If you suffered from endometriosis for a long time now and if you are anything like most of us then I bet you have experienced people talking about your pain scornfully, even your loved ones. Have you been told that “it’s all in your head” or “don’t think about it”. I know I have.

In spite of the fact that this is the 21st century, some things change very slowly. In some countries and cultures, women are still
discouraged to talk about their “female problems” and the pain during menstrual bleeding is considered normal, no matter how severe it is.

f. So, how is it possible that medicine has done so little over the years?

The answer is simple - “It’s still a man’s world” and this makes me so mad, girl pal. Huge dollars are just injected into research of diseases that are specific for man and not even a fraction of this is invested in endometriosis and similar conditions that affect only women. Think about it, this is not the case just with endometriosis; it’s the case with most of the conditions that are exclusive to women.

It’s so unfair that it hurts. That is why we cannot depend on insurance companies and government agencies to do the work and all we can do is thank God for every day heroes like Violet Rubenstein that worked on endometriosis and research pretty much her whole professional life.
Chapter 3: Who gets endometriosis?

In this chapter we will look into the frequency of endometriosis and the connection it displays with age, geographical, parenting and other relevant factors. By the end of this chapter the reader will know whether she’s in an “endangered” group.

3.a. Endometrial geography

Let us look for a moment at what I like to call “endometrial geography”. I suppose that the reader already has a good idea of what endometrial geography might be...yes, endometriosis and world regions...

When it comes to this and when one looks beyond the fact that in the less developed countries the diagnose of such a disease is far less likely to ever happen, there is no proof that there is any connection between where a woman lives and the likelihood of her suffering from endometriosis.

If you are coming form some of the countries of the “western world” I am sure that you will be able to appreciate the fact that there are so many women out there that will just continue to go through their lives in pain and never be diagnosed. All because of the fact that they were born in the “wrong” place. May God have mercy on their suffering souls...

A conservative estimate that is most widely accepted says that 1 out of every 10 women of childbearing age suffer from endometriosis.
Also, it is widely accepted that race does not influence the incidence of endometriosis.

3.b. Endometrial sociology

There is no solid proof at the moment that the socioeconomics of women influences the chances of her getting endometriosis in any way.

That being said, as the reader could conclude by herself, women of lesser social position are less likely to be diagnosed. Also, the women in lower social classes give birth to their first child much earlier (generally speaking) and they are less likely to develop more severe forms of the disease (we'll be getting back to this pregnancy-endometriosis connection over and over again in this eBook).

3.c. Endometriosis and menstrual pain incidence

For the needs of this chapter let's mention one simple yet amazing fact.

One out of every two women (yes, 50%) with severe menstrual pain has endometriosis.

3.d. Endometriosis and infertility incidence

We will also take a closer look at the ways endometriosis interferes with normal reproductive functions of a female body.

Just to stress how important knowing everything about this thing is, let us say here that 1 out of every 3 infertile women is infertile due to endometriosis.

3.e. Endometriosis and age
Even though it is rare in girls younger than the childbearing age there have been cases reported of endometriosis as early as the age of 11. But, normally, endometriosis occurs in the reproductive ages, which means right after the start of the menstrual cycle until menopause or in immediate post-menopausal years.

The average age of endometriosis diagnosis in North America is 27. Table 1 represents official data of Endometriosis Association. The age mentioned in the table is the age when the symptoms start.

<table>
<thead>
<tr>
<th>Age when symptoms begin</th>
<th>Incidence (%)</th>
</tr>
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<tbody>
<tr>
<td>&lt;15</td>
<td>14.9</td>
</tr>
<tr>
<td>15-19</td>
<td>25.9</td>
</tr>
<tr>
<td>20-24</td>
<td>19.6</td>
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<td>25-29</td>
<td>23.3</td>
</tr>
<tr>
<td>30-34</td>
<td>12.5</td>
</tr>
<tr>
<td>35-39</td>
<td>4</td>
</tr>
</tbody>
</table>

3.f. **Endometriosis and pregnancy**

Endometriosis is most common in women with no children. It is also more common in those with fewer children compared to those with more children.

If you have been trying to find information on endometriosis I am sure that you came across the information that pregnancy has a
therapeutic effect on this disease. And that’s true. But, it’s not as simple as it sounds because the disease itself sometimes makes it virtually impossible to conceive – so it’s a catch 22. We’ll be looking into this in greater depth in the later chapters.

Also, let me say that a connection between the age of the first pregnancy and endometriosis is a proven fact. The earlier you conceive your first child, less likely you are to ever suffer from endometriosis.

Explaining into detail the above connections is beyond the scope of this chapter, but it all comes down to the fact that the irritants from the menstrual cycle are the primary triggers of the pain and inflammation. No cycle, no pain and inflammation.

3.g.  **Endometriosis and relationships**

A British study on endometriosis looked into ways that this terrible disease affects relationships. The results were the following:

- 72% of women reported relationships problems related to their condition
- 10% of women reported a relationship split
- 11% said they had problems taking care of their children

3.h. **Do you have endometriosis?**

Here, we’ll fashion a short test that you can use to estimate the probability that you might have it. Rate this statements with a number from 1 to 5 (1 - never, 2-rarely, 3-most of the time, 4-almost always, 5-always).

1) I have severe abdominal pain during my period

2) My period lasts longer than 5 days
3) My periods are heavier than normal (with more blood)
4) My periods come more often than 28 days
5) I started having my periods at a younger age than normal
6) I have family history of endometriosis (1-not true, 5-true)
7) I experience pain when urinating during my periods
8) I have problems with allergies and/or asthma
9) I am having problems getting pregnant
10) I have diarrhea or constipation during my periods

If your overall score is greater than 30, and you still don’t know what is causing the problems then you are strongly advised to seek help and determine for sure whether you have endometriosis or not, since the probability of you having endometriosis can safely be estimated as “high”.
Chapter 4: The symptoms

Here, we will look into ways in which endometriosis manifests itself and what to look for when in doubt or you don’t know the causes of your problems.

Endometriosis has a reputation of an elusive disease since its symptoms run the gamut from none or minimal to severe. They are tightly linked to a menstrual cycle (this doesn’t mean that they only occur during your period).

Let us make a list of symptoms:

4.a. Menstrual symptoms

1. Period pain
2. Heavy period
3. Excessive menstrual cramps (dysmenorrhea)
4. Pain after sexual activity (dyspareunia)
5. Severe pelvic pain
6. Pelvic pain between periods
7. Bleeding between periods

So, I can hear you saying, how can you know what is normal period pain and what is the pain caused by endometriosis? Well, it is very unlikely that you’ll be able to tell the difference between normal pain and pain caused by endometriosis. However, I’ll give you some guidelines here on what to look for. Pain caused by endometriosis tends to:

- Be more severe then normal
- Cause lower abdominal cramping
- Cause back pain or leg pain
- Come with headaches
- Cause nausea and vomiting
- Cause diarrhea or constipation

The final “verdict” is for you doctor to make, since there are many diseases and conditions that can mimic the symptoms of endometriosis.

4.b. **Intestinal pain** (less common)

4.c. **Fertility issues**

- **Infertility** (defined as inability of couples to establish pregnancy by having sexual intercourse over a period of time, usually more than 1 year in length)

- **Subfertility** (a condition which is characterized by a less than normal ability to reproduce)

- **Anovulation** (anovulatory cycle is a cycle during which the ovaries fail to release an oocyte – egg cell)

The cause of this can come in a range of forms:

- Blocked fallopian tubes
- Hormone imbalances
- Implantation issues
- Ovarian cysts

4.d. **Mid-cycle pain**

This pain usually occurs 2 weeks before the next period begins and thus does not have to be really mid-cycle but depends on the length of the cycle. It is related directly to the ovulation rather than to the middle of the ovulatory cycle.
Two out of every ten women experience some form of mid-cycle pain at some time in their lives. It is almost impossible to tell whether the pain is due to endometriosis or some other factors. Generally speaking, mid-cycle pain caused by endometriosis tends to last longer (up to few hours) and be more intense.

4.e. Endometriosis and autoimmune diseases

Autoimmune disease is any disease that results in body producing antibodies to fight enemies that are non-existent and ending up hurting its own tissue.

Over the years of research a connection between the incidence of endometriosis and some autoimmune disease has been clearly established. These diseases include:

- Allergies
- Asthma
- Thyroid disease
- Lupus
- Rheumatoid arthritis

4.f. Chronic fatigue

Feeling tired all the time was the second most common symptom reported by women in one of the biggest studies. This is caused primarily by two things:

- Constant inflammation
- Stress from dealing with chronic pain

Again, numerous other conditions can mimic endometriosis with the chronic pain and only your doctor can make a definitive judgment on whether you have endometriosis. What we are doing here is gearing up to recognize the “blinking red light” that can be an indicator of danger.
4.g. Urinary symptoms

These are not so often, but when they occur they can cause:

- Blood in the urine
- Burning pain with urination
- Increased urinary frequency and urgency

4.h. Respiratory symptoms

Painful and short breath, coughing out blood or even collapsed lung can be a result of endometrial tissue affecting the lungs.

Endometriosis is almost never a suspect when one feels breathing issues, since there are so many more common conditions to look for. But beware if you experience a combination of some of the previously mentioned symptoms combined with respiratory symptoms. It is possible that you have *parenchymal endometriosis* (endometriosis in the lungs).

4.i. Endometriosis and the brain

Like with the lungs, it is not common to find endometriosis in one’s brain but it does happen. And when it does it can cause very severe problems such as crippling headaches and seizures.

4.j. Adenomyosis

The story of Adenomyosis might not be perfectly suited for 4.j. because it’s not really endometriosis but I honestly decided to place it here since I had no idea where else to put it. It’s not that important to the average sufferer of endometriosis to deserve a separate chapter and yet, it does manifest a close relation to endometriosis and that puts it on the map of our quest for endo-freedom.

Adenomyosis is a condition that develops in women who don’t seem to have a barrier of protection between the endometrium and the
deeper layers of the uterine wall (refer to the picture 5.a. in the next chapter). In healthy women, this barrier acts as a defense from the endometrial tissue.

In these women, the endometrial tissue invades the deeper muscle layers of the uterus.

The main difference between endometriosis and adenomyosis lies in the fact that adenomyosis often sets in after pregnancy and childbirth, when endometriosis is much less likely to appear.

Similar to endometriosis, no single culprit for adenomyosis is determined and the main suspects are genetics and hormonal imbalance.

**Symptoms of Adenomyosis**

4 to 5 out of 10 women affected by this condition will never feel a symptom. When symptoms are present, they are similar to those of endometriosis: heavy periods, painful periods and pelvic pain.

**Diagnosis and Treatment**

As with endometriosis, the diagnosis is difficult. Most of the time, it is found through an MRI scan or a hysteroscopy (through a telescope placed in your cervix).

Treatment of this disease is also a subject of controversy, but most of the doctors today are at a standpoint that it can be treated through similar methods used for endometriosis. If you have adenomyosis, your doctor will most likely reach for Danazol or oral contraceptives

In extreme cases, hysterectomy is the only choice you might end up with.
Chapter 5: Basic reproductive biology

In Chapter 5, we are gearing up for the battle of understanding, which is halfway to beating this thing. We will refer to the things explained in this chapter often, so you can skip it altogether only if you feel that you know your female anatomy.

![Female reproductive system](image)

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**Picture 5a:** Female reproductive system
Let’s take some time to look at the function of individual organs, since this will allow us to better understand what endometriosis can do if it affects a particular organ.

5.1. The uterus

Also known as the womb, the uterus is best known for being the organ where the baby grows for 9 months or so. It has a thick muscular wall and is, to the surprise of many, actually very small. In nulliparous (without children) women, the uterus is only about 7cm long by 4-5 cm in width.

But, it can expand during pregnancy to hold a 4kg baby. As we mentioned, the lining of the walls of the womb is called endometrium. It has a rich capillary supply so that it can bring food to the fetus when the time comes.

The bottom end of the uterus is called the cervix and it plays a crucial role in conceiving a child as well as taking care of it once it’s conceived. It does this by secreting different types of mucus, and it’s truly amazing. At the time of ovulation, this mucus is runny and clear and is a great “conductor” for sperm. When the ovulation passes, the same mucus becomes sticky and pasty and it blocks the sperm out. During pregnancy, this mucus forms a plug that keeps the uterus clean and safe. I said it’s amazing, didn’t I?

The uterus has 3 layers of tissue:

Serosa (thin membrane that closes several of the body’s cavities) is the outer lining of the uterus.

Myometrium (essentially a muscle) which makes the middle part of the uterus and is the part that is causing the cramps. It is also responsible for the contractions in labor.

The inside of the uterus is normally hollow, which means that the walls actually touch each other. But when pregnancy comes they are set apart to make space for the baby.
We already mentioned, but let us say again that endometrium consists of glands and two layers of supporting tissue (stroma). These two layers are:

- **The stratum basalis** (the thin inner layer that remains after a cycle and grows for the next period)
- **The stratum functionalis** (the part that is peeled off during menstruation, it actually grows from the basalis)

### 5.2. The three ligaments of the uterus

The uterus is held in place by three sets of ligaments:

- The round ligaments at the top (2 of these)
- The uterosacral ligaments at the top of the cervix (2 of these)
- Two broad (lateral) ligaments (2 wide folds of tissue connecting the uterus to the walls and the floor of the pelvis)

Let us also mention the **paracervical ganglion** (group of neurons and nerve endings which is the cervical end of these ligaments) which is very sensitive to movement or stretching. We are mentioning it since it plays a huge role in any uterus-related pain.

### 5.3. The ovaries

The ovaries are the organ that produces the egg (refer to picture 5a for location) and are very near the fallopian tube. Ovaries are oval shaped and, in the human, measure approximately 3 cm x 1.5 cm x 1.5 cm (about the size of a Greek olive).

Ovaries are responsible for secreting both estrogen and progesterone. Estrogen is responsible for secondary sex characteristics and maturation of the reproductive system and
progesterone manages the cyclic changes in the endometrium (pregnancy preparation).

It is important to know that there are 3 types of estrogen.

Estradiol is 12 times as potent as Estrone, and 80 times as potent as Estriol.

5.4. The fallopian tubes

My fallopian tubes were responsible for my infertility. Heavily affected by endometriosis, my fallopian tubes curved and closed, not allowing the eggs to pass down from the ovaries to the uterus.

The fallopian tubes (named after Gabrielle Fallopio who was one of the most important anatomists and physicians of the sixteenth century) are a passage that transports the egg from the ovary to the uterus.

The fallopian tube’s role in fertilization is essential. Let’s make it clearer – the egg is fertilized at the very beginning of the tubes near the ovary, but in my case it was of no use since if the fertilized egg cannot make it to the uterus it is useless and can even result in an ectopic pregnancy (pregnancy that plants the egg outside of the uterus).

5.5. The vagina

The **vagina** (from Latin *vagina*, literally "sheath" or "scabbard") is a muscular tract that lead from the uterus to the exterior of the female reproductive organs.

5.6. The cervix

The **cervix** (or **neck of the uterus**) is the lower, narrow portion of the uterus and it joins with the top end of the vagina. It is like a passage between the endometrial cavity and the vagina. It’s usually opened just enough to let the menstrual flow out and the sperm in.
5.7. Posterior and anterior cul-de-sac (cul-de-sac is a word of Catalan origin and it means "bottom of the bag")

- Posterior cul-de-sac is a dead end part behind the uterus (see Picture 5a) where the cervix, vagina and rectum all end.

- Anterior cul-de-sac is placed between the pubic bone and the uterus.

Female parts mentioned in 5.1. - 5.7. are not all the parts of the reproductive system that can be affected by endometriosis, but are the ones that are affected most of the times and the ones that cause most of the problems.

Through the eBook, we will be mentioning other parts that can be affected, explaining their role and placement as we go.
Chapter 6: Endometriosis, organ by organ

In this chapter we dig deeper. We get into what endometriosis does in specific organs. If you have endometriosis, you’ll recognize your symptoms somewhere along the way. In the later chapters we will go in greater details concerning some of the organs. So, let’s dig in.

6.1. Endometriosis in your cervix and vagina

Endometriosis of the cervix is not common. If it develops it usually causes pain during sex and/or bleeding or spotting after sex or mid-cycle.

Because of the nature of cervical endometriosis and the placement of cervix it is usually one of the easiest forms of endometriosis to recognize. As we said, the endometrial tissue causes tenderness of the affected organ and pain on contact.

Since the cervix is often contacted during sex, endometriosis causes sex pain and bleeding after it.

Even less common is the endometriosis of the vagina, which usually occurs at the top third of the organ. This part of the vagina is almost always the part that is affected due to the fact that it is the part that develops from the same embryologic tissue as the cervix and the uterus.

The symptoms to look for are the same as in cervical endometriosis.

6.2. Endometriosis in the pelvic cavity

If it settles in the pelvic cavity, endometriosis causes severe inflammation of the area and, in time, forming of scar tissue that can cause the organs in the cavity to stick together. In addition to restricting them from moving normally, endometriosis can cause all sorts of other malfunctions in the affected organs. But, most of the
pain is coming from them being restricted and bound together by the endometrial tissue.

The worst case scenario is the “frozen pelvis’ which sounds really bad but is actually worse then it sounds.

The main source of the pain is endometriosis interfering with the nerve ending in a couple of ways. The endometrial tissue during menstruation thickens and becomes rigid, which causes the pressure on the local nerve endings. If endometriosis becomes deeper and grows into the deeper layers of the tissue, it causes the same pressure on the bigger nerve endings.

When the deeper nerve endings are affected, you can experience a range of strange symptoms that appear to have nothing in common with your uterus or the places where the endometrial tissue is. The sufferer may experience even the loss of feeling in the legs and strange discomfort in the vulva.

Apart from causing pain by merely pressing the nerve ending the lesions that form and then at times become hard and stretch the same way its “relative” tissue does in the endometrium, can rupture. Since it is filled with liquid that is irritating to the surrounding tissue, this causes instant and severe attacks of pelvic pain.

This then causes inflammation and brings chemicals that are supposed to fight the “enemy” to the area. Our body fights the enemies through inflammation. But, this time, inflammation does no good and a lot of bad. Prostaglandins are chemicals that our body sends to activate inflammatory response in the damaged areas. This rush of chemicals to the area supports the vicious cycle of inflammation.

6.2.a. Endometriosis and the uterine ligaments

The uterine ligaments are a very common place for endometrial tissue to settle. Generally speaking, it seems that endometriosis is somehow “affected by gravity” since
the analysis of its occurrence shows it is much more common in the lower portion of the pelvic cavity.

It seems almost as if the tissue leaves the uterus, wonders around and then settles somewhere. Later on, we will look into the causes and eventually, into putting a stop to it all.

These ligaments don’t have much give as it is, even without endometriosis, and when they are affected by endometriosis, you can feel as if your uterus is fixed.

This particular kind of endometriosis causes tender nodules to form. Inflammation from endometriosis may spread to the ligament nerves, scarring and eventually shortening the ligament, so that eventually any movement of the uterus or ligament is painful.

6.2.b. Endometriosis and the cul-de-sacs

Even though it sounds like a name of a pop band from Belgium or something, this sub-chapter looks into some very serious complications of endometrial involvement of this portion of the pelvic cavity.

**Posterior cul-de-sac** is more commonly involved. When you look at it, this is probably the most logical location for deep endometriosis since most of the contaminated fluids from the cavity will end up in this blind spot with nowhere to go.

Abdominal pain is the primary symptom of endometriosis in the cul-de-sacs and is present in almost all the cases. It is cyclic 25-30% of the time.

In most severe of the cases, endometrial tissue grows into the ligaments, presses and stretches them and causes pain. A mass of nodules and scar tissue is formed behind the uterus, sometimes completely closing the posterior cul-de-sac.
In transvaginal ultra-sound it presents itself as one solid mass behind the uterus.

**Anterior cul-de-sac** is less commonly involved, but if it happens it can cause the bladder and the front of the uterus to stick together, most of the time causing some sort of bladder dysfunction. This dysfunction may present itself in the form of urinary urgency, blood in the urine or painful urination.

### 6.2.c. Intestinal endometriosis

Intestinal involvement is rather an exception then a rule in endometriosis. Speaking in percentage, 25-27% of women experience intestinal involvement.

When it happens, the severity of the symptoms depends on how deep the tissue has spread into the bowel walls. Having this in mind, we can safely say that the symptoms can range from none (if the disease is superficial) to tumors growing inside the intestine and obstructing the bowel.

Looking into the patterns of occurrence, we can say that intestinal endometriosis most of the time affects the lower colon, then the last part of the intestine and last appendix. One in every three patients with intestinal endometriosis has it in more then one location.

To recognize intestinal endometriosis, you must look for:

- Changes in stool consistency or color
- Blood in the stool
- Cramps after meals
- General pelvic pain
- Pain during sex
We’ll look at intestinal involvement in more detail in one of the later chapters.

6.3. Endometriosis and your fallopian tubes

Some kind of damage on the fallopian tubes accounts for 20-25% of all the cases of infertility. Most of the time, the tubal damage shows no symptoms other than infertility. A pelvic exam can indicate endometriosis if the doctor observes tenderness and is able to feel ovarian cysts.

Similar to the way extended scaring on the outside of the body can cause a limb to distort as the skin heals, the scar tissue in the fallopian tubes can cause the tubes to distort or even completely close.

The tubes are not actually connected to the ovaries, but collect eggs using fine finger-like “feelers” to collect the eggs. If the tubes distort or are damaged in any way, there “feelers” (otherwise known as the fimbriae or the fringe in Latin) tend do dysfunction since they are so delicately built. The fimbriae can stick together or can stick to another organ resulting in lowered fertility or infertility.

Simply put, blood or pus damages the fine fimbriae causing them to scar or stick together and close the tube, literally keeping the egg and sperm completely apart.

6.4. Endometriosis and the ovaries

In the ovary, endometriosis presents either as superficial hemorrhagic implants or in the more severe form as a hemorrhagic or ‘chocolate’ cyst (chocolate brownish in color). The ovaries are a common place for endometriosis since in retrograde menstruation (see next chapter) the menstrual flow coming out of the tube spills all over the ovaries.

6.2.a. Superficial endometriosis
It can appear on either side of the ovary and can vary greatly in appearance. It can come as red blebs, classical blue-black or even yellowish implants. As in other parts, once the endometrial tissue is settled on the ovaries, a vicious cycle of inflammation and irritation is kick started, eventually leading to the formation of scar tissue and nodules. As a result, adhesions stick the ovaries to other tissue, restricting it and stretching it, which causes terrible pain.

6.2.b. Formation of endometriomas (chocolate cysts)

The chocolate cysts begin as an implant on the outer surface of the ovary. So, it basically starts as a pimple on the wall of the ovary and then grows into the softest part it can find – in this case the stroma (the supporting tissue in the walls). Then, as it grows it starts to leak with toxic fluid (mostly old blood) full or irritants.

With every menstrual cycle (because they are made of endometrial tissue) it responds to the hormone signals same as the tissue in the uterus, but cannot peel off.

Growing like this, these cysts can even burst and spill the “chocolate” liquid into the inner area of the pelvic of the pelvis, and, let me tell you, the pain that this causes is second to none – I know this first hand.

6.2.c. LUF (Luteinized Unruptured Follicle)

This is the name that the doctors gave to a condition when the egg never leaves the place it’s formed in. Folicle is a sac in the ovary where the egg is formed to be released towards the tubes (if everything goes fine). But, sometimes, the egg just won’t go out and stays in the ovary.

When this happens, endometriosis is our usual suspect since it can interfere with the normal functioning of the ovary in a number of ways. Most of the time, endometriol
tissue simply physically prevents the egg from leaving the ovary or interferes with the normal chemical cascade of events that lead to an ovulation.
Chapter 7: Underlying triggers of endometriosis

Probably one of the most important chapters in this ebook, this chapter looks into the possible causes of endometriosis, what the modern medicine says, advances, controversies and the news in research that offer hope for all women that struggle with this terrible life-altering disease.

Endometriosis is a mysterious disease and as such it causes controversy. But by the end of this chapter the reader will know better, and by the end of this ebook she will know about new angles to take when gearing up to defeat this thing.

Although the cause of the disease has not been determined and officially proven, the list of suspects has been narrowed down so much that the disease is finally manageable.

Dealing with these triggers of the disease rather than the symptoms is one of the corner stones of the Violet protocol, and doing so with natural alternatives.

**Trigger no.1. Retrograde menstruation**

The theory that retrograde menstruation is the only cause of endometriosis is not new. It was introduced by Dr John Samson in 1921. So it’s very old. Besides being old it’s also – false. Let me give my reasons for saying this.

Official studies have shown that 90-99% of women in their reproductive age show evidence of retrograde menstruation. Only 1-6% of these women get endometriosis. So, we need to dig deeper. It is safe to say that retrograde menstruation plays a role in the appearance of endometriosis, but it’s not the only trigger.
As the endometrial tissue sheds during your period, it finds its natural way out through the cervix, then vagina and into the environment. The cramps that you feel during your period are the cramps of your uterine muscles as they try to push the “contents” out. Some of this blood and tissue literally takes a wrong turn and ends up in the fallopian tubes.

Then the fluid goes through the tubes and spills over the ovaries and into the abdominal cavity, this is referred to as “retrograde menstruation”.

There are some conditions that can trigger endometriosis but due to the fact that they support and enhance the retrograde menstruation. Such conditions include pelvic abnormalities like:

- **Cervical stenosis** – a condition characterized by a cervix more tightly closed than normal.

  **Pay attention to this piece of information: Studies have shown that 80% of women with cervical stenosis develop endometriosis!**

- **Uterine anomalies** – this usually means some sort of problems with the shape of the uterus. Three to four percent of all women develop some sort of uterine abnormality during their lives.

So, let’s take a moment and recap. We have the primary suspect but it’s evidently not enough. Retrograde menstruation does play a part in triggering endometriosis but cannot do it on its own. However, it does “plant the seed”. But it’s the kind of seeds that should be killed by the cells that this seed falls onto.

So, of all the women who have retrograde menstruation only a small percentage develops endometriosis - that much we know.
To answer which women let us look into a process that is supposed to stop this from happening. It’s a process called the **Cell-mediated immunity** and it closely relates to the role of the **extracellular matrix** that we’ll analyze in the last chapter.

Cell-mediated immunity is an immune response that does not involve antibodies but involves the activation of *macrophages*, **natural killer cells** (NK), **T-lymphocytes** and the release of various **cytokines** in response to an antigen.

*macrophages* – white blood cells within tissue

**natural killer cells** – type of white blood cells that that constitute a major component of the innate immune system. NK cells play a major role in the rejection of tumors and cells infected by viruses.

***T- lymphocytes** – special type of white blood cells that plays an important role in the immune system and can be distinguished from other cells by the presence of the so called T cell receptors

**** Cytokines – substances that carry local signals between cells

Historically speaking, the immune system was separated into two branches:

- **Humoral immunity**, for which the protective function of immunization could be found in the humor (cell-free bodily fluid)

- **Cellular immunity**, for which the protective function of immunization was associated with cells. CD4 cells or helper T cells provide protection against different pathogens.

So, it is up to the cellular immunity of the host to reject fragments of the endometrial tissue from the retrograde menstruation. When it fails to do so, endometriosis is triggered.

We’ll be getting back to what we said here, since it is of utmost importance in the Violet protocol. But now, we continue the dig.

 Trigger no.2. Hereditary factors
One cannot dispute the existence of the hereditary factor since it is proven that endometriosis tends to cluster in families. If you have a close relative with endometriosis, the risk of you having it too is 700% greater than in your friend without endometriosis in their family.

There is a couple of ways in which hereditary factors can influence the incidence of endometriosis:

- **Gene mutations and programmed cell death**

  Human cells are programmed to die out once detached from the body. But these cells defy this and continue to live even when detached from the uterus. There is firm evidence in some research that women with endometriosis have abnormal patterns of cell survival and growth. This can happen due to genetic mutation.

  This is why this resistance to programmed cell death is considered genetic. But, as we mentioned the cellular immune response should get rid of these cells even if they don’t die on their own. We cannot do anything about the programmed cell death, since it shows evidence of being hereditary. We can, however, do a lot to increase the strength of our cellular immune response.

- **Abnormal cell adhesion power**

  When I say abnormal, I mean the kind of adhesion that allows cells to grow where they are not welcome (endometrial tissue outside the uterus). There are some enzymes that actually help this process of adhesion (which are beneficial in other cases). In normal response, progesterone suppresses these enzymes and does not allow for these cells to settle outside the endometrium. In some women this doesn’t happen. So, it is basically a struggle on the cellular level. In some aspects of the struggle we are powerless, but some aspects we can influence and change.

- **Enzymes and endometriosis**
Inside the uterus, estrogen is essential for endometrial growth. There is an enzyme – aromatase, which actually converts other hormones to estrogen. Normal endometrial tissue shows no signs of presence of aromatase but endometrial implants outside the uterus do. This causes high local levels of estrogen and causes the abnormal growth.

In addition to this, another enzyme 17BHSD type 2, is found in normal endometrial tissue and is activated by progesterone. It plays the role of lowering Estradiol. There is no 17BHSD type 2 in the endometrial implants, thus no control of Estradiol, thus no control of the growth.

All these disturbances may be of a genetic origin.

It is very hard to inspect the family tree for endometriosis, especially since the disease got a bit more attention only recently and back in the days of our mothers, most of the time it was “just pain”. You can try and find out about the family history, but in the meantime, let me tell you a couple of things that make you more predisposed to the illness according to the findings in some studies:

✓ You have red hair
✓ You’re tall and thin
✓ You have unusual moles

Other theories about the cause of endometriosis include some fact and some fiction. Let us take time and look at some of the most important ones.

**Trigger no.3. Meet your covert enemy no.1 – Dioxins**

Before 1921 there were only 20 reports of this disease worldwide. Today, this disease is responsible for more than 100,000 hysterectomies in the US alone. The age range is plunging down and the disease seems to have spread a lot during the last 10 years. Could it be that the doctors are just so much better in finding it?
You wish. There is much more to it.

**What Are Dioxins?**

Dioxins are chemicals which are toxic and are usually a by-product of plastics and chlorinated products. Dioxin is the most deadly man made chemical, second in line to radioactive waste.

So, I am sure you think, if it’s that dangerous it must be that it cannot be found in any place where it can affect you. Well, think again. How about your tampons? How about your food?

If it’s not stated on the box that the tampons are 100% natural cotton, then they are made of rayon (wood pulp and chlorine) and contain traces of dioxins.

An official study - 'Dioxin Concentrations in Women with Endometriosis', *(Human Reproduction 12: 373-375, (1997) Department of Obstetrics and Gynecology, Bikur Cholim Hospital, Jerusalem, Israel)* found that infertile women with endometriosis had detectable levels of dioxin present in their bodies, unlike fertile women without endometriosis. Scarred yet?

**Action of dioxin and dioxin-like chemicals in the body**

The group of chemicals that we will be looking at is not just dioxins.

This group of chemicals, the polyhalogenated aromatic hydrocarbons (PHAHs) includes dioxins, furans and biphenyls. In cells, the PHAH compounds can bind to the hydrocarbon receptor, migrate to the nucleus and activate genes (including the ones involved in controlling cell growth and inflammation). Let me remind the reader here of the things that we said about abnormal response in some cells that are programmed to die and they don’t. Well, the hank starts to unfold, don’t you think?

Evidence demonstrates that different dioxins can act additively via the mechanism described above. That is why, to be able to explore this, scientists have developed a dioxin "toxic equivalency factor" (TEF) based upon the relative potency of different congeners compared to TCDD which is the most potent of the compounds.
Most human exposure to dioxin comes via food. "In developed countries, blood levels typically run 1-5 parts per trillion TCDD, at least for people without industrial exposure.

This all sounds scary but is also vague if looked at without proof. We already mentioned a study that showed the presence of dioxins in women with endometriosis. Now, let us mention a study conducted in 1993 by Rier on monkeys that were exposed to TCDD. They discovered that 10 years after TCDD exposure was ended, that exposed monkeys had developed endometriosis: the more dioxin, the greater the incidence and severity of the disease. Exposures were in the low parts per trillion. This was the first study to provide hard proof and since then a number of studies have strengthened the initial findings.

The scary thing is that people are exposed to much higher doses of dioxins then the monkeys in the named experiment – 2 to 20 times higher. Take a look at the following table:

<table>
<thead>
<tr>
<th>Compound</th>
<th>Humans</th>
<th>Monkeys</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCDD</td>
<td>500-1360</td>
<td>65</td>
</tr>
<tr>
<td>PCDF</td>
<td>30-60</td>
<td>11</td>
</tr>
<tr>
<td>PCB</td>
<td>100-190</td>
<td>11</td>
</tr>
<tr>
<td>All PHAHs</td>
<td>700-1500</td>
<td>322</td>
</tr>
<tr>
<td>Total TEQ</td>
<td>25</td>
<td>10</td>
</tr>
</tbody>
</table>
Potential mechanisms by which dioxin could cause endometriosis:

a. By inducing an enzyme that increases estrogen levels and results in "chronic exposure of the endometrium to growth-promoting estrogen."

b. By stimulating certain cytokines (immune system proteins) involved in immune system responses and in the regulation of cycles of cell division and death, thereby inducing inflammation and immune dysfunction.

c. Third, by interfering with progesterone. This hormone normally helps block formation of endometrial lesions.

Although the final verdict on dioxins, their toxicity and their role in endometriosis is yet to be given, what we said is more than enough to make dioxins our enemy no.1 in the Violet protocol.

In the master plan towards the end of the book I will give you a comprehensive overview of how I approached the issue when fashioning my treatment plan on Violet protocol, but here I will give you 8 simple rules to follow as a start of the battle against dioxins:

**Rule 1.** Don’t use tampons or choose all cotton ones

**Rule 2.** If you use tampons, never leave them inside overnight or longer then 4 hours

**Rule 3.** Use organic disposable pads

**Rule 4.** Switch to organic food

**Rule 5.** Use unbleached paper

**Rule 6.** Don’t smoke - cigarettes contain dioxins

**Rule 7.** Reduce your dairy intake - dioxins are in buttermilk
Rule 8. Get rid of chlorine bleach products in your house, use eco products instead

Trigger no.4. Metaplasia theory

As it is probably obvious to the reader, no single trigger can explain all the ways, sizes and shapes of endometriosis. Having in mind all the news in the field it is safe to say that it is unlikely that one single cause triggers endometriosis in all sufferers. It’s rather a combination of scenarios that triggers the disease in different patients. That is why when we fashion a plan to fight this thing, we will cover them all, balancing our body up to a point where no triggers are left. It seems like one hell of task now, but let me tell you, couple of years into the new lifestyle, for me it all comes natural and no extra effort is required. And I felt this way as soon as 5 months into the protocol.

Some of the questions that cannot be answered by the triggers that we have listed so far are the ones about the occurrence of endometriosis in men (very rare but it happens) and in young women prior to their first period. Also, we need to explain how in some patients the endometrial tissue appears in organs such as the lungs or the brain that are not directly exposed to the “contents” of retrograde menstruation. That is why we will look into what is called “the metaplasia theory” in explaining endometriosis.

What is metaplasia?

I know it sounds bad, but in its nature it is a very useful process, essential even. Simply put, metaplasia is a process where one type of cell changes or morphs into a different kind of cell. Metaplasia usually occurs in response to inflammation and enables cells to change to their surrounding circumstances to better adapt to their environment.

There are actually two directions of thought when looking at metaplasia as a possible trigger in a certain individual.
One says that the endometrial cells develop early on, while the human body is still in the uterus. Actually, it is metaplasia that allows the human body to grow and change into numerous types of cells, even though at the beginning there’s only one type. One possible scenario is that the endometrial cells are formed during the metaplasia, when the uterus is first formed in the fetus.

The other scenario says that an adult cell can retain the ability it had as an embryo, to transform into endometrial cells.

In the case of endometriosis, metaplasia would explain how the endometriosis cells appear spontaneously inside the body – and how they appear in areas such as the lung and skin. It would also explain the appearance of endometriosis cells in women with no womb – or in men who have taken hormone treatments.

There are some facts that cannot be overlooked when considering whether metaplasia is the cause of endometriosis in some patients. Here are two of them:

- Endometriosis tissue actually looks different under the microscope from the endometrial tissue from the uterus. Now, this may be because of the different surroundings, but it may also be that it did not come from the uterus. Chances are that there are different truths for different patients.

- Surface cells show the ability to grow glands and stroma when cultured with estrogen

**Trigger no.5. Malfunction in the immune system**

We already talked about the cellular immunity and how even when all other systems fail, it should be the host cell to “kill” the foreign cells. Here, we will talk about the immune system in a bit broader terms, and the growing proof that the way it functions (or malfunctions) plays a role in endometriosis occurrence.
One large study that was done on over 3000 women showed amazing results:

1. **61% of women with endometriosis had allergies, compared to the 18% in the general population**

2. **12% of the women had asthma, compared to the 5 percent in general population**

3. **Hypothyroidism is 7 time more frequent in women with endometriosis**

4. **Fibromyalgia was twice as common**

Let’s try and understand better what goes on inside:

**a. Macrophages**

Macrophages (Greek: big eaters, from makros "large" + phagein "eat") are the cells that are programmed to “eat” away the “bad cells”. They are actually a type of blood cells within tissue produced by the monocytes.

Their role is to *phagocytose* (engulf and then digest) cellular debris and pathogens either as stationary or as mobile cells, and to stimulate lymphocytes and other immune cells to respond to the pathogen.

They secrete protein that makes their job easier such as cytokines (chemical messengers between cells) and enzymes but also secrete prostaglandins (chemicals that cause uterus cramping).

Data continue to accumulate supporting the role of macrophages in endometriosis. Women with
endometriosis have a much higher number of macrophages, but they don’t do their job and they malfunction, even promoting the disease instead of scavenging the foreign cells.

A study done at *The Division of Regenerative Medicine, Stem Cells, and Gene Therapy and the Department of Gynecology and Obstetrics* in Milan, Italy looked into ways the absence of macrophages affects the development of endometriosis in mice.

I quote: “In the absence of macrophages, tissue fragments adhered and implanted into the peritoneal wall, but endometriotic lesions failed to organize and develop. When we depleted macrophages after the establishment of endometriotic lesions, blood vessels failed to reach the inner layers of the lesions, which stopped growing. Macrophages from patients with endometriosis and experimental mice, but not nonendometriotic patients who underwent surgery for uterine leiomyomas or control mice, expressed markers of alternative activation. These markers included high levels of scavenger receptors, CD163 and CD206, which are involved in both the scavenging of hemoglobin with iron transfer into macrophages and the silent clearance of inflammatory molecules. Macrophages in both inflammatory liquid and ectopic lesions were equally polarized, suggesting a critical role of environmental cues in the peritoneal cavity. Adoptively transferred, alternatively activated macrophages dramatically enhanced endometriotic lesion growth in mice. Inflammatory macrophages effectively protected mice from endometriosis. Therefore, endogenous macrophages involved in tissue remodeling appear as players in the natural history of endometriosis, required for effective vascularization and ectopic lesion growth.”
You don’t have to understand all the fancy talk in the abstract above to realize that the increased number of macrophages is bad news.

Also, there is substantial proof that indicates a connection between the abnormal number of macrophages and the increased levels of oxidative stress which proves to be very important when trying to balance the body.

These levels of oxidative stress have to be dealt with in order to create an environment that will allow us to address the other triggers of the disease. We have an ace in the sleeve here, and the reader will learn about it in the later chapters of the book. So, stay tuned.

b. **Natural Killer cells malfunction**

Once more we talk about these cells that sound like something Sigourney Weaver would fight in some of her outer space movies, but are actually an amazing mechanism that our body develops to fight invasion of unwelcome cells.

To do this, they must first recognize the “foreigners”. They have *killer-activating* and *killer-inhibiting* receptors to help them do this. It seems that these cells develop extra *killer inhibitory* receptors in women with endometriosis due to chemical imbalances. It is all part of the malfunction of the cellular immunity.

c. **Lymphocytes**

Another type of white blood cells that play a role in the immune system and that shows an increase in number in the *peritoneal fluid* (liquid that is made in the abdominal cavity to lubricate the surface of the tissue) in women with endometriosis.

The above mentioned Natural Killer cells are just one of the three types of lymphocytes. Other two are the **T cells**
(primarily play a role in cell mediated immunity and help the B-cells make antibodies) and **B-cells** (primarily responsible to humoral immunity – fighting microorganisms)

The cells that are mentioned above secrete proteins that help them function, but can also have other effects on the body. These proteins play a role in endometriosis and we need to have them in mind when thinking healing thoughts.

**Some of these proteins are:**

**Interleukin – 1:** This protein secretion can promote endometriosis development on its own or by increasing the secretions of other proteins that help in the blood vessels growth and development of endometrial tissue.

**Tumor necrosis factors – Alpha (TNF-α):** has also shown some proof of promoting the attachment of endometrial cells. Interleukin – 1 increases the production of this factor.

**Trigger no.6. Autoimmune reactions**

This term - “autoimmune”, refers to any disease where there is no actual threatening agent in our body, but our body gets its signals crossed and recognizes its own cells as threatening agents and attacks them. There are over 80 diseases on this list and they involve almost any organ in our body you can think of. Evidence show that, autoimmune diseases occurs more often in women (75% of the time) than in men. Most of the time, it’s the women in child bearing age (when the immune system is in its prime).

Let me share a simple fact - incidence of autoimmune disease is 12% in women with endometriosis and this incidence is only 2% in general population.
We have already talked about the incidence of particular autoimmune diseases in endometriosis. This shows an undeniable connection between endometriosis and autoimmune disease.

Although there is no definite proof at the moment that autoimmune is hereditary, these diseases do tend to cluster in families, too. And it doesn’t have to be the same disease, if the mother is suffering from an autoimmune disease, the daughter is at higher risk of being afflicted, too, and not necessarily by the same disease.

One of the most common autoimmune diseases are allergies.

**So, what happens in allergies and how does it relate to your endometriosis?**

Incidence of allergies in women with endometriosis is 61% as opposed to the 18% in general population. That is a reason enough to make us look closer into what actually happens when allergies are triggered.

It is safe to say that the process is similar to endometriosis, the immune system does not respond in the way that it’s meant to.

In allergies, the immune system tries to protect the body from foreign materials. To be precise, T cells release cytokines that stimulate the B cells (T and B lymphocytes) to multiply and produce certain antibodies. These antibodies then attach to the antigen and try to remove it from the system. This whole process then causes inflammation, because the response includes increased blood flow in the area.

* **Candida Albicans and endometriosis**

Candida Albicans is a fungus that causes yeast infections in the mucus membranes of the mouth, throat, intestine and the urinary tract. The primary purpose of the fungus is to destroy bad bacteria in the intestine. But when it grows in numbers that go far beyond normal, it does more harm then good.

A common location for the yeast infection caused by Candida Albicans to occur is the vagina. In the past Candida Albicans was
considered to be only a female problem, since it was primarily connected with vaginal yeast infection. Today, we know that men can be affected, too.

The numbers of this fungus are primarily controlled by the PH value in our body. There are a number of factors that can interfere with the balanced PH of the vaginal area and promote the yeast infection. These factors include irritations (detergent residue, chemicals, moisture or even semen), use of antibiotics (antibiotics kill lactobacillus, which is a good bacteria that lowers the PH of the vagina), toxins (dioxins and other usual culprits), hormone medications, poor diet, stress, alcohol and other lifestyle factors.

To recognize Candida in yourself, look for:

- Gas, bloating and other digestive problems
- White coating on your tongue
- Chronic vaginal yeast infection
- Frequent colds
- Psoriasis or eczema

Direct connection between Candida infection and endometriosis is yet to be proven. But some case reports suggest that lowering Candida Albicans as much as possible may minimize all autoimmune risks. We are in luck here, because the diet that we’ll be designing in the Violet protocol has very much in common with the diet for Candida Albicans infection.

**Trigger no.7. Liver disorder**

There is no other organ in our body that is as important for cleansing our system of all the polluting residue, chemicals and toxins as the liver. But, this is not the primary reason for us to look into the liver – endometriosis connection. It’s another 2 facts that got our attention.

Firstly, I am talking about the little known fact that the liver is responsible for removing estrogen from our bodies. Any form of
malfunction in the liver, can cause the estrogen to build up very quickly and make an environment that is “heaven” for endometriosis cells.

Secondly, recent studies have shown that the liver is heavily affected by dioxins. The dioxins that are one of our primary culprits are proven to affect the organ severely and cause all sort impairments and malfunctions.

That is why, to even start addressing the other underlying triggers, we will have to make sure that our liver is clean and balanced.

**Trigger no.8. Estrogen mimes**

If you are predisposed to endometriosis, and we already pointed out the evidence that there is such a thing, then the last substance you want in your body is a substance that mimics estrogen.

Up to this point in time, 51 chemical have been officially found to disrupt hormonal balance. Some of them are less and some are more dangerous for women that are predisposed to endometriosis.

Substances that can mimic estrogen are called Xenoestrogen (Xeno-foreign).

These villains can interfere with the natural production of estrogen in 2 ways:

1. They can block the routes of the natural hormone to its receptors. By doing this, they simulate a condition where there is no enough estrogen according to the receptors. So, our body continues to produce it, on and on. This scenario is disastrous.

2. Interfere with the metabolism of hormones

Natural balance between the production of estrogen and progesterone is very important.
Let me share a staggering fact – women over the age of 30 today produce 50% less progesterone than their mother used to.

This is probably due to the fact that they are exposed to so many chemicals that mimic estrogen. This can also explain why there are so many young girls today that enter puberty prematurely.

This is a wide range of chemical that fall into the group of Xenoestrogens. Most common ones are:

- Chemicals used in plastics
- Pesticides and herbicides
- Tap drinking water

Let us look into the last bullet point in particular. What could there be in the tap water that can behave as estrogen in our bodies. The truth is scary.

A substance called ethynylestadiol (EE) is a primary estrogen compound in birth control pills. It is also a substance that cannot be filtered and removed in the water plants. So, this might sound bad, but it is what it is – the EE from the urine of the women that use birth control pills finds its way back into our tap water.

But how dangerous can it really be?

Modern science officially says that this substance is one of the most potent of the biological active molecules.

Did you know that the sperm count in men has decreased by over 50% in some parts of the world since 1940? Is this accidental or are the men being “fed” estrogen just like we are?

In a UK study of the wild life in the river just downstream from the sewage treatment plants, scientists found that some of the male
fish changed sex due to the estrogen and estrogen-like compounds in the water.

**Simply put - no plain tap water for us any more.**

Also, my diet and lifestyle on the Violet protocol was carefully designed to get rid of all these dangerous agents.

**Trigger no.9. Phytoestrogens**

Not all things that seem good are actually good for all people. If someone would offer you now a meal consisting of whole grain wheat bread, soy instead of meat, fruit and vegetables you would feel great about the healthy nutrients, wouldn’t you?

Little would you know that you would bring more harm to your body and do more to trigger endometriosis with this than if you ate 2 pounds of pork chops...

Shocked?

But where could the problem be?

It’s the phytoestrogens. Substances that some vegetables, fruits and other plant-derived foods are very rich in and that are a weaker form of estrogen, but can mime it pretty good once they’re inside our body.

Let’s get right to the point, phytoestrogens are found in:

- Grains (soybeans, wheat, rice)
- Vegetables (carrots, potatoes, beans)
- Seasonings (garlic, parsley)
- Fruits (pomegranates, cherries, apples, dates)
- Coffee

Phytoestrogens are not as dangerous as the other forms of estrogen mimes, since they pass through very easily and are not stored in
our tissue. Although, it is not likely that you will eat as much of phytoestrogens-rich food as to be in serious risk, we have to keep in mind what is said above at all times.

Especially having in mind the fact that people changing their food regimen tend to go “crazy” with soy and potatoes. You don’t have to completely exclude the said foods, but make sure you use them in moderation.
Chapter 8: Stages and diagnosis

In this chapter we will look into ways that endometriosis develops and stages during that process. We will also take an in depth look into diagnostics, and more importantly how it is going to be for you and what you can expect.

Generally speaking, there are 4 stages of endometriosis, according to the point system that is explained bellow.

**Stage 1:** The patches are still flat, the lesions are small and the symptoms are minimal or non-existent (*1-5 points — explained bellow*)

**Stage 2:** Endometriosis in stage two is considered mild. It is characterized by small implants and a few small areas or scar tissue or adhesions (*6-15 points — explained bellow*)

**Stage 3:** This stage is considered moderate. The implants are deep, and there are several areas of scar tissue and adhesions. It is rare that patients in stage 3 experience no symptoms (*16-40 points — explained bellow*)

There is no way you can judge on what stage you are in. It’s your doctor’s call. Women in stage 2 can be in terrible pain and women in stage 3 can have very little pain. It all depends on the location of the adhesions.

Getting a correct diagnosis by a qualified professional is crucial, since endometriosis can mimic all sorts of other diseases, such as: a bowel construction, appendicitis, colon cancer, ovarian cysts, pelvic inflammatory disease and fibroid tumors.
Also, surgeons classify the disease in the following groups:

- Superficial endometriosis
- Deep endometriosis (implants deeper than 5 mm)

Here is an explanation of the point system we mentioned. System estimates the severity of the condition. We’ll explain it just so that you know what your doctor is talking about:

- Superficial endometriosis of the peritoneum (1-3cm) = 2 points
- Deep endometriosis of the peritoneum (>3cm) = 6 points
- Deep endometriosis of the ovary (<1cm) = 4 points
- Deep endometriosis of the ovary (>1cm) = 16 points

8. a. Diagnosing endometriosis through tests

Diagnosis of endometriosis is probably one of the most difficult tasks. By the end of this book you will be a part of just of 1 or 2 per every hundred women that are well equipped to recognize clear signs that you might be affected. And early recognition and then diagnosis is crucial. This does not mean that women that have been suffering from this thing for years and finally found this book to learn what is what, are hopeless. They too can beat this disease, but you can save yourself years of suffering just by knowing your “stuff”.

Some of the reasons why endometriosis is still a widely misunderstood disease include:

- Lack of knowledge in the medical community, despite the growing number of women with endometriosis
- Perhaps the most important reason is the lack of knowledge of the affected women themselves (one more reason to feel good about yourself for gaining access to this ebook). And, it
is not your fault; there is a huge lack of information on the
disease in the public. There are hundreds of diseases that get
much more attention, in spite of the fact that they are less
frequent.

- Symptoms misdiagnosed (most of the time as pelvic
  inflammatory disease)

- Women delay addressing the issue, justifying the pain as
  normal “periods” up to a point where the pain is unbearable.
  By this point, it is very likely that some irreparable damage is
done.

- Probably the most important reason is public awareness, and
  I’ll say it: “Awareness of the male part of the population”.
  That is why it’s crucial to confront any one of those nay-
  sayers when they say something like:” It’s normal” or “Just
  take a pill”. Confront, girlfriend. Awareness is raised one
  ignoramus at a time.

a. Preparations

If you suspect you have endometriosis and you have
scheduled an exam it is wise to bring someone with you
since it may get overwhelming and some of the
information might get lost. Two pairs of ears are much
better.

It is also advised not to douche, so that your doctor can
take a look of the environment as it is. Of course you
will shower, but no douching.

b. Tests

The only completely reliable way to diagnose
endometriosis is laparoscopy (which is a kind of
surgery) where your doctor actually sees the lesions,
patches or adhesions.

You see, with other illnesses, there is abnormal tissue
formed that secretes substances that can be used to
recognize its presence, or a simple chemical imbalance that is characteristic for the disease.

But in our case, there is already a similar tissue (endometrium) that we normally have inside and behaves like the abnormal tissue. That’s the catch.

But before the laparoscopy, “endometriosis candidate” may undergo some other examinations, such as:

- **Physical examinations** where your doctors will look for possible tangible evidence of endometriosis such as: tenderness or masses in the abdomen, tenderness or lumps on the vagina or the womb, examine your rectal ligaments and muscle bands for masses or nodes (just to know what you can expect)

  A very wise thing to do is to keep note of all the symptoms that you had between examinations and then share that with your doctor. This is a far greater help then you might think.

- **Ultrasound scan** is the primary technique used in attempts to diagnose endometriosis. It is painless and harmless (it’s the same thing used for monitoring the fetus in pregnancy). If you have not ever undergone one of these, here is what to expect. A generous amount of water gel will be applied to your abdomen and the doctor uses a scanning head to “look inside”. It works on the principle of high frequency sounds waves that bounce back from the tissue in your body and form an image.

  It is not a reliable and definitive method in diagnosing endometriosis for two reasons. Firstly, it can only show masses of over 1.8-2.0 cm in size. Secondly, it cannot differ masses from one another (endometrial masses, cysts, or tumors).
- **HSG test (Hysterosalpingogram)** – what happens in this test is that your doctor passes some dye through the uterus and the fallopian tubes. This way, they can tell if your tubes are blocked by adhesions.

- **X-Ray** – The x-ray test is used in general to look at bones and bigger masses of tissue. Some doctors might use it to see if you have a mass in your abdomen or your lungs. However, again, the image that the x-rays provide cannot differentiate cysts, fibroids and other masses of strange tissue from endometriosis.

- **CT scan (Computed Tomography)** – CT scans provide a more distinct and detail picture of the body part. The increased resolution can offer a better insight but again, does not offer definite answers.

- **MRI (Magnetic Resonance Imaging)** - The MRI machine is actually a big magnet tube. An MRI is used to diagnose endometriosis and it can “see” lesions if they are larger then 2cm (1 inch). It can also be used to spot endometriomas (cysts that are caused by the endometriosis). We will be talking more about endometriomas in the later chapters.

MRI offers better insight than the options mentioned above since it can distinguish between certain abnormalities. But is much more expensive than the other options (ranging from $400 to several thousand dollars per session).

This high cost is due to the fact that they average MRI machine costs in the neighborhood of 1 million dollars. If your doctor advices and MRI bear three things in mind:
Firstly, make inquiries about what part of the costs are reimbursed by your insurance plan. If its 100%, skip the next two paragraphs, if not - keep reading.

Secondly, the cost of the same procedure in different institutions can vary in hundreds of percents. So, make sure that you ask around calling as many facilities as you can find.

Thirdly, the price that they offer you is the “sticker price” and you should look at it as a price for a used car. It can actually be negotiated. Don’t go overboard with this but explore whether they are ready to be flexible. It’s not a small amount after all. You can save thousands if you are patient with your decision of where to get an MRI.

Finally, there is a great website that can provide you with price comparison and MRI options, you can find it here:

http://www.comparemricost.com/

Word of warning: The magnets of the MRI machine are so powerful that it can be very dangerous if you have any metal on you when taking the test. So, abandon the MRI option if you have: braces, dental bridges, a peacemaker, a cochlear implant or any other source of metal.

Research in the field of diagnosis focuses on finding a definitive way to diagnose endometriosis through blood tests. One discovery that’s promising is the fact that women with endometriosis have elevated levels of a substance called CA125, but so do the women with fibroids or ovarian cancer. For reference, the normal level of CA125 is less then 35 U/ml.
If you are trying to get pregnant, you might be asked for a blood specimen so that they can check your levels of estrogen, progesterone and FSH (follicle stimulating hormone). Later on, we’ll say more about hormone levels and fertility.

Why is my doctor checking my stool for blood?

Hemoccult is a test that looks for traces of blood in your stool. Endometriosis of the intestine can cause blood in your stool. The test itself is painless. What happens is that your doctor will insert a gloved finger into the rectum and obtain a small amount of stool to smear on a special piece of paper.

Just remember, these people have done this hundreds of times before and don’t even see anything strange or unpleasant in this.

Why is my doctor asking for a urine sample?

If your doctor want to do a urinalysis it usually means that he/she suspects that you have endometriosis in your bladder.

Here’s a shocker – urine is usually sterile. But vaginal secretions and skin bacteria can contaminate it. If it is contaminated it may contain:

- Blood
- Sugar
- White blood cells
- Bacteria
8. b. Endometriosis diagnosis through surgery

We have talked about what you might expect from your doctor as initial steps in the diagnosis process. But, until they find a substance in the blood that is a characteristic of endometriosis and only endometriosis, the only way to tell whether you have endometriosis for sure is surgery.

The surgery is aimed at two things – your doctor will either visually inspect or take a little piece of tissue so that she/he can perform a biopsy.

**Biopsy**

If you hear about the *gold standard* from your doctors, then they are talking about surgically taking a little piece of your tissue and examining it microscopically. That is the most reliable way to diagnose endometriosis.

The main issue is that however severe the endometriosis is, it is not accessible from the outside. There are two ways your surgeon can go here:

- Laparotomy (an open and more invasive procedure)
- Laparoscopy (a less invasive procedure)

What happens is that your doctor peels off a small piece of the suspicious tissue using special instruments. The peeling off is usually very easy in new lesions and blebs. However, if the endometriosis tissue is older and more rooted, your surgeon will have to make small incisions on the side of the lesion and take a part of the lesion for the biopsy. If you have older endometriosis (if you have been having these pains for years) you must be very picky with your surgeon because there is a danger that she/he might cut into some of the important tissue that is closely bound to the endometriosis tissue.

**Diagnosing it visually**

Biopsy can have some serious complications (although it is rare). That is why it’s better, whenever possible to have an experienced
surgeon perform the surgery so that she/he might recognize the disease beyond the reasonable doubt and thus spare you of biopsy. The lesions can vary in color and size ranging from black, blue, red, white, brown or even clear and can be mistaken for other anomalies by the untrained eye. There is a connection between the staging of the lesions, the color and the appearance:

1. **Clear blebs** - these are the easiest to miss and mistake for a blob of water or gas. They appear in the early stages of endometriosis.

2. **White and yellowish** – This is the stage that comes after the clear blebs. They are flat or slightly raised. It can be misinterpreted as leftovers of the *corpus luteum* (shell of the egg follicle).

3. **Red** – this is the first sign that the lesions are old. They can take a range of shapes. There is usually some scarring involved. Most of the time, the red lesions are filled with old blood that is by now dark red or even brown.

4. **Dark grey and black** – if these are present that means that the sufferer is the end stage of the disease. By this point, the lesions are almost non-responsive to the mid-cycle hormones, which sounds like a good thing and it kind of is. But the bad news is that the damage is most likely almost done. There is usually so much scarring and adhesion that multiple organs are stuck together (remember - we talked about the frozen pelvis). Infertility is common at this stage of the disease.

What we said above does not mean that one patient can have only one type of lesions. Women with more of the lesions of type 1 and 2 have the most symptoms since these are the most metabolically active.

Take time and try to think of another disease that needs surgery to be definitively diagnosed. That is why there is a continued fight in the world as you read these lines to recognize this disease and give it the attention that it deserves. Yes, attention and the research
money. Tens of millions of women suffer from it and yet it is widely misunderstood and discarded as “psychological” or “just cramps”.

That is why it is so important that you got a hold of this eBook, whether you have endometriosis or not, because if we can’t invest millions of dollars into finding a simpler diagnostics method we can definitely get to know our body’s better and recognize this thing earlier, which is crucial.

Even if you don’t have it, if you read this book, you will be able to share your knowledge with your girlfriends. In this way, the awareness is spread virally and that’s a great thing.

It is documented that in many women, even in the western world, it may take up to 10 years to finally diagnose endometriosis. That’s thousands of hours of needles suffering. And if you happen to have a doctor that dismisses your symptoms and offer some Ibuprofen as an answer to all your pain, get into his face and share some of the things you know and don’t be afraid to raise your voice about your suspicions.

Or get a second opinion.
Chapter 8: Treatment options – prescription drugs

We will now take a comprehensive look at what the modern medicine has to offers in terms of prescriptions drugs. We’ll try to weigh out the pros and cons. Please note that only your doctor can make a decision of what drug is best for you.

The proper treatment for endometriosis is a huge subject of controversy, because different thing seem to work better in different patients and no single cause of the disease has been established.

Having said this, it is safe to say that the main principle behind the treatment that is offered by the conventional medicine is aimed at alleviating the symptoms. If I had to simplify things I guess I would say that modern medicine addresses the pain and the infertility that follows this terrible disease.

The road that your doctor will take will depend on a couple of things:

- Whether you are a parent
- Whether you are planning for a child
- Your age
- Your type of symptoms

The main principle behind the treatment

Endometriosis feeds on estrogen.

In milder forms of endometriosis, the main goal of the treatment is to control estrogen production or even stop the production. This is achieved through hormone therapy. In more severe cases, your doctor may reach a decision to remove the growth surgically.
8.a. Hormonal treatment – birth control pills

The goal of the drug therapy is to reduce the inflammation and adhesions, and not completely eliminate them. None of the drugs that are available today can eliminate endometriosis completely. There is a strong chance that it will come back 18-24 months after you stop the treatment. In the Violet protocol, I will show you exactly what I did to eradicate it and the steps I took to keep it away.

Hormonal treatment is basically working in two ways:

- By tricking the pituitary gland (gland bellow the hypothalamus) into “thinking” that your body has reached **menopause**. In menopause, the ovaries do not produce estrogen and the end result should be your endometriosis stopping its growth.

- By tricking your body into thinking that you are **pregnant**. In pregnancy, the ovaries are suppressed from working with high levels of progesterone and other pregnancy hormones. Also, you have no periods during pregnancy and this is why, devoid of estrogen, your endometriosis tissue scorches up.

So, in hormonal therapy we are tricking the body so that it stops feeding the tissue of endometriosis with estrogen.

It is documented that 20% of all the women that undergo the hormonal treatment have reoccurring pain within two years from stopping the treatment. So, this treatment is far from ideal but can help. I personally had such extreme side effects that had to stop the conventional hormonal treatment before it helped me at all.

Conventional hormonal treatment can come in different forms. One of the most common forms is the oral contraceptive pills or birth control pills.

**Biochemistry of the birth control pills**
The birth control pill consists of an estrogen compound and the progestin element. The estrogen part is always the same, it is a form of Estradiol (just like the ones your ovaries make) but there is a variety of progestin elements. This variety resulted in more then 40 types of the pill in the market.

They can be divided into the monophasic pills and the biphasic or triphasic pill. With the monophasic pill you always take the same pill and with the biphasic and the triphasic you take different pills depending on the day of your period. In most of the pills the amount of Estradiol varies from 20 to 50 micrograms.

There is evidence that the monophasic pills offer better results in endometriosis. We said that different kind of pills contains different kinds of progestin and also different ratios of Estradiol to progestin, so do not despair if one of the pills does not work, some of the others might work better in your case.

The goal is to stop you from having a period from 6-9 months so that the endometriosis tissue “starves”. Some women may experience weak period wile on the pill and most of them none. Dosages are individual and can only be agreed on with your doctor.

All the pills that are used have some sort of side effects and it is personal which pill will work the best for you and have the least side effects. If you have a more severe case of endometriosis, your doctor might decide that he wants you on a pill that is stronger in progestin (that strongly suppresses your ovaries).

Talk to your doctor about this, ask about the Estradiol to progestin ratio and what you might expect in terms of side effects, Also, note that just the fact that some pill has more progestin does not mean that it is stronger, different progestins have different strength per milligram.

**Side effects of the birth control pills**

Interfering with the hormones using a synthetic drug is rarely left without side effects. Here is what to look for so that you know if a particular pill works for you, or has too much side effects that they outweigh the benefits.
- Headache
- Nausea
- Vomiting
- Weight Gain
- Acne
- Breakthrough bleeding
- Spotting
- Excess hair growth
- Decreased Libido
- Mood changes
- Water retention and swelling (ankles, abdomen)
- Breast tenderness

These side-effects are pill-specific and there is no way of knowing whether you’ll experience some of them without trying the pill. It might just be that you will not experience any of the listed or just mild forms of one or two of them. It is up to your doctor and you to pursue the right pill for you if you have chosen the option of birth control pills.

That is why you are advised to keep a journal of all your symptoms and experienced side effects and bring it with you to your doctor’s appointments. In fact, get up now and add a “journal notebook” to your shopping list for this week.

Apart from benefiting from the pill through relief from your endometriosis, you might also:

- Reduce risk of skin problems
- Clear the skin if you already have skin problems
- Strengthen your bones

There are also studies that show the risk of ovarian and endometrial cancer being reduced by up to 50% in women on “the pill”. Not to be overlooked, don’t you think?

**Word of warning about the pill:** There are reported cases of blood clots and heart attacks connected to the taking of “the pill”.

Women who have high blood pressure issues or smoke are at increased risk of this kind of serious complications. Discuss this with your doctor before starting your treatment.

### 8.b. Hormone therapy – Testosterone derivatives

As you probably already know, the primary male hormone is testosterone and synthetic forms of this hormone are used to reduce the ovaries’ production of estrogen and progesterone. When this happens, you stop having your periods. This time we are not tricking the body into anything but we are directly suppressing the signals from the pituitary gland necessary for the production of estrogen.

This kind of treatment is often used to shrink and soften the endometriosis tissue before the surgery so that your surgeon can do a better job.

Synthetic form of testosterone that is used is called Danazol.

### 8.c. Hormone therapy - Progestogen and Progesterone

If you want it simple, Progesterone is the hormone that is preparing the womb for pregnancy. It “makes sure” that the levels of estrogen are lowered during pregnancy and you keep the precious contents of your womb inside. Progesterone has the identical chemical
structure to the substance made in a woman’s body by the ovarian corpus luteum (gland formed after an egg is ovulated each month).

Progestogen is a name given to any substance that can mimic what Progesterone does. Progestogens convince your body that you are pregnant, your estrogen levels go down and your endometriosis shrinks.

As in pregnancy, Progestogens also stop you from ovulating and thus additionally lower your estrogen.

Progestogen hormone drugs for Endometriosis include: Medroxyprogesterone, Norethisterone and Dydrogesterone.

**Is it better to take progesterone as a pill, a shot or a vaginal suppository?**

There are good and bad sides to each of these options to take progesterone. You can determine the best way for you by comparing the cost and the convenience of the dosage that you doctor proposes and different forms that you can take it in:

- **Pills** – peak absorption is within 4 hours and it usually clears from the system within 24 hours. If you do take it through pills, take it with food since this increases absorption.

- **Shots** – usually given in the form of oil, with doses that peaks at about 12 hours after administration and take at least 48 hours to clear from the system.

- **Vaginal suppositories** – peaks in 4 hours and cleared by 24 hours

Later on, when we get into the Violet protocol we’ll explain one more option that we can utilize the potency of progesterone while avoiding all the side effects of the synthetic progesterone.

Side effects you might experience: mood swings, depression, weight gain, fatigue, nausea, dizziness, bloating.
8.d. Hormone therapy – Gestrinone

A synthetic hormone called Gestrinone has characteristics of both male and female hormones. It does two things:

- It suppresses the production of FSH and LH from the pituitary gland, which are the hormones that stimulate the ovaries. Absence of ovulation in the course of time relieves endometriosis.

- There is also proof that it suppresses the endometriosis deposits

If you and your doctor choose this drug, then look out for the following side effects: acne, breast shrinkage, fluid retention, itching, muscle cramps

8.e. Hormone therapy – GnRH

Gonadotropins are hormones that regulate ovulation. We already mentioned these but have not explained them in depth.

There are 3 Gonadotropins that the human body secretes:

- Lutenizing hormone (LH) – LH surge triggers ovulation

- Follicle-stimulating hormone (FSH) - It is synthesized and secreted by gonadotropes of the anterior pituitary gland. FSH regulates the development, growth, pubertal maturation, and reproductive processes of the body.

- Chorionic gonadotropin (CG) – secreted in pregnancy to protect the corpus luteum of the ovary which produces progesterone in pregnancy

GnRH or the Gonadotropin releasing hormone is a hormone that regulates the production of Gonadotropins.
In the treatment of endometriosis, some doctors use GnRH analogues, which are basically substances that do what the GnRH does – change the levels of FSH and LH.

Similar to other approaches this stops ovulation, decreases estrogen and relieves endometriosis, but the side effects can outweigh the benefits. These side effects can be relieved by adding estrogen and progesterone to the therapy. Some of the best known options among these drugs are: Leuprolelin, Goserelin, Nafarelin, Buserelin and Lupron.

**Word of warning about Lupron:** All of these drugs can have serious side effects, but a drug called Lupron has been a subject of controversy especially during the last decade with many law suits against the pharmaceutical companies. There is evidence of heavy long term damage from this drug.

8.f. **Hormone therapy – Mirena Coil**

The Mirena Coil is a small plastic device that is used primarily for contraceptive purposes, and lately increasing for the treatment of endometriosis. Its generic name is the levonorgestrel intrauterine system or LNG-IUS. It is a T-shaped device that is inserted into the uterus and releases a progesterone-like substance into the uterus for 5 years.

Since its beginning it the 1990s, its popularity has grown for contraceptive purposes because of its convenience. But, it is just the few last years that the doctors started exploring its use in endometriosis. That is why, in some countries, it has not yet been approved for use in endometriosis treatment.

To date, there is only one long-term study (3 years) that has proven the effectiveness of the Mirena Coil in endometriosis.
How it works?

It has a light plastic frame with a tiny storage for hormone Levonorgestrel. This hormone is also used in contraceptive pills but in much higher doses. In Mirena coils it is about 15% of the strength of the contraceptive pill. But the good thing is, it goes straight into the lining of the womb and avoids the blood, thus avoiding some of the side effects.

At the dosages usually used for endometriosis, most women will stop ovulating and menstruating during treatment. The levonorgestrel intrauterine system does not always stop ovulation.

In the first 3–6 months, many women will experience spotting, but some may experience heavy or prolonged bleeding. Later, most women will have lighter periods than previously, and some will have no periods.

Insertion

Before you are inserted with the coil, make sure that you get a thorough examination aimed at determining whether you are a candidate for a Mirena Coil in the first place. You are not a candidate for a Mirena Coil if you:

- Are pregnant or suspected to be pregnant
- You had vaginal birth within 6 weeks
- You had caesarian birth within 12 weeks
- You had genital infection within 3 months

The coil can be inserted during a special procedure or during a laparoscopy if you have given your doctor the permission to do so. You may feel a mild discomfort during the insertion or up to half a day after the insertion and this is normal.

Here are some other recommendations:
- Don’t be alarmed if you feel a stronger discomfort after the insertion and you haven’t had a child before (some doctors are even reluctant of inserting it in women that have not been with child since their uteruses are smaller and are not stretched)
- Plan to have your Mirena Coil inserted on a day that will allow you to rest afterwards
- Do not have sex within 24 hours after the insertion

The coil does last for up to 5 years but can be removed at any time for any reason. The removal of the coil in painless.

**Side effects of the coil**

In the mentioned study, only a several women decided to remove the coil before time. Their reasons were:

- Pelvic pain
- Weight Gain
- Irregular bleeding

**Other side effects**

There are other side effects reported with the use of the Mirena coil, but these are very rare:

*Ovarian cysts*

Women using the Mirena coil are more likely to develop benign ‘simple’ ovarian cysts. The most common symptom of a simple cyst is abdominal pain that does not resolve with simple painkillers. Such cysts usually disappear without treatment in 2–3 months.

*Pelvic infection*
There is a small risk that you might develop pelvic infection in the first couple of weeks after the insertion. About 1.5% of women develop some sort of infection within the 5 years of the usage of the coil.

In these cases, the coil must be removed. So, contact your doctor promptly if you have a Mirena coil inserted and you experience some of the following symptoms:

- Fewer
- Painful intercourse
- Abnormal bleeding
- Lower abdominal pain

**Mirena coil and the pain**

Several small studies have shown that the Mirena Coil is very effective in decreasing pain, especially during the first year after the insertion.

There was only one trial that compared use of the Mirena coil with a GnRH agonist and it found that both treatments were equally effective in relieving endometriosis pain over a 6 month treatment.

**Check-ups**

After 4-6 weeks from the insertion you should see your doctor to make sure that everything is in place. After that, a yearly check-up is sufficient.

In 4-5% of women, the muscular cramps of the uterus can push the coil out of place or expel it from the uterus. You can check whether the coil is still in place yourself by feeling the two fine black threads that are hanging from its base. If you can't feel them by touching, you need to contact your doctor. However, there is no need to worry that it might be misplaced without you noticing.
If the coil is dislodged, you may experience pain or bleeding and your partner might feel it, too - during intercourse.

**Interactions**

Mirena does not interact with other drugs, foods or alcohol.

**Final word**

As you can see, there is a broad span of options when it comes to prescription drugs. Each of them has advantages and each of them has weakness and side effects. None of them cures endometriosis completely in the literal sense of the word.
Chapter 9: Treatment options – considering surgery

In this chapter we look into a very important sphere - surgery as means of treating endometriosis. It is an issue that you will almost certainly face if you have endometriosis. It is more of a chicken-egg relationship, because at the moment, there is no way of saying if you have it or not.

The only way your doctor can say beyond any doubt whether you have endometriosis is through surgery. If your doctor and you decide that surgery is the way to go, then it probably will not be just diagnostic surgery, but your doctor will try and do something about relieving the pain and the symptoms at the same time by removing some of the endometriosis tissue. That is basically how it works.

But, think twice before you have any surgery because there are serious risks involved. Here, we will explain in depth what happens during surgery, what kinds of surgery are available to you and what are the side effects and recovery process after the surgery.

This chapter is designed to make your dilemma or trilemma about surgery easier.

Your doctor may propose surgery if:

- You need reconstructive procedures aimed at infertility
- Your drug treatments fail time and time again
- Your symptoms are severe and your doctor suspects that you might have deep endometriosis

9.a. Two general options when considering surgery

Speaking in the broadest terms, your surgery can be conservative or radical.
✓ **In conservative surgery** your doctor will try to cut as little as possible and make as small disturbances inside as possible. This is the only choice for women who still want to keep their chances of getting pregnant. It is considered that you have conservative surgery if you keep your uterus, tubes and at least one ovary. This means that your doctor can remove the adhesions, cysts, any other anomaly and even one ovary and it will still be considered a conservative surgery.

✓ **In radical surgery** your doctor will remove the uterus, the ovaries and the tubes.

The most important thing that surgery is aimed at is your surgeon taking a good look at your abdominal cavity. Based on the type and the size of the incision, your surgeon has two options.

### 9.b. Laparoscopy and laparotomy

✓ **Laparoscopy:**

This choice is characterized by a smaller incision (less than an inch). It is the most common way to diagnose endometriosis.

✓ **Laparotomy:**

The more radical choice in terms of incision ranging from 2 to 12 inches. They can be horizontal (across the lower abdomen) or vertical (from the pubic bone to the umbilicus).

I know it sounds as if there’s no reason why you should choose option number 2, but this option allows your surgeon to see and feel much more and that is why some women decide to undergo this extreme surgery.

The important thing is that other people’s experiences are pretty much useless when making this type of decision, because no two cases are the same. So, never make a decision based on something you hear in the waiting room, read (including this e-book) or see on TV. The trio that is to make the decision is your doctor, you and your symptoms diary.
9.b.1. Laparoscopy – an in depth look

Since its roots in the 1970s when it was just used for tubal ligations and other simple procedures it has come a long way. This happened with the development of the optics used during the procedure.

Having said this, make sure that your doctor has qualifications to do the surgery since when some of the doctors were in their medical schools, the procedure was still at its early development or wasn’t even invented yet.

This doesn’t mean that if your doctor is 60, he is not qualified, since there are many training programs just for this profile of doctors.

Laparoscopy can be both minor and major surgery. When it is done only for the purposes of diagnosis it is usually minor surgery, but when it is aimed at treatment and when removal of endometriosis tissue is done, it is considered to be major surgery.

So, how is laparoscopy done?

You may also hear your doctor referring to laparoscopy as the “keyhole procedure”. This is because the incision is so small and your doctor uses lights and optics to actually see what she/he is doing inside.

It is usually done under general anesthetics and most of the time, you will be asked to stay overnight although some institutions might let you go home the same day. You can expect to have a separate conversation with an anesthesiologist about your medical history during which you will also receive the general instructions you need to follow to make the process of general anesthesia go as smoothly as possible. Anesthesiology has gone far in the last years and is safe as never before, so don’t be alarmed with some horror stories that you might hear or read.

During surgery, your body will be slightly tilted and your legs will be slightly higher then you head. They will then inflate your abdomen a little bit using Carbon Dioxide so that the insides become more accessible for the instruments.
Then, you surgeon will slide a tube with a valve called a trocar, to prevent the gas leaving your abdominal cavity.

You’ll have a catheter during your surgery and they may leave it on until you are fully awake.

Then, a long thin instrument called a laparoscope is inserted into your abdomen to inspect the abdomen and the pelvis. The laparoscope is like a long thin telescope that allows your surgeon to take a look at your reproductive organs.

If the laparoscopy is done for diagnostic reasons, it is much simpler and if the lesions of the endometriosis tissue have reached a certain size so that they are visible to the naked eye, your surgery will be over pretty soon. But, if your surgeon cannot actually see the endometriosis once the laparoscope is inside, he/she will get a small sample of tissue to be looked at under a microscope (tissue biopsy) and look for endometriosis that would be invisible to the optics that are used during surgery.

If during the operation, your surgeon finds evident endometriosis, he/she may proceed with the surgery to remove the tissue that does not belong there. This crosses the line and becomes major surgery and your surgeon will ask your permission to do so before the operation.

If this is the case, additional small incision will be necessary since now your surgeon will need additional instruments inside so that he can cut out the unwelcome tissue.

He will make the small incision in the abdomen and start to separate the adhesions that are visible, drain any cysts and repair any damage.

Depending on the type of intervention your surgeon might use:

- Diathermy, which represents the use of electric current to divide or coagulate tissue and control the bleeding.
- Lasers to burn or cut the tissue. Lasers are very precise and reduce the unwanted damage to the healthy tissue.
By now you should have a pretty good feeling of how delicate and sensitive this is and how much it depends on the skill of your surgeon. That is why you owe it to yourself not to be shy when asking questions about his/hers qualifications and how many laparoscopies have they performed in their carrier.

Your surgeon might also decide to perform additional interventions such as dilatation, curettage or hysteroscopy to examine the insides of your uterus for any abnormalities.

He may also decide to run some dye through your tubes to see whether there is blockage there.

The surgery itself lasts up to half an hour if it is performed for diagnostic purposes and up to an hour if it is aimed at treatment.

**Light Amplification by Stimulated Emission of Radiation and laparoscopy**

What? I can hear you asking...

**L.A.S.E.R.**

Yes, laser stands for the clutter of words that I wrote above and is lately commonly used during laparoscopy because of a number of advantages that it offers.

Some of them are:

- Much more accurate then conventional techniques and thus makes much less unwanted damage
- Laser burns heals very quickly and leaves little or no scarring
- It has over 70% success rate in relieving abdominal pain

But what is a laser in its essence. It is a beam of light that some substances release when they are stimulated by electricity. This beam is then directed as we want it through a system of small mirrors, and in the case that interests us aimed at burning and cutting the tissue of endometriosis.
There are 4 main types of lasers that are used during a laparoscopy and your doctor decides on this once he sees what’s inside:

1. **Carbon dioxide laser** that is used for milder forms of endometriosis. It is very easy to control.

2. **Argon laser** – for large cysts and closing blood vessels

3. **Potassium Titanyl Phosphate or KTP laser** – penetrates deeply, harder to control and is used for large cysts

4. **Yttrium Aluminium Garnet or YAG laser** – very strong and penetrates into deep tissue

The basic difference during the laser procedure is the fact that two small additional incisions are needed. These are usually made bellow the bikini line on either side of the abdomen.

One of the incisions is for the laser and the second one is for the gases to go out and for some fluid to be passed so that the cavity is washed.

Using lasers in laparoscopy does neither increase nor reduce the chances of the disease coming back after the surgery. So, having all in mind, if you have the choice it is probably wise to choose laser because of all the benefits that we just talked about.

**After your laparoscopy**

There is no definite and simple answer to the question when will you be able to go back to your normal activities. This largely depends on the many variables that this kind of surgery implies. It varies from a day or two to a couple of weeks.

Although the incision in laparotomy is so small and minimal damage is done to the skin, it is not the size of the scar that determines the gravity of the post-surgery recovery period. But what does this actually mean?
This primarily refers to the amount of innervated tissue that your surgeon will be removing. For example, cysts and fibroids are devoid or nerve endings and that particular incision inside will cause little or no pain. On the other hand, endometriosis tissue is innervated as well as the peritoneum (wall of the abdominal cavity) and if your surgeon does a lot of work on these tissues, your recovery process is likely to take somewhat longer. It is safe to say that most women are up and about in a week or so.

That is why it’s crucial that you have a long talk with your surgeon after the procedure and learn about the kind of work he has done inside. Also, make sure you ask for advice about recommended activity levels (sexual and otherwise).

Is laparoscopy a painless surgery?

Although laparoscopic surgery has less post-operative pain compare to open procedure it is wrong to think that laparoscopic surgery is a painless surgery. After Laparoscopic surgery patient sometimes may experience pain at the site of wound or in one or both of your shoulders. This is caused by irritating of diaphragm by carbon dioxide gas. This is a very mild irritation and if you will tell your doctor about this problem than he will give you tramadol hydrochloride injection and pain will subside. There will also be some pain in the small incisions, which will also disappear after the medication. Patient should avoid alcohol while taking pain medication. Within a few days, the pain should subside completely.

Will I have a scar at the place of the incision?

The end result of your laparoscopy will be a small scar that can barely be called that; it will resemble a scratch rather then a scar. The scar will be pink for 2 to 3 months and then it will fade away.

How should I take care of the incision?

After the operation the incisions are covered with sterile dressings. These dressing should not be removed for at least the first 24 hours. If they become soiled, or saturated with drainage, you may replace them at any time. After 48 hours one can remove these
dressings. You are advised to consult your doctor about removing the dressings since in some cases it may take more time.

When you have removed the initial dressing, wash the wound gently using a mild pH neutral soap and wash it with body temperature water. Avoid bath tubs and soaking the wound completely under water, since the pressure increases your chances of infection.

**What can I do to decrease the swelling?**

During the first 20-24 hours after the surgery you can apply ice onto the area to decrease the swelling (don’t remove the dressing and keep the ice in a closed bag to avoid leakage). Apply the ice for 20-25 minutes and then pause for 30-40 minutes. Do so as many times possible during the first 20-24 hours.

**Can I speed up the recovery?**

Same as cooling the area down during the first day, you are advised to slightly heat the area up in the next few days to speed up the healing process. When I say heat up I mean using temperatures that are slightly over the body temperature levels. Apply a warm cloth for a couple of time per day for 15-20 minutes.

**Why does my throat hurt?**

To be able to do the job well, your surgeon will ask the anesthesiologist to administer a paralyzing medication to your abdominal muscles. But this drug has a side effect – it lowers your ability to breathe on your own.

So, they will insert a breathing tube in your throat during the surgery to help you breathe. This will give you a very unpleasant sore throat after the surgery, but there is no way around it.

Your doctor will probably give you the medication to help you through the soar throat issue. There is one thing that is proven to be very helpful with the sore throat and it’s the salt water gargles.
To gargle with warm salty water, simply put a tablespoon full of **sea salt** into a mug full of warm water, add a couple of drops of **Oregano oil** and stir up and gargle every couple of hours. Don’t use the table salt type variety as it has been processed with chemicals and chlorine and could never possibly have the therapeutic benefits of the sea salt any good health food store will sell you.

If your sore throat persists or if you see blood in your sputum, make sure that you inform your doctor right away.

**When and what should I eat?**

Patient should remain on liquid diet, (juices, tea, and soup) for the first 12 hour. After the first 12 hour if everything is normal and you are not feeling any nausea, vomiting, abdominal cramps or distension you can resume your normal diet.

Constipation is common after the surgery because of disturbed physiology and it usually resolves spontaneously within a few days. If this does not happen, a mild enema will resolve the issue for sure.

**I have some soakage from the wound, is this normal?**

A small amount of clear to light red soakage is normal and should not upset you. If the soakage is abundant or green in color, inform your doctor immediately.

**9.b.2. Laparotomy – an in depth look**

Before the laparoscopy, laparotomy was the only surgery used to treat endometriosis. The primary difference is in the size of the incision. While in laparoscopy, your surgeon will use and optic device to look inside and a similar tubular device for cutting, in laparotomy the incision is much longer and direct approach to your insides is given to the surgeon operating.

Laparotomy is also known as **coeliotomy**.
In the past few years even the laparotomy techniques have advanced to reach a point where the incisions are as small as 2 inches, when just few years ago the incision were rarely smaller then 10 inches in length.

I know it sounds bad, and in some ways it is (it will not be useful to what you look like naked) but it also has some very strong sides worth mentioning.

Single most important good side of choosing laparotomy over laparoscopy is the fact that your surgeon will have much better access to the inside of your abdomen and will have a much better opportunity to clean all the “stuff” that should not be there. It will allow him/her to better control the cuts and avoid spilling of the contents of the tissue (cysts, lesions) that he/she is trying to remove to the surrounding healthy tissue.

Another good side of laparotomy is the fact that there is less of a chance that some of the healthy tissue will be damaged in the process since much better access means much better control. In all fairness, surgeons that can be as good and as precise with laparoscopy as with laparotomy are rare.

One thing to keep in mind is that although they all seem great and capable when they talk, under their fancy coats, the surgeons are just people. People that can be insecure or can get nervous. That is why you need to think about the level of confidence and calmness your surgeon will have when they operate on you. And confidence comes only one way – through practice.

So, take time and choose wisely. Be patient if you have doubts about your surgeon and keep looking if there is one shred of doubt in your head. This can make the world of difference.

Your surgeon may propose laparotomy over laparoscopy if you suffer from more severe form of endometriosis and the lesions are expected to be more extensive. He/she can also do so if you are overweight since obesity greatly interferes with the procedure in laparoscopy.
This means that if you have your eye on a surgical procedure and would like to avoid the long scars that laparotomy leaves, plan months ahead. When I say plan I mean primarily two things:

1. **Finding a surgeon** that has been doing laparoscopies for a long time and is confident about their skills. When you think you found them, dig deep, and ask about the number of procedures and the success rate. Don’t feel ashamed, it’s your body and you don’t want to be among the first couple of dozen patients that he/she worked on.

2. **Loosing weight** if you are overweight. It will make your surgeon’s job much easier.

**What happens during a laparotomy?**

You are put to sleep (general anesthetic) and an incision is made bellow the bikini line on your abdomen. The incision may be either horizontal or vertical, and it is your surgeon’s call. Most surgeons nowadays choose horizontal incisions for aesthetic reasons.

The length of the incision can be anywhere from 2 inches to as long as 12 inches (the later being rare in modern medicine). Make sure that you know the plans of your surgeon, just so that you don’t wake up to a surprise.

Then, any endometriosis tissue, cysts and lesions are removed and just as importantly the visible adhesions are separated. In laparotomy, it’s safe to say that almost all adhesions will be visible.

**After your laparotomy**

So, once the procedure is done and you are out of the anesthesia, you are starting the recovery process that is a bit more complicated then the one described in laparoscopy.

The guidelines are pretty much the same (the ice at the beginning and the warm cloth later on) but there are some important differences.
First of all, more often then not, you will be asked to stay in the hospital overnight after you had laparotomy.

The reasons for this are threefold:

1. The bigger wound comes with an increased risk of reoccurring bleeding

2. The pain requires heavier dose of pain killers and when this is the case, it is a good idea to be monitored by doctors at the hospitals than risking it at home

3. A condition called ileus where the intestine just stops working is not uncommon. This kind of digestive tract disturbance can be very serious and needs to be addressed fast by a medical specialist.

You will be asked to avoid any physical activity for a while. And the “while” depends on the extent of work that was done. One of the main reasons for this is the fact that the white tissue that connects abdominal muscles to the bones, called the fascia is disrupted during the surgery and will take a few weeks to regain its full functionality. During this time, all movement may result in mild or sudden sharp pain.

The stitches (if they are not the ones that dissolve on their own) will come of in 5-6 days. Make sure you keep the wound clean and avoid any rubbing of clothes or jewelry against it. Any signs of increased pain, redness or stiffness are signs of infection and you need to inform your doctor ASAP.

Dehiscence is a surgical complication where the edges of a wound no longer meet - it is also known as “wound separation”.
What to Do If Dehiscence Happens?

As dehiscence can easily become evisceration, a very serious complication where the organs begin to push outside of the open incision, all instances of dehiscence should be reported to your surgeon. Even small breaks in the incision should be discussed because even a small opening is a gateway to infection and should be treated. If you can see a “hole” in your incision, then bacteria can easily enter the incision and cause serious problems.

In the short term, if you have been covering your incision with a bandage or have clean bandage supplies, cover the incision until you receive further instructions from your surgeon.

How long before I get back to my life?

Simple truth is, most of the women undergoing laparotomy will need 4-6 weeks to get back to their normal life routines.

9.c. Choosing your pace in surgery choices

We have already mentioned the conservative and radical approach to making the surgery choices. Then we moved on to talk about laparoscopy and laparotomy. It is important to understand that laparoscopy and laparotomy are just different options when it comes to incision size and instruments used to look and access the inside of your abdomen. The fact that the incision is larger in laparotomy does not make laparotomy a radical surgery choice per se.

Both conservative and radical surgery can be done by laparoscopy or laparotomy.

This means that the extent of work done has nothing to do with the choice between laparoscopy and laparotomy. Here, we will look into different options you have when opting for surgery to treat endometriosis in terms of what kind of work you have done.
9.c.1. Conservative surgery (starting slow)

As we explained, conservative surgery can be done both through laparoscopy or laparotomy.

- Cutting away the adhesions

Most of the time, the solution is very simple and most of the pain or the fertility issues comes from the adhesions that are sticking internal structures together or distorting the fallopian tubes, the later resulting in decreased fertility or infertility.

The adhesions are actually the thin filmy scar tissue that surrounds any organ and is causing it to stick to another organs or the abdominal wall. The structures are then constricted from moving normally and this is what’s causing the pain.

The adhesions can be separated by using scalpels, lasers or electro surgery. In most of the cases, this conservative approach that leaves everything in its place will offer instant relief and greatly increase your chances of conceiving.

- Ablation and excision of endometriosis

Ablation is surgical destruction of endometriosis tissue and excision is removal of endometriosis tissue. Whether the endometriosis tissue should be removed and how to choose the ones that need to “go” is a huge subject of controversy in the medical community.

Some surgeons are pro removing every single trace of endometriosis that they can see and others think its best if they only remove the parts that are affecting the vital structures.

If your doctor chooses ablation of incision, he/she can choose among the following 3 options depending on how deep the endometriosis tissue is embedded into your healthy tissue:

1. He/she can scrape the lesions that are loose and are not deeply embedded in the healthy tissue. This procedure will cause minimal damage to the healthy tissue and little or no bleeding.
2. He/she can cut out the lesions that are deeper and embedded into the healthy tissue. This will cause a much heavier damage in the surrounding tissue, especially since he/she will have to broaden the cut and take out some of the normal looking tissue just to be sure they got the whole lesion out.

3. Your surgeon may decide to destroy the lesions on the spot using laser, electro or ultrasonic surgery. All of the mentioned methods to destroy the lesions have good and bad sides to them and it is your surgeon’s choice based on your particular case.

For example, ultrasonic devices and carbon dioxide lasers are precise but they do not coagulate well, whilst electro surgery is both precise and works well with liquid-filled lesions but it can cause damage to the surrounding tissue due to the current used for cutting.

Whichever of the options described in 2. and 3. they choose, the end result will be a barren surface of healthy tissue that can easily develop new lesions. That is why procedures are developed to avoid this.

Most of the time they will take a piece of the omentum (fat covered by peritoneum) and cover the area. In recent years, various commercial fluids that prevent adhesions are also used.

- **Catch 22 of the chocolate cysts**

Working on the ovaries and the mentioned chocolate cysts during surgeries is very sensitive, dangerous, can decrease fertility and cause infertility.

Not working on the ovaries if they are affected can be dangerous; can cause decreased fertility or cause infertility.

That’s the catch 22 right there, and the bottom line is that if your ovaries are affected by endometriosis the decision is made on case to case basis and no general guidelines are of much use.
Chocolate cysts (endometriomas) are cysts that got their name because they are dark red towards brown in color from all the old blood that they contain. What we said above is true for any kind of ovary involvement, but especially for chocolate cysts with their severely toxic contents that can cause all sorts of damage if released into the surrounding tissue.

The plan would generally be to remove as much as possible of the foreign tissue while preserving the healthy tissue. Easier said then done. That is why it is important to have that long talk with your surgeon that we keep insisting on all the way. This way, you’ll be sure that you are OK with his approach to the risks involved.

- PSN and LUNA

I know it sounds like rave party drugs, but these are actually two kinds of conservative procedures used to alleviate the pain that goes with endometriosis.

**PSN or Pre-Sacral-Neurectomy** means cutting the nerves that carry the pain from the pelvic organs. It is not only used in endometriosis but also in dysmenorrhea (painful periods) with causes other than endometriosis.

These nerves come out from both side of the pelvis and form nerve fibers on the sacrum (a large, triangular bone at the base of the spine and at the upper and back part of the pelvic cavity). It has been proven that these nerves have no other purpose but to carry pain messages and that is why cutting them off will not impact your quality of life otherwise.

Simply put, this means that your surgeon will remove the presacral plexus (group of nerves that transmits the pain from your uterus to your brain).

This is not as simple as it sounds since your surgeon will work in a part of you that numerous blood vessels go through and they have to take extra care not to do any damage on these. This especially goes for the **aorta** and **vena cave** (the biggest blood vessels that take blood away and to the heart. There are also numerous veins on the very surface of the sacrum.
That is why until recently, PSN was only done through laparotomy to allow better access and comfort of work to the surgeon and minimize the risk of any of the above complications happening. But, with the advances in the field, there are surgeons that are comfortable performing PSN using laparoscopy. Again, if you find one, ask directly how many times has he/she done this type of procedure in the past has.

The PSN is done in 5 steps:

1. Your surgeon makes the incision
2. They move the intestine to access the sacral area
3. Cuts the peritoneum to be able to see the nerve fibers
4. Isolates and cuts the nerve group (or groups)
5. Repairs any damage to the abdominal wall and replaces the intestine

To date, evidence in official studies of effectiveness of PSN in endometriosis management remain limited, incomplete and a subject of controversy.

Because of the complications that might follow the surgery and the sensitivity of the area, PSN will very likely be your doctor’s last option.

If your hear that your doctor is talking about LUNA or Laparoscopic Uterine Nerve Ablation this means that he/she plans to cut the para-sympathetic and sympathetic nerves that take part in transmitting the pain from the uterus to the brain.

LUNA is different from PSN, and basically the only similarity is that the procedure is done to prevent certain nerves transmitting the message of pain. But, the work in LUNA and PSN is done on different nerves. PSN carries more risk with it then the LUNA procedure.

**What does LUNA do?**
In LUNA, your surgeon will cut the uterosacral nerves. The uterosacral nerves run in the uterosacral ligament. They are parasympathetic nerves, not usually visible to the naked eye. LUNA is a surgical procedure designed to destroy these nerve pathways, and is usually done by coagulation, Harmonic Scalpel ablation, laser ablation, or excision.

Once the incision is made and the intestine pushed a bit aside to get a better look, your surgeon will try and spot the ganglion (group of nerve cells) that is attached to the uterus at the junction of the cervix.

As with PSN, official studies are limited both in number and quality and size of the specimen (again, it’s a man’s world and if this was a guy’s problem, research dollar would just be pouring in).

Some studies show that as many as 80% of women with dysmenorrhea experience relief after the LUNA procedure. Because it is not so complicated and no great risks are involved, LUNA is done much more often then PSN.

9.2. Radical surgery options (when things get serious)

If you remember, we have already clearly defined what radical surgery means. Once more, it can be done with both laparotomy and laparoscopy. The surgery is defined as radical every time some of the vital structures are removed (such as the uterus of the ovaries).

The underlying reasoning for choosing to make radical steps lay in the already described backflow theory. Let me make this clearer - in 1921, Dr. Sampson from John Hopkins Hospital started theorizing that endometriosis was due to the back flow of menstrual blood and that this blood containing uterine lining material began to grow and embed onto the pelvic peritoneum and structures thus forming endometriosis. The corollary of this theory is that if the uterus is removed, then no further back flow can occur, therefore endometriosis would be cured.
Furthermore, if the endometriosis implants in the pelvis responded to hormones in the same way as the uterine lining and that the estrogen from the ovaries stimulated their growth, it is logical for the ovaries to be removed along with the uterus even in very young women in an effort to cure the pain of endometriosis.

Well, as things unwind it seems that it’s not as simple as that after all. If it was, it would be so simple for women that do not plan to have babies to just remove the uterus and the ovaries and never feel another symptom of endometriosis. But, there are cases of women whose endometriosis did not go away even after the ovaries and the uterus were completely removed.

This doesn’t mean that the back flow is not the answer to what causes endometriosis, but it is safe to say that it is not always the answer and that it is very likely that there are several possible triggers and there’s just more to it – later on we’ll see just how much more. In my treatment on Violet protocol I have holistically addressed all the potential triggers. This brought me back my life and wellbeing.

In this sub-chapter, we’ll have a closer look at some of the radical surgical options.

Two of the most common radical surgery options are oophorectomy (removal of both ovaries) and a complete hysterectomy (removal of the uterus).

**a. Oophorectomy (or ovariectomy)** is the surgical removal of an ovary or ovaries. Removal of the ovaries in women is the biological equivalent of castration in males, and the term is occasionally used in the medical literature instead of oophorectomy.

If one ovary is removed, a woman may continue to menstruate and have children. If both ovaries are removed (a procedure called a bilateral oophorectomy), menstruation stops and a woman loses the ability to have children.

Besides endometriosis, Oophorectomy is performed to:
- remove cancerous ovaries
- remove the source of estrogen that stimulates some cancer forms
- remove a large ovarian cyst
- excise an abscess

Until the 1980s, women over age 40 having hysterectomies routinely had healthy ovaries and fallopian tubes removed at the same time. This operation is called a bilateral salpingooophorectomy. Many physicians reasoned that a woman over 40 was approaching menopause and soon her ovaries would stop secreting estrogen and releasing eggs. Removing the ovaries would eliminate the risk of ovarian cancer and only accelerate menopause by a few years.

In the 1990s, the thinking about routine oophorectomy began to change. The risk of ovarian cancer in women who have no family history of the disease is less than 1%. Meanwhile, removing the ovaries increases the risk of cardiovascular disease and accelerates osteoporosis unless a woman takes prescribed hormone replacements.

**What happens during Oophorectomy?**

First of all, your doctor and you reach an agreement whether you want to be under general or regional anesthesia. The incision is generally the same as the one used for hysterectomy (we’ll get into this later on in this sub-chapter). It is hard to offer advice on which is better, horizontal or vertical incision. Horizontal incisions are better in aesthetic terms while the vertical incisions offer your surgeon a better view and more space to maneuver.

This is not the kind of surgery that is recommended for young women that are still to plan their families; it is more of an option for women who are past that life phase. However, if the pain is concentrated towards one side of the abdomen, removing one of the ovaries may resolve the issue and still offer plenty hormones to continue menstruating and have a pretty good chance for conceiving.
So, once the incision is made, your surgeon will stretch the muscles apart to be able to see the ovaries. Once they locate them, they are cut out, often together with the fallopian tubes.

Oophorectomy can sometimes be done with a laparoscopic procedure. With this surgery, a tube containing a tiny lens and light source is inserted through a small incision in the navel. A camera can be attached that allows the surgeon to see the abdominal cavity on a video monitor. When the ovaries are detached, they are removed though a small incision at the top of the vagina. The ovaries can also be cut into smaller sections and removed.

The advantages of abdominal incision are that the ovaries can be removed even if a woman has many adhesions from previous surgery. The surgeon gets a good view of the abdominal cavity and can check the surrounding tissue for disease. The disadvantage is that bleeding is more likely to be a complication of this type of operation. The operation is more painful than a laparoscopic operation and the recovery period is longer. A woman can expect to be in the hospital two to five days and will need three to six weeks to return to normal activities.

**How will I feel afterwards?**

Mild discomfort is common and it will go away very soon. The degree of discomfort varies and is generally greatest with abdominal incisions, because the abdominal muscles must be stretched out of the way so that the surgeon can reach the ovaries. In order to minimize the risk of postoperative infection, antibiotics will be given.

When both ovaries are removed, women who do not have cancer are started on hormone replacement therapy to ease the symptoms of menopause that occur because estrogen produced by the ovaries is no longer present. If even a part of one ovary remains, it will produce enough estrogen that a woman will continue to menstruate, unless her uterus was removed in a hysterectomy. To help offset the higher risks of heart and bone disease after loss of
the ovaries, women should get plenty of exercise, maintain a low-fat diet, and ensure intake of calcium is adequate.

Return to normal activities takes anywhere from two to six weeks, depending on the type of surgery. When women have cancer, chemotherapy or radiation is often given in addition to surgery. Some women have emotional trauma following an oophorectomy, and can benefit from counseling and support groups.

Taking care of the wound is pretty much the same as with any other procedure that utilizes laparoscopy and laparotomy and we have already described it in details in the earlier parts of this chapter.

So, that covers taking care of the wound and optimizing the healing process. But, there is one thing that is very specific for this particular kind of surgery. It is the fact that if the ovaries (and thus ovarian hormones) are removed the patient will feel both short and long term effect of this. The sudden menopausal symptoms can vary in length from a couple of days to up to a year. If these symptoms interfere with your regular life patterns and become too hard to handle it is a good idea to talk to your doctor about hormone replacement therapy.

Do not be alarmed even if you experience these symptoms and you still have one ovary, since it is not uncommon that the remaining ovary shuts down for a while once the other is removed. Most of the time, it restarts spontaneously and if not, a short hormone replacement therapy will do the trick for sure.

**Risks**

Oophorectomy is a relatively safe operation, although, like all major surgery, it does carry some risks. These include unanticipated reaction to anesthesia, internal bleeding, blood clots, accidental damage to other organs, and post-surgery infection.

Complications after an oophorectomy include changes in sex drive, hot flashes, and other symptoms of menopause if both ovaries are removed. Women who have both ovaries removed and who do not take estrogen replacement therapy run an increased risk for
cardiovascular disease and osteoporosis. Women with a history of psychological and emotional problems before an oophorectomy are more likely to experience psychological difficulties after the operation.

**Normal results**

If the surgery is successful, the ovaries will be removed without any complications, and the underlying problem resolved. A woman will become infertile following a bilateral oophorectomy.

**Statistics on morbidity**

Studies have shown that the complication rate following oophorectomy is essentially the same as that following hysterectomy. The rate of complications associated with hysterectomy differs by the procedure performed. Abdominal hysterectomy is associated with a higher rate of complications (9.3%), while the overall complication rate for vaginal hysterectomy is 5.3%, and 3.6% for laparoscopic vaginal hysterectomy. The risk of death is about one in every 1,000 women having a hysterectomy. The rates of some of the more commonly reported complications are:

- excessive bleeding (hemorrhaging): 1.8–3.4%
- fever or infection: 0.8–4.0%
- accidental injury to another organ or structure: 1.5–1.8%

Because of the cessation of hormone production that occurs with a bilateral oophorectomy, women who lose both ovaries also prematurely lose the protection these hormones provide against heart disease and osteoporosis. Women who have undergone bilateral oophorectomy are seven times more likely to develop coronary heart disease and much more likely to develop bone problems at an early age than the pre-menopausal women whose ovaries are intact.

**Alternatives**
Depending on the specific condition that warrants an oophorectomy, it may be possible to modify the surgery so at least a portion of one ovary remains, allowing the woman to avoid early menopause. In the case of prophylactic oophorectomy, drugs such as tamoxifen may be administered to block the effects that estrogen may have on cancer cells.

**Laparoscopy vs. laparotomy in oophorectomy**

Generally speaking, laparoscopic surgery involves less postoperative pain and a shorter recovery than laparotomy and is often performed as an outpatient surgery. However, this type of surgery requires a surgeon who is experienced with laparoscopic techniques. Further, not every woman is a candidate for a laparoscopic procedure. One potential complication of laparoscopic surgery is the need for the surgeon to switch to a laparotomy incision during the procedure. This might occur for many reasons, including the need for better visualization of the pelvis, or controlling bleeding during the procedure. If a laparoscopic surgery must be converted to a laparotomy, the recovery and incision will logically be that of a laparotomy.

**Important note:** If your doctor thinks that you can get pain relief when your ovaries are removed and you still want to have children, you might decide to take a chance on ART (assisted reproductive technologies) and have your egg taken out, fertilized and then frozen or even frozen to be fertilized later. It goes without saying that this is an option only if your uterus is left in place.

**b. Hysterectomy** is a complete removal of the uterus. It is a choice to be made for women that have decided that they are not to have children because it (obviously) leaves the patient infertile.

Before you opt in for this radical surgery make sure that your surgeon has told you all you need to know. Make sure you ask him/her:
1. What structures do you plan to remove?

2. What approach will you use? Laparoscopic, open, vaginal, combination?

3. How long will I be in the hospital?

4. How big will the incision be?

5. Where will you make the incision?

6. What can I expect after the surgery?

7. What kind of discharge or bleeding is normal after the surgery?

8. When should I be alarmed and call my doctor in terms of after surgery side effects?

9. How long should I take of work?

10. When can I expect to go back to my normal level of activity?

Depending on the extent of the uterus and the surrounding tissue that is removed, hysterectomy can be partial, total and radical (the last being very rare).
Picture 9a: Types of hysterectomy

- **Partial hysterectomy** means that only the upper part of the uterus is removed.
- **Total hysterectomy** means that the whole uterus and the cervix is removed.
- **Radical hysterectomy** means that the whole uterus, the cervix and the upper part of the vagina is removed.

Depending on the way the procedure is done, hysterectomy can be:
- **Abdominal hysterectomy** – an incision is made just above you pubic hair area, it’s usually 5-7 inches and it can go across or it can be vertical

- **Vaginal hysterectomy** – the uterus is taken out through the vagina by making a small incision on the side and then stitching it back

- **Laparoscopic hysterectomy** – Three to four smaller cuts are made in your belly to fit the optic instruments and other necessary instruments. If they do it this way, your uterus will be cut into smaller pieces and then taken out through the vagina

- **Laparoscopically assisted vaginal hysterectomy (LAVH)** - Your doctor will remove your uterus through the vagina. The laparoscope is used to guide the procedure.

If the patient has a frozen pelvis (the adhesions are so deep and extensive that the organs stick together), your doctor will very likely decide to go with laparotomy to get better access. But we have already talked about how the technology advanced in the last couple of years and the incisions in laparotomy can be as small as 2 inches.

Hysterectomy is the second most common surgery specific to women, after the caesarian section.

**Recovering from hysterectomy**

If you have your hysterectomy through a laparoscopy, then all the guidelines of recovering from laparoscopy apply here, too. You may experience some additional pain because of the procedure itself, but most of the discomfort is incision-related.

This also goes for the laparotomy. That means that you can use the described guidelines for laparotomy recovery.
If your surgeon uses a vaginal approach the damage done to the walls of the vagina will fall somewhere in between laparoscopy and laparotomy in terms of pain and discomfort.

Generally speaking, most women will be released from the hospital within 48 hours from the surgery and put on pain relievers. Laparoscopic patients are able to return to most of their usual activities within two weeks. Laparotomy patients typically require six to eight weeks and have significantly more restrictions due to the large incision. Open patients should not lift anything heavier than 10 pounds for at least six weeks after the surgery.

Also, you can expect to have your normal sex life back within 8 weeks.

If you are having a TAH-BSO (TAH-BSO stands for total abdominal hysterectomy and bilateral salpingo-oophorectomy) then you are very likely to experience some of the symptoms of an early menopause.

Also, some complications might follow the surgery:

- Bowel dysfunction
- Bleeding
- Deep vein thrombosis (blood clots)
- Pneumonia
- Urinary tract infection
- Wound infection

Follow all the post-surgery guidelines and you will minimize the risk of some of the above happening. Make sure that you don’t just lie down, because this will increase the risk of the bowel problems. So, every once in a while, get up and walk around. Also, make sure that you breathe deep so that you avoid any lung issues.

Inform your doctor right away if you experience any of the following:

- Constipation
- Diarrhea
- Chest pain
- A cough
- Shortness of breath

Now, let us get into what might go wrong after the hysterectomy and cause the endometriosis to flare up again even if you don’t have a uterus. So, if you had your ovaries removed and you experience heavy symptoms of menopause, you may end up taking HRT (hormone replacement therapy).

Among the hormones, estrogen might creep in. It is usually counter-balanced by progesterone. The synthetic hormone will never behave the same way the naturally produces ones do, and in course of events this imbalance might cause endometriosis to flare up again.

That is why you really need to have a nice long talk with your doctor about the possible risks if they recommend HRT. The last thing that you want is to go through all the hassle of hysterectomy and end up just where you started.

We have already made a list of questions to ask you doctor after your hysterectomy, and this list can be applied to any other surgery that you might undergo, because hysterectomy is the most radical.

Here is a list of things to ask your doctor after the surgery:

- How deep and extensive my endometriosis was?
- Were there any adhesions?
- What organs did it affect?
- Did you find any cysts? How many were there? How large were they?
- Were my fallopian tubes clear?
- Were there any complications?
- What are my prospects of having children?

9.c.3. Choosing the right surgical option

Making the decision to undergo surgery is very serious and you need to treat it as one. Take your time and weigh out your options.
Talk to your doctor about the pros and cons of every option. Gear up for the talk with what you read in this book or even in your broader research. Don’t make any decision lightly.

Chances are, you doctor will propose to start slow with the surgery and have some sort of diagnostic surgery such as hysteroscopy first to get a good look of what you are dealing with.

Your specific case will have its own pros and cons for each of the option and your doctor is obliged to share this with you. Take time and really understand your options. Your doctor’s office will very likely have videos about the surgery or reading materials. This book can offer precious information to assist you in the decision making process but ultimately the decision about the right course of action in your case is yours and your doctor’s.

9.c.4. General preparations

Here we will look into some things that can make your life a lot easier after the surgery. We will list some of the things that you need to do before the day of the surgery.

**Here is a small list I have compiled for you:**

- Prepare your food stock (frozen ready made food or your own cooked frozen food)
- Clean your home and change the bed sheets. This will make the transitions from hospital environment much more pleasant
- Make sure you have a plan for the period you will be in your bed (DVDs, magazines, books) and make the arrangements
- Make sure you have a couple of night gowns that you will be wearing since your don’t want anything tight on those days and nothing that will rub against the wound (no waistbands)
- Make any changes in your living space so that you don’t need to get up as often (phone by the bed and similar)
- Make sure that your home drug supplies are complete (throat lozenges, nausea drugs and similar... consult your doctor on what you might need in these terms)

**Weeks and days before the surgery:**

- Supplement your diet with vitamin C for 15-20 days before the surgery. This will help a great deal in the healing process.
- The day before the surgery, eat light and drink lots of fluids
- Do not eat, smoke or chew gum after 12.00 midnight the day before the surgery
- You will probably be asked by your doctor to do an enema the evening before the surgery to avoid any risk of bowel damage during surgery. You will be given precise instructions on what you need to do.
- The bag that you take to the hospital should include: a change of warm loose clothing, clean socks for the time of surgery, wash-kit, a couple of towels and something to read.
- Before you go the hospital, remove all your jewelry and contact lenses
- Take a nice calming bath the night before with some essential oils to aid you in relaxing so that you can get a good night sleep

**Day of the surgery, don’t forget the following:**

- Take a nice shower before you leave for the hospital
- You are not allowed breakfast
- Don’t wear any perfume, deodorant or hair spray
- When you get to the hospital, you will be asked to fill in some consent forms. Pay close attention when you do this.
- Then you are shown to your bed and given instructions of changing to hospital clothes. You may expect two visits prior
to the surgery, one from your surgeon and one from you anesthesiologist to talk about the specifics of the surgery

- Then, when the time comes you will be wheeled of to the theatre

- After you are in the theatre and in the bed, your anesthesiologist will insert a needle and let his cocktail flow straight into your system. He/she will ask you to start counting backwards starting from 100. Chances are, you will not get far past 80.

After the surgery:

- You will not remember anything beyond the point when you started the count

- During the first few hours, you may drift in and out of sleep as the anesthetic wears off

- After the few hours you will start to regain your focus

- If gas is used in your abdomen, you might experience a sharp pain in your shoulders. This is due to the gas that is left behind in your system and will soon wear off. But be warned that this pain can be very intense and inform your nurse as soon as you start to feel it so that he/she can adjust your painkillers dosage

- Start sipping a bit of water if you are not too nauseous

- The first urination after the surgery is very important. They will not even let you go home until you have urinated at least once. This is just the doctors making sure that your urinary tract did not suffer any damage.

- If you are staying overnight, you will be given a light meal towards the end of the day and this will make you feel better
• On your first night you might experience substantial pain in the abdominal area and possibly some extended pain in the shoulders that we talked about.

• You’ll have the first talk with your surgeon about how the surgery went the day after. Hopefully, it will be good news.
Chapter 10: Alternatives

Let us now look at some of the alternatives that you have should you decide to address your condition “the natural way” or you just want to help your body by administering some of the techniques used in alternative medicine or combine them with the conventional medicine.

When the options offered by the conventional medicine are either limited or non-existent in terms of viability or the balance between the benefits and the damage that can be caused, people turn to nature and alternative medicine.

People are increasingly turning to alternative medicine because it has gone a long way since some of our ancestors chewed a herb and realized that it helped them with the pain. Today, it is well systemized structures that offers great insights into how the human body works and how its balance can be disrupted and lead to all sorts of diseases.

**Alternative and Complementary – the terms**

When practices outside the scope of conventional medicine are used alone, that is what we refer to as alternative medicine. If these practices are used together with some form of conventional medicine, the proper term is complementary.

Starting from the 70s, the popularity of alternative medicine has grown tremendously. The last survey conducted on the subject (1993, USA) showed that around 30% or adults in USA used some sort of alternative remedy. The same survey also revealed that more visits were made to alternative (complementary) doctors than to the conventional doctors. We can only guess what the results would be like if the survey was conducted today, but it is certain that the growth has continued to date.
The numbers are similar in Europe, where between 30 and 50% of people has used some complementary medicine in their treatment.

We can try to better understand the difference between the conventional and alternative medicine by understanding the 6 core principles of alternative medicine:

1. Nature first and technology second

2. More patient centered

3. Use of natural, whole and unprocessed substances

4. Do no harm – this principle is all about starting slow and with therapies that cause the minimum possible side effects and harm. It is tightly connected to the principle 5

5. Slower process – with the treatment being planned to be as gentle as possible, it usually takes more time then the conventional medicine

6. Higher standards of health – health is defined on much more strict basis (let’s face it, a majority of us still defines health with “when nothing hurts”)

Some alternative medicine researchers go as far as saying that “There is only one disease and only one cure“. It is the opinion of the author of this ebook that saying this is exaggerated and it’s not that simple. Later on, we’ll look into what those who say that “there is only one disease” mean and how the idea behind it is very real. It is also one of the corner stones of the Violet protocol. Without tormenting you with the curiosity and impatience, I am talking about the pH value in our bodies – a vital ingredient on the road to wellness of an endometriosis sufferer. Getting into detail of this is beyond the scope of this chapter.

In the increasingly changing environment (and not for the better) it is not a secret that our bodies tend to underperform in one way or another, which leads to devastating deadly diseases or just life altering illnesses that will make you wish you were dead. I am being
blunt here, but the world is what it is and those who wake up to it on time, still have a chance.

So, imagine a scenario where you are taken ill by whatever as a result of the imbalance and poor lifestyle and most of all the environment factors that are often unrecognizable. And then you see your traditional doctor and in due time, get well.

And you say: “So, I had this bacteria or that virus and I am fine now”. Have you ever wondered if your body was in a different state, you would never succumb to the illnesses? And we go through our lives just addressing the consequences, day in day out, month in month out, year in year out, life in life out.

Just think of it this way, if you had a leak in your ceiling, would you just change the pot underneath it every time it rains or you would have taken the time to plug that hole in a permanent way.

What I am trying to say with this probably poorly chosen metaphor is that alternative medicine is much more about the underlying causes and the balance within then the conventional medicine. As people realize that they have to think about the “behind the scenes” stuff and listen more carefully to what our body is telling us (even though most of the time it whispers), alternative medicine establishes its place among the treatment options.

If you have this ebook in you hands and are not ready to make any changes in your life, then it is just letters on the screen and you might as well go and watch a movie. I apologize for my bluntness here, it is not meant to offend anyone, it’s just a wake up call. Especially in this man’s world where if we don’t take care of the problems that are specific to us, no one will. So, wake up girlfriend.

Ok, that’s like the second time I used the term “girlfriend” in my life, but if it got the message across, it was worth it.

Make no mistake here that I am trying to convince you to implement the Violet protocol like I did for my endometriosis. I will never advise so, and it will always be yours and your doctors call. When I am saying this, I have a friend of mine in mind and those similar to her. Her name is Abelle and we have been seeing the
same doctor for the endometriosis for something like 6 months back in 2004 when I moved on to explore my options and in due course met Violet.

Even today, I often meet Abelle in our supermarket in our neighborhood in Gentilly and she still pities herself talking about the terrible pain and how her anxiety is basically tearing her family apart as we walk through the isles in the supermarket and as she is stuffing her cart with coke and fries and all sorts of other junk and when I challenge her on that she just says “That Violet thing worked for you, I am hopeless, I am sure it will not work for me” When I say that thousands of women worldwide are changing their lives using some or all of the principles that I described in this eBook edition she just waves her hand, troughs in an extra bucket of chocolate chip ice-cream and changes the subject.

Some people are just like that, they have this masochistic side to them that likes to wallow in the mire and think how God must hate them. These people will chew over the same thought and sentences in six months and in a year, when they could have used that year to turn their lives upside down.

Having said all that, I believe that the very fact that you are reading these lines means that you are not one of those people. You took action and you are gearing up to change your life. Keep one simple fact in mind at all times, I used to tell it to myself every day “Having endometriosis is not going to define me as a person. No way, Jose.”

I know that I rambled a bit more here, but setting your mind on something and maintaining focus is just as important as any herb or supplement.

If you are thinking that I could have just said that instead of boring you with a story about my friend and this and that, you are probably right 😊

Well, anyway, let us move on...
10. a. Consumer, beware!

On one hand the alternative medicine offers great benefits, but if taken lightly as completely safe it can have serious and even dangerous drawbacks.

*If someone asked you what alternative medicine is, would you know the answer?*

It seems downright simple but when you try to put it into words, it’s not so simple, don’t you think?

Well, let us break it down.

Eisenberg defined alternative medicine (nowadays often called complementary medicine) as health practices that were not widely taught at health schools and not generally available in health institutions. As times are changing, the definition becomes somewhat inadequate. It becomes inadequate in terms that some of the practices of “alternative” medicine being widely used in the conventional medicine and your every-day medical institutions and some of the theories find their back-door way to the medical schools and the books. During the last few years it has come to that that law in some states even requires health plans to cover it. In 1992 in the USA, the congress established an Office of Alternative Medicine within the National Institutes of Health to evaluate alternative remedies.

So, it goes without saying that staying blind to the alternatives is outright dumb, but in this subchapter we look into how you can go wrong when making this type of health decisions.

**Knowledge is king.**

Most of the danger that you need to keep an eye on lies in the combinations and sometimes unwanted interactions between the alternative medicine and the conventional drugs. Some drugs that you are using might interfere with the seemingly benign herbal supplement. Milder form of the interference might be that the drug does not work as good. Some more severe forms of interactions
might even bring you more harm then benefit. So, the best advice you can get here is “know your stuff and take nothing for granted”.

If the nice lady in the herbal pharmacy one day offers a “great new immune system supplement” and you decide to give it a try because of the bird, swine, armadillo or whatever flu that might emerge make sure you know what’s in the supplement and check whether some of the drugs you are taking are contraindicated with the herbs. The best way to do this is consult your doctor. But if you want to look for the information yourself before you check with your doctor, you can simply Google “drug A (whatever you are using) interactions with B (herbal supplement). It is you body, be very, very careful and diligent in your research.

When I talk about the supplements that I was using during my treatment on Violet protocol I will do my best to mention the possible interactions with drugs or with other herbal supplements or even with some of the things we eat (I bet you haven’t thought about that – don’t feel bad, nobody ever does).

Having said all that let me give you some guidelines to follow to remain completely safe should you decide to use any alternative treatments:

1. **Use only products from reputable companies** that you heard of before. Don’t be one of those cases in the news that you hear about “Traces of this and that found in supplements A, B, C...” If you don’t know about the company, ask the sales person if they know anything about the company, above all – how long have they been in business? It’s great supporting the growth of small companies over the giants, but not by donating your health.

2. **Make sure that your sales person knows what they’re talking about.** Ask him how long has he/she been on that post. Make sure that you are not being told that the supplement is great just to be able to see you out the door as fast as possible and get back to flirting with the cashier. A simple question should do it...
How does it work?

Judging by the confidence of his/hers answers you can always tell if you are being faked.

3. **Examine the label carefully**, because these supplements often pose as thing A when the label says that it’s actually 30% of thing B which is usually some generic cheap addition that will not yield the results you expect.

4. If you find a product that works for you, **always use it under the trained eye of a qualified professional**. It sounds complicated but it all comes down to asking your doctor: “Is this OK”?

Now, I might sound a bit “too much” in the lines above and you might have resistance to be that one woman that the sales people talk about boring them to death as soon as you leave the store. But, you will most likely never see them again and you would live with the consequences of possible wrong choices forever.

The risk might not be as considerate as I make it appear, but better safe then sorry. It’s corny, I know. But it’s also true.

Moving on to look into specific treatment options in depth...

10. b. **Acupuncture, TCH and endo**

The TCM (Traditional Chinese Medicine) has a long history in treatment of female problems such as endometriosis. One of its forms is acupuncture.

If you are not aware of it (**which I am sure you are**), acupuncture is the art of inserting thin sterile needles into various body parts aimed at treating a number of different disorders. It dates back to 2697 B.C.
In endometriosis, let it be said right away, acupuncture can do nothing about the underlying causes but can offer great relief pain wise. In this subchapter, we will look into how it all works and how you can find a qualified acupuncturist should you decide to give it a go.

Most of the time, the Chinese practitioner use combinations of herbs and acupuncture. The herbal formula prescribed will vary from person to person. They use almost all parts of a herb and a root of the same herb can be used for entirely different purpose than the flower.

This personalization of treatment will be the aim of the series of questions you will be asked the first time you see your Chinese practitioner. It is often to hear in those circles that Chinese Traditional Medicine is treating the person, not the disease.

Here is a short and simplified version of the theory behind acupuncture:

The fundamentals are Yin and Yang, which I am sure you heard of. Yin and Yang are opposite but complementary forces, whose perfect balance within the body is essential for health and well-being. Yin and Yang together are referred to as Qi (or chi) which is the invisible life energy.

This life energy flows through meridians that are distributed around the body. There are 12 meridians running up and down the body in pairs. They are mostly named by the internal organs that they pass through. The main objective of any action taken in Chinese Traditional therapy is to enable a proper and uninterrupted flow of life energy or the Qi.

A disruption in the flow of energy along the meridians is what is creating any illness. There are around 365 acupoints along the meridians where the Qi can enter or leave the body. The insertion of needles is aimed at re-establishing the balanced flow of Qi.

Your practitioner will try to determine the pattern that your disease took in your specific case and fashion a treatment that is adjusted to your specific needs and “energy flows” as they like to call it.
In TCM theory, the main culprits and causing factors for endometriosis include blood stagnation, energy stagnation and deficiency, as well as cold and heat conditions that can lead to endometriosis.

Your pattern will be determined by looking into:

- Emotional stress
- General weakness
- Genital infections history
- Surgical history
- Exposure to cold (especially during menstruation)

The questions you will be asked might seem odd if you know little or nothing on the theory behind the TCM. The questions are based on finding a holistic pattern of disharmony in the body. The belief is that when the body’s disharmonies are balanced and the patient’s constitution strengthened, the healing powers of the human will run at optimal levels. They should also go through many other aspects of your life to determine what may be energetically contributing to the disease condition. The following are common patterns people fit into, and common Acupuncture treatment points that will be administered.

Endometriosis is not a disease category in Traditional Chinese Medicine. However, the Eastern healers have recognized this disease for far longer than its identification in Western medicine. It is known by its symptoms and is referred to as menstrual movement pain. It is also very amenable to natural forms of treatment.

**Jin Gui Yao Lue - Essential Prescriptions of the Golden Coffer** (one of the best known books of TCM) uses this description:

"The menstrual blood is inhibited and there is (resulting) lower abdominal fullness and pain."
From a Chinese Medicine point of view endometriosis usually falls under the categories of *Painful periods* or *abdominal masses*.

When it comes to that how much relief can one expect from the acupuncture, there is no unambiguous answer to this. It all depends on 2 primary factors:

- How good your practitioner is (again, make sure that he/she has been doing this for a long time before you spend your hard earned money, and let me tell you - acupuncture is not cheap)

- Your degree of compliance and commitment for what it requires (dietary and lifestyle changes that can be drastic)

Generally speaking, around 70% of women will feel a decrease in symptoms and pain with acupuncture and Chinese herbal treatment while around 30% will experience little or no benefits.

When the reader is thinking about acupuncture, let her be advised that this is not a quick fix and it will require a considerable amount of time and dedication. Although some women experience the benefits and the relief after a few treatments, you can expect a lengthy period of treatment starting from 6 months to a year and a half. Some patients decide to combine the surgical approach and acupuncture in terms of stopping or postponing the endometriosis from coming back by using TCM.

You are advised to get your facts straight before you even consider acupuncture. When I say this I primarily mean that you are armed with patience since most of women that start acupuncture end up quitting before they see any real results because of the time span necessary for the Chinese medicine to work its “magic”. In words – “it’s not for everyone”. Generally speaking, it is most likely that most of the relief comes from the release of endorphins into the bloodstream after the session and a majority of women experience the first significant results after 5 or 6 sessions.

And it goes without saying that the more severe the condition, the more time it might take before you actually feel the benefits. That is
why you must leave all unrealistic expectations at the door should you choose to go this way.

**So, what can you expect when you go in for your acupuncture appointment?**

Even the acupuncture points are personalized and depend on what your practitioner hears when he/she conducts the interview. But generally speaking, you can expect the following points of needle insertion:

- Ears
- Abdomen
- Feet
- Back
- Wrists

The needles will be most likely left in place for 20-40 minutes. Each point and herb selected has its own therapeutic importance in the treatment of endometriosis depending on the TCM diagnosis of the individual.

When you hear the word needle, you might get the wrong impression. These are very fine thin needles (as thin as a human hair) and you will not be in pain or discomfort, since you will barely feel them. So, leave your fear at the door. The procedure is so neutral, that even needle-phobic women should not rule our acupuncture altogether.

**Finding a qualified expert**

1. **If in the USA...**

In 1997 acupuncture became an officially recognized treatment option for pain by the NIH (National Institute of Health) in the USA, so it’s much easier for Americans to find a qualified practitioner than it was 10-15 years ago. To become a certified acupuncturist, you need at least 200-300 hours of training and then you can become a member of the AMMA (American Academy of Medical Acupuncture).
You can find a qualified acupuncturist in your area by visiting the AMMA official website at http://www.medicalacupuncture.org/.

Then, you can check his credentials with an institution that licenses and certifies the practitioners – the National Certification Commission for Acupuncture and Oriental Medicine. You can do so by visiting www.nccaom.org and looking your practitioner up.

2. If not in the USA...

Most of the other countries do not have such an organized system (I know from my experience in France) and you will have to try and get your information on the system used in your country to license the practitioners. After I was in complete remission (absence of symptoms) with the Violet protocol I found a qualified practitioner in Paris by asking a friend of mine that works in a Chinese restaurant (believe it or not).

Of course, that was not the basis for my decision, but merely a first recommendation. Then I researched the expert in question, determining eventually that the proposed acupuncturist has a great background and references.

The reader of these lines might live in a country that has a proper system in place, but might as well live in a country where one has to dig deeper for information. To those people I apologize for having to give such a broad and general advice as “take your time and double check”.

Apart from the acupuncture, there is one very exciting yet very little known Chinese herbal formula that offers great results and you remember me promising that I will disclose it in this eBook, so let us take time to dig in to that.

There is a formula that was used for centuries by the Chinese to treat bleeding during pregnancy and prevent miscarriage. As things began to unfold and as the THC was a subject of detailed research in the western world this formula showed a great potential in the treatment of immunologic and inflammatory conditions of the uterus, and the subject of our interest – endometriosis.
The formula is called **Gui Zhi Fu Ling Wan** and it contains several herbs:

**Herb 1. Ramulus Cinnamomi Cassiae**, commonly known as the cinnamon twig or sweet wood (Chinese name Gui Zhi).

This herb has many benefits even outside of the mixture, which are secondary to us at this point, but let’s point them out:

- **Clears up urinary-tract infections**: One German study showed that cinnamon "suppresses completely" the cause of most urinary-tract infections (Escherichia coli bacteria).

- **Allow diabetics to use less insulin**: Some studies have shown that cinnamon helps people with diabetes metabolize sugar better.

- **Antioxidant capacity**: by far the best antioxidant among the antioxidant spices (anise, ginger, licorice, mint, nutmeg and vanilla)

- **A great source of calcium, manganese and fiber.**

- **Anti-clotting actions**: The cinnaldehyde in cinnamon helps prevent unwanted clumping of blood platelets.

- **Antimicrobial activity**: In laboratory tests, growth of yeasts Candida that were resistant to the commonly used antifungal medication fluconazole often was stopped by cinnamon extracts.

I have taken the time to mention this just to stress how great it is to include cinnamon in your every day diet even if you don’t consider the **Gui Zhi Fu Ling Wan** that we are talking about.

Moving on...
Herb 2. *Sclerotium Poriae Cocos* or China root as it is commonly known is also an herb that has a number of great uses even when used on its own. It is reported to be helpful in the following ways:

- Relieves inflammation of the uterus
- Relieves chronic Sinusitis
- Inhibits bacteria
- Relaxes smooth muscles
- Helps with palpitations
- Helps with insomnia

It is contraindicated in kidney deficiency. Over usage can weaken the eyes.

Herb 3. *Radis Peonieae* or common peony

Herb 4. *Cortex Moutan Radicis*, commonly known as Moutan (Peony) Bark

**Effects:**

- Removing heat from the blood, promoting blood circulation and relieving blood stasis.
- Amenorrhea and menorrhagia (prolonged heavy bleeding) due to blood stasis
- Liver cleanse

Herb 5. *Semen Persicae* or Peach Kernel is a bitter-sweet herb that is one of the best things nature has to offer for female problems. Owing to its bitterness, it has the functions of dispersion and purgation, promoting blood circulation and relieving blood stasis, and strong action of promoting blood flow to regulate menstruation.

It is used for:
- Persistent lochia (post-partum bleeding) after delivery
- Irregular menstruation, dysmenorrhea and amenorrhea

There is a well known study that was conducted by four researchers at the Osaka City University medical school in Japan.

The patients with endometriosis were found to have elevated serum levels of Immunoglobulin M antibody titers. A control group was treated with leuprolide acetate therapy to suppress hormonal production. The treated group was given the antiemometriotic herbal formula Gui Zhi Fu Ling Wan.

The lupron treated group had lowered levels of estradiol, but no change in the IgM antibody titer. The treated group had no changes in estradiol levels, but the levels of IgM antibody titer were decreased and the patients were kept symptom free for months.

Also, at this point in time, there are no known side effects reported and no drug interactions of Gui Zhi Fu Ling Wan.

In December 2002 a study has been published in the Journal of Traditional Chinese Medicine about the effects of acupuncture in endometriosis.

The study was conducted on 67 women who had painful periods due to endometriosis. Half of the group received acupuncture. It was reported that 81% of women had much less painful periods after receiving the acupuncture treatments.

If you ask how the small needles can work in the first place, the explanation offered by the researchers is that the acupuncture promotes the blood circulation and regulates the endocrine system. They also suggest that acupuncture could act as an analgesic by elevating levels of endorphins in the blood.
10. c. Chiropractic and endometriosis

This field is probably the largest and best organized field of all the alternative and complementary medicine. But, let us define it first...

What is chiropractic?

Chiropractic coming from a Greek word meaning "done by hand" is a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health.

Doctors of Chiropractic – often referred to as chiropractors or chiropractic physicians – practice a drug-free, hands-on approach to health care that includes patient examination, diagnosis and treatment. Chiropractors have broad diagnostic skills and are also trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counseling.

Although a wide diversity of ideas currently exists among chiropractors, they share the belief that the spine and health are related in a fundamental way, and that this relationship is mediated through the nervous system.

The spinal column houses the body’s nerves, manipulation of the spinal cord can help to restore nerve balances and release some of the pressure on the nerves, which can lead to a variety of health problems in both the organs and the nerve supply.

Chiropractic is very strictly regulated in terms of who can perform it, since the person is working with your spine and can do by far the most damage if he/she is not qualified. That is why the practitioners of chiropractic have at least 4 years of post college education to become an accredited and licensed chiropractor.

It is very common that the pain in endometriosis can involve the back and the nerves that run to the pelvis and a chiropractic can often decrease the pain.

As the spine is a very complex organ and the disturbances can vary greatly, there is a number (around 20) different techniques used in
chiropractics. Almost all of them can be used to help with endometriosis. Your spine is very sensitive and it is crucial that you are equipped with knowledge on the different techniques before you lay on that bed and a “stranger” starts administering these sensitive procedures.

That is why we will take some time to describe the techniques that can be used, so that the reader can recognize which technique is being used on her and ask the right questions after the first session (such as “Why are you using technique A, instead of technique B?”). This way, you will understand what is going on and what you get for your money.

As we are getting close to the 100th page of this eBook, I am sure that you noticed that every step of the way I have encouraged you to ask, ask and ask your doctor about what is going on. The age of patients that lie on that desk or sit in that chair passively, letting go of all the controls and remaining ignorant, is long gone.

I also like to think that the “dinosaurs” doctors that “bitch” about the nosey patients are also in the past. Most of the doctors are becoming increasingly aware that they are dealing with intelligent and informed patients. Patients who are aware that knowledge is the best prescription.

So, let us gear up to recognize the common chiropractic techniques:

1. **Gonstead technique**

   In this technique a detailed analysis of spinal X-rays is used to determine correct adjustments to be administered.

2. **Activator technique**

   If your practitioner decides to use this technique he/she will use a small toll to deliver a light force to correct misalignments that are detected. The vertebrae are moved through controlled motions and painlessly.

3. **BEST (Bio-Energetic Synchronization Technique)**
A non-force technique that is using subtle and precise pressure to remove blocked nerve energy and balance the sensory signals to the central nervous symptoms.

4. Cox Flexion Distraction

Designed specifically to treat lower back pain, this technique can be recognized by the fact that it primarily uses traction and stretching.

5. Thompson Terminal Point

Here, a special drop table is used. It is a full spine technique.

6. Palmer Toggle Recoil Technique

The hands are pressed over the subluxation (place of injury or pain) and the elbows snapped to apply sudden pressure. There should be no joint cracking.

7. Applied Kinesiology

More than any other technique, applied kinesiology deals with the muscles holding the bones in place, rather than just the bones. If for any reason, a bone is misaligned, this technique is aimed at helping balance the opposing muscles holding the bone in place. You can recognize it by light massage followed by an adjustment of the muscles in question.

8. Logan Basic Technique

Characterized by a gentle and sustained pressure to the base of the spine it is aimed at correcting the spine through correcting the sacrum.

9. Nimmo Technique

Just a simple prolonged pressure to tender areas to release any muscle spasms.

10. SOT or Sacro-Occipital Technique
Padded blocks are placed under the patient in the pelvic area to allow the body to adjust itself, since muscle tension at the pelvis affects the neck.

**The question of all questions: Is chiropractic safe?**

In 1990, a detailed study on low back pain was published in the British Medical Journal (vol 300, p 1431). It compared chiropractic with hospital outpatient treatment for managing low back pain. It demonstrated that chiropractic was the more effective of the two. A follow-up study in 1995 confirmed this conclusion, reporting a 29 per cent improvement level for chiropractic over hospital treatment (BMJ, vol 311, p 349).

Some official studies indicate that if performed right by a qualified professional complications from genuine chiropractic manipulation to the neck are, at worst, a problem for 1 in 500,000 patients so treated. That's just 0.0002 per cent. In contrast, a 1995 risk assessment study (Journal of Manipulative and Physiological Therapeutics, vol 18, p 530) reported that nonsteroidal anti inflammatory drugs can carry a 0.4 per cent risk per year of severe stomach ulceration, possibly leading to perforation and death.

So, the risk is there as with all other treatment options but if you find a qualified professional you are getting the risks bellow those of a painkilling drugs. But, how do you do that, how to find a qualified professional?

**Finding a qualified chiropractor**

Let me try and break this down in steps, so that it’s easier for you.

When you need to get your hair done, will you just go into the first saloon that you see and get a haircut? I am thinking – NO!

You are very likely to conduct a research amongst your friends to see if the proposed hair stylist is any good and check up on his background. And this is just your hair. When we are talking chiropractics, we are talking about your spine. So, once again, do your homework.
First: Ask your friends if they know a good chiropractor. Then ask how long they have been seeing him. Ask them if they know how long have he/she been in the business.

Second: If you fail to find a professional through personal recommendations, turn to the greatest information tool ever invented – the internet. You can read through forums and communities and try to find information on a chiropractor in your area. There are also many websites that will allow you to search huge databases of practitioners using different criteria. Just Google “find a chiropractor” or “chiropractor database”.

Third: Once you have found the right candidate for your chiropractor, go to National Board of Chiropractic Examiners’ Website at http://www.nbce.org/ to confirm his certification.

Fourth: Never ever skip the third.

10. d. Heat, cold and massage for pain relief

It is not rare that the simplest solutions are the most effective ones. Like removing red wine stains by damping with white wine (I still can’t believe that works). This group of simple solutions is where applying heat and gentle massage can be assorted.

Let’s say it like it is, in most of the cases of severe pain attacks these conservative strategies will not work. You’ll have to reach for that bottle of painkillers or make a visit to your doctor.

However, if you listen to what your body is telling you and train your senses to feel the first signs of endo pain attack, then applying one of these strategies will yield amazing results.

First let me share one thing that I think did wonders for me and allowed me to be almost pain free even before I got my endometriosis in remission.

It is a massage procedure that is offered in a limited number of massage parlors and it is called “Desert heat body wrap”.
This massage session is performed by wrapping the body in a warm and soothing cocoon. The wrap is made of rich seaweed and mineralized desert mud, which soothes the tension of the muscles and the nerves involved in endo pain. What happens is that when flare-ups occur, the muscles in the lower back go into a protective spasm and that is what is causing most of the pain in the back. The formula is rich in copper, magnesium and zinc which have a strong therapeutic properties themselves.

The “Desert heat body wrap” combined with a nice lower back massage is what my blessed salvation from back pain was for a long period of time.

Some experts even recommend a gentle abdominal massage that you can perform yourself or that can be performed by an expert. Just take a second and think about it, it is our natural reaction whenever we are in pain or even when injured to rub the spot. This seems to offer a psychological effect that can be safely referred to as self-healing. However, if you have endo do not have a regular deep tissue abdominal massage, since this is likely to bring you more harm then good.

So, what I can recommend is training yourself to recognize the initial sparks of pain, have a soothing hot tub session and then perform a gentle abdominal massage using some or all of the following essential oils:

✓ Basil
✓ Lavender
✓ Chamomile
✓ Eucalyptus
✓ Thyme
✓ Sage
✓ Fennel
✓ Marjoram
Rose

The best practice is probably getting a massage oil base and mix some of the listed essential oils.

If you decide to get professional help, these are the best options:

1. **Acupressure** – applies controlled pressure to release the tension in the muscle fibers

2. **Shiatsu** – a variation of acupressure that combines pressure on selected point with gentle strokes and stretching

3. **Swedish massage** – utilizes two kinds of strokes, long and strong strokes on more muscular areas and gentler strokes on more delicate tissue

4. **Thai massage** - Like shiatsu, Thai massage aligns the energies of the body using gentle pressure on specific points. Thai massage also includes compressions and stretches

**Choosing a therapist**

If you take it seriously, this book might open some new horizons when it comes to making the decision related to your health and how you spend your money.

It might seem exaggerated that I advise you to go to this website or read through that website before you choose a therapist. But, first of all, it is your money and if you are paying for something then get the most out of it.

“But it’s just a massage therapist”, I can hear you say. Not if you put it in perspective. Imagine yourself in a year after dozens of massage sessions. Imagine choosing the wrong therapist and imaging being in pain on a Sunday morning. Imagine it. Now, from that point in the future, look back. The same amount of money has left you pocket, and you might not be in pain right now (the Sunday morning in the future) if you took 5 minutes to do things properly.
The second very important reason to do this the right way is a major characteristic of humans as species. It’s our **inertness**.

Making a bad decision wouldn’t be as bad if we just would be less inert. If we make the decision in a moment, we tend to stick by it and design all sorts of excuses in our minds why it’s actually the right decision. Unable to snap out from this coil, we end up taking things for granted.

What I want to say is that you are not very likely to change the therapist even you are somewhere in the back of your mind aware that you made a mistake and you listen to your friends bragging about how relaxed they felt after their last massage session. Sometimes saying, “Oh my God, me too” when you are really thinking, “Not really”.

I am sorry I astrayed with this, but just wanted to point out the impact of patient, diligent decision making. Now, choosing the massage therapist...

It is OK to take a recommendation, just make sure that your new therapist has graduated from an accredited school and is a member of **American Massage Therapy Association or the Associated Bodywork and Massage Professionals** (if you are in the USA) or a similar organization wherever you find yourself.

You can find Web sites listing members at:

- www.amtmassage.org
- www.abmp.org

**Using just heat**

Heat itself is a great muscle relaxant and when applied to a painful spot it can help alleviate the pain. Sometimes just soaking yourself in a hot tub will make the pain go away.

So, if you don’t have time or the conditions for a warm bath and massage, then just applying something hot to the spot may do the trick. Experiences of women that I come in contact with say that
wet heat has a much better effect then dry heat. So, you might consider getting one of those heating pads that offer moist heat and are offered widely both online and in stores with prices starting from $15.

If you don’t want to spend money on heating pads, you can warm a dampened towel in your microwave. It is important to make sure that you don’t burn yourself with the dampened towel from the microwave, since the microwave does not distribute warmth evenly. So, make sure that you heat it moderately and check with your palm for a split second before you apply it.

**Using just cold**

For a very long time (until I met Violet) I never even considered using cold to try and deal with the pain. It just seemed counter intuitive. But, after I have tried it a couple of time I realized that I was dead wrong.

I have discovered the wonders of simple ice packs. The cold from the ice packs does 2 things:

1. It temporarily numbs the tissue acting as a local anesthetic

2. It also interrupts pain signals between the nerves

If you want to try ice therapy, consider purchasing a flexible gel ice pack from a drug store or pharmaceutical supply company. These gel packs are easy to use and conform to the body. In a pinch, you can use a package of frozen peas or frozen corn and simply re-freeze the package for your next ice session (don’t eat these afterwards, please). Also, be sure to use a cloth barrier, such as a towel, between the ice and the skin. Never put ice directly on the skin! Many professionals recommend using ice for a maximum of 10 minutes, then waiting at least an hour before re-icing. Ice should also not be used by people with Raynaud’s Syndrome, a condition in which temperature drops because the small arteries tend to close.
It goes without saying that your primary doctor needs to be aware of everything you do, especially the massage, so use your trusted diary to make a note of everything your do.

10. e. Aromatherapy for pain relief

Aromatherapy is the therapeutic use of aromatic plant extracts and essential oils in baths or massage. In spite of the fact that it might sound as if the scent of the plants is the only thing that is put to use here, aromatherapy is so much more.

During a session of aromatherapy, the skin readily absorbs the oil and the oils are in our bloodstream within minutes and start to work their magic by interacting with the organs directly.

Although it is not a way of treating endometriosis directly, some essential oils manifest attributes that make them a great addition to a holistic approach aimed at helping the body heal itself, reduce the tissue scaring and alleviate the pain.

The key element is to have the knowledge to choose an essential oil that will help you with your condition. In spite of what you might think (I know I did) I thought that aromatherapy is just a bunch of oils used in every possible illness and helping you just by getting you relaxed. But, this could not be further from the truth, because aromatherapy is very precise and controlled. A vast majority of essential oils will do next to nothing to help with your endometriosis. But some of them...

And one more important fact about aromatherapy, it ceased to be a discipline that relies solely on what you hear that a fried of a friend or your neighbor achieved. It is now a renowned alternative option that has been accessed in scientific conditions by experts from all around the world to prove its therapeutic power and even its potency to fight bacteria. So, shake that skepticism off before you continue reading. It is a real viable option, and it is here, now.
It is up to the reader of these lines to try (or not) and see if some of the alternatives offer relief in their case. There is a well defined group of essential oils that can be beneficial in the treatment of endometriosis (we have already mentioned some when we were talking about massage techniques) but one of them stands alone as the single most useful in aromatherapy efforts to help with endometriosis:

- It is the **Geranium oil**, and here is small overview of the therapeutic properties and possible effects on endometriosis:

<table>
<thead>
<tr>
<th>Health properties</th>
<th>Effects on endometriosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antispasmodic</td>
<td>Helps with the contractions of the uterus</td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td>Reduce the inflammation</td>
</tr>
<tr>
<td>Stimulates the lymphatic system</td>
<td>Clear the toxins</td>
</tr>
<tr>
<td>Stimulates the liver</td>
<td>Helps enzyme balance</td>
</tr>
<tr>
<td>Antifungal and antiyeast</td>
<td>Protects against yeast and fungi that might develop</td>
</tr>
<tr>
<td>Homeostatic</td>
<td>Helps with unwanted bleeding</td>
</tr>
<tr>
<td>Anticoagulant</td>
<td>Prevents blood from clothing</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>Helps with depression issues</td>
</tr>
</tbody>
</table>

Geranium oil has a pleasant rose like aroma and can be used to help alleviate the pain even if you are not in the privacy of your home. You can use it within a minute in the bathroom of your workplace, say twice a day by rubbing in 2-3 drops of it onto your abdominal area when your cramps get severe.

The following oils are also reported to offer dramatic relief in endometriosis pain:
- **Italian everlasting** (Helichrysm angustifolium) and **Lavender** (Lavandula Angustifolia) have a strong anti-inflammatory impact on endometriosis lesions.

- **Marjoram** (Origanum Marjorana) which is very analgesic (reduces pain associated with inflammation) and antispasmodic. Besides the spasms on endometriosis the Marjoram Essential Oil is helpful in curing nearly all types of spasms and resultant problems. It efficiently relieves spasm in respiratory system, intestines and muscular spasms in limbs. It also helps cure convulsions, muscle pulls, cramps and spasmodic cholera which are caused by the spasms.

  It is also cordial (it has a warming effect on the system. It improves circulation and warms up the body.

- **Emenagogue** (a term used to describe the herbs that stimulate the blood flow in the pelvic area). Women who have problems with irregular, obstructed or painful menstruations can benefit from the Emenagogue property of Marjoram Oil. Not only it helps clear menses and makes them regular, to quite an extent it gives relief from the other symptoms associated with periods, such as headache, pain in the abdominal area, dizziness etc. It also helps prevent untimely menopause.

- **Eucalyptus Radiata** (Eucalyptus Radiata) possesses great anti-inflammatory characteristics that help alleviate the pain of endometriosis

- **Neroli** (Citrus aurantium) which has an amazing relaxing effect in endometriosis patients

- There are some oils that can be particularly useful in cases where a specific symptom is present. Such oil is juniper (Juniper communis) which is used if bloating is a problem (which often is with endometriosis). Also, such oil is Cypress (Cypressus Sempervirens) which helps slow lymph flow.

  The reader should by now be aware of the fact that aromatherapy is much more powerful then people think. But, with this potency
comes a real danger of over using it or using it in a wrong way and causing serious side effects.

That is why you should have your aromatherapy sessions done by a professional, or at least have all your facts before you do anything on your own.

Here are some guidelines on things to be aware of when eyeing aromatherapy:

1. The essential oils are very concentrated and remember that “less is more”. Most of the times a single drop in an oil base is sufficient.

2. Not all oils are suitable for skin use. Check the properties of the oil before applying it.

3. Keep the oils out of reach of children and pets

4. Don’t apply citrus oil to your skin if there is a chance that you will be exposed to sun in the next 6-7 hours. These oils interact with the sun.

5. Avoid direct sunlight or sunbed rays for 12 hours following use of Bergamot, Orange, Lime, Grapefruit, Lemon or Tangerine.

6. Essential oils are for external use only

7. Dilute essential oils before using. Use carrier oils such as Sweet almond or Grapeseed.

8. You should keep the essential oils away from your eyes. If you do get it in your eyes, then rinse it with vegetable oil, not water.

9. If you have epilepsy, high blood pressure or any form of heart disease, consults a qualified therapist about the type of oils you can use.

10. There is much controversy on aromatherapy and pregnancy. Some experts say that you should avoid only certain types of oils while others say that it is best to avoid aromatherapy
altogether. Since it is better to be safe then sorry, it is best to avoid aromatherapy during pregnancy altogether.

11. Before you use any of the essential oils, conduct a skin sensitivity test. Take a drop of the essential oil that you are planning to use and smear a small amount onto the crook of your arm. Follow the changes to your skin at that area and if there are any that might mean that you are allergic to that particular oil and you need to avoid it.

When approaching your problem of endometriosis it is crucial to understand the different ways you can influence your hormones. To simplify, everything you do regarding hormonal shifts can be split in 3 groups:

- Directly adding hormones to the body – birth control pills, creams or Hormone Replacement Therapy (HRT)
- Regulating your hormones through changes in your lifestyle and diet – by influencing the way your liver and your thyroid works, you influence the hormonal balance.
- Introducing a phyto-hormone that binds with the hormone receptors and blocks the response of that hormone

I have taken the time to sum up this here because the essential oils are very likely to work their magic in endometriosis in part via the mechanism described in number 3 on the previous list.

10. f. Herbalism and endo

There are a number of approaches to the healing process that use herbs in the healing process. In one way or another TCM, homeopathy, naturopathy and other alternative approaches use herbs. But herbalism relies mainly on herbs and their healing powers and that is what makes it different.

Herbalism is a system designed to use the healing powers of plants to stimulate the reaction of the body and enable a self-healing
process. It is basically where it all started. When I say all I mean medicine...

An herb is a plant or plant part valued for its medicinal, aromatic or savory qualities. Herb plants produce and contain a variety of chemical substances that act upon the body.

Herbalists use the leaves, flowers, stems, berries, and roots of plants to prevent, relieve, and treat illness. From a "scientific" perspective, many herbal treatments are considered experimental. The reality is, however, that herbal medicine has a long and respected history.

There are two groups of substances in herbs that contribute to the overall potency. First of all, there is the primary healing agent that actually does the “job”. Secondly, there are substances that determine how well the primary healing agent will be absorbed into the body. The two are equally important and it is their combined strength that makes the medicinal plants or herbs so potent.

Although today, practitioners of conventional medicine tend to disregard the potency of the herbs, they seem to loose sight that 25% of all prescription drugs sold or issued over the counter contains at least one active herbal ingredient.

Herbalism is the oldest form of healthcare known to man. Ever since that first ancestor of ours realized that chewing marshmallow root soothed his/her stomach it was a rollercoaster ride of new discoveries made through observing the animals and through the process of trial and error.

Well, history of herbalism in depth is beyond the scope of this eBook and the reader is not here to read about it. We want to know what herbs can do for the endometriosis sufferer. So, moving on...

Although intuitively we know what an herb might do in our body to help us, if you pause for a second and try to define it I bet you’ll realize it’s not that easy. So, let’s try and make this clearer. The main benefits of herbs are the following:

- They tone and stimulate tissue and organs that become “lazy”
They relax tissue that are too tense

They promote elimination of waste from the system. This feature is especially important to endometriosis sufferers because of the clutter of dead cells inside as well as excessive estrogen

They stimulate the body’s ability to fight infection

They have direct antiseptic, antibiotic and antifungal properties

They promote the healthy circulation of blood and lymph (also very useful for us as endometriosis sufferers)

They soothe mucous membranes (again great for endometriosis)

They regulate the secretion of hormones

They regulate the way hormones act when secreted

If the reader remembers, we already talked about the way that an herbalist approaches a disease when we talked about Chinese herbalism. So, again, if you are looking into herbalism, you can expect a series of questions regarding your medical and surgical history, the history of illnesses in your family, about possible exposure to low temperatures during your menstruation and similar things that they find relevant for designing a treatment that is unique for you.

Because of this, your first visit may last up to an hour and the following visits will usually be around half an hour. That way, your herbalist will have all the information that he/she needs to prescribe a herbal combination that will help you in your healing.

Some of the most common herbs that are used in endometriosis are:
- **Chaste tree berry** which promotes hormonal balance
- **Squaw vine, Motherwort and Red Raspberry** which are all potent in reducing pelvic congestion
- **Milk Thistle, Dandelion root, Vervain or Blue Flag** for liver support which is crucial in balancing the hormones
- **Goldenseal and Shepherd’s purse** which reduce abnormal bleeding
- **Kelp** to add iron to your diet (heavy bleeding very often lead to iron deficiency)

It might be a good place to mention an interesting theory of Dr Hulda Clark that she conveys in her book *The Cure for All Diseases* about the causative agent of endometriosis being the parasites such as Clonorchis, the human liver fluke, or Eurytrema, the pancreatic fluke. She goes on to say that these “creatures” invade the uterus wall and can then travel outside and bring the endometrium tissue with them.

While the author of this book will not get into the accuracy of these claims, it is without any doubt very useful for a person’s overall health to get rid of as much parasites that inhabit our bodies as possible.

In the Violet protocol our diet and supplementation regimen will allow us to do a proper “house cleaning” of the body getting rid of the flukes and other parasites and the lifestyle change will make our body much more resistant to these strains of worm parasite (especially the Clonorchis) that cause all sorts of damage, most of it by interfering with the bile production (they actually consume all the bile created in the liver) and thus interfere with the normal digestion, especially digestion of fats.

It is, for example, estimated that the Clonorchis is currently infecting over 30.000.000 humans and that makes it the third most prevalent worm parasite in the world.
Some of the herbs that we mentioned found their way into the Violet protocol to serve a very precise and specific purpose. Other are not mentioned here, since we’ll get into their works and role in the Violet protocol in depth towards the end of this book as I explain precisely how I managed my endometriosis into oblivion.

10. g. Looking into homeopathy

Homeopathy (also spelled homoeopathy) was first proposed by a German physician Samuel Hahnemann in 1796 which treats patients with heavily diluted preparations of substances (plant, animal or mineral) that originally (in their non-diluted form) cause the same symptoms as the ones presented.

Homeopathic medicines are prepared by serial dilution that they call “potentization”. The dilution often continues until none of the original substance is left.

Homeopathy interprets any disease as a disturbance in the “life force” or “vital force”. Homeopathy claims that the vital force has the ability to react and adapt to internal and external causes, which homeopaths refer to as the “law of susceptibility”. The law of susceptibility implies that a negative state of mind can attract hypothetical disease entities called "miasms" to invade the body and produce symptoms of diseases.

Homeopathy shares its logics to that of a vaccination to a certain point. But while the vaccination prepares the body for a foreign substance by introducing just enough of the substance to cause our body to react but not enough to harm us, homeopathy introduces such small amounts of the substances that it cannot even be measured. But, the homeopaths claim that “the water remembers” referring to the fact that even such small doses of substances can be recognized by our body and alert it into “combat position”.

At one point, especially in the beginning of 1900s it was very popular and almost mainstream. Some records show that 20% of all
medical doctors at the time prescribed some form of homeopathic medicine.

Today, homeopathy is still a subject of controversy. There are a couple of well controlled studies that suggest that homeopathy does not work better than placebo (study of the UK House of Commons Science and Technology Committee in 2009-2010).

Ultimately, it is your choice whether you want to give homeopathy a try with your endometriosis and up to the author of these lines to equip you for the choice.

You can find a qualified practitioner as well as more extensive information about homeopathy by visiting www.homeopathy.org.

In USA, the FDA regulates the homeopathic medications produced by pharmaceutical companies very strictly and these are widely considered safe under normal circumstances.

Bellow is the list of medications commonly recommended by homeopaths for endometriosis:

- Cimicifuga Racemosa
- Colosynthis
- Lachesis
- Bellis Perennis
- Belladonna
10. h. Naturopathy and endometriosis

Did the reader get a bit bored? How about a shocking fact to shake you up?

It has been said that 90% of women’s energy is taken up on the maintenance of our reproductive organs.

It might seem shocking, but what is more important to the survival of the species than our reproductive organs. So, the nature responded by revolving the female health around preserving the healthy reproductive system at all cost.

On the other hand, the fast pace of life, delayed childbirth, hormonal pills and pollutants from the environment completely disturbs the fine homeostasis.

Naturopathy is centered on holistically returning the lost balance.

**Naturopathic medicine** or **Natural Medicine**, as it is also called; naturopathy is an eclectic medical system that focuses on the ability of our body to heal itself. It takes the approach that minimizes the use of surgery or drugs.

The origins of naturopathy are in the Nature Cure movement of Europe and the very term was coined in 1895 by John Scheel and popularized by Benedict Lust (the father of US naturopathy).

Naturopathic medicine involves a holistic approach to the healing process, looking into all parts of patient’s life and not just the symptoms of the disease.

As with some other practitioners that we mentioned, your naturopathy practitioner will be designing a questionnaire for you to be able to access your condition better, but will use more of the conventional means then, for example, a TCM practitioner. These may include such tests as X-ray or conventional blood test. Other not so common tests might include:

- **The Iris test** (looks into the state of internal organs)
The Sweat patch (looks into mineral imbalances)

On case to case basis, your naturopath will try to design a program that will:

- Ensure normal menstrual flow
- Soften and heal the scar tissue
- Drain any cysts
- Regulate digestion and possible constipation
- Balance the hormone production

Today, naturopathy is a very organized branch of alternative medicine with an extensive training required for one to be able to become a trained naturopath.

If you want to find a qualified naturopath, you can do so by visiting www.naturopath.org.

10. i. Ayurveda and endo

Ayurveda (Sanskrit for “the science of life”) is a medical system that is native to India. It is a comprehensive system of medicine that places an equal emphasis on the body, mind and the soul. From its primary principle which is restoring the innate harmony of an individual derives its main treatment options:

- Diet
- Meditation
- Exposure to sunlight
- Massage
- Breathing techniques

Having in mind its holistic approach, it has a lot in common with naturopathy, but is very specific with regards to the theory behind
it. The practitioners believe that the health of an individual is influenced by the power of 3 “vital energies” or *doshas* and all the efforts are aimed at balancing the vital energies.

Before the 19th century, when the British Raj tried to suppress it, it was the primary medical choice in India. It was revived following the Indian independence in 1947 and is today an organized and respected stream of alternative medicine, with its central Council monitoring all training and certification.

But, back to the philosophy behind it, the 3 doshas that we mentioned are actually the simplification of the 5 elements in nature according to Ayurveda:

✓ Ether  
✓ Air  
✓ Fire  
✓ Water  
✓ Earth

These elements are constantly interacting and changing and these changes relate to such common external factors as the time of the day but also to internal factors such as our emotional state or stress.

**What to expect on your first examination with and Ayurveda practitioner?**

By this time the reader is used to me announcing that you can expect to be asked all sorts of questions (some unpleasant) by your practitioner. This especially goes for your Ayurveda practitioner, since they pay closer attention to the state of your soul and mind.
Based on your case, the treatment they might recommend might include:

- Enemas
- Saunas
- Detoxification
- Special diets (even the hour of the day when you eat is regulated)
- Herbal remedies
- Special massage (performed by two practitioners at the same time, to simultaneously stimulate your *mama* points, which are similar to your acupoints)

10. j. Immunotherapy

We will get into immunotherapy in the chapter about the alternative treatment options. In spite of the fact that it might be administered by conventional doctors, it is not a mainstream choice and so far not approved by the FDA for endometriosis treatment.

It became increasingly popular as the research and evidence grew that endometriosis might be an autoimmune disease. Two facts that contribute to the theory are the following:

- The peritoneal fluid (liquid in the abdominal cavity) contains a heightened number of immune cells. These cells release chemical substances such as cytokines that contribute to the growth of endometriosis tissue.
- A common sign that a person is suffering from an autoimmune disease is the increased levels of auto-antibodies. Recent research has shown that women with endometriosis often have increased levels of the mentioned auto-antibodies.
Some wires evidently get crossed in the process of how the body of a woman whose endometrial tissue starts traveling reacts. In a normal person, the tissue should be attacked and destroyed in a similar way as a tumor would be attacked. But, for some reason, or a number of reasons (nobody can say for sure) this does not happen in some women.

Immunotherapy is carefully designed to stimulate the body through infusions or injections and activate the system to do its “job”.

The two main options here are the:

1. **Intravenous immunoglobulin (IVIG)** which is actually a protein derived from a human body. There has been some success with IVIG with some other autoimmune disease and doctors are flirting with its use in endometriosis.

   But, the costs of these treatments are not covered by the insurance, because they are not approved by the FDA and that is a huge issue for those that might be considering it.

   Why?

   Because the cost of one treatment is $2,000 to $4,000.

2. **Pentoxifylline (Trental)** is a medication that normalizes the activity of immune cells. A study conducted in Spain showed that women treated with Trental got pregnant in 31% of the cases as compared to the 18% of those treated with placebo.

   It is much less expensive the IVIG, which is its main advantage. A possible side effect is increased bleeding, so inform your doctor if you are taking Trental when planning to have any type of surgery.

10. k. **Biologic response modifiers**

   We have already talked about the fact that there is some proof indicating that endometriosis might be an autoimmune disease.
Following this indications, some practitioners will recommend the use of medications that are called biologic response modifiers.

Before others, these recommendations might include the following medications:

- Adalimumab (Humira)
- Infliximab (Remicade)
- Etanercept (Enbrel)

These drugs inhibit cytokines and thus decrease the pain and the inflammation. As such, they have been used in many other autoimmune disease with less or more success.

Having in mind the incomplete evidence that endometriosis is autoimmune and the fact that these drugs are:

- Very expensive
- Must be given intravenously
- Can have serious side effects (infections, neurological disorders), it is my opinion that until more about the possible autoimmune origin of endometriosis is revealed (or denied) the benefits are too weak to balance the existent and possible bad sides of this option.

10. I. TENS current

Transcutaneous Electrical Nerve Stimulation or **TENS** is one of the options that you have to relieve endometriosis pain fast. The mild current that runs through your skin near the painful place temporarily (for a couple of hours) blocks the nerve pain signals.

The cost of one TENS unit is $120-150 and the electrodes are around $30 and are good for 20-30 uses.
It depends on the insurance plan and the severity of your pain whether the costs of your TENS unit will be reimbursed by your insurance company.

If you are not sure if this is the right option, you always have the option of renting a TENS unit and testing it for a month or so, before your reach your decision.

Always talk to your doctor before you reach these kinds of decisions. If you have a pacemaker, TENS is not an option for you since it might interfere with the proper functioning of the device.

There are three basic types of TENS:

1. **Conventional TENS** (high frequency, low intensity) is the most common approach. The sessions of conventional TENS are prolonged and a typical session might last from 20-30 minutes.

2. **Acupuncture-like TENS** (low frequency, high intensity) is an approach that is too uncomfortable for many people since the intensity is so high that you perceive the current as needles. Some people might find it more beneficial and longer lasting then the conventional TENS.

3. **PENS or Percutaneous electrical nerve stimulation** is a type of electrical stimulation where small needles are used and the current is delivered through the pierced skin. This can get very uncomfortable and can only be administered under the supervision of a qualified professional.

**10. m. Yoga and endometriosis**

The word Yoga is derived from the Sanskrit word 'Yuj' which essentially means to join or unite. The union that is mentioned here is the union of one self with the Cosmic Consciousness or the Universal Spirit. This union is achieved through yoga techniques.

Yoga was born in India almost 26,000 years ago and it is believed that it has evolved significantly during the ‘Sat Yuga’, or the Golden
age. With the discovery of the Indus valley civilizations the knowledge about yoga surfaced.

Yoga therapy is a form of alternative medicine that has been found to alleviate symptoms associated with endometriosis and is often a beneficial option for those seeking to complement or reduce the use of endometriosis medication.

Yoga works through different breathing techniques, as well as meditation and stretches.

In endometriosis, yoga focuses on rebalancing the disturbed energy paths rather than dealing with the consequences of the disease. It promotes healing through the concept of wholeness of being.

Nowadays, yoga is widely practiced and I am sure that you will not have any problems finding a class that will suit your needs. Make sure that you inform your teacher about your endometriosis because there are some exercises that can do more harm than good if you have endometriosis. Talk to your instructor about his/her experience with practicing yoga in women with endometriosis.

Just so that you know what you are talking about when the time for the conversation comes, let me give you a short insight into the basic kinds of yoga your instructor might talk about:

- **Hatha**: from the Sanskrit words *ha* meaning "sun" and *tha* meaning "moon," hatha yoga focuses on health, vitality and spiritual relaxation.

- **Raja**: involves breathing techniques, meditation and exercise. Derived from the Sanskrit, meaning "king" or "ruler."

- **Tantra**: this form of yoga focuses on using bodily energy in order to overcome the material world. The term tantra is derived from a Sanskrit word meaning "loom" (tan, "to stretch").

Practicing yoga is not a treatment per se but can be a great complementary treatment option in self-help programs aimed
primarily at alleviating pain. Some of the ways yoga can help with the chronic pain are:

- Stabilizes the gate-controlling mechanisms that are found in the spinal cord through balancing the pain centers in the brain
- Stimulate the secretion of natural painkillers secreted by the body
- Breathing exercises promote relaxation and reduce the tension and thus the pain
- Reduces stress levels, which is crucial for overall wellbeing
- Helps with insomnia issues
- Assists in normalizing weights
- Increases fertility
- Prevents hot flashes
- Normalizes the menstrual cycle and helps alleviate the menstrual pain

If you want to find a qualified instructor check out www.yogafinder.com where you can search for practitioners using different criteria.

Before making the decision about your instructor, make sure that she/he is a qualified instructor according to the criteria prescribed by the Yoga alliance which is at least 200 hours of expert training.

Books and DVDs on the subject are also an option if you feel more comfortable at your own home. But, as I said, practicing yoga if you have endometriosis is tricky and it is best to seek guidance (even if its just for a couple of sessions) so that your instructor can make an informed decision of what might be right in your specific case.
There is some proof that progesterone receptors stop functioning in the presence of adrenaline which is secreted when you are stressed. That is why a special care needs to be taken to keep you calm and relaxed while battling with your endometriosis. This is one of the reasons why a special guided relaxation eBook was included in the resource box of the Violet protocol.

Yoga is just one of the ways to achieve a balanced mental state and start paving the road to endometriosis remission.

10. n.  Menastil

In sub-chapter 10.h. we have talked about homeopathy in the treatment of endometriosis but have deliberately saved the best for last. Menastil is a pretty new product and it has received a lot of good feedback in managing the pain associated with menstrual cramps and endometriosis.

It is a homeopathic remedy that is based on Calendula oil that evidently has great analgesic and pain-relief features. The Calendula oil is extracted from the marigold petals. Menastil is applied topically (directly to the skin) using a roll-on applicator.

The mechanisms of how Menastil works to help alleviate the pain are very interesting. It actually interferes with the cell synapses stopping them from conducting the pain impulse to the neighbor cell. Cell synapse is a junction where the nerve cells meet and when Menastil cause the endings of the nerve cells to retreat towards the inside of the cell the pain “signal” grows weaker.

In USA, Menastil has been tested in official studies applying strict FDA regulations and has been proven to offer great relief in a vast majority of participants of the studies compared to the placebo. The best known double-blind study lasted for 4 years and included tests in thousands of women.

I have used Menastil myself but just for a short period of time at the beginning of the protocol because I soon got a lot better and almost pain free on the Violet protocol. I will not be talking about it
in the Master plan since it is not an essential part of the protocol, but I have used it and it has provided me with almost instant pain relief. I was pain free for a couple of days after the application. I found it to help more with the frontal cramping then with the tailbone pain, but even for that it completely takes the edge of.

I used it by applying just a little dab to my front pelvis and my lower back. This pretty much got rid of the sharp pain within the first 30 minute almost always and continue to decrease the pain levels in the next half of a day. And I liked the minty smell and the tingling feeling 😊

It is oil based, but don’t worry about getting it onto your clothes, it washes away very easily and does not leave any stains, I can say from experience. It is also not a pricy option and one bottle will very likely last for at least 5 months. It does not contain alcohol, fillers or chemical additives.

It is not even likely that you will develop any kind of skin irritations when using Menastil should you decide to give it a try, since other essential oils have been added to make sure that your skin is gently nurtured. However, it goes without saying that if you do try it and develops some kind of skin irritation; you need to consult your doctor immediately.

Menastil itself is pretty safe to use (if you are not allergic to Marigold) but make sure that you consult your physician and seek guidance on possible drug interactions (which are very rare and mild in nature). Also, examine the instructions for use carefully before making any decisions.

Menastil can be purchased without prescription.

10. o. DLPA (DL-Phenylalanine) to relieve pain

DLPA is a very interesting option in our pursuit for freedom from endometriosis pain. If you have so far been dedicated to this pursuit you might have heard of DLPA sooner or later. But what is DLPA actually?
It’s a protein (amino acid).

But not just any protein. It is a protein that regulates the life span of natural painkillers – “the endorphins” in the body. The endorphins are secreted by the brain when the body experiences pain (among other occasions). When the pain gets too strong this natural endorphins are simply not enough and you experience pain and discomfort. Once the endorphins are secreted and pain is relieved other enzymes take care of dissolving the endorphins. DLPA blocks these enzymes that are secreted to dissolve the natural pain killers.

DLPA makes this natural endorphins last for a longer time and thus increases their pain killing ability. This dulls and reduces the pain. Phenylalanine is not considered as a drug because it is used by the body during metabolism (conversion of food to energy). It is sold under the same guidelines as vitamins. Phenylalanine is present in the protein containing foods in our diet.

Administration of DLPA

The instructions usually state that DLPA tablets should be taken 15 minutes before a meal or 15 minutes after a meal if you have high blood pressure issues.

Dosage of DLPA

General recommendations are 2 tablets before meals (or after meals in those with blood pressure problems). Each tablet contains 375 mg of DLPA. Before taking 3x2 tablets it is also advised to build up the dosage from 1 tablet per day for 2-3 days, move on to 2 tablets 2 times per day (4 overall) for two days and then move on to full 6 tablets (3x2) per day.

To resume:

**Day 1-2:** 1 x 375 mg

**Day 3-4:** 2 x 750 mg

**From Day 5:** 3 x 750 mg
It usually takes a couple of days for the DLPA to start bringing results. The length of treatment and the exact dosage is to be determined by your health practitioner. You will be feeling the benefits of the treatment for weeks after.

There is evidence that, in some people, the effects of DLPA are supported by the administration of Aspirin, Vitamin C or Vitamin B6.

DLPA should not be used:

- In pregnancy
- By lactating women (breast feeding)
- In cases of phenylketonuria (rare medical condition)
- By patients taking MAOI’s (monamineoxidase inhibitor drugs for mental illness)
- By children under the age of 14 years

Side effects of DLPA might include nausea, especially at the beginning of the treatment. If the nausea persists, then the treatment should be stopped and a qualified practitioner consulted.
Chapter 11: Managing the physical pain

In Chapter 10 we have looked at the alternative treatment options and ways to alleviate the pain through the natural alternatives. Here, we will look at the endometriosis pain through the eyes of the conventional medicine and think about the options it offers.

If you are among the minority of women that has known for a long period of time that they have endometriosis then you have probably trained your body to recognize the differences between the pain of endometriosis and other types of pain. Most of the time, this will be crucial in leading a pain free life even if you don’t get your endometriosis to remission.

Recognizing the pain early on before it sets in will enable you to react and apply whatever it is that helps you. Everybody is different and things that work instantly in some women do nothing in others. Time and patience to figure out what helps YOU will bring you your life back. And later on, I will tell you exactly what brought me back mine and has done the same for thousands of women.

Endometriosis can set in at the middle of your cycle as well as during your period, but it is far more often during the menstruation. It is not simple and unambiguous. It can be pain from the adhesions or from the cramps, pain associated with ovulation and completely non-related, pain caused by inflammation or by bowel movement and it can affect different areas of your body. That is why it is crucial that you keep a journal of all that happened, what kind of pain you experienced and what helped at the time.

This will not only help your doctor a huge deal but will also help you see patterns of progress and manage the pain away.

I know that it sounds overwhelming and it is not easy at the beginning, at one point I felt as if having endometriosis was my full time job, but after a while you get used to it, everything comes natural and you do it with ease as soon as you see concrete results from your diligence and efforts.
Ok, so in this chapter we “go mainstream”. We look into the prescription drugs and over the counter medications that our good scientists and kind pharmaceutical companies have come up with so far to help us deal with this terrible thing.

If we want to be precise, **chronic pain** is defined as pain that persists longer than the temporal course of natural healing but that is very relative and it can be difficult to say whether your pain is chronic or acute. But, let’s try anyway. Your endometriosis pain can be considered chronic if it meets the following criteria:

- It persists for longer then 6 months
- It does not respond well to standard medical treatment

Also, a general characteristic of chronic pain is that it often has no definable cause.

### 11. a. OTC (Over The Counter) medications

*Over-the-counter* (OTC) drugs are medicines that may be sold directly to a consumer without a prescription from a health care professional.

Here, we will cut through some of the clutter that meets us when we enter the pharmacy and the choice seems impossible. You will be amazed to hear that there are basically two basic kinds of OTC painkillers and the rest is just designed to mislead the consumer.

So, your choice of OTC comes down to **acetaminophen** (also known as Tylenol) and **NSAIDs** (nonsteroidal anti-inflammatories such as Aspirin or Ibuprofen). The principle difference is that the first fight just the pain and not the inflammation and the second fights both pain and inflammation.

**Option 1: Acetaminophen**

Acetaminophen is a very interesting option for us although it sounds that the NSAIDs are simply “better”. Why choose this when I can have something that will fight the inflammation as well, right?
Well, the reasoning is simple – because it does not fight the inflammation it does not cause stomach irritation and it does not interfere with the platelet function. This is why; unlike the NSAIDs it will not potentiate the bleeding.

If something “stinks” here then you are right, there is a catch 22 at this junction of choices. Because it is not likely to promote bleeding, Acetaminophen is likely a safer option in the long run. But, inflammation pain is an important part in some of the cases and acetaminophen does nothing to address this and it might not be as effective in the long run.

Finally, the author is left to say the unpopular “you will have to test yourself and see which option suits you better if you decide to give OTC medications a chance”.

Although relatively safe in normal dosage (recommended on each package) overdose can result in fatal liver damage.

**Option 2: Aspirin**

Aspirin or acetylsalicylic acid is a derivative of salicylic acid that is a mild, nonnarcotic analgesic. The drug works by inhibiting the production of prostaglandins, body chemicals that are necessary for blood clotting and which also sensitize nerve endings to pain. Being mild it will rarely provide enough relief to the endometriosis sufferer but if the pain comes in the form of mild discomfort you can reach for Aspirin because of its safety.

The father of modern medicine was Hippocrates, who lived sometime between 460 B.C and 377 B.C. Hippocrates has left historical records of pain relief treatments, including the use of powder made from the bark and leaves of the willow tree to help heal headaches, pains and fevers.

**Option 3: New NSAIDs (Ibuprofen and friends)**

The most commonly used new generation NSAIDs are:
✓ Ibuprofen
✓ Naproxen
✓ Naproxen Sodium

Newer NSAIDs are much more effective in treating the inflammation. They work to block the effect of an enzyme called cyclooxygenase. This enzyme is critical in your body's production of prostaglandins.

Sounds great, right? I can see you reaching to pop one down. Not so fast. Prostaglandins are not there just to give us a hard time—they also have an important function in the body. One type of prostaglandins helps the body line the stomach with a protective fluid. No prostaglandins, no protective fluids on the internal surface of our stomach. Does that sound like something we want happening?

Apart from being very bad for women with endometriosis, this effect can cause stomach ulcers.

So, what is the solution?

Well, newest generation of NSAIDs (Celebrex) suppresses just one of the two types of cyclooxygenase (COX). The two types are COX-1 and COX-2. Newest NSAIDs interfere only with the production of COX-2 and leave the COX-1 to function normally. And guess what, COX-1 is proven to be more important of the two for producing the much needed protective lining in our gut.

But of all the COX-2 inhibitors only Celebrex is still available since some studies have shown a connection between these drugs and increased danger of heart disease. The right course of action when considering NSAIDs is reaching an informed decision with your doctor about the type and the minimal dosage that “does the trick”.

Although you can get NSAIDs over the counter, this does not mean that they are without side effects. The most common side effects are stomach irritation, ulcers and bleeding.
NSAIDs should NOT be used if:

- You are pregnant
- You are breastfeeding
- You have a history of stomach ulcers
- You are taking blood thinning medication

NSAIDs should be used only under CLOSE physician supervision if:

- You have asthma
- You have liver problems
- You have heart problems
- You have kidney problems

Daily doses should not exceed 2,400 mg if not otherwise ordered by your doctor.

NSAIDs are also proven to decrease blood flow to the kidneys and can thus increase blood pressure. Also, you might experience:

- Headache
- Nausea
- Rash
- Vomiting
- Drowsiness
- Diarrhea

Some NSAIDs may contain codeine, which may not be ideal for those suffering from endometriosis. Because codeine can cause constipation and pelvic congestion, use of these drugs may actually worsen your symptoms. Make sure you look into whether the particular type of medication contains codeine.
I think that this is enough to make anyone take the decision to take NSAIDs serious. Especially with endometriosis – always consult your doctor.

11. b. Prescription drugs for the pain

Pain of endometriosis can be truly understood only by the woman who experienced it and is still widely scorned, sometimes even by doctors. It’s the 21st century and we are still fighting for a clear and unambiguous differentiation from simple menstrual pain and the terrible suffering of endometriosis.

This fight is happening all around us. It is fought by women just like you and me and our best weapon of choice is knowledge and arduousness. We are fighting the fight in our homes, in the workplace, and in the doctor’s offices and you, appreciated reader, are in the frontlines.

At times when the pain becomes too much and natural alternatives and OTC medications just does not offer enough relief, you might agree with your doctor to reach for the prescription drugs. In this sub chapter we will take a closer look at our options when this happens.

**Prescription NSAIDs**

As we already mentioned you can get NSAIDs over the counter, but only at lower doses. To get higher doses of these drugs you will need a prescription. A good example is Ibuprofen which is sold OTC for the doses of up to 200 mg and requires a prescription for doses of 400-600 or even 800 mg.

Traditional NSAIDs include the following:

- Diclofenac
- Etodolac
- Fenoprofen
- Flurbiprofen
- Ibuprofen
- Indomethacin
- Meclomenamate
- Mefenamic Acid
- Meloxicam
- Naproxen
- Oxaprozin
- Piroxicam
- Tolmetin

The main danger that you need to be aware is the jungle of painkillers that contain same substances in different combinations. That is why it is best to take simple painkillers that contain only one substance, but should you decide to take a “cocktail” drug take a long hard look at the contents.

I am saying this because a friend of mine and an ex colleague ended up in hospital with severe liver damage because she took an OTC drug and a prescription drug for a couple of months completely unaware that the two contain some of the same substances. She ended up heavily overdosing on some dangerous chemicals. You are pretty safe if you keep a record of everything that you are taking and diligently informing your doctor of each and every detail, even if it might seem irrelevant.

As we mentioned, in 2004 the FDA removed all the other COX-2 inhibitors except Celebrex, because the revoked drugs showed negative effect on the cardiac health in those taking them.

You, you doctor and your health diaries have the final word again.

Of course, at the higher doses, your risks of experiencing side effects are greater. We have already talked about some of the side effects when talking about OTC NSAIDs. Those apply here, too. But,
in addition to this, with heavier doses you need to be on the lookout for more serious side effects such as:

- Rapid weight gain
- Allergic reactions (hives, swelling of the lips or tongue)
- Bloody or black stools
- Bloody urine
- Bloody vomit
- Ringing in the ears

People taking the mentioned COX-2 inhibitors are at an increased risk from experiencing:

- Swelling or water retention
- Skin rash
- Unusual bleeding
- Spontaneous bruising
- Insomnia

Once more, keep a close eye on the ingredients of the medications that you decide to take and avoid any duplication since this might lead to an overdose.

**Is it safe to take NSAIDs over prolonged periods of time?**

People that need to take NSAIDs regularly for longer then a week need to take time and have a long talk about the potential consequences with their doctor since they will be at an increased risk of heavy abdominal bleeding, heart attacks and strokes.

In addition to this, if you take these drugs over a prolonged period of time, you are very likely to develop a tolerance. In other words, as time goes by, you will need higher doses to get the same effect and this will lead to the further increase of the risk.
I know it seems like something that the pharmaceutical companies and me as the author of this eBook need to say just to be safe, but let me assure you, the risks that I am talking about are very real and tangible.

11. c. Tramadol (Ultram)

Ultram is a brand name for a generic drug Tramadol that is too different from any other drug to be included in any of the previous groups. That is why it stands alone and we will take a closer look at the bright and the dark side of Tramadol.

Ultram is not an NSAID. The mechanism that makes it so effective is taking place in the brain. It works by blocking the reuptake of the neuro chemicals norepinephrine and serotonin, in other words it modifies the pain message resulting in pain relief.

In certain aspects, it does resemble opioids (we'll be looking closer at these later in this chapter) but the experts estimated that it has a much lower potential of abuse then the opioids and that is why it is not a controlled substance.

Tramadol also works in a similar manner as some antidepressant medications by inhibiting the reuptake of certain brain chemicals (serotonin and norepinephrine). These are two of several chemicals used to send messages from one nerve cell to another. As a message travels down a nerve, it causes the end of the cell to release serotonin or norepinephrine. The serotonin or norepinephrine enters the gap between the first nerve cell and the one next to it. When enough serotonin or norepinephrine reaches the second nerve cell, it activates receptors on the cell and the message continues its journey. The first cell then quickly absorbs any serotonin or norepinephrine that remains in the gap between cells. This is called "reuptake."

Although it is not classified as a controlled substance, people report that it makes them feel “nice”. In other words, it can cause a feeling of euphoria, making it a great candidate for developing addiction and tolerance.
The author of this ebook urges you not to go down this road, no matter how tempting the stories you hear might be. You will most likely be pain free very fast but at what cost?

Also, after the treatment - the period when you are supposed to stop taking the drug can make a living hell out of your life and drive you to despair.

I have heard people blacking out due to Ultram side effects (imagine this happening while you are driving). Some of the milder and more common side effects are:

- Drowsiness
- Diarrhea
- Dizziness
- Dry mouth
- Mood changes
- Blurred vision
- Anxiety

Some of the more serious side effects are: allergies (rare but serious when they happen), hallucinations and seizures.

Look at Ultram as the powerful substance it is and treat it with respect is the best advice I can offer here, since I cannot tell you what to do or not to do.

**1st** - Be candid with your doctor if you have any forms of the following disorders:

- Depression
- Emotional disorders
- Mood disorders
- History of seizures
2nd - If you are taking this medicine during pregnancy, talk to your doctor about the risks. You should never take Ultram if breastfeeding, since it is excreted through the breast milk.

3rd – It’s crucial that you inform you pharmacist and doctor of any other medications that you are taking since Ultram can be potentiated and can interfere with a number of medications. Especially inform your doctor if you are taking:

- Bupropion
- Cyclobenzaprine
- Narcotic analgesics

4th – Avoid taking alcohol when taking Ultram

5th – Avoid driving or operating any machines until you examine the effect that this drug might have on you since (as I mentioned) the side effects can be as serious as spontaneous blackouts

Tramadol comes in many forms, including:

- capsules (regular and extended release)
- tablets (regular, extended release, chewable, low-residue and/or uncoated tablets that can be taken by the sublingual and buccal routes)
- suppositories
- effervescent tablets and powders
- ampoules of sterile solution for SC, IM, and IV injection
- preservative-free solutions for injection by the various spinal routes (epidural, intrathecal, caudal, and others)
- powders for compounding
- liquids both with and without alcohol for oral and sub-lingual administration, available in regular phials and bottles, dropper
bottles, bottles with a pump similar to those used with liquid soap and phials with droppers built into the cap

- tablets and capsules containing (acetaminophen/APAP), aspirin and other agents.

**11. d. Opioids (the ultimate painkillers)**

Opioids are one of the oldest drugs known to mankind. Derived from the poppy plant, they often include codeine and the father of all the painkillers – morphine.

The author of these lines hopes that you will never ever experience the benefits of the opioids, but this will not stop us from gearing up with the knowledge. So, let’s take a closer look...

Opioids are often referred to as narcotics and they work their wonders by binding to the opium receptors that are primarily found in the brain and in the gastrointestinal tract. The analgesic effects of opioids are due to decreased perception of pain, decreased reaction to pain as well as increased pain tolerance. Opioids also suppress the respiratory system, and are therefore often prescribed as a cough suppressant.

Opioids have a narcotic effect which makes it very easy for patients to become physically dependant upon them. This is why usually they are cautiously administered and the patient is being monitored during the treatment and sometimes stimulants are prescribed to counteract the sedative effects of opioids.

Some of the common opioids are (generic names):

- Codeine
- Morphine
- Meperidine
- Hydrocodone
- Oxycodone
- Methadone
According to the DEA (Drug Enforcement Administration) classification most opioids fall into schedule II-IV. The schedule I contains drugs that have no potential for medical use but are highly addictive and have a great potential for abuse.

*Schedule II* - drugs have some medical use, but have high potential for abuse and a high risk factor of dependency development.

*Schedule III* - drugs have substantially lower potential for abuse and dependency development.

*Schedule IV* drugs have a very low potential for abuse, low risk of mild dependency development and a good medical use.

Always make sure you know where the drug you are looking at falls in according to the above scheduling.

Having mentioned the “dark side” of opioids I feel obligated to tell you that I really feel that anyone has a right to lead a pain-free life and as long as you are making an informed decision, nobody has the right to judge you for seeking help for your pain.

If you are not entirely sure why I am saying what I said above then you have never entered a doctor’s office and asked for opioids prescription. More often then not, they will snap to judgments and label you as a “drug seekers”. As a result, I meet women every day whose pain is under-treated. That is why it’s important to know your facts if you are entering that office prepared to talk about your options with opioids.

First and above all, get your facts straight about the difference between a physical dependence and drug addiction. You would be amazed of how many doctors don’t have a clear and unambiguous understanding of the two.

So, let’s get our facts straight...

*Addiction* is a neurobiological disease and is characterized by the following:

- Compulsive drug use
- Poor control over drug use
- Drug craving

**Physical dependence** develops when the body adapts to a drug. When this happens and if the drug is stopped abruptly you experience unpleasant symptoms of drug withdrawal.

**Tolerance** is defined as body’s adaptation to a drug resulting in a lessened effectiveness. When this happens, you need increased levels of the drug to get the same effect.

**Pseudoaddiction** can develop in patients whose pain is under treated. When you become desperate for pain relief you might demonstrate the patterns of a behavior that is characteristic for addicts without being a true addict.

You might try illegal drugs and other things that you would never normally do. The difference between an addict and a pseudoaddict is that the pattern of behavior in pseudoaddict stops as soon as the pain is relieved and treated in the right way.

So, when you get to the topic and your doctor makes a sour face and just waves his hand or looks at you as if you did something wrong, just ask him which one of the four is he afraid of. He’ll know right away that he is not dealing with his average pawn that will shut up just to avoid upsetting him. Remember, he will go home to his family forgetting all about you and you will go home to live with your pain.

I am not encouraging you to take opioids, far from it, I just want to tell you there’s no reason to feel bad if you are thinking about it, whatever anyone else tells you.

**So, how real is the danger of addiction development in chronic pain patients?**

When you are in pain, all you want in the world is for it to go away. That is why many of the people that try opioids on long-term basis will develop a physical addiction, make no mistake about it.
But, a true addiction is rather an exception then a rule and is usually connected with a genetic predisposition to addictions. So, take your family history of addictions into consideration when thinking about opioids for your pain relief.

11. e. Exercise and endometriosis pain

If there is a key to the right approach to exercise with endometriosis then it is moderation. Don’t force yourself into anything. But, when done right, exercise can do wonders for your pain relief and your overall well being. It will not only help by improving your general state, but it will help you get back the much needed hormonal balance. The benefits are manifold:

- Environmental toxins cause increased levels of estrogen. By excreting the toxins through sweat during exercise, we are lowering the body’s production of the unnecessary estrogen.

- Exercise balances the prostaglandins that are produced during menstruation. This reduces the contractions of the uterus.

- Moderate exercise increased the oxygen levels in the blood

- It strengthens the capillaries that are weakened in women with endometriosis

- Exercise increases the production of endorphins which are the natural painkillers and relieve the pain and stimulate the general feel of wellbeing
Exercise increases the transport of nutrients and oxygen to the nervous system and thus help reduce stress and depression

Exercise balances the immune system, which is crucial in fighting the formation of implants of endometriosis

Having highlighted all the benefits of exercise and active lifestyle in women with endometriosis let me say that there is a dark side to intense workouts in women with endometriosis. When I say this I primarily mean the increased risk of retrograde menstruation that the intense workouts bring. That is why yoga, swimming, gentle stretching are the most suitable options for those of us that have been” touched” by this potentially debilitating condition.

We have now pretty much looked into pain management from all available perspectives. I will not surprise the reader nor will I say anything new when I say that the key lies in getting to know your body and what it responds to. I wish I could confidently say:” Thing A or thing B will take the pain away for sure”. But I cannot do so in the right mind. Again, in the later part of the eBook I will share exactly and precisely what did it for me.
Chapter 12: Managing the emotional pain

Again, at the beginning of this chapter, I have to wallow in the mire and delve into the subject of other people’s recognition of this disease and the excruciating pain it sometimes brings.

What I personally found most depressing is the fact that very often I was under the impression that people think that I am just faking. “Other women have painful periods, but you don’t see them running home in the middle of the day”, I could almost hear them think.

At times, I even had that feeling at home. I was under the impression that my boyfriend from the time thought that I am suffering from an imagined disease that I am using to get out of sex or visiting his friends. As I am typing these lines, I can see him sitting on the sofa without saying anything and thus saying so much.

The solution that I found at the time is talk, long talks that explained what is going on with you to people around you. I sat down with my boyfriend and said: “Do you think that I am using my illness to avoid having sex or avoid something else with you?” Of course, confronted like this, he always said no, just to indirectly say yes as the conversation unfolded. I resolved this issue by clearly saying that I will be very clear in the future about things that I didn’t want to do, but when I say that I am in pain, and that I really needed him to respect it.
I also went on to say that I am sure that he can feel frustrated at the time thinking that there are so many women out there that would not be so much of a hassle and that I would understand if he chose one of them over me. But, I made it clear that I had no choice in the matter and that it was my journey and he has to except me as a whole if he wants to be with me. I cannot handle the guilt that is added to the pain every time we cannot do thing A or thing B because of my illness.

This was my recipe for saving my relationship temporarily. As I was saying this, I could see on his face that somewhere in the back of his mind he knew this was true, but was just too frustrated at times to recognize it. But, this had to be said, because I needed all the support I could get. And the support of a healthy relationship means the world. Without the right support, we would be in the pits of depression.

So, the first step to avoiding depression is finding solid pillars of support in your life and remove (yes, remove) the people that see you as burden and as a complication.

I took me five seconds to fire my first doctor. It all happened when after a couple of attempts of finding the right drug to relieve the pain I came to his office and said that the drug that he recommended did not help. When I said that, he just sighed out loud and grabbed his forehead as if I am to blame or as if I am lying just out of spite. I just stormed out of his office saying that I did not choose to be there and that he should re-read his oaths.

I am sharing what happened to me just to be able to make a point – you do not have to put up with anything and you do not need the people that will not accept you for what you are. These are the basics of building a healthy foundation for fighting this thing. If you don’t find this foundation, you will find yourself lonely surrounded with people that just don’t understand.
12. a. Recognizing and treating depression

If you are anything like an average women, you are really not sure were simple sadness ends and where depression starts. Let us get our facts and terminology straight before me move on.

Depression is characterized by:

- Feeling of sadness and despair
- Complete loss of interest in daily activities
- Avoiding socializing
- Changes in sleep patterns
- Lost of hope that things will change
- Inability for pleasure
- Irrational fear
- Decreased self-esteem
- Changing appetite
- Rapid weight loss or weight gain

When an intensely sad or stressful event happens, it is normal to experience some or all of the above symptoms. But, we need to clearly differentiate depression from *clinical depression*.

If the patterns of behavior listed above last for longer then a month, then you might be clinically depressed and you might need to seek special medical attention for this issue alone. You will need to talk to a doctor that will first determine whether you are clinically depressed and then help if you are.

Clinical depression used to be a very obscure and not very well defined condition, but today that’ not the case. The scientists have very clearly defined the chemical patterns in the brain that lead to it. These are patterns that might easily be broken with medical help and almost impossible to brake without.
Clinical depression is not your simple sadness and will not go away on its own, because it is much more than “just feeling down”. So, be on the lookout for signs of clinical depression and read on to learn about what you can do to never get there.

It might seem that endometriosis is just a physical manifestation, but the chronic pain that it brings is the highway to emotional issues if not approached from the right perspective.

So, let’s step up and find that perspective...one day at a time...

**Step 1. Never turn on yourself – you are not to blame for anything**

Even if your disease is changing the lives of your loved ones and has a negative impact on the life of your family one simple fact remains – you did not choose any of it.

It is very easy turning on yourself for not being able to handle the physical and emotional pain in silence. Well, here’s a news flash for you and the nay-sayers that you might have around you – no one could and no one should.

So, snap out of that coil of self-pity and guilt. Now!

**Step 2. Build a network of support**

We already had a small talk about this, but let me emphasize it once more. It does not have to be with you partner; it can be your parents, your doctor, your friends that will provide the right kind of support. Support without judgment.

**Step 3. Look around and notice what you don’t like about your life**

It is amazing how people can be inert. Taking a short 5 minutes to really look what is it about your life that really makes your frustrated and what part of it can be avoided will provide you with freedom to remove these parts.
What do I mean? Well, remember my doctor story? It’s a perfect example of the point I am trying to make. And about my boyfriend from the time that I talked about...well, let’s just say that we didn’t make it.

**Think about your life.** Do you have friends that are energy vampires? Do you have a friend that just complaints 24/7 saying that your problems are nothing compared to theirs. Well, it might sound harsh, but the way I see it she/he has to “go”...

Do you have a grumpy baker that never says “thank you” or looks you in the eyes. Have you ever thought about walking a block to another bakery? I know it might sound banal right now, but these are just the kind of things that add up to a feeling of “bad life”...

I promise you’ll be amazed of the number of things that just don’t have to be there and you can just remove them from your life...

**Step 4. Accept your journey**

Accept is not a strong enough word – embrace your journey. You have endometriosis. So what? Why don’t you take a walk around the hospital and think about what other people might be dealing with. And if you spend the next 10 days thinking how miserable you are, after the 10 days you will be right where you started. But, if you take charge, after the 10 days you might be a different person.


**Every day is a junction that determines the rest of our days.**

Keep this thought in mind every time you feel like giving up.

Let me just share this, almost half of all pain sufferers experience symptoms of depression at one pint or another. And according to studies, women are three times more likely to develop depression. So, you get the idea. If you are a chronic endometriosis pain sufferer, you ware very likely to feel “it”. And this does not define you or label you. **It’s what you do with it that does.**
I remember reading a text with an interesting theory about the causes of endometriosis. It said that the very mechanisms that are put to use by our body when endometriosis is triggered are means of defense against more serious conditions, such as ovarian cancer.

Whether there was any real substance in the claims is really now secondary. The text changed my life. I just imagined that the day my doctor sat me down in that yellow chair and told me that I have endometriosis could have also been the day that he told me I have cancer. I also thought that for some other woman, it probably was.

So, embrace your journey and make the most out of it. No excuses.

**Step 5. It’s the 21st century**

Even though it remains mysterious, science today knows so much more about the ways of the brain that it used to 10 or 20 years ago. Then why should we stay inert and not use the breakthroughs that have been brought forth.

So, get to know the ways of the brain and the science behind it.

After all, if your tooth hurts, you will go to a dentist and you won’t try to drill it yourself. That is why it is crucial that you explore your options of guided relaxation and modern emotional issues management.

**Treatment options for depression**

This is a true subject of controversy and the treatment of choice depends on your preference and that of your doctor. Some doctors are completely against medications and rely solely on therapy and counseling. In the light of the recent discoveries about the brain chemistry, it might be irresponsible to completely dismiss the benefits of chemical alterations that drugs can bring.

All that being said, it is safe to say that a large majority of doctors will decide for the combination of the two.

**Psychotherapy**
Psychological treatment of depression (psychotherapy) helps the depressed person in couple of different ways:

- Counseling and interaction alleviates the feeling of hopelessness - the depression’s best buddy
- Depression is created and sustained by pessimistic ideas, unrealistic expectation and overly critical self-evaluation. Cognitive therapy changes all this.
- Therapy trains the person to clearly differentiate the critical from the minor life problems
- Therapy teaches about ways of developing positive life goals
- Problem solving therapy changes the areas of the person’s life that are creating most of the stress
- Behavioral therapy develops better coping skills

There is one very common misconception about therapy for depression. You hear people saying that they are doing therapy for years, and saying it as if it is a good thing. This is mainly because there is a sea of poorly trained counselors out there that never move beyond supportive counseling.

As useful as it may be, supportive counseling will not make the depression go away. You need a qualified psychotherapist that will work on getting you past the depression so that you can move on with your life without the necessity of therapy.

So, your therapist should not be just someone that will take time to listen to what you have to say. He/she should point out the patterns that are making the problems and work with you on changing them.

Therapy, if done right, will be all about provoking you to make critical changes in the way you think and the way you act.
First of all, do not be ashamed to ask for credentials and after a while (a couple of sessions) ask your therapist what is his/her “plan” for you, how long he roughly estimates before you’ll be able to start making the changes in your mental health you are paying him for. Remember, you are not paying him to listen to you.

After a couple of months, look back and asses whether you have made any progress in the following areas:

**Internal changes:**

- Problem assessment skills
- Self-evaluation
- Evaluation of others
- Expectations that you have for yourself

**External changes:**

- Problem solving skills
- Stress management
- Communication skills
- Relationships skills

It does not have to be a revolution and you don’t have to be Jim Kerry in Ace Ventura all of a sudden, but you should not be still at ground zero after this kind of time span.

Note this; you should experience significant improvement within 30 sessions. If you don’t feel it, talk to your therapist about what you feel. If you don’t get satisfying answers, move on. It’s that simple.
Let us now take a look at different type of antidepressant drugs that you can choose from should you decide to go down this road:

**Option 1: Tricyclics (TCAs)**

This class of antidepressants is the oldest, but is still widely used, above all in bipolar disorders (manic-depressive disorder). They owe they name to their structure – the three rings. The first TCA dates back to the 1950s when *Imipramin* was discovered and after that the TCAs became a standard treatment for depression disorders. From the 50s a number of different families of drugs for depression were developed, but the TCAs still have their place in the treatment. The span of conditions that doctors address with TCAs has widened over the years.

The TCAs work by blocking two of the most important neurotransmitters – **serotonin** and **norepinephrine**. Some block one of them, some the other and some have the “dual” effect on both of the mentioned transmitters. We have mentioned the process of reuptake of the chemicals in the brain that allows the impulses to travel but let us just take a brief moment here to make things as simple as possible for the reader to understand.

So, what happens during the famous (or infamous) reuptake...?

When any type of a message comes in at on end of the cell, it is not simply transferred electronically to the next cell as you would probably say if somebody asked you how this happens (and not really knowing what this actually means). What happens is the impulse travels down the **axon** which is the tale of the cell and the cell releases an appropriate neurotransmitter chemical (*Picture 12a-reuptake*). This chemical is sent off to the tiny space between cells which is called the synaptic cleft.

Each of the molecules that are released into the synaptic cleft has its own destiny.
❖ It can bind to a receptor right away doing it’s job and getting the message through

❖ It may just “float” around in the mid-space “waiting” for a receptor to become available

❖ If it “waits” long enough it might bind back to the auto receptor of the cell that sent it in the first place. This will send the message to the cell that no more neurotransmitters are needed. Then the molecule will leave the auto receptor and try to bind to the next cell.

❖ If this does not succeed it might be **reuptaken** by the home cell or deactivated by enzymes

![Diagram of neurotransmission](image-url)
You might think that you just don’t need this, but I am just taking a short minute to explain what can go wrong and get you depressed eating double fudge all day long, even at times when you have no reason to. It is important to understand the works of your body to recognize what might be happening. It’s the first step to wellness. And also the most important. Without a doubt.

So, what can go wrong and get you to devour the piles of chocolate and double fudge ice-cream as means of escape. A lot actually:

- You might be manufacturing too much of the neurotransmitters
- You might not be manufacturing enough of the neurotransmitters
- The molecules might be reuptaken too quickly
- Too many of the released molecules might get dissolved by the enzymes

I am taking the time to explain this just so that you know that sometimes no amount of pep talk is enough and complex chemistry is involved. That is why it’s important to seek expert help if you experience some of the symptoms that we described. It’s the 21st century and the human kind knows better then to put an equal sign between sadness and depression. Use the 21st century.

The two mentioned chemicals are involved in regulating the mood when released into the brain. So, if you are depressed, then very likely have lowered levels of the two. When they are reuptaken into the cells, they no longer have the effect on the brain. The TCAs prevent them from being reuptaken and thus prolong the time they stimulate the mood. It’s as simple as that.
Here is a pretty comprehensive list of TCAs that have been approved for the treatment of depression by the Food and Drug Administration by their generic names:

- Amitriptyline
- Amoxapine
- Desipramine
- Doxepin
- Imipramine
- Nortriptyline
- Protriptyline
- Trimipramine

**Frequently Asked Questions**

- **How long before TCAs work?**

  If you and your doctor have reached a decision that the TCAs are the right course for you then you can expect the first benefits in two weeks (give or take), but you will have to wait for another two weeks to feel the full strength of the drugs. If you feel that you are getting worse during these first weeks, share what you feel with your doctor immediately.

- **How long does the treatment last?**

  It is very likely that your doctor will recommend taking TCAs from a couple of weeks to a couple of months after you think that all the symptoms of depression are gone. This is to minimize the risk of it getting back with a vengeance.

- **Can I become addicted to TCAs?**

  Not really. TCAs do not cause addiction in the way cocaine, tobacco, or heroin do. When I say not really I mean that there cases of people that experience unpleasant symptoms when they stop taking the medication, but this is not an addiction per se. The doctors will refer to this as the *discontinuation syndrome*. It will be much milder to non-existent if you don’t stop taking the medicines.
abruptly but rather discontinue them by lowering the dosage over time. Your doctor will determine the specifics. Here, we are just trying to equip you with knowledge of what and why your doctor is recommending thing A or thing B, so that you can ask intelligent questions and reach the optimal decision.

- **How do I choose the right one?**

You don’t. Your doctor does. Never make such decisions based on what you read.

Basically, all TCAs work in a very similar way and the decision about specific drugs is based on your case and condition and any other drugs that you might be taking. Also, assume nothing and inform your doctor of any other disease that you suffer from, since this information is crucial.

The decision largely depends on the type of person you are. If you are depressed and anxious, you might get prescribed *Amitriptyline* which causes more drowsiness and promotes a calm mood. This medicine will never be prescribed to people who are depressed with a touch of lethargy. If you are considered to be lethargic rather the agitated, react and say something if your doctor recommends amitriptyline, since he might just doesn’t know you enough. Other TCAs, such as Imipramine, might be better suited for you.

Let the reader be informed that Lofepramine has less potential for side effects involving the heart than the others TCAs.

- **What are the side effects of TCAs?**

The most common side effects are:

- Blurred vision
- Dry mouth
- Constipation
- Problems urinating
- Weight gain
- Sexual dysfunction
- Heart arrhythmias

When taking TCAs, it is all about weighing down the benefits against the side effects. In normal dosage, side effects you are feeling at first might easily disappear over the course of a couple of weeks if they are mild in nature. If they are not mild or if they persist, you need to contact your doctor with this information. The course of action will probably be switching to another drug or lowering the dosage.

**Drug allergies**

If you ever had a bad reaction to any psychiatric medication it is crucial that your doctor knows this if he/she is considering antidepressants.

**What if I am pregnant or get pregnant during the therapy?**

Tricyclics do pass into the baby milk and there are official reports of babies having problems if the mother has taken TCAs during pregnancy or breastfeeding.

**Drug interaction facts**

The doctor that is recommending the use of TCAs needs to know all the relevant information about any prescription drug, OTC, herbal, or any other drug that you might be taking.

- We mentioned that the TCAs have a risk of provoking heart arrhythmias. This effect is potentiated by the use of: diet pills, decongestants, allergy and asthma medications and amphetamines.
Sedating properties of the TCAs might be increased manifold by the use of sleeping pills, tranquilizers, muscle relaxants and alcohol

Other drugs that can cause problems when taken with TCAs include but are not limited to:

- other psychiatric medications
- blood-thinning drugs
- medications for overactive thyroid
- Tagamet (cimetidine)
- certain blood pressure medications

**TCAs, depression and other diseases**

If your doctor mentions that he is considering TCAs in your treatment, inform him on the spot if you have had problems with any of the following conditions:

- Manic depression
- Schizophrenia
- Stomach problems
- Urinary problems
- Liver or kidney disease
- Alcohol abuse
- Allergies
- Asthma
- Drug abuse
- Blood disorders
- Heart disease
- High blood pressure
- Hyperthyroid
- Glaucoma
✓ Eye pressure
✓ Convulsions
✓ Seizures
✓ Intestinal problems

Yes, I can almost hear you thinking that it is such a long list that you’ll never get the TCA treatment. That’s not the case. Your doctor just needs all the information to be able to recommend the right medicine, assess the risks and maybe move on to something that will do the same job with little or no risk.

Finally, not taking diligent care of the recommended dosage or combining the TCAs with MAO inhibitors (another type of antidepressants that we will talk about later in the chapter) can have very serious or even fatal consequences. Even a transition from TCAs to MAO inhibitors is very dangerous. Taking them together or within two weeks of each other may cause sudden high body temperature, extremely high blood pressure, severe convulsions, and death.

Taking TCAs is a very serious matter and must be treated as such. Please note that the information provided here is not a recommendation of any kind and should never substitute personal help of a qualified professional. It is meant for informational purposes only.

Option 2: Selective Serotonin Reuptake Inhibitor (SSRIs)

Selective Serotonin Reuptake Inhibitors - SSRIs for short – are a class of antidepressants that followed the TCAs. The main difference between the two is the fact that the SSRIs selectively inhibit the reuptake of serotonin thus allowing it to affect our mood for a longer time.
Because they interact with only one neurotransmitter, they also have fever side effects.

**Some frequently asked questions:**

- **Types of SSRIs:**
  
  There are several different types. Here is a list of the ones that have the FDA approval specifically treating depression:

  - Citalopram
  - Escitalopram
  - Fluoxetine (Prozac)
  - Paroxetine
  - Sertraline

  Each of these comes in different brand names. There is no 'best buy' that suits everyone. If the one chosen does not suit you, it is sometimes necessary to change the dose, or change the preparation. Your doctor will advise. Some SSRIs are available in extended-release form or controlled-release form, often designated with the letters XR or CR. These forms provide controlled release of the medication throughout the day or for a week at a time with a single dose.

  Also, if SSRI antidepressants do not help then another type of antidepressant may be advised.

- **Side effects of SSRIs**

  Side effects are rare and usually mild in nature. When they occur, they can include:

  - feeling sick
  - vomiting
  - headaches
  - diarrhea
✓ anxiety *(see note below)*
✓ sexual problems
✓ insomnia

**Note:** There have been reports of people relating usage of SSRIs to suicidal thoughts. However, according to the studies of the Committee of Safety of Medicine in the UK, no convincing evidence of this was found. The medical public is still looking into this. But, whether there is something there or no, if you are taking SSRIs and start to feel restless and anxious contact your doctor without hesitation.

- **SSRIs and addictions**

AS the TCAs, these drugs are pretty safe to use in terms of addictions. They do, however, have a pretty unpleasant withdrawal effect, which can (again like in the TCAs) be eliminated by slowly reducing the dosage so that the brain readjusts to the new environment. This way, you can avoid the unpleasant symptoms of serotonin withdrawal syndrome which may include:

✓ Nausea
✓ Headache
✓ Dizziness
✓ Lethargy
✓ Flu-like symptoms

- **SSRI and drug interactions**

At the very beginning let us stress that combinations of these drugs and some other medications can be dangerous and even have fatal consequences.

I am sure that your doctor will mention this, but it’s better to know your “stuff” before you enter that office.
Like TCAs, these drugs should never ever be combined with monoamine oxidase (MAO) inhibitors. Most common MAO inhibitors are: Marplan, Nardil and Selegiline.

These interactions are rarely seen in real life because they are so dangerous that they cause extreme caution with doctors. Don’t be surprised if he/she asks you about this several times.

Other interactions that can be just as dangerous are not so rare - like the interaction with Demerol, a very commonly used pain medication. The two combined (SSRI+Demerol) can cause extreme heart pressure in a matter of minutes.

The antibiotic Zyvox (linezolid) acts similarly to an MAO inhibitor, and also should not be taken with SSRIs.

**Other safety concerns with SSRIs:**

- A general rule is that if you are taking depressants (especially Paxil) and are planning to get pregnant, talk to your doctor about the alternatives. Studies have shown that women taking Paxil in the first trimester of their pregnancy are twice as likely to give birth to a child with birth defects (heart defects above all). But, if you are already taking it, don’t just stop – consult your doctor on how to go about it.

- The same drug can cause a rare defect called persistent pulmonary hypertension, where the lungs of the newborn have difficulty breathing outside the womb

- Use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) or anticoagulants, such as warfarin (Coumadin), while taking SSRIs may increase the risk of gastrointestinal bleeding

- Don’t combine SSRIs and Ultram (Tramadol) because of the increased risk of seizures
The bottom line is, SSRIs are generally safe, but your doctor will need a comprehensive list of each and every medication, OTC drug or herbal supplement you are taking when looking into prescribing SSRIs for your depression.

- **Will I have to take SSRI forever?**

  No. Most people will take SSRI for a limited period of time and a couple of weeks (to a couple of months) after the symptoms are significantly improved.

  Depression tends to return periodically. That is why some doctors might propose a more long term application of the treatment.

- **Will taking SSRI make me fat?**

  Studies have shown that 17% of people gain enough weight during the treatment with SSRI for the fact to bother them. But, let’s make one thing clear, it is not the medication that makes you fat or slim, it’s your approach and the calories.

  That is why this eBook is followed by another eBook that I put together to equip you with simple strategies that will boost your metabolism and keep the fat off. Guaranteed.

- **Will taking SSRI ruin my sex life?**

  This is a complex question. One side of the medal is that the alleviation of depression itself boosts the sexual life of many. Other side is lies in the fact that 20-45% of people taking SSRIs reported some sort of interference with the sexual function (decreased libido, inability to orgasm).

  If this happens and becomes life altering, ask your doctor about Wellbutrin. It is a non SSRI depression medicine but it does not lower the sexual drive. It can be taken with the SSRIs and this is a great way of lowering the dosage of the SSRIs. This usually resolves the issue.
Option 3: Monoamine Oxidase Inhibitors (MAOIs)

Ah yes, now we meet face to face with the infamous MAOs that we were warning the reader about throughout this chapter. But to be fair, we were warning you about the interaction that the MAOs have with other drugs, not of the drugs themselves.

The MAOs themselves are the second in the timeline of the antidepressants, after the mentioned tricyclics. They have a very specific way of affecting the chemistry of the body and that is why they have very significant dietary restrictions as well as strict limitations in terms of what other drug is allowed to be taken in the same time. That is why they are rarely the drug of choice and are not as close as often used as other antidepressants. There is a very specific kind of depression often referred to as "atypical depression" that responds best to MAOs and that is when the doctors will reach for these sensitive medications. The specific type of depression is characterized by overeating, sleeping too much, leaden paralysis (a feeling of heavy arms and legs as if made of lead) and strong reactions to the environment.

What is Monoamine Oxidase?

It is an enzyme that our body produces to “destroy” the surplus of monoamines (serotonin and norepinephrine are monoamines - which means that they have one amino acid group). If the Monoamine Oxidase destroys too much of the monoamines which promote good mood, depression might occur.

How MAOIS work?

They work by blocking the activity of the above enzyme.

What are the common MAOIs?

Common kinds of MAOIs are:

- Marplan
- Nardil
- Parnate
- Manerix
- Emsam

**MAOIs and dietary restrictions:**

It sounds too good to be true that MAO inhibitors will just prevent the decay of the “happy substances” in our brain. And it is too good to be true, because the monoamine oxidase has another role in the brain – in controls levels of tyramine, which affects blood pressure.

When MAO levels are lowered, it causes high levels of tyramine and that can cause the blood pressure to go up. In an extreme scenario, a tyramine spike (extremely high levels of tyramine) can occur, and this can cause a sudden extreme jump in blood pressure, a stroke, and it can even be fatal.

That is why dietary restrictions for people taking MAOIs come down to completely cutting out foods rich in tyramine.

A list of foods to avoid includes:

- Aged cheeses, some processed cheeses (cottage cheese, cream cheese, pot cheese and ricotta cheese are allowed)
- Chianti, vermouth, sherry, red wines, tap beer, nonalcoholic beer and wine
- Broad (fava) beans
- Sauerkraut
- Italian green beans
- Snow pea pods
- Soy products, especially soy sauce and tofu
- Aged or cured meats
- Caviar
- Liver
- Concentrated yeast extract, brewer's yeast, yeast supplements, yeast paste (marmite), miso (commercial leavened products with baker's yeast are allowed)
- Acidophilus and products with acidophilus
- Any food that is not fresh, overripe, close to expiration date
- Chocolate
- Yoghurt
- Caffeinated beverages
- Avocado
- Raspberries
- Packaged soups

**MAOIs and drug interaction:**

Please note that the list given here is not a complete list, but just a list of the most common drugs that can dangerously interact with MAOIs. Again, if your doctor recommends this family of antidepressants, assume nothing, and give him a full report of each and every prescription drug, street drug, OTC drug, herbal supplement or any other drug that you might be taking.

Here is the list of the most common drugs that are dangerous to take with MAOIs:

- Tricyclic antidepressants and any other antidepressants including other MAOIs
- SSRIs
- Allergy medications
- Cold, cough and sinus medications
- Amphetamines
- Antihistamines
- Antipsychotic
- Asthma drugs
- Any type of blood pressure medications
- Cocaine
- Demerol
- Buspar
- Prozac
- Ritalin
- Tegretol
- Tryptophan
- Wellbutrin

- a number of other less common drugs that your doctor will tell you about if you decide to go down the road of MAOIs

If the side effects are not severe in nature, avoid stopping MAOIs abruptly (avoid this with any antidepressant for that matter). Plan a slow plan for tapering of the medication to be able to try something else. A general rule for avoiding complications is 2 weeks between 2 different antidepressants (except with Prozac which stays in your system much longer and at least 5 weeks are needed to minimize the risk of complications).

**Other warnings:**

- No comprehensive research is done to determine safety of MAOIs during pregnancy and while breastfeeding, so they should be avoided
- Elderly patients are at an increased risk of experiencing dizziness with MAOIs
- Insulin dosage might need adjustment when starting MAOIs
- Nardil and artificial sweetener aspartame should never be combined

**How do I know I am experiencing some of the MAOIs side effects?**
If taking MAOIs. Look out for these warning signs: chest pain, stiff neck, sore neck, changed rhythm of heartbeat, light sensitivity, increased sweating, nausea, vomiting and enlarged pupils.

**Option 4: New boys in town**

Here, we mention a couple of new antidepressants to hit the market just recently. Let’s be clear, there is no revolution in how effective the antidepressant drugs are; most of the time the new drugs will just have different side effects.

**New boy no.1: Duloxetine**

Duloxetine is an SNRI (serotonin and noradrenaline reuptake inhibitor). It has been denied US approval for stress urinary incontinence, whilst it has been granted approval for the same condition in Europe and Canada.

No official studies to compare its efficiency in depression as related to that of other antidepressants have been conducted and that is why Duloxetine has no real place in the treatment of depression at the moment.

Common side effects are: dry mouth, rash, blurred vision, itching, loss of appetite, constipation.

**New boy no.2: Bupropion**

Bupropion (Wellbutrin, Zyban), previously known as amfebutamone is an NDRI (norepinephrine and dopamine reuptake inhibitor) and a α3β4-nicotinic receptor antagonist.

At first it was marketed as an antidepressant, but then people reported a “side effect” - people using this drug have quit smoking much more easily. So, then it was also marketed as a smoking cessation aid.
Placebo-controlled double-blind clinical studies have confirmed the efficacy of Bupropion for clinical depression. It has not caused sexual dysfunction or weight gain in those taking it. However, it has lowered the seizure threshold and this is making it more likely to cause seizures. That is why it is not prescribed to individuals with epilepsy. This side effect was responsible for it being withdrawn from the market at one point.

In the year 2007 it was the 4th most prescribed antidepressant in the US market.

Common side effects of this drug are: dry mouth, constipation, headache, insomnia, nausea, and tremors and agitation, rise of blood pressure, rare cases of liver toxicity.

**New boy no.3: Venlafaxine**

Venlafaxine (Effexor, Efexor, Alventa, Argefan, Trevilor) is an SNRI that was first introduced back in the 1993 and is now licensed for the treatment of a major depressive disorder (clinical depression) and some anxiety disorders.

In the referent 2007, Venlafaxine was the sixth most commonly prescribed antidepressant on the U.S. retail market.

Common side effects of our New Boy no3 are: increased blood pressure, seizures, insomnia, anxiety, drowsiness, loss of appetite.

**12. b. Recognizing anxiety**

You might not be depressed, you might just be anxious, but the anxiety can also become a serious and chronic issue.

In Psychiatry anxiety is defined as a state of apprehension, uncertainty, and fear resulting from the anticipation of a realistic or fantasized threatening event or situation, often impairing physical and psychological functioning.
Anxiety in endometriosis is characterized by:

- Irrational worrying that you will never get better. Whatever you do, never give up the hope.
- Irrational worrying that your disease will only worsen in due course of time. Remember, as you learn more about your body and as new things are learned about this thing every day, all chances are that your condition will improve. If you have this ebook in front of you, then you have the ultimate weapon in the pursuit of your life. The pursuit of freedom from endometriosis.

Signs that you are suffering from chronic anxiety might include:

- Restlessness
- Chronic fatigue
- Being irritable
- Muscle tension
- Sleep disturbance

Anxiety can be related to a specific event and can go away as the cause of the excessive worry goes away or it can irrationally persevere even when the underlying causes are gone.

If this is what is happening to you, your endometriosis worries might have lead to a Generalized Anxiety Disorder (or GAD).

In those suffering from GAD, daily life becomes a constant state of worry and dread. In course of time, the fear starts dominating the person’s thinking and interferes with daily functioning and relationships.

**What causes GAD?**

The question is too complex to have a simple answer. In women with endometriosis, GAD can be caused by a prolonged chronic pain without the feel of improvement or hope. GAD might also be caused by:
- Genetic predisposition (some research indicate that there is a link between family history of this kind of emotional disorder and the likelihood of it developing in the future generations)

- Brain chemistry - levels of a certain type of neurotransmitters to be more specific. Neurotransmitters are chemicals in the brain that get the signals from one cell to another. When the signals get crossed, the message alters.

**How is GAD diagnosed?**

If your doctor suspects that you might have developed GAD, it might sound funny, but you can expect a number of lab tests ordered on you. It’s not that he can see the “worry” in your blood or urine, but he is looking for signs of a number of illnesses that might cause the symptoms.

**One:** Have the symptoms been present more often then not during the course of 6 months or more?

**Two:** Have the symptoms directly interfered with your daily routine (causing you to skip work etc.)?

**How is GAD treated?**

Treatment of GAD most often includes a combination of drugs and cognitive behavioral therapy.

Drugs that are used to treat GAD can be grouped in two general categories:

1. **Benzodiazepines** are drugs that primarily address the physical manifestations of GAD leaving you feeling calm and relaxed. These medications are sometimes referred to as "tranquilizers" and are used primarily for short term relief.
Common benzodiazepines used to treat GAD are: Xanax, Librium, Valium and Ativan.

2. **Antidepressants** are more appropriate for the long term treatment of GAD. Some of the common antidepressants used are Prozac and Zoloft.

Cognitive-behavioral therapy is all about learning to recognize and change thought patterns that lead to problematic thoughts. You learn how to approach life and worries more realistically.

Also, the mentioned guided relaxation techniques are a great addition to battle against GAD.

**Side effects of GAD treatment**

Be warned that benzodiazepines can develop dependency in person taking them so do not go overboard – work with your doctor to determine the minimal dosage and the minimal time span that will do the trick.

Side effects of antidepressants vary greatly from one person to another and can range from sleepiness, weight gain to sexual problems and decreased libido.

**What can I do to prevent GAD?**

Although there is no sure way of preventing disorders such as GAD, there are a couple of things that you can do to minimize the risk:

- Reduce consumption of caffeine and chocolate
- Consult your doctor or pharmacist when taking any OTC medications or even herbal remedies, because some of them might contain chemical that increase anxiety
- Exercise daily
- Eat healthy
- Practice yoga, meditation or guided relaxation
• Seek help after any traumatic experience, as prevention of serious emotional disorders

12. c. Serotonin syndrome

If you do not follow the prescribed guidelines for the use of antidepressants, and even sometimes if you do follow them, you are at risk of developing a condition called “serotonin syndrome”.

It most often occurs when two drugs that affect serotonin levels are taken at the same time. Make no mistake, serotonin is “happiness” chemical, but serotonin syndrome can be potentially life threatening.

Also, note that it is not just the antidepressant drugs that affect the serotonin levels, but many other drugs too. The complete list of theses drugs is way beyond the scope of this eBook (this is a book about endometriosis after all) and you should consult your doctor and/or your pharmacist about it.

The FDA recently asked the manufacturers of these types of drugs to include warning labels on their products that tell you about the potential risk of serotonin syndrome.

Symptoms of serotonin syndrome are:

• Fast heart beat
• Vomiting
• Nausea
• Diarrhea
• Agitation
• Restlessness
• Increase in body temperature
• Loss of coordination
• Overactive reflexes
• Hallucinations
- Rapid blood pressure changes

It might seem as if I strayed off a bit in this chapter, taking too much time to explain all about treating depression, but when you look the facts in the “eyes” you realize that we (women affected by endometriosis) are in manifold greater risk of developing depression than your average person.

That is why I have taken so much time to “arm” the reader of these lines with the knowledge about the emotional battle ahead. Once again, I see it as the ultimate weapon of choice in this “video game” called “life”.

I wish you never use the information that you got in this chapter.
I stood in at pause for days when trying to decide whether to include this chapter in the previous one as sub chapter or make it a separate whole. But then, a quick glance of what endometriosis did to my social life at the beginning made it a must for the analysis of this aspect of life of a woman with endo to “stand alone”.

I will delve into my personal story a bit more when I start to talk about my healing with the Violet protocol, but I just wanted to say here that I lost what I thought was the love of my life to endometriosis. When I look back now and wonder if he was truly the love of my life and it was my fault that we didn’t make it, I am still not sure.

But, when I stop for a second and take a long look at the period, I see that I have also alienated so many of my friends and co-workers, I cannot help thinking that some of it is might just be my fault.

And I use the term ”fault” very loosely here and I might be making some of you mad as I speak, since only those that suffered from it can know what endometriosis pain can do to a woman.

My relationship from the time started getting in trouble for two reasons:

1. My illness was affecting our sex life
2. My illness was affecting our social life

In this chapter I will try to plant another way of approaching the issues that come with endometriosis, rather then taking what I call a “you don’t know what it’s like” standpoint.
Endometriosis and friends

When I look back now I realize that what endometriosis has done to my friendships is not such a bad thing after all, although it seemed like a disaster back then. I felt like an island.

What it did could be defined as filtering through my friends. If you want the numbers, around 30% of my friends whom I spent my time with before this thing really hit hard, stood by me in the worst time of need as well.

The others slowly distanced themselves until they became acquaintances. There is something rooted really deep in every man that tells him day in day out that the worst of the diseases will never happen to them or close to them. You forget all about the feeling when it actually happens. But, if you are not really emotionally attached or closely related the first instinct and gut feeling is to run.

Maybe when you run away and the person is no longer close to you, you can once again pamper yourself in the feeling that it did not happen close to you, but “it’s just a person you know”.

But as I said, I now think it’s a good thing – because there are many people you can have a great time at a fancy dinner party with, but there are just so many friends that will hold a bottle of hot water to your stomach as you watch “To Kill a Mockingbird” on a Saturday night, missing out on all the “fun”.

It’s for the best.

Endometriosis and romantic affairs

We were so happy before my symptoms hit. It was a great period. I was so dynamic and positive and Tommy always told me that that is one of the things that he loved about me.

We were together for about a year and a half when things started to change. We managed to sustain our relationships for a year after the rollercoaster of endometriosis started.
All of a sudden, we stopped doing so many of the things that we used to do. We stayed in when we used to go hiking. We stayed in when we used to go drinking with his friends. We stayed in when he should have been at a dinner party that his promotion depended on. All the spontaneity in our sex life was gone. Often I would just stop him in the middle of “it”...after a while we both felt the “elephant in the room” during sex, since it seemed just like a matter of time when something will go wrong.

His responsibilities doubled with me not being able to finish all the things that I used to do and with all the doctor visits.

The frustration turned into fights. The fights meant deeper depression for me and a chance to distance himself yet another small step for him. The depressions lead to the worsening of my symptoms and this lead to more fights. Pretty soon, you are in a vicious cycle that seems to gobble your relationship head first.

I could feel his frustration. It was in the way he reacted to traffic jams while we are driving to the doctor’s office. It was in the way he reacted to the line at the supermarket. I knew it wasn’t the traffic. I knew it wasn’t the line. I knew it was us. I could feel it.

Within a year it was all over with and I was left to fight this most important battle of my life supported just by my family.

I do not blame him. He returned to the States and is married now. I am also happily married today, enjoying the freedom of good health once again.

Those were our journeys and I came to terms with all that happened.

**Endometriosis and my workplace**

“I hate this stupid copier,” I would yell trying to express my frustration when all I actually wanted is for someone to say something that would allow me to start a fight. I never realized it then, but now I except that I was a bitch at times of pain and I apologize to my colleagues from the public library where I worked.
I was so negative when those days would come that everybody seemed to talk in a lower key and stayed out of my way. But it wasn’t me. It really was someone else.

Another huge dilemma that I faced was what do I say when asked how I was. I had the option of saying “I’m fine” which allows them to feel good and go about their business, or actually explain how I felt and transfer some of that negative energy onto them. I usually responded that I was fine, burying it all inside until I bursted with frustration.

I took so many sick days that it was starting to get ridiculous. I felt embarrassed and in November 2008, I quit. In the period that followed I could barely do a freelance translation jobs from home. I had more bad days then the good ones. I am shivering right now at the very thought of the time.

**Endometriosis and family ties**

If it did anything, endometriosis has brought my closest family closer together. I guess that this is the only kind of unconditional love that stands strong when put to any kind of tests.

My mother came to live in my apartment and stayed there until mid 2009. I never ever felt as if I was being judged by her or my father. I never ever felt that she might have doubts about how real my suffering was.

What I got from the time is a clear understanding of how much those two truly love me and how much I love them. Things that you otherwise take for granted, rarely think about and almost never verbalize.

Cherish what you have. Think about it. Talk about it.

**But what can you do?**

- **Right thing to do no. 1:**

  The first advice that I can give you is to **analyze what you do or say**. The transition and the change in you can be so slow that
you can never tell that you are changing. It just seems that everyone else is just abandoning you when you need them the most. It seems so unfair.

**Right thing no. 2:**

Another thing to do is to **educate the people around you** about your disease. I never really sat down with my partner to explain what is happening from the medical point of view. Remember, the acknowledgement of endometriosis is still primarily at the levels of menstrual pain and most of the people will never realize the difference. It’s like dismissing a person with throat cancer as if he had a bad cold. Talk to your close ones. Explain. Have them read through this eBook if they are willing to, or just have them go online and read some basic facts about the illness. Such simple changes can mean the world of difference.

**Right thing no. 3:**

**Be patient and try new things to spice up the sex life.** If you have a partner that understands and is educated about what you are going through, your sex life can be back on its track very fast. There are a number of activities that you can explore to be fully satisfied and still pain free.

- Explore positions that do not include deep penetrations (such as lying on the side)
- Explore mutual masturbation
- Rub your bodies together (clothed or not)
- Share a bath
- Watch an adult movie together
- Take long calm erotic massages

Where does it say that the focus of sex is the penetration? It is the focus and the goal if you are trying to conceive, but in
sexual games it does not have to be the bottom line of everything.

If it is, diversity gets lost and this is just the kind of approach that killed off the excitement in so many relationships and often the relationship with it.

Non-insertive sex is a great way of taking the pressure completely off the partner that has the problem, whether it’s erectile dysfunction or a vaginal pain. In my days I explored a technique called Venis, a technique that encourages partners to think outside the box when it comes to sex and completely abandon the pressure of penetration.

You can dig deeper into this by finding information on this technique online. Don’t just dismiss this. I was skeptic too, but after I while a whole new world opened in front of me.

I realized how narrow-minded I was. Take a chance. You will be fruitfully rewarded.

- **Right thing no. 4:**

  **Indulge and nurture yourself.** No matter how important the relationships with people around you are, there is one more important from them all. It’s the relationship with yourself.

  Never ever blame yourself for what is happening. Never blame yourself if you stood out your friends for a dinner that you agreed to go to. Why? Because it simply is not your fault, no matter what you might feel at some bad days.

  Also, it is important do all the things that fulfill you and make you feel good. Whatever you do, don’t let endometriosis define you as a person. To build this special relationship with yourself:

  ✓ Be as active as you can. Rest when you need to.
✓ Find different activities that you like to do for different states. You might re-discover the magic of James Dean movies instead of just lying there when you don’t feel like going out.

✓ Surround yourself with positive people.

✓ Concentrate on a healthy diet and lifestyle that will bring you the feeling of wellness.

✓ Share your experiences with others. Find and offer support to women that suffer from this thing too (we’ll talk about doing so online a bit later).

✓ Organize your living space to be a simple and uncluttered environment.

▪ Right thing no. 5:

*Lower your expectations.* Even if your partner cares very deeply for you, allow him the space to adjust to the new found circumstances. Men are generally not really good in the matters of expressing empathy.

▪ Right thing no. 6:

*Train yourself to speak about things other then your endometriosis.* Usually, women who suffer from severe endometriosis start talking about their problem within a couple of sentences into the conversation. Sometimes we do ask how the other person is feeling, but we just don’t listen and just wait for the end of his sentence or two to say: “Aham, and I was in such pain all day yesterday...”

This is completely a matter of training yourself. Just have internal conversations. Just say to yourself: “OK, here’s Jenny (or whoever), I complained to her the last two times I met her, this time just ask about her and her family.”
This will help you with people alienating from you. It is frustrating having a relationship (friendship or otherwise) that is all about one person.

Try it.

**12.a. Seeking help from support groups**

Finding a group of women that are as keen to talk about endometriosis as you are. What more could one ask for?

The two forms this can take are:

- An organized group of women that meet regularly at your local hospital or similar

- Online communities with women that feel more comfortable sharing their thoughts from the comfort of their home

Most of the time, women that are proactive like this will take part in both “face-to-face” groups and online forums and such, so that you will be able to talk to them when you meet them and if that’s not enough, you can talk to them as soon as you get home. Beautiful friendships often blossom from this kind of relationship based on common problems.

If you want to find the information on “face-to-face” support groups, the most obvious place to look for is your local hospital. Call them up and just ask. Every bigger city has this kind of groups.

If you feel more comfortable being at home or enjoying the anonymity of an online support community then you can just Google one up and join.

When you join, do a little bit of research and read through the posts that are already there. It is wise to maintain anonymity so
that you can completely spill your heart out without hesitations. And the best part is, it’s to someone who will understand for sure.

Whatever you do or however sane and normal some of the people online seem, should you decide to meet them, choose a public space for the first meeting and never tell anyone you met online where you live until you’ve met them.

And remember, with all the problems you are dealing with, this virtual world might “suck you in”. Never trade real life for the one online. It is highly addictive and before you know the highlight of your social life might be someone responding to your post on your favorite board.

The way to control this is being aware of what you do and limit your time online. I allowed myself half an hour per day to take part in my favorite online community. It is more than enough to be able to read through all the news from yesterday and maybe respond to some of it.

If you are not that tech savvy then it might seem a bit confusing in terms of how to find those people online and how to join. Well, let me make this a bit easier by providing some of the relevant links to the communities that are right for you or can direct to one that is right for you:

- [www.endometriosis.org](http://www.endometriosis.org) is truly a great place to start. If nothing else, it offers a comprehensive list of all support groups worldwide that can be your pillar of support. If you are dazzled and confused, start here. It’s easy and user friendly. It is packed with useful information, research info, clinical trial offers (we’ll explain all about clinical trials pros and cons in the next chapter) and it’s altogether a great website and my personal favorite.

- [http://www.endocenter.org/](http://www.endocenter.org/) is a great website with a lot of support groups and bulletin boards. It is put together by the
Endometriosis Research Center (ERC) and it might also be a great place to start.

- http://www.revolutionhealth.com/ is another wonderful site offering advice on a number of diseases but has also a great feature that I truly like. It offers you a chance to register and get a newsletter each week with news in the field.

These are only my favorites, there is a large network of websites out there that offer support to women like us. Don’t feel so alone any more, do you?
Chapter 14: Getting involved with a clinical trial

The very fact that you are reading these lines means that you are a “go-getter”, a person that takes charges and makes things happen rather then waiting for them to happen. If you want to help yourself and maybe even have a deeper impact, you might join some of the clinical trial that are looking into new treatment options for endometriosis. Know your facts first.

Clinical trials are research studies that test how well new medical approaches work in people. Also clinical trials may be used to compare new treatments to the ones already available. This chapter will explain the way trials work and help you with the basic terminology so that you are ‘equipped’ if thinking of joining some of these. I sincerely hope that by couple of months after finishing this ebook, you will not have to...

The basic element of the clinical trial is the **protocol**, which is basically the **action plan** for the trial. It is designed to reflect what will be done in the study, and why, so that the participants can make an informed decision. The protocol also states whether the study needs people with a particular condition or disease, or healthy people, man or women and the number of participants needed.

Clinical trials are carried out in three phases:

1. trials with small number of participants, aimed primarily at determining which amounts of the medicine can be administered safely

2. trials in small numbers of patients to determine the effect of the new treatment

3. finally, in phase 3 researchers compare the new treatment to the ones that are already available and to determine if the new treatment has any side effects

Who is the ‘principal investigator’ and who is the ‘coordinator’?

The structure of the hierarchy of the research always involves a person referred to as ‘principal investigator’ which is usually the
person that came up with the idea for the new treatment or was simply chosen by the company bringing the new medicine to the market.

Another important link in the chain of a clinical trial is the ‘coordinator’. This is the person that will have most of the executive data and will be able to answer most of your question. Primary role of this person is to coordinate all the work amongst the centers (different institutions involved) if the study is conducted on several locations and thus ensure that every patient gets the same care, which is crucial for the trial relevancy.

**What are the treatment and the control group?**

The treatment group, simply said is the group of the people that will actually be given the new treatment and at the end of the study compared to the patients in the control group.

The control group is a group of trial participants that will be given either the old treatment, *placebo* or no treatment.

*a harmless substance that has no effect on endometriosis

Assignment of the patients to either of the group is random. This reinforces the study's credibility. At the end of the study conclusions are made by comparing the results and the state of the two groups.

**What will be I expected to do in a trial?**

Even though you qualify for the basic criteria of the trial, that still doesn’t mean that you can get in. For each trial, asset of further criteria is set to ensure that the right profile of people gets in.

If you want to take part in one of clinical trials on endometriosis, you just find one by searching the internet, and it is very likely that the precise criteria are described at the website. Then, you consult your doctor and get him to contact some of the administrators of the trial with your detailed medical history and background.

If you are a part of a trial, you can expect to undergo different tests, take various medications, and even undergo surgery. However, you will be informed about all of this timely and before
the start of the trial. After the trial is formally over you can expect to be called in for follow-up examinations.

Here is a typical example of a trial on endometriosis and the information given on websites:

Name and subject: (Name and main field of research of the trial)

Status: (whether it is recruiting patients)

Sponsor(s): (Institution)

Excerpt: (Explanation of what is the trial designed to evaluate)

Contact details: address, telephone, e-mail

Website: web address

**What is an ‘informed consent’?**

This is a document that comprehensively explains your rights as a patient, risks and benefits of the trial. You will be asked to sign it before the trial begins. Read it carefully.

**What are the risks and the benefits?**

**Benefits:**

1. chance to make a difference and help others and yourself

2. receiving the highest quality medical care that clinical trial standards require

3. be among the first that receive the new treatment if the trial is successful even if you are in the control group

**Risks:**

1. The new treatment might not work or it may even have side effects that will require medical attention after the trial. The chances for this to happen are not so great, because even before the trial starts, the doctors providing it have to get
permission from the IRB (Institutional Review Board). Apart from this, you will be closely watched during the study for any signs of side effects.

**Who covers the costs of the trial?**

In most clinical trials the provider takes care of the costs related to it. In others, some of the costs will have to be covered by your insurance and some by you (transportation to the site etc.)

Make sure that you have the precise information on what the institution providing the trial is covering, what is covered by your insurance and what part of the expenses you would have to cover from your own pocket, so that you can make an informed decision.

**Checklist of things to do and know before making the decision to join a clinical trial:**

- Will I be able to see my regular doctor?
- Who will be in charge of my health?
- How will my health be monitored?
- Comprehensive and precise list of your rights
- What is the purpose of the clinical trial?
- How long will it last?
- Will there be any follow-up exams and if yes how often?
- How will I get to the site of the trial? Who covers these expenses? How will I get back?
- What are the costs of the trial? What part is covered by the institution? What part is covered by my insurance? How much of my own money will it cost me on the day of completion?
- How will my daily life be affected by the trial?
- What is the theory behind the new treatment?
What tests will I be undergoing?

What medications will be administered and what are the potential dangers of taking these?

Is surgery part of the trial?

Will the treatment make me uncomfortable or sick?

Will I be hospitalized in any part of the trial? If yes, for how long?

You now know how it all works and what to expect, and the decision is yours. I was a participant of one clinical trial before.

The new proposed treatment was not found to be any more successful then the placebo administered to the control group and it basically didn’t help me, but it felt good to be a part of efforts to make a difference.

Most of the people dismiss it as not being “for them”. Well, take a minute before you snap to judgments. If you get your information right as described in this chapter, you have little to loose and a lot to gain. And apart from that, being a part of the solution or the efforts to find it are very rewarding and made me feel great about myself.

So, think about it.
I accept the risk of sounding corny when I say that we truly are what we eat. That especially goes for women with endometriosis. In this chapter we’ll just scrape the surface whilst the real substance of endometriosis-nutrition relationship can be found in the last chapter. Just so that the reader would not have to go back and forth when learning about my healing plan and the Violet protocol.

Crucial. That is the word that comes to mind when trying to describe the role of the right diet in the healing of endometriosis. Even if no hormonal therapy (natural or otherwise) is involved in your treatment, just eating right can turn your life around.

So, starting slow...

**What are we going to do?**

We are going to open the door of our imagined fridge and point out the culprits and then cut them out of our lives. Some of them are obvious; some of them not so much and for some of them would never probably be the “suspects” in your head until now.

**Result** – a perfectly chemically balanced body prepared to burn that endometriosis away.

So, let us get a quick glance into what our diet will look like.

You might be expecting the same stuff here that you are bombarded from all over the place, same old universal guidelines...eating whole grains, eating low fat, eating complex carbs...if you think this is going to be that complicated and hard...oh, my friend you are so wrong...

**It’s much more complicated than that...**

**Why?**

Well, because if the problem in your diet is fat then it might not be easy to resists the temptation, I’ll give you that...but at least it’s
simple. It is simple because most of us are educated enough about food that we know exactly where the fat is and what to eat to avoid it. Well, in women with endometriosis to the whole problem of fat, sugar levels and such...a much more complex problem is added.

**The problem of hormones...**

So, why is this problem much more complex than sugar or fat?

Because the hormone-altering substances lurk. Yes, that is the right word – they lurk from all over the place. You’ll be amazed and shocked at some facts you learn here and in the last chapter.

Ok, let us loosen up a bit and let you breathe, because I can almost hear you think...I won’t be able to do it...

It’s really true, and I am saying this with personal experience in the matter that (as with many other things) once you get the hang of it, it just becomes a part of your life and very soon you function with little or no extra efforts. And the rewards?

Well, the rewards made me ask “What is a burger again?” 😊
Chapter 16: Endometriosis and the workplace

We talked a bit about the workplace when we tried to analyze who relationships are affected by endometriosis. Here, we look at the workplace from a different perspective. We delve into what endometriosis means or might mean for your professional life, as well as the legal side of things.

If you are suffering from endometriosis and are not filthy rich so that you can go to a soothing massage, stay in and arrange for a Steve Martin movie marathon on your half-of-the-wall LCD screen, then you know how it feels to go out and force yourself into that office every day while your pelvis is bursting.

Why do we do it? Fear, my girl friend, plain and simple fear of loosing our jobs. Some women that live by this pattern have a family to support. I was fortunate enough to be in a foreign country where I could get a freelance job as a translator, but other women are not so fortunate.

This chapter is for them. Know your rights and the knowledge will alleviate the fear a bit. I am not saying that you can’t loose your job; I am just explaining your rights.

According to the **Section 2 of the Employment Equality Act in the USA**, dating back to 1998 all discrimination based on chronic illness is outlawed. So, don’t hesitate to pull this one out on your boss if you feel that something bad might be cooking.

Endometriosis fits in the criteria defined in the Act and you have a full right to quote this, should you have any issues at your workplace.

Among many laws that have been enacted with the primary purpose of protecting the disabled or the chronically ill, **ADA** (Americans with Disabilities Act) from 1992 has attracted the most attention.

Let’s look into what ADA means for us...
The ADA defines "disability" as any one of the following three categories:

- A physical or mental impairment that substantially limits one or more of the major life activities of the individual,
- A record of such impairment, or
- Being regarded as having such an impairment

Now, if you look closely at the wording, it is obvious that women with endometriosis fall under the first category. If you look at the second bullet point, you can see that it is important to keep records of your doctor’s visits and the progress of the disease.

Analyzing the whole act is well beyond the scope of this book and the reader would not benefit from it. However, we will emphasize the “spots” in the act that basically say that they (they being the employer) can’t touch us as long as we are qualified and do our jobs.

**The Employer's Obligations under the ADA**

The ADA clearly states that the employer must not discriminate against a person with disability who is “otherwise qualified” and is capable of performing its *essential functions* with or without *reasonable accommodations.*

**But what this actually means?**

- **otherwise qualified** (education, experience, skills, licenses)
- **essential functions** (fundamental duties)

**So, the employer:**

- must not make employment decisions (hiring and firing) based upon a person’s disability, and
- must provide "reasonable accommodations" to those employees with disabilities (flexible leave policies, flexible
work schedule for the employee to get treatment for their condition)

As you can probably see, the language used still leaves some room for interpretation by the courts

**Limitations of the ADA**

- only applies to larger employers (employers with 15 or more employees working for them 20 or more calendar weeks in the current or preceding calendar year)

- ADA allows reassignment to a lower-paying position after an employee’s leave of absence for treatment of a disability

- When interpreting ADA, the courts have generally sided with employers on the issue of poor attendance as a reasonable accommodation

Another big issue that arises in terms of your professional life and endometriosis is whether to be completely frank at a job interview about your medical condition.

Here is the thing, around 40% of workers in the US (the author has no records for other countries, but the statistics cannot be much different) suffer from some kind of chronic illness. This has made the employers much more cautious during the last few years.

So, you are very likely to be asked at an interview or when filling in a form whether you have some sort of special needs that require special accommodations. It all comes down to how much endometriosis affects your life. If you curl up on your bed for 5 or 10 days a month, then saying that you don’t have such a special need is outright dishonest. Also, should this matter come to the court later on, you not disclosing this peace of information will probably be decisive.

So, if endometriosis affects your professional abilities, my recommendation is to be frank with your employer. If you tell a lie and you are hired, it’s not over; it’s where it all begins. Imagine
being out of the office for 5 days during the first month of your employment. Your bosses might hope it’s a coincidence. But, imagine doing the same during the second month. It can make a living hell out of your life and if you are an honest person, you will not be able to sleep at night.

With everything in mind, finding a job that will suit your needs best is a much better option than lying to your potential employers.

So, what should you look for in a job? Things to think about...

- Can you switch days with other employees?
- Can you work from home?
- Can you work per diem (coming in only on days when you feel well, days of your choice)

Let it be said that ADA protects you during the hiring process as well. If you think that a decision has been made solely based on your illness, when you could do just as good of a job (or better) as the next person getting the job (a person without a disability) then this might qualify as discrimination under the ADA.

If you have some of the above dilemmas or problems, you really need to consult a legal expert specializing in the matters concerning discrimination, employment law and ADA. Most of the time, it will be fairly easy finding such a person in your local phonebook.
OK, so here we are, in the final chapter of the eBook where I’ll share my story of healing with the Violet protocol. Here is where I share all about how I battled this most important battle of my life. And won.

It always happens to other people!

Do you remember thinking that or just assuming it, without giving it a second thought, each time you hear about someone being afflicted by a crippling or life altering disease?

Well, I was the same. Most of us are. That is why we go through a chain of different phases of acceptance. First we deny it all, trying to get on with our lives as if nothing happened. But that doesn’t work. It never did.

My parents moved to Paris in the late 60s just before I was born because of my father’s business in art dealerships. I am so grateful for that today. I am absolutely in love with this city. I could not imagine living anywhere else.

While I was growing up I never felt anything extraordinary, I got my first period on time and over the years I developed into a normal, healthy female never even hearing the word endometriosis.

I was living a healthy and vibrant life, being a very dynamic person and enthusiastic about life.

After I got my degree in arts, I decided to travel the world for a while before I started to work on a full time job that would bind me to Paris for the better part of the year. My parents were making a good living and I could afford it. We were not rich, far from it, but I was spending responsibly and I could afford this without spending all the families’ savings.
When I look back now, I think that I experienced first mild symptoms of the disease back in those days. Somewhat heavier periods then I used to have and a bit more severe pain. But I never gave it a second thought. I was in my mid 20s back then. I would just pop a pill and go out. I ate whatever I wanted. I drank whatever I wanted. I was a junk food and Coke addict. I shiver at the very thought of what I did to my body.

The bad periods would last for a couple of months and then things would appear normal. Normal if we exclude the fact that I started getting sick with flu-like symptoms much more often and having back pain problems. I thought that I have overdriven myself and gave my body too much of a hard time with all the junk that I ate and all the sleepless nights.

So, that all changed when I came back to Paris from my trip. It was the year 1996. I changed my eating habits, started eating healthy foods, reading a lot about healthy life and such...exercising every day...

Little did I know back then that what is considered healthy for your average person is not necessarily healthy for a person that has my underlying problems. I did feel better overall, but the issues that I had with being down with the flu or with a cold much more often then my friends persevered. My back pain was an issue that required my attention for at least 5-6 hours a week, through massages and similar things...

But I could live with that. I got a job at a public library in Paris and I liked it. It wasn’t much, but it allowed me to stop living of my parent’s money and that felt great.

A couple of times I sought medical help for my problems and my doctors never mentioned endometriosis. I was not aware enough nor were my problems so severe to make me dig deeper.

At two separate occasions my doctors were “sure” that it was just Pelvic Inflammatory Disease and I was given antibiotics treatment that offered no help. But, the mere time would make the symptoms subside and I would just give up on getting to the bottom of things.
I went on like that for years.

Until 2002 when I experienced the first pain that caused me to just curl up on the sofa for 2 days straight, call in sick for work and not leave my apartment in spite of the sunny beautiful spring days in Paris. I was sure that something was seriously wrong, with the period being so heavy and with the pain that felt as if my uterus was being plucked out through my navel.

I remember the first day after the outburst of symptoms. I scheduled an appointment the day before and got a cab to get to my gynecologist.

And let me share something, I cannot clearly remember the day of my first kiss, I don’t remember the details of my prom night...I remember my date’s name was Acel and he had kind of a Patrick Swayze thing going on with the hair and everything...

...but I can remember every single thing about that day, it was the day when I first heard the word "endometriosis". I remember the waiting room; I remember the article about the rain forests that I was reading when my name was called out suggesting that I should go in. I remember the color of the walls and the yellow chair I sat in while I was explaining what was happening to me yesterday and the day before that. I remember my doctor’s face. I remember his glasses and I remember thinking how that particular pair made him look a bit like Woody Allen. I remember it all...so vividly...

I hoped that my doctor will say something like the others did...something like inflammation...cold...or whatever. But when he read my history, he mentioned a new word...yes, that’s the one...the E word.

He started talking about how if it is what he suspects it might be, it is very serious and it requires surgery for diagnosis. I have never had surgery performed on me and I felt that if surgery is involved it must be very dangerous.

I came home with a feeling that a new door might be opening up in my life and I was so scared of what might be at the other side. I
just went online “devouring” everything I could read about this thing. Feeling more and more scarred with every line I read.

The doctor suggested that we keep a close eye on the symptoms and if they reoccur with my next periods, I might consider surgery just to know exactly what I was dealing with. And that is exactly what happened; I experienced the same pain and the same kind of abnormal bleeding with my next period.

I know it was stupid of me, but I refused the surgery, I was just too scarred and I kept procrastinating the surgery as long as I could. 2002 was a very long year. My periods got irregular, I would go as far as 2 months between periods, but that was no relief since I started to feel the pain and symptoms completely not related to my periods. Most of the time it was spontaneous shooting pains in the right side of my abdomen.

I gained 40 pounds in 6 months and I was always tired and down. My doctor told me that I was hypoglycemic and that he is almost certain at that point that the primary suspect is endometriosis. The weight gain was the final trigger for me to agree to have the diagnostic surgery. I was horrified of getting near anything that was supposed to cut my body. If I could I would get the anesthesia at home and have them drive me to the hospital while unconscious. Just to avoid the smells, the sights, the colors, the masks, the sound of the wheels and everything else about that hospital. I had a completely irrational phobia from surgery.

But as the pain was getting the best of me, I decided firmly that I was going to do a laparoscopy.

The next things I remember after the surgery is the shame I felt for being such a baby about it and I even (I admit this for the first time here) lied and acted as if I had severe pain at the sight of the incision when I could hardly feel it, just to justify my past behavior.

I left the hospital the next day and was told to come and talk to my gynecologist next week about the surgery and what they found inside. It seemed odd that they would just leave me “hanging” over the weekend not knowing what is going on. But I was drowsy and
feeling a bit groggy. To weak to complain. I just got into that car and my boyfriend from the time, Tommy drove me home.

It was a gray and cloudy day. I remember how that strangely made things a bit better, since it would be just outright wrong to feel like I felt on a sunny day. It was easier to think that nobody else was going to enjoy that day that much and it made it all easier a bit. A selfish thought, I know. But that is how I felt.

I surprised myself that weekend. I felt great. The incision was hurting a bit and I was on pain meds for that, but the feeling that I was finally getting to the bottom of this thing that was overtaking my life just felt new and fresh...

It was Wednesday that I was scheduled for “the talk” with my gynecologist. I took a cab and before knew it I was in that yellow chair again.

He was strangely calm as he was telling me using fancy medical terms that my insides were a mess. He said that he was right and that I have severe endometriosis with a number of cysts and lesions. My right ovary was the most endangered part and the fallopian tubes were constricted and malformed from the lesions. He said that at the time it would be virtually impossible for me to get pregnant. It’s not that I had immediate plans but I was in a healthy relationship and let’s face it – I was not getting any younger. To make things worse, I had lesions on my bladder, too. He said that he had removed some of the lesions, but some of the larger ones are still there because these were too close to some major blood vessels or something...

He said that if I had children he would have suggested a partial hysterectomy immediately. But, since I didn’t I was put on the pill to see if we can amend some of the damage that was done by that point. If I had to choose the most positive thing he said that day, it was: “I’ve seen worse.”

As time went by...my periods seemed to be normal again, but that didn’t make the pain go away. It seemed that I was sinking deeper
into this chasm with every new day. Every bowel movement meant a world of pain. I had to pee every 15 minutes.

I was on and off the pill because it caused such extreme reactions an side effects that I had to stop taking it...then the symptoms would come back with a vengeance...and I would try the pill again...it was a rollercoaster from hell...

I quit my job in the library and started working from home. A couple of hours per day was all I could manage. But I made a living.

I wasn’t Zoe any more. I was just a patient. Just a number. I was so down that I pulled everybody around with me. “Zoe” is a name that is Greek in origin and means LIFE. But I was anything but “Zoe” back then. I was a burnt out candle.

While my parents understood and accepted all that came with my endometriosis, I already talked about how it all affected my social life.

I almost forgot the last time I had sex with Tommy. I was frustrated. I could feel his frustration. Things just went downhill for us from there. You could imagine how I felt when we were in the car driving to my OBGYN and when he would receive a phone call from his mates that were at a local pub having a good time and he was with me. He would not say anything, but he would look away from me. Almost as if he was trying to say it without saying it. I was getting to be too much of a burden.

We simply grew apart and I “set him free” in June 2003. I saw a small tear in his eye and a huge relief. I knew I was doing the right thing.

As I said, the right word for what happened to my friends when I was heavily affected by this chronic condition is that they got filtered. I was left with 2 or 3 real friendships that have endured the ultimate test and a number of “friends” that, through the magic of endometriosis, turned into acquaintances.
I felt hopeless. I didn’t want to have a hysterectomy, since my own child was a life long dream for me. But the pain was so overwhelming.

In April 2004 on a day just like any other, I met an old friend from high school in the supermarket. We started talking, and I did what I always used to do back then – within minutes I monopolized the conversation with my endometriosis story. But this conversation was different. It changed my life.

She said: “You know what, I know a girl from Reims that had that thing and this lady, Violet, helped her. She feels great now. She’s married to my colleague from our office in Reims.”

It did not seem that decisive at the time, but when I look back now, all I can think is all the WHAT Ifs...

...what if I haven’t gone to the supermarket that day?

...what if I took more time at the frozen food section and missed my friend Natalie at the counter?

...what if? ...what if?

But, I did go to the supermarket that day, and I did not spend that much time at the frozen food section. And I did call her later that day after she got the number from her colleague’s girlfriend.

Ladies’ full name was Violet Rubinstein and she was an alternative medicine practitioner and researcher in her mid 60s. I called her the day after and scheduled an appointment.

It’s a 2 hour drive to Reims from Paris but I was OK with that as long as I felt I was doing something, I was being proactive; I was seeking a solution...

When I got to Reims and found Ms Violet’s practice in a secluded street I was not impressed. Neither did I see this as my solution, but rather as a part of the process that I hoped would end with me being free from the hell of endometriosis.
The waiting room smelled of wood and natural materials and it was in green and earth tones, calming just as you would expect from alternative medicine practitioner.

Then Violet came out, took down her glasses and asked:“ Zoe, I presume.” I just nodded my head and said that it was very nice to meet her. She showed me into her office and the offered me a glass of water. During the first 30 seconds of being in her company, I was under the huge impression of this calming presence that she had about her.

Then she asked about my friend’s colleague’s girlfriend (the girl that referred me) and I said that I really don’t know that much about her and that all I know is that she is OK now.

So, after the small talk, she just said:” All right, now I want you to take as much time as you need to tell me about what is going on. Tell me everything, even if you think that it might seem stupid or irrelevant. The first step is to realize that within these four walls nothing is embarrassing”.

This was a whole new approach and I wasn’t just a number any more. It was great to know that I am not just a “4 o’clock” to my doctor and am not relevant only until his “4.30” comes in. But, let me tell you right away, I did not feel assured that this elderly lady with her kind but common looks would be the person that will make all my suffering go away. Boy, was I wrong...

So, I felt relaxed and my tongue untied, I told her about the pain and the symptoms, but I also told her about my relationship and about loosing friends. She listened closely and with an undivided attention, looking away every once in a while to make a note. I think it took about half an hour before I was over with my lamentation.

When I was finished and said:” That’s basically it”, she started speaking in a calm voice. The first thing she said is “Zoe, I have been working with women with endometriosis for 23 years...I eat, sleep and drink endometriosis...so the first thing I want you to do is
change that humped, crouched and spasmodic posture that says: "I am afraid I will never get better“. “Relax and lay back,” she said.

She went on telling me that, in her days, she has seen women that were in much worse state then I was. She has also seen that same women getting better and completely reclaiming their life from this terrible thing.

After this hugely useful pep talk she went on to talk about her methods of treatment. She said that I will still need to see my regular doctor and inform him of any changes in my lifestyle and things that I am using so that he can adjust his treatment, especially if I am taking any form of hormones, since her treatment also includes substances that change the hormonal situation inside and taking two kinds of hormonal therapy can be disastrous.

She continued to shock me throughout the conversation with how little I actually knew about what was going on around me and inside me. Most of the things that shocked me I shared at some point during this eBook, about the pollutants from the environment, about how it is virtually impossible for average women to escape all the estrogen around us...about the drinking water...about the toiletries...about the food...about how stress makes a coil of no escape...I was literally speechless with what I learned during our first session which lasted for about an hour.

She sent me off home saying that we will not start any treatment until I had time to think and “digest” all that I heard there and gave me some reading to do when I get home. I agreed, but as I was walking out and going to my car half-present I knew that I was going to give her methods a try.

I gave her a call the day after saying that I was going to give her approach a try, and scheduled an appointment for next week. I had an appointment during that week with my regular doctor to talk to him about it and he said that it he was OK with it, since I already refused to be on the pill at that time and had such horrific side effects with most of the conventional things he tried on me. At that point, I was just managing the pain with painkillers.
But, this is not a novel about my thoughts and feelings; it is a story about what I did in the process of healing. So, now I will dig right into what happened after my second session and how I started my journey towards a healed body and soul.

17. a. The choice

I’ll be referring to Mrs. Rubenstein as Violet from this point on, since that is how our relationship developed. As soon as the second session, Violet and I became friends.

After having a cup of tea the second time I came in she talked about the two options I have.

One option would not include any kind of substances that would “work” directly on my hormones. The healing process with this option would take much longer and the chances of getting rid of all my symptoms would be somewhat slimmer.

With the second option, I would be put on a therapy with a natural substitute that does the job of rebalancing the hormones and suppressing the estrogen dominance, but without any of the terrible side effects - because it is bio-identical (a substance that is already produced in our body).

She explained that my main problem with all the horrific side effects of hormonal therapy that I tried is the fact that I was taking substances that are not naturally found in the body and as such they have many potentially dangerous side effects. And I was an extreme case, experiencing most of the horrible side effects that made my life a living hell up to a point where I couldn’t decide which one is worse - endometriosis or the cure. In contrast, in treatment of so many women she uses gentle progesterone creams that are bio-identical to the progesterone produced in our body and thus have no side effects and are much safer.

The difference between the progesterone from the “pill” and the natural cream is so extreme that they act as two completely
different substances in some terms and while the pill is a contraceptive the progesterone cream can never be used for this. If taken from ovulation onwards only, it raises the body's progesterone levels and temperature and can actually help sustain a pregnancy.

She said that my choice between **option 1** and **option 2** boils down to the fact that with option two, I will be induced in a pseudo-pregnancy and pretty soon have the levels of progesterone that I would have if I was a month or two into a pregnancy.

If it was in healthy women, this would probably stop the menstruation, but women with endometriosis are so much more estrogen dominant that it is likely that it’s just going to regulate the periods and make them lighter. But, the bottom line is that it depends on how estrogen-dominant are you.

The two options are the same in all other aspects except the usage of the natural progesterone cream that offers direct and immediate help to the body in combating estrogen dominance.

To be honest, I had no patience whatsoever and before she even explained everything concerning my choice, I was quick to jump to conclusion that I wanted the second option.

So, I started my journey that will be described in detail on the next pages.

**17. b. The principles of the protocol**

Let us get very precise about the principles of the protocol that was ahead of me. I will first list them with a short explanation and then deal with each of them in greater depth. I will tell you step-by-step
how I went about all this and then we’ll put everything together in a more synoptic way towards the end of this book in *the Master Plan – or the overview of the protocol*. All the principles are designed with the balance of the Extracellular Matrix in mind (explained further later in this chapter).

**The principles:**

**Principle 1.** After being given the precise instructions, I was going to take a long hard look around me and into my environment and locate all the pollutants (primarily dioxins) and the possible trigger of endometriosis.

**Principle 2.** After I did this, I was going to realistically face what condition my body is in at the moment. I was disgusted to even hear about the clutter of billions of dead cells that are likely to be trapped inside me rotting in the pockets of my body. After I was disgusted, I was delighted to hear that there is such a substance that can dissolve dead cells without making the damage to the live ones.

Only one substance with such characteristics in nature, but it exists. And it is completely overlooked in the conventional treatment of endometriosis.

**Principle 3.** I was going to cleanse my body of the entire residue and the pollutants that are stuck in my digestive system and are making it virtually impossible for the healing and re-balancing to begin.

**Principle 4.** After I have cleared up the mess inside and outside by first applying steps 1, 2 and 3 I was to start addressing the chemical disbalances inside through a diet that is designed specially for women with endometriosis. It is based on guidelines that are not
just your healthy fitness magazines diet. In fact, that kind of dieting can make your endometriosis worse.

**Principle 5.** I was going to use completely natural progesterone creams to counter-act estrogen, induce artificial pregnancy and allow my internal organs that are so tormented by endometriosis to heal.

**Principle 6.** I was going to address the detrimental effect of Reactive Oxygen Species on women with endometriosis. This damage is so intense that the things that help your average person have little or no effect with us. Again, there is one substance that can help.

**Principle 7.** Let me tell you, I didn’t like this...this principle 7...I did not like it because I found it unpleasant and to be honest a bit degrading. But that was just at the beginning. After a while, it was a just a part of my day and I didn’t give it a second thought after I felt the benefits.

Remember the Sitz Baths. Well, using these to get all the right healing substances (together with the blood) where they could do their “magic” is the principle 7.

**Principle 8.** I was going to use herbs and teas that were proven to aid the healing of endometriosis.

These herbs are the chosen ones from the hundreds that were tried in the treatment over decades of trial and error. It was a great feeling knowing that I am just taking advantage of the work that was diligently done for more than 20 years.
Principle 9. I was to assist my body (with a carefully planned supplementation) that was about to be restricted of some nutrients because of a very precise diet.

Principle 10. I was to change my life so that after I am free from endometriosis pain I do everything to never feel it again.

17. b.0. The role of the extracellular matrix (ECM)

The reader probably remembers that on the website we have talked about the role of the extracellular matrix in the protocol. Here we take a long hard look at the extracellular matrix, its role, where we are and where we need to be, to allow the healing to begin.

But what is Extracellular Matrix (ECM) in the first place?

In Biology, ECM is the defining feature of connective tissue in humans and animals. Apart from being the tissue that provides support and anchorage to the cells, it has a number of other very important functions. These secondary functions are of primary interest to us in the Violet protocol.

Simply put, the ECM are the substances that are not in the cells (not part of the cells) but are between the cells providing support and getting the message over from one cell to another. It also serves the purpose of segregating tissue from one another and what is probably the most important function for us – regulation of intercellular communication. It is a depot for cell growth factors and regulates the cells dynamic behavior.
**Picture 17a:** Illustration of the ECM

**Picture 17b:** ECM seen through a microscope
Components of the ECM are produced intracellularly by resident cells, and secreted into the ECM via exocytosis. Once secreted they aggregate with the existing matrix.

We will not get much into chemical structure here, but the ECM is mostly a mesh of fibrous proteins and glycosaminoglycans (long unbranched polysaccharides).

**And now here’s the important part** – ECM plays a vital role in cells adhesions. A balanced functioning of the cell adhesion is what separates the women who have retrograde menstruation and never get endometriosis from the ones that live the living hell of endometriosis. Let us look into this in depth and then make a roadmap for resolving the issue, once we pinpoint it.

Cells can bind to the ECM in two different ways.

1. **Focal adhesions** - large, dynamic protein complexes through which the cytoskeleton of a cell connects to the ECM
2. **Hemidesmosomes** - by connecting the ECM to intermediate filaments such as keratin

This cell-to-ECM adhesion is regulated by specific cell surface cellular adhesion molecules (CAM) known as integrins. Integrins are cell surface proteins that bind cells to ECM structures, such as fibronectin and laminin, and also to integrin proteins on the surface of other cells.

But, **what can go wrong**?

If you become over-burdened with toxins what happens is that the chemicals are stored in the ECM. Our body has developed mechanisms to make this happen, because all the pollutants would be devastating to the cell. So, at this point, the ECM is filled with heavy metals, viral & bacterial residues, indoor pollutants and antibiotics. At one point the integrins that regulate the cell adhesions can get their signals crossed because they are so clogged up and two things can happen:
1. The ECM might no longer be capable of recognizing the alien cells from normal growth

2. The clogged up environment does not allow any healing agents to go pass them and into the cells, because it doesn’t differentiate between these and the pollutants

The two mechanisms above are detrimental. Number 1. can trigger endometriosis and number 2. can make it impossible to get any healing agents passed by the ECM and into the cell. The result – a scenario from hell.

So, how do we resolve this?

By removing all the triggers that get the signals of the ECM crossed and thus, first of all, restoring the ability of the cell to avoid unwanted adhesions (such as endometriosis) and second - opening the paths for the healing agents that can amend the damage.

This healing on the cellular level can be described in 3 phases:

In **phase 1** we unlock the cell walls via the ECM. Thus the healing and natural substances can penetrate deep into the nucleus.

In **phase 2** we cleanse the cells from the debris that has been clogging it up.
In **phase 3** the regenerating remedies stimulate the ECM and the cells capacity to repel unwanted adhesions.

We do all this through the listed 10 principles that will now be fully explained in a synoptic and clear way.

**17.b.1. Principle 1 in depth – THE AWAKENING**

Before we go any further, I will ask you to return to page 40 and read all about our “covert enemy” – the dioxins that are all around us. Lurking and waiting. Even if you think that you are leading a healthy life, you might re-think it all since these substances can be found in places that you would least expect them.

Here are a couple of rules that we brought forth as a conclusion in the subchapter beginning at the page 40.

**Rule1.** Don’t use tampons or choose all cotton ones

**Rule2.** If you use tampons, never leave them inside overnight or longer then 4 hours

**Rule3.** Use organic disposable pads

**Rule4.** Switch to organic food

**Rule5.** Use unbleached paper

**Rule6.** Don’t smoke - cigarettes contain dioxins

**Rule7.** Reduce your dairy intake - dioxins are in buttermilk (I excluded this anyway, as explained later on when we get into nutrition anyway)
Rule 8. Get rid of chlorine bleach products in your house, use eco products instead

Now, we go on to add Rules to the list that I lived by to make sure that I am “clean inside” and on the right track for healing.

Rule 9. What about water? Well, this is a really tricky one. We have talked about the experiment conducted in England where fish were enclosed in an artificial pond just bellow the part of the river where city sewer is released.

Remember what happened to them?

They changed sex because of the estrogen and substances that can mimic estrogen remains in the water (mainly due to the contraceptive pills). The scary thing is that this estrogen cannot be completely purified in water factories. So, it reaches our faucets. So, that is why just drinking tap water was not an option for me.

So, then it must be just bottled water, right? No, not really. Because store bottled water is full of solvents (methyl ethyl ketone and methyl butyl ketone) which make a great fertile ground for all kind of flukes.

Clonorchis, the human liver fluke and even Eurytrema, the pancreatic fluke, can invade the uterus wall. It is not hard for them once the organs are disarmed by the solvents from the environment.

These flukes can than travel to other parts of our body and might carry the cells of the uterine lining with them, which gets them on our black list.

A shocking fact - in Ukraine 13% of the illnesses affecting women and children have been linked to water pollution.
To avoid solvents completely I just:

- Never bought grocery store bread (even if it’s not wheat) but bought from my local bakery instead
- Cleared up all my dental metal (I had just one filling)
- I never ate cholesterol reduced foods
- I never ate artificial sweeteners
- I never drank any powdered beverages
- Gold and silver molecules are very attracted to the uterus, so my earrings and rings and anything with metal touching my skin had to go (this was a hard one and I still wear my favorite diamond earrings, but in rare special occasions)

Getting back to the water...

So, bottled water is not the solution either. My solution was tap water filtered through a special water filtering bowl (available in most stores) which is the less expensive option. The more expensive option is a special system of filters that is installed onto the regular water appliances (this can cost up to $1000) so I went with the simple filtering jug.

This jug has great features and gets rid of almost all the pollutants that we should be scared of. The taste of the water is a bit odd at first but then you get used to it. You never realized that tap water actually has taste until you taste this water from the filtering jug. I got used to it within a couple of days.

**Rule10.** I was to eliminate all the estrogen promoting pollutants I could.

Remember how we said that we are producing half of the progesterone then our mother’s used to?

This is mainly because of the Xenoestrogens and other substances that mimic estrogen (see page 52).
I am not going to double the analysis here (since we have already delved into the chemical hell we are living in) but I am just going to say what changes I made to my lifestyle to get away from it all:

- I bought my shampoo and toiletries from the local herbalist store which I was sure were all natural and polluant free.
- I always made sure that my shampoo or body wash had no colours, perfume, preservatives or sulfates.
- I always made sure that my body or hair wash was based on coco glucoside - the mildest sugar detergent available - derived from coconut & corn
- I bought household detergents with only certified organic ingredients
- I avoided plastic wherever I could. No plastic bottled drinks, no plastic cups, no plastic food bowls...
- Never used spermicide as birth control
- Of course, it goes without saying that perhaps the most important thing is eating clean and organic foods (again, more on the type of foods later)
- No more hair dye for me (it is full of endocrine disruptors)

If you think that I am exaggerating, make a mental note of the fact that just a fraction of some 80,000 chemicals used today have been thoroughly tested for toxicity and a fraction of the fraction have been actually tested for hormone disrupting features.

And if it seems too much or overwhelming, or you are thinking to yourself that you could never organize your life the way I did, let me ask you a question,” Once you know your type, does it take more time to buy a certified organic shampoo than it takes to buy a regular one.”
I think that’s a “no”...let me tell you, at the beginning of the period when I was making these kind of root changes to my lifestyle it was almost a full time job planning my day and getting all the things I needed and planning how to avoid all the pollutants that lurk all around.

But, I was facing a choice; it was either that or a lifetime of on and off with endometriosis. OK, I was not sure that it was going to work at the time, but as soon as I felt the first clear signs of healing (within weeks) it all became a matter of no choice.

And within months I had it all in place, so it didn’t require additional time to plan my life. It was all routine.

I know that reading these lines will change the perception of personal care for most of the readers, but you need it. It might make your life a bit more difficult in choice, but it is likely to make it longer as well.

Did you know that some 89% of the personal care products have never been evaluated for their safety in personal use?

For example, did you ever think about your toothpaste or mouthwash? But why would you, you wash it out and spit it out, right?

**Completely wrong!**

So many of the chemicals (60%) that we use every day can be absorbed into our body as soon as they touch our skin, let alone the inside of our mouth.

Toothpaste and mouthwash can be full of chemical disruptors that send all sorts of wrong signals to our endocrine system. One of the most common ones is Sodium Lauryl Sulfate (SLS). Now, SLS is such a harsh chemical that can it can shed a layer of a tissue from your gums. This a perfect feast for the bacteria that can go on to
cause all sorts of disorders, but most commonly Halitosis (chronic bad breath). Catch 22, right?

SLS can also:

- Change the genetic material in cells (it’s a mutagen)
- Be very potent carcinogen when contaminated by nitrosamines (quote from an FDA report). Nitrosamines are chemicals found in rubber products, some cosmetic products and tobacco.

Scarred yet?

If you are from the USA, you will find it interesting that the FDA has banned only 9 personal care product ingredients in the last 67 years. In the same time, the EU has banned 450!

So, what about the toothpaste?

These days it is not hard to find organic toothpaste (I bought my online), but even when you buy a product that claims to be organic make sure your read the label and check:

- If it is USDA certified as organic
- If it contains Parabens
- If it contains Petroleum
- If it contains artificial flavorings
- If it contains mineral oil
- If it contains Propylene Glycol
- If it contains Synthetic Fragrance

All of the above chemicals are a big no-no.
Now, it was much easier finding a product that claimed it was “organic” and “natural” than actually finding a product that met all the above criteria. Be patient and diligent with this.
17.b.2. Principle 2 in depth – *THE MIRACLE ENZYME*

Macrophages, a type of white blood cells are in charge of scavenging the cells that are found where they shouldn’t be found and get rid of the dead cells. In women with endometriosis, these cells do not do their job as well as in other women, as we already said a couple of times.

So, in these cases a clutter of dead cells and cellular debris is left behind. Taking care of this “mess” was an important part of my healing process. Dissolving dead cells is not such a problem. But dissolving them in such a way that the healthy cells are intact...well, that’s another story.

In this sub-chapter, you will learn about the one and only substances in nature that can do this – an enzyme called Serrapeptase.

**What is Serrapeptase?**

Serrapeptase is an enzyme that is produced in the intestine of silkworm, and its primary task in the nature is to break down cocoon walls.

**Picture 17c.** Larvae of silkworm

The silkworm has a special relationship with the Serratia E15 microorganisms in its intestines, which are a harmless type of bacteria to be precise. The enzymes secreted by the bacteria in
silkworm intestines have the ability to dissolve avital tissue, but have no detrimental effect on the host’s living cells. Thus by dissolving the silkworm’s protective cocoon (avital tissue), the winged creature is able to emerge and fly away.

To understand Serrapeptase health properties, one has to know what enzymes actually are.

Enzymes are proteins that are responsible for literally thousands of processes in your body. In fact, without enzymes not a single one of the multitudes of chemical actions and reactions that take place in your body on a daily basis could occur.

The majority of enzymes in your body are classified as proteolytic enzymes. Proteolytic enzymes govern all of your body’s metabolic functions and regulate the functioning of your body’s various other proteins. Our body manufactures its own supply of proteolytic enzymes. Unfortunately, today many people are deficient in this special class of enzymes because of poor diet and unhealthy eating habits.

**How can we, endometriosis patients, use it?**

It is the only substance of its kind- the only substance that can clear the kind of mess of waste and dead cells that endometriosis leaves behind.

It might sound too good to be true but Serrapeptase actually digests (dissolves) non-living tissue, blood clots, cysts, and arterial plaque and all inflamed tissue which is then dispersed, but does no harm to the living tissue. It is ‘pure gold’ to us.

The search for a substance that would have this kind of features took very long, until back in the 70’s scientists turned to this remarkable organism – **the silkworm**.
In my treatment, it was one of the corner stones. The benefits of Serrapeptase in conditions such as ours are actually two-fold.

Let us for a second take a closer look at inflammation as a phenomenon. The word is so loosely used that over time, most of us started associating it with the process of getting ill, when it’s much more then that.

It’s safe to say that the relationship our body has with inflammation is a love-hate relationship. It causes pain, it can limit joint function, and even destroy bone cartilage or other structures. But, on the other hand, it is a very basic and natural response that is needed to protect the body from invading organisms.

It is in those terms that Serrapeptase shines in all its glory. It doesn’t merely suppress inflammation, but it helps some of the useful processes in reducing the pain, due to its ability to block the release of pain-inducing amines from inflamed tissues.

One **double-blind** study was conducted by German researchers to determine the effect of Serrapeptase on post-operative swelling and pain. This study involved sixty-six patients who were treated surgically for fresh rupture of the lateral collateral ligament of the knee.

*Double-blind study is an experimental procedure in which neither the subjects of the experiment nor the persons administering the experiment know the critical aspects of the experiment; "a double-blind procedure is used to guard against both experimenter bias and placebo effects.

On the third post-operative day, the group receiving Serrapeptase exhibited a 50 percent reduction of swelling, compared to the controls. The patients receiving Serrapeptase also became pain-free more rapidly than the controls, and by the 10th day, the pain had disappeared completely.
How Serrapeptase Works?

Researches have shown that Serratia E15 has the ability to secrete enzymes every time it comes in contact with a non-living tissue. Despite the enzymes' strong dissolving properties, additional research has found that healthy living tissues inside the silkworm are not harmed when the enzymes are secreted.

In order to begin their research, scientists first had to synthesize the active ingredients in the Serratia E15 enzymes. They did so by developing Serrapeptase through a process of fermentation. Further clinical studies then revealed that Serrapeptase not only acted in the same way that Serratia E15 enzymes do, but that the anti-inflammatory benefits that Serrapeptase can provide to humans is superior to those provided by other proteolytic enzymes.

Over 40 studies are available today to show that Serrapeptase not only dissolves the accumulated waste and the junk of non-living tissue, but it simultaneously reverses all forms of chronic inflammation.

The mechanisms that are utilized in achieving this are two-fold:

1. Serrapeptase is thinning the fluid that accumulates around the inflamed tissue. These fluids are the main reason for pain and swelling. By doing this, Serrapeptase is making it much easier for the body to drain away the fluid and greatly speed up tissue repair

2. Second and more important mechanism is by inhibiting the release of Bradykinin. Bradykinin is a chemical substance that play a important role in the inflammatory process

Will it work on scarring?
It will work on all types of scarring. By continually ingesting the scar tissue, healthy tissue will eventually replace old scar tissue. It may not completely eradicate all scarring, but there is no substance in nature that comes close to it when it comes to this.

**Dosage**

My regimen included Serrapeptase in the form of pills. I took 2 pills (20 mg or an equivalent of 20,000 IU) in the morning and in the afternoon on an empty stomach.

When I say on an empty stomach, I mean at least 40 minutes before eating and at least 1.5 hours after a meal. I did so after the induction 3 day period of my diet and I took it like this for 8 weeks and then I cut down to 2 per day (one in the morning and one in the afternoon for another month).

**Side effects**

Serrapeptase has not shown any serious side effects to date. A small number of patients have reported mild stomach aches, but rare as they are, they too go away in a day or two.

Do not use Serrapeptase if you are taking blood platelet inhibitors such as Ticlid, Plavix or Coumadin.
17.b.3. Principle 3 in depth – CLEAR BODY, CLEAR MIND

As I was explained and from what I’ve concluded from my own extensive research it is important to tackle endometriosis in a holistic manner, keeping a close eye on all aspects of our health. One of the most important things is keeping my abdomen “as clean as a whistle”. And overlooking the health of the colon is one of the worse mistakes one can make when approaching the problem of endometriosis.

Serrapeptase was to address the cellular debris and the clutter of dead cells inside and another important procedure was to take care of my intestine and a possible lymphatic congestion.

It’s the colonic irrigation sessions.

**What is colonic irrigation?**

The process of colonic irrigation is cleansing of the colon by introducing water through the rectum at controlled pressure. Just before the pressure resulting from water inside the colon reaches a point which causes discomfort, the flow of water is reversed and the wastes are removed from the body.

It might not sound like fun, but it’s not as close as bad as it sounds.

**How can it help us?**

It is a complementary procedure in the protocol. It means that it is not essential for my success with the Violet protocol, but it is important.

Here is a list of the most important benefits to an endometriosis patient:

1. it cleans the toxins from the intestine, thus making a much better environment for other essential parts of the protocol to do their job
2) it cleans hardened waste, which may be a crucial factor contributing to the pain with bowel movement in endometriosis

3) strengthens the muscles that line the colon

4) the passage of nutrients into the blood stream becomes easy and doesn’t face obstructions in the path

Number 4 is perhaps the most important, not just because of the nutrients from the food, but because of one of the essential parts of my healing with the Violet protocol. The mentioned **Sitz Baths**. The reader might remember that we talked about how great and unbelievably effective this ancient hydrotherapy procedure is.

Well, it is not as close as effective if you are all cluttered and clogged up inside. That is why 3 or 4 colonic irrigation sessions were a must for me.

I had my irrigation sessions a week into the protocol and the second and the third with exactly 7 days span in between. That is, 2 weeks into the protocol I was “clean” according to my practitioner.

Should you decide to undergo colonic irrigations, the number of sessions that you might have is up to the practitioner to determine on case-to-case basis. The first session most often gets rid of 2/3 of the waste, and after the second sessions, you will agree with your practitioner whether you need more.

Since the costs are not covered by the insurance, you will have to pay for this personally. The prices vary from 50-100$ per session.

The explanations regarding the procedure and the preparations are beyond the scope of this book, as you will get all the necessary information from your practitioner. Also, ask him about the possible risks in you particular case, such as dehydration or loss of minerals such as sodium and potassium.

But it is such a great feeling of cleanliness that I get back and get colonic irrigations with what they call maintenance irrigations.
Because I eat very clean now, my practitioner recommended once a year.
17.b.4. Principle 4 in depth – THE CHANGE

I changed a lot during my healing process. I am not the same person I was before endometriosis. I am completely transformed. I am better...I think. I no longer have the feeling that I am omnipotent and invulnerable. But I am also wise enough to recognize my vulnerability.

You can see the change when you look in my bathroom cabinet, you can see it when you look in my cupboard. You can hear it when you talk to me. You can see it in my fridge. You can smell it from the front door.

But if I had to say that one of the changes was “THE CHANGE” than I would jump to the opportunity and say that it was the change in what I eat and drink.

In this sub-chapter I will share everything about it.

The first thing that happened after a few visits to Violet was that I got this clear view of how ignorant about eating right I was at the time. And I was not ignorant because that I did not want to learn. I was just misled and misguided. All that my doctors before that time gave me was guidance that I should “eat healthy”...“avoid the fat”...“avoid sugar”...“eat whole grain”...and similar general statements that are all around us and I did not even need the doctors to know what is right in those general terms.

In my second session, Violet told me to forget all that I think I know about eating healthy. She asked me to remember that when it comes to diet,” **what is right for the rest of the population can be so wrong for the women with endometriosis**”.

After this new horizon opened to me I started researching on my own, but this time I was pointed in the right direction. All I felt was anger and the desire to call some of my previous doctors (there were 3 of them) and confront them about the advice they gave me. But enough about me, let’s dig into what is wrong and what is right and just as importantly “why?”
Let me tell you right at the start—it was a difficult journey and an extreme transition. But, as my pain subsided and as my energy levels skyrocketed it all didn’t matter any more, it was kind of a choice that wasn’t really a choice after one point in time. It is all about the motivation. What do you think a cancer patient would do if he/she was told that the cure was an extremely healthy diet? I can vouch that 95% of the people would make any change...nobody was telling me that changing my eating habits was “the cure” but as soon as I felt the benefits it was all the same to me.

Remember the scene from Fight Club when Brad Pitt threatens the guy working in a fast food that he will blow his brains out if he didn’t get back to faculty and finish his studies – a thing he would never normally find the motivation to do. Well, I often think about that scene when the urge for a can of Coke creeps in on me.

**A. The dishes**

Think of it this way - when we look around our kitchen we don’t want to see anything that can release some chemicals or even molecules into our system.

Those very criteria made:

- Earthenware pots (sometimes metal glazed)
- Copper, brass or aluminum pans
- Teflon pans

a big *no-no* in my kitchen.

Porcelain and glass were my containers of choice and stainless steel pans were an all-round solution as well.

Before we get into groups of foods and into what I ate and what I avoided as much as I can let us introduce a system that will guide us through fashioning a healthy diet. A system of rules will define clearly what we want to do when designing the right diet for endometriosis:

We want to:
Alkalize our blood and body
Balance our body chemically and fight estrogen dominance
Fight the prostaglandins and other inflammation promoting chemicals

B. Alkalizing your blood

Some health researchers go as far as to say that “there is only one disease and there is only one cure”. The disease is the excessive acidity of our body and the cure is alkalizing it.

If you are anything like me, then sooner or later you have tried to make sense of all the clutter of information on acidic and alkaline blood environment. I remember that I was so overwhelmed with the amount of different information, that it got me mad.

That is why I will here try to systematize the relevant info and serve it in a way that you can use. Now, this first criteria I introduced is also the broadest. It is broadest in terms that I was to eat all the right foods that were to balance the pH value inside me. To do so, I got a list of foods that promoted acidity or alkalinity of the environment inside.

I was to filter the list further down because even this list is not right for a women suffering from endometriosis. Remember “What is right for a regular folk, isn’t automatically right for “us”...

*Balance of pH value in our blood is one of the corner stones of the Violet protocol.*

**Definition of blood pH**

The pH of any fluid is the measure of the hydrogen ion (H-) concentration. A pH of 7 is neutral. The lower the pH, the more acidic the blood.

*Question 1: What does it mean to alkalize your blood?*
The term alkaline and acidic refers to the pH balance in our blood. The healthiest range is 7.35 to 7.45, which is slightly more alkaline than pure water.

What you eat is a critical determinant of your health status, and the foods that you choose tend to have acid or alkaline-forming effects on your overall system. However, this influence to the blood pH is not direct and this is a good thing, since extreme changes in the balance could be very dangerous. This balance is regulated by a fine and complex system of mechanism that are continuously at work to maintain a range of 7.35 to 7.45.

These mechanisms are:

1. Buffer systems
2. Exhalation of Carbon Dioxide
3. Elimination of Hydrogen Ions via Kidneys

If the pH of your blood falls below 7.35, the result is a condition called acidosis, a state that leads to central nervous system depression. Severe acidosis - where blood pH falls below 7.00 - can lead to a coma.

If the pH of your blood rises above 7.45, the result is alkalosis. Severe alkalosis can also lead to death but through a different mechanism- alkalosis causes all of the nerves in your body to become hypersensitive and over-excitable, often resulting in muscle spasms, nervousness, and convulsions.

So, it's not just that we cannot ‘alkalize’ our blood in terms that it becomes an alkaline environment, but it's also that we do not want to. However, what we want to do as endometriosis sufferers is keep that pH closer to 7.45.

**Why?**

I know this sounds exaggerated, but let me give you one reason why it’s not. The difference between 7.40 and 7.41 is not actually one hundredth of a scale unit. Surprised? Let me explain:
On the pH scale, each number represents a tenfold difference from adjacent numbers; in other words, a liquid that has a pH of 6 is ten times more acidic than a liquid that has a pH of 7, and a liquid with a pH of 5 is one hundred times more acidic than pure water. Most carbonated soft drinks have a pH of about 3, making them about ten thousand times more acidic than pure water. Please remember this the next time you think about drinking a can.

It is beyond the scope of this book to explain in details how the damage is caused by pH imbalance, because we focus on gearing up with knowledge that you need in you every day fight with endometriosis. This is why I will simplify it and just say this:

**Fact 1:** All the protein that works in your body needs to maintain a specific shape to be metabolized properly

**Fact 2:** Shapes of the proteins in your body are affected by the tiniest changes in the pH of your body fluids

Another thing that is close to disastrous for women with endometriosis eating a acid enhancing diet is the forming of alkaline ash, which is what the residues of foods that have an acid-forming effect are called.

For example, your phosphate buffer system uses different phosphate ions in your body to neutralize strong acids from the alkaline ash. About 85% of the phosphate ions that are used in your phosphate buffer system come from calcium phosphate salts, which are structural components of your bones and teeth.

If your body fluids are regularly exposed to large quantities of acid-forming foods and liquids, your body will draw upon its calcium phosphate reserves to supply your phosphate buffer system to neutralize the acid-forming effects of your diet.

*And interfering with the calcium balance in our body is the last thing we need if we are predisposed for endometriosis.*

On the next page, I will give you a list of foods that I use when designing my diet to keep my pH towards 7.45. Here it is:
**ALKALIZING VEGETABLES**

- Alfalfa
- Barley Grass
- Beet Greens
- Beets
- Broccoli
- Cabbage
- Carrot
- Cauliflower
- Celery
- Chard Greens
- Chlorella
- Collard Greens
- Cucumber
- Dandelions
- Dulce
- Edible Flowers
- Eggplant
- Fermented Veggies
- Garlic
- Green Beans
- Green Peas
- Kale
- Kohlrabi
- Lettuce
- Mushrooms
- Nightshade Veggies
- Onions
- Parsnips (high glycemic)
- Radishes
- Sweet Potatoes
- Tomatoes
- Sprouts
- Peas
- Peppers
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<th>ALKALIZING ORIENTAL VEGETABLES</th>
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<table>
<thead>
<tr>
<th>ALKALIZING FRUITS</th>
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</thead>
<tbody>
<tr>
<td>Apple</td>
</tr>
<tr>
<td>Apricot</td>
</tr>
<tr>
<td>Avocado</td>
</tr>
<tr>
<td>Banana (high glycemic)</td>
</tr>
<tr>
<td>Berries</td>
</tr>
<tr>
<td>Blackberries</td>
</tr>
<tr>
<td>Cantaloupe</td>
</tr>
<tr>
<td>Cherries, sour</td>
</tr>
<tr>
<td>Coconut, fresh</td>
</tr>
<tr>
<td>Currants</td>
</tr>
<tr>
<td>Dates, dried</td>
</tr>
<tr>
<td>Figs, dried</td>
</tr>
<tr>
<td>Grapes</td>
</tr>
<tr>
<td>Grapefruit</td>
</tr>
<tr>
<td>Honeydew Melon</td>
</tr>
<tr>
<td>Lemon</td>
</tr>
<tr>
<td>Lime</td>
</tr>
<tr>
<td>Muskmelons</td>
</tr>
<tr>
<td>Nectarine</td>
</tr>
<tr>
<td>Lemon</td>
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<tr>
<td>Fruits</td>
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<tr>
<td>----------------</td>
</tr>
<tr>
<td>Lime</td>
</tr>
<tr>
<td>Muskmelons</td>
</tr>
<tr>
<td>Nectarine</td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Peach</td>
</tr>
<tr>
<td>Pear</td>
</tr>
<tr>
<td>Pineapple</td>
</tr>
<tr>
<td>Raisins</td>
</tr>
<tr>
<td>Raspberries</td>
</tr>
<tr>
<td>Rhubarb</td>
</tr>
<tr>
<td>Strawberries</td>
</tr>
<tr>
<td>Tangerine</td>
</tr>
<tr>
<td>Tomato</td>
</tr>
<tr>
<td>Tropical Fruits</td>
</tr>
<tr>
<td>Umeboshi Plums</td>
</tr>
<tr>
<td>Watermelon</td>
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</tbody>
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<table>
<thead>
<tr>
<th>ALKALIZING PROTEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almonds</td>
</tr>
<tr>
<td>Chestnuts</td>
</tr>
<tr>
<td>Millet</td>
</tr>
<tr>
<td>Tempeh (fermented)</td>
</tr>
<tr>
<td>Tofu (fermented)</td>
</tr>
<tr>
<td>Whey Protein Powder</td>
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</tbody>
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<table>
<thead>
<tr>
<th>ALKALIZING SWEETENERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stevia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ALKALIZING SPICES &amp; SEASONINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chili Pepper</td>
</tr>
<tr>
<td>Cinnamon</td>
</tr>
<tr>
<td>Curry</td>
</tr>
<tr>
<td>Ginger</td>
</tr>
<tr>
<td>Herbs (all)</td>
</tr>
</tbody>
</table>
Miso
Mustard
Sea Salt
Apple Cider Vinegar
Bee Pollen
Fresh Fruit Juice
Green Juices
Lecithin Granules
Mineral Water
Molasses, blackstrap
Probiotic Cultures
Soured Dairy Products
Veggie Juices

<table>
<thead>
<tr>
<th>ALKALIZING MINERALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium: pH 12</td>
</tr>
<tr>
<td>Cesium: pH 14</td>
</tr>
<tr>
<td>Magnesium: pH 9</td>
</tr>
<tr>
<td>Potassium: pH 14</td>
</tr>
<tr>
<td>Sodium: pH 14</td>
</tr>
</tbody>
</table>

One of the most interesting things is the fact that the one fruit that you would expect to be the most acidifying is actually alkalizing. I am talking about lemon. It actually becomes alkaline in the body.

Now I will give you an overview of which items from the list have the strongest alkalizing effect:

1. **Extremely Alkaline**: Lemons, watermelon.

2. **Alkaline forming**: Fruit juices, Asparagus, grapes (sweet), kiwifruit, passion fruit, pears (sweet), pineapple, raisins,
Umeboshi plums, and vegetable juices, cantaloupe, cayenne celery, figs, kelp, limes, mango, melons, papaya, parsley, seaweeds, seedless grapes (sweet), watercress.

3. **Moderately alkaline:** Apples, alfalfa sprouts, apricots, avocados, bananas (ripe), currants, dates, figs (fresh), garlic, grapefruit, grapes (less sweet), guavas, herbs (leafy green), lettuce (leafy green), nectarine, peaches (sweet), pears (less sweet), peas (fresh, sweet), pumpkin (sweet), sea salt (vegetable), beans (fresh, green), beets, bell peppers, broccoli, cabbage, carob, cauliflower, ginger (fresh), grapes (sour), lettuce (pale green), oranges, peaches (less sweet), peas (less sweet), potatoes (with skin), pumpkin (less sweet), raspberries, strawberries, squash, sweet Corn (fresh), turnip, vinegar (apple cider).

4. Finally there are things that are considered neutral: Butter (fresh, unsalted), cream (fresh, raw), cow’s milk and whey (raw), margine, oils (except olive), and yogurt (plain).
Now, a list of acidifying foods:

<table>
<thead>
<tr>
<th>ACIDIFYING VEGETABLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn</td>
</tr>
<tr>
<td>Lentils</td>
</tr>
<tr>
<td>Olives</td>
</tr>
<tr>
<td>Winter Squash</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACIDIFYING FRUITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blueberries</td>
</tr>
<tr>
<td>Canned or Glazed Fruits</td>
</tr>
<tr>
<td>Cranberries</td>
</tr>
<tr>
<td>Currants</td>
</tr>
<tr>
<td>Plums</td>
</tr>
<tr>
<td>Prunes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACIDIFYING GRAINS, GRAIN PRODUCTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amaranth</td>
</tr>
<tr>
<td>Barley</td>
</tr>
<tr>
<td>Bran, oat</td>
</tr>
<tr>
<td>Bran, wheat</td>
</tr>
<tr>
<td>Bread</td>
</tr>
<tr>
<td>Corn</td>
</tr>
<tr>
<td>Cornstarch</td>
</tr>
<tr>
<td>Crackers, soda</td>
</tr>
<tr>
<td>Flour, wheat</td>
</tr>
<tr>
<td>Flour, white</td>
</tr>
<tr>
<td>Hemp Seed Flour</td>
</tr>
<tr>
<td>Kamut</td>
</tr>
<tr>
<td>Macaroni</td>
</tr>
<tr>
<td>Noodles</td>
</tr>
<tr>
<td>Oatmeal</td>
</tr>
<tr>
<td>Oats (rolled)</td>
</tr>
<tr>
<td>Quinoa</td>
</tr>
<tr>
<td>Rice (all)</td>
</tr>
<tr>
<td>Rice Cakes</td>
</tr>
<tr>
<td>Rye</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>Spaghetti</td>
</tr>
<tr>
<td>Spelt</td>
</tr>
<tr>
<td>Wheat Germ</td>
</tr>
<tr>
<td>Wheat</td>
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</tbody>
</table>

**ACIDIFYING BEANS & LEGUMES**

<table>
<thead>
<tr>
<th>Almond Milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Beans</td>
</tr>
<tr>
<td>Chick Peas</td>
</tr>
<tr>
<td>Green Peas</td>
</tr>
<tr>
<td>Kidney Beans</td>
</tr>
<tr>
<td>Lentils</td>
</tr>
<tr>
<td>Pinto Beans</td>
</tr>
<tr>
<td>Red Beans</td>
</tr>
<tr>
<td>Rice Milk</td>
</tr>
<tr>
<td>Soy Beans</td>
</tr>
<tr>
<td>Soy Milk</td>
</tr>
<tr>
<td>White Beans</td>
</tr>
</tbody>
</table>

**ACIDIFYING DAIRY**

<table>
<thead>
<tr>
<th>Butter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheese</td>
</tr>
<tr>
<td>Cheese, Processed</td>
</tr>
<tr>
<td>Ice Cream</td>
</tr>
<tr>
<td>Ice Milk</td>
</tr>
</tbody>
</table>

**ACIDIFYING ANIMAL PROTEIN**

<table>
<thead>
<tr>
<th>Bacon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beef</td>
</tr>
<tr>
<td>Carp</td>
</tr>
<tr>
<td>Clams</td>
</tr>
<tr>
<td>Cod</td>
</tr>
<tr>
<td>Corned Beef</td>
</tr>
<tr>
<td>Fish</td>
</tr>
<tr>
<td>Foods</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>Haddock</td>
</tr>
<tr>
<td>Lamb</td>
</tr>
<tr>
<td>Lobster</td>
</tr>
<tr>
<td>Mussels</td>
</tr>
<tr>
<td>Organ Meats</td>
</tr>
<tr>
<td>Oyster</td>
</tr>
<tr>
<td>Pike</td>
</tr>
<tr>
<td>Pork</td>
</tr>
<tr>
<td>Rabbit</td>
</tr>
<tr>
<td>Salmon</td>
</tr>
<tr>
<td>Sardines</td>
</tr>
<tr>
<td>Sausage</td>
</tr>
<tr>
<td>Scallops</td>
</tr>
<tr>
<td>Shellfish</td>
</tr>
<tr>
<td>Shrimp</td>
</tr>
<tr>
<td>Tuna</td>
</tr>
<tr>
<td>Turkey</td>
</tr>
<tr>
<td>Veal</td>
</tr>
<tr>
<td>Venison</td>
</tr>
</tbody>
</table>

**ACIDIFYING FATS & OILS**

<table>
<thead>
<tr>
<th>Oils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocado Oil</td>
</tr>
<tr>
<td>Butter</td>
</tr>
<tr>
<td>Canola Oil</td>
</tr>
<tr>
<td>Corn Oil</td>
</tr>
<tr>
<td>Flax Oil</td>
</tr>
<tr>
<td>Hemp Seed Oil</td>
</tr>
<tr>
<td>Lard</td>
</tr>
<tr>
<td>Olive Oil</td>
</tr>
<tr>
<td>Safflower Oil</td>
</tr>
<tr>
<td>Sesame Oil</td>
</tr>
<tr>
<td>Sunflower Oil</td>
</tr>
</tbody>
</table>

**ACIDIFYING SWEETENERS**

<table>
<thead>
<tr>
<th>Sweeteners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carob</td>
</tr>
<tr>
<td>Corn Syrup</td>
</tr>
<tr>
<td>ACIDIFYING ALCOHOL</td>
</tr>
<tr>
<td>-------------------------</td>
</tr>
<tr>
<td>Beer</td>
</tr>
<tr>
<td>Hard Liquor</td>
</tr>
<tr>
<td>Spirits</td>
</tr>
<tr>
<td>Wine</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ACIDIFYING OTHER FOODS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catsup</td>
</tr>
<tr>
<td>Cocoa</td>
</tr>
<tr>
<td>Coffee</td>
</tr>
<tr>
<td>Mustard</td>
</tr>
<tr>
<td>Pepper</td>
</tr>
<tr>
<td>Soft Drinks</td>
</tr>
<tr>
<td>Vinegar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACIDIFYING DRUGS &amp; CHEMICALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
</tr>
<tr>
<td>Chemicals</td>
</tr>
<tr>
<td>Drugs, Medicinal</td>
</tr>
<tr>
<td>Drugs, Psychedelic</td>
</tr>
<tr>
<td>Herbicides</td>
</tr>
<tr>
<td>Pesticides</td>
</tr>
<tr>
<td>Tobacco</td>
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</table>

<table>
<thead>
<tr>
<th>ACIDIFYING JUNK FOOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer: pH 2.5</td>
</tr>
<tr>
<td>Coca-Cola: pH 2</td>
</tr>
<tr>
<td>Coffee: pH 4</td>
</tr>
</tbody>
</table>

Now, as you can see, there are some “enemies” even on the alkaline foods list. You might wonder why haven’t I filtered it down
to what meets all the criteria and exclude some of our “usual suspects” (such as Stevia).

I did so because I went through the change and I know that at times it got too much and I succumbed to the temptation. These are the times when the comprehensive list comes to use when choosing the less of the evils.

**C. Food - group by group**

Here we drill deeper and filter out some other “enemies”. We’ll analyze food group by group and give our verdicts on which have to go and which are welcome to stay.

**C1. Dairy**

Avoid dairy and dairy products as much as you can. I managed to cut it out completely within a month from the start of the protocol.

Why?

For a number of reasons:

- Saturated fat from dairy increases the flow of estrogen

- Saturated fat produces prostaglandin F2-alpha that is an important factor that contributes to inflammation and cramping in endometriosis

- Cow’s milk is meant for feeding calves and is not digested very well in humans. It leaves a lot of waste behind in the human system.

- It is a little known fact that a lot of food that the cows are fed in milk industry is copper rich. Copper that reaches you through the milk of a cow has a strong impact on keeping estrogen levels high.

First of all, copper itself has a direct impact on estrogen levels. Secondly, copper is zinc antagonist and zinc is an element that is very important in female reproductive health,
it is a proven fact that women with endometriosis are zinc deficient then healthy women. This became extremely noticeable in the last decade.

All the reasons above make it clear that milk is a perfect food if you want to promote estrogen dominance, which is our greatest enemy. So, I cut out dairy completely and used dairy substitutes for some of my meals.

C2. Meat

Try to cut out as much meat as you can, and if you do eat it, eat only the organic and free-range meat.

Again, the saturated fat is the among the primary reasons to avoid meat as much as possible.

Another good reason is the fact that a lot of the cattle that are grown to be slaughtered are hormone fed. Some of the hormones are a form of estrogen or are derived from estrogen.

A secondary source of hormonal disruptors from the meat comes from the phytoestrogens from the plants that they eat.

Also, for the same reasons (growth promoter) antibiotics are used in milk industry, so the meat that ends up on your table contains a small dose of antibiotics.

C3. Eggs

Eggs are a direct result of a hormone charged process and some of the hormones end up in the egg. Enough to disrupt our system.

I cut them out completely.

C4. Coffee

The only thing that I could never cut out completely, coffee is my vice. Maybe this is because of the fact that nothing I have learned
in my years long research of endometriosis convinced me that coffee has a direct impact on the forming of endometriosis.

Most of the nutritionists and the health specialist that argue against coffee argue that:

- It increases the risk of heart attacks (by 60%)
- Raises blood levels
- It dehydrates our body
- It depletes vitamin B reserves
- Increases the risk of miscarriages and birth defects

The list above might be enough for some people, but it wasn’t for me. I just decided that I was going to cut back on coffee, because I was drinking 5-6 cups of coffee daily.

I cut back to one cup in the morning after the breakfast and one cup in the afternoon.

I was never much of a fan of decaffeinated coffee because of the chemical treatment that it undergoes in the process. I always considered that the petrol based solvents that are used for this, can do more harm for people with endometriosis then the caffeine.

C5. Alcohol

I was never much of a drinker. Even back in the days when I was young and out partying all night at least a couple of nights a week, I remained sober most of the time.

That made it really easy for me to cut out alcohol almost completely. I have an occasional glass of wine, but never more then that.

Cutting alcohol out is important because:

1. Studies have shown that it affects estrogen levels
2. We need out liver to be up to the task in the process of extreme detoxification during the healing process

Even the occasional glass of wine can cause an aggravation of your symptoms. If you need it and cannot live without it, keep a close eye to the way you respond to it.

**C6. Veggies and fruits**

Eat more fruit and vegetables that are rich in nutrients that will promote the hormonal health.

Make sure that you get the certified organic veggies and that you wash them thoroughly to avoid any chemicals that might come with it.

**C7. Fiber**

It was crucial for me to eat a diet rich in fiber in the protocol so that I maintain a balanced and healthy digestive and endocrine system.

Good sources of fiber are: oatmeal, fruits and vegetables, brown rice, beans, and whole grains but **NO WHEAT!**

**C8. Why no wheat?**

Many researches show that there is clear connection between reproductive health and eating a wheat-free diet. The connection has not been precisely defined when it comes to the mechanisms, but what might be causing the disruptions is be the combination of following factors (with some of them more present in some people):

- Wheat is rich in phytic acid that can lock some minerals (Magnesium, iron, zinc) that are crucial for women’s health from being absorbed

- Gluten from wheat can damage the wall of the small intestine

It might seem relative, but the first bullet point especially is anything but relative. A disharmony and imbalance of minerals
might even trigger endometriosis in the first place according to some research, or make the healing a “mission impossible”.

**So – NO WHEAT!**

**C9. Soy**

Once a new found miracle food is now slowly dissolving into oblivion. Mainly because of the fact that the health risks list has become longer then the benefits.

So, no soy for me on the Violet protocol because:

- Just like wheat, soy is rich in the infamous phytic acid
- It’s rich in phytoestrogens that can mimic estrogen activity and disrupt thyroid function
- It contains high levels of Aluminium (toxic to the kidneys)

**C10. Refined sugar**

Another type of food that I genuinely craved and suffered for. It tastes great. But that’s all. It has no nutritional value and all it does in women with endometriosis is potently aggravate the symptoms of inflammation by making an acidic environment in our bodies.

I am aware that this is just words and making it all happen is another story. I confess here that I could not resist an occasional piece of chocolate, but I kept a close eye on my pH levels using inexpensive stripes that allow you to measure the pH levels of your saliva.

**C11. No butter, lard or any animal oil for me**

We already mentioned that the saturated fat is a strong potentiator of estrogen.

**C12. Omega-3**

Several studies have found that omega-3 fatty acids may be beneficial for people with endometriosis. For example, an animal
study by the University of Western Ontario found that fish oil containing two specific compounds, EPA and DHA, can relieve pain by decreasing levels of an inflammatory chemical called prostaglandin E2. Researchers also found that this oil could slow the growth of endometrial tissue.

Good sources of Omega-3 for us are:

✓ Walnut oil
✓ Flaxseed oil
✓ Evening primrose

It all might seem overwhelming, but try thinking about it next time the pain sets in...I promise, you will see it differently. My pain became so severe at one point that I would try eating maggots-exclusive diet if I knew it would help.

I didn’t just do it, I did my research on all the subjects relevant for the lifestyle changes I was about to make. All I knew was this – I was not going to take it any more.

And at last but not least, I decided to eat organically. When I started to research the subject a bit more in detail I was surprised to learn that what I considered as organic is not necessarily organic foods.

For foods to be organic it must meet the following strict criteria – it must be completely free from:

✓ Pesticides
✓ Petroleum based fertilizers
✓ Antibiotics and growth hormone
✓ Irradiation
✓ Sewage

So, it not just anything from your local market stands. Find a certified organic shop in your neighborhood.
17.b.5. Natural progesterone cream

The first session with Violet was mostly about me complaining about how conventional treatment made me feel. About the fatigue and the sluggish feeling all day long, and about the weight gain and about the nervousness and about the insomnia.

It was really hard to decide whether taking hormone pills was worth the risk. I honestly felt that at times the side-effects outweighed the benefits.

Violet then went on to explain that her experience tells her that it’s not the fact that the treatment is hormonal that is causing all the terrible suffering of side effects, but it is the fact that the substances that we are taking are not naturally found in our bodies and are artificially manufactured. Not that they are just artificially manufactured but they are intentionally changed to be different so that they could be patented. A change that we pay for dearly - in pain and in side effects.

On the other hand, I was to use natural progesterone creams that demonstrated to be next to miraculous, without the debilitating side effects.

Using a high enough dose of the progesterone cream was to have a similar effect on me as synthetic progestins - induce a pseudo-pregnancy and combined with the other principles described here stop the growth of endometriosis.

It is also an effective way to shrink or burn away the lesions that are already there and thus bring huge relief.

A testament to the safety of the natural progesterone cream is the fact that the placenta produces 300-400 mg of progesterone daily during the last few months of pregnancy, so we know that such levels are safe for the developing baby. But progestins, even at fractions of this dose, can cause birth defects.

So, I decided that I was going to give natural progesterone creams a try
A quick reminder – what is progesterone?

Progesterone is a steroid hormone made by the corpus luteum of the ovary at ovulation, and in smaller amounts by the adrenal glands. Progesterone is manufactured in the body from the steroid hormone pregnenolone, and is a precursor to most of the other steroid hormones, including cortisol, androstenedione, the estrogens and testosterone.

In a normally cycling female, the corpus luteum produces 20 to 30 mg of progesterone daily during the luteal phase of the menstrual cycle. It has a crucial role in opposing the effects of estrogen.

Progesterone is the hormone that balances the endocrine system. That means that it keeps all the other hormones in check.

Choosing the cream

As Violet advised me, choosing the wrong cream completely defeats the very purpose of the treatment. She explained that I should look for a cream that meets this 4 criteria:

1. Has the correct concentration of at least 500 mg/oz (some creams have as low as 20mg/oz) and don’t fall for the claims that some yams cream will convert to progesterone inside our body. Never buy a cream that is less then 500mg/oz in progesterone (don’t confuse the yam cream with the fact that the natural progesterone cream is actually produced from the Mexican Wild Yam)

2. It should not contain any mineral oil, but a vegetable oil (mineral oil can block the absorption of progesterone)

3. It should not contain Methyl Paraben, Propyl Paraben, Butyl Paraben or any of the related Parabens (these are estrogenic)

4. It should not contain stearal konium chloride (really watch out for this one since it was proven to be toxic)
She made the recommendation and I got some of the cream so that I can test the effects that it has on me, as far as I knew at the time, it still might have the side effects that the progestins from “the pills” had on me.

**The application of the cream**

I used about one half of teaspoon per day for 6 months. This results in some 50-70mg of progesterone per day (depending on the cream). I rubbed it into the parts that are in proximity to major blood vessels such as the soft elbow part or the soft part behind the knees. These are also good spots because they have less fat and fat could absorb some of the cream and I would need bigger doses.

I was advised to use one and a half to two ounces of cream per month and monitor the effects so that we can adjust the dosage. I never changed my dosage, because I responded well to the “half of a teaspoon at night” rule.

I would start with the cream at day 6 of my period and use it until day 26 when I stopped until the next day 6.

**Caution**

The cream should never be taken with synthetic progestins since the two compete for receptors and the cream will simply not work. I was not on any progestins so that I started the cream right away.

Xenoestrogens should be completely banned from our life should we decide to use progesterone cream. Not doing this can actually worsen endometriosis, because the progesterone will make the estrogen receptors active once again. These are the same receptors that are desensitized by a prolonged presence of Xenoestrogens.

If you’re taking thyroid supplements, it is possible that your physician will decrease the amount of supplements you’re taking
since natural progesterone may be able to increase the thyroid level in your body as a side effect.

Progesterone cream should never be stopped abruptly, but you should rather slowly lower the dosage over a period of time.

**How I felt?**

The most immediate reaction that I felt was the relief in the allergies that I was battling for years before I started the protocol. The other symptoms started to withdraw gradually over the period of a couple of months.

It was not easy keeping a track of it all, but after a while it all came natural and it was just part of my days.

The pain slowly subsided, I was sleeping better and the fatigue was almost gone. But real results of the usage of progesterone cream in endometriosis are to be expected within 4-6 months period.

**My healing was underway and I could feel it.**
17.b.6. Reactive oxygen species, oxidative stress and endometriosis

In this chapter we are going to look into free radicals that contain an oxygen atom or otherwise known as the Reactive Oxygen Species (ROS). I am sure that you have heard or read about the ROS, but here we look at things from a different perspective – that of an endometriosis sufferer.

Let us define and explain the basic facts. After we are clear on the problem, we will go about the solution. There is a single substance that does the trick for endometriosis sufferer.

ROS are very small molecules that include oxygen ions and peroxides and can be either organic or inorganic. They are highly reactive due to the presence of unpaired valence shell electrons. ROS form as a natural byproduct of the normal metabolism of oxygen and have important roles in cell signaling.

However, during times of environmental stress ROS levels can increase dramatically, which can result in significant damage to cell structures. This cumulates into a situation known as oxidative stress.

Cells are normally able to defend themselves against ROS damage through the use of enzymes. Small molecule antioxidants such as ascorbic acid (vitamin C), tocopherol (vitamin E), uric acid, and glutathione also play important roles as cellular antioxidants.

Generally, harmful effects of reactive oxygen species on the cell are most often:

1. damage of DNA
2. oxidations of polydesaturated fatty acids in lipids
3. oxidations of amino acids in proteins
4. oxidatively inactivate specific enzymes by oxidation of co-factors
Remember, as we mentioned when we talked about the acidic ash, we want to keep our protein ‘properly shaped’.

With the alkalizing diet we have eliminated the first cause of the protein deformation.

By eliminating the oxidation of amino acids we will eliminate the second cause.

**Over the years, one thing became apparent:** There is a direct connection between the oxidative stress and the path endometriosis takes. In fact, researchers in Mexico have demonstrated that there was an inverse correlation between the antioxidant intake (that can help with the oxidative stress) and endometriosis.

As endometriosis severity intensifies there is less of an intake of antioxidants. The researchers showed that antioxidant intake (vitamin C, vitamin E, selenium and zinc) in the women with endometriosis showed a significant statistical difference when compared with the control group.

So, the oxidative stress resulting from the endometriosis and the inflammation is preventing the intake of antioxidants. This then “feeds” further development of endometriosis as the vitamins and Zinc especially is quite easily depleted. This could stop the healing dead in its track.

So, what was my solution for this?

**It was a substance called Quercetin.**

Quercetin (structure below) is a plant-derived flavonoid*, a flavonol to be more precise.

*Flavonoids (or bioflavonoids) are a class of plant secondary metabolites.
Quercetin has demonstrated a potent anti-inflammatory activity because of direct inhibition of several initial processes of inflammation. It primarily inhibits both the manufacture and release of histamine and other inflammatory mediators. It has also been reported that Quercetin influences the cellular mechanism in vitro.

Here is a table of foods that are rich in this miraculous substance:

<table>
<thead>
<tr>
<th>Food</th>
<th>Quercetin levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caper</td>
<td>1800 mg/kg</td>
</tr>
<tr>
<td>Lovage</td>
<td>1700 mg/kg</td>
</tr>
<tr>
<td>apples</td>
<td>440 mg/kg</td>
</tr>
<tr>
<td>Camelia sinesis tea</td>
<td>N/A</td>
</tr>
<tr>
<td>cherry, raspberry, bog whortleberry</td>
<td>158 mg/kg</td>
</tr>
<tr>
<td>Lingonberry</td>
<td>74 mg/kg</td>
</tr>
<tr>
<td>wild lingonberry</td>
<td>146 mg/kg</td>
</tr>
<tr>
<td>cranberry</td>
<td>83 mg/kg</td>
</tr>
<tr>
<td>wild cranberry</td>
<td>121 mg/kg</td>
</tr>
<tr>
<td>Chokeberry</td>
<td>89 mg/kg</td>
</tr>
<tr>
<td>sweet rowan</td>
<td>85 mg/kg</td>
</tr>
<tr>
<td>Fruit</td>
<td>Amount (mg/kg)</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Rowanberry</td>
<td>63</td>
</tr>
<tr>
<td>sea buckton berry</td>
<td>62</td>
</tr>
<tr>
<td>crowberry</td>
<td>53</td>
</tr>
<tr>
<td>wild crowberry</td>
<td>56</td>
</tr>
</tbody>
</table>

Present studies show that Quercetin had a remarkable effect on linoleic acid-induced oxidative stress, which makes it one of our best friends in the protocol.

If you are looking at the list and wondering how could I have planned my meals to be able to get enough of Quercetin, let me make this really simple.

**I did 3 things:**

- I ate 100-150 grams of berries of choice at breakfast
- I ate an apple at lunch and at dinner
- I took supplementation

I supplemented my diet with two tablets of Quercetin per day which is a total of 300 mg. My regimen was 2 months on and 2 months off, followed by 1 month on and 3 months off and so on (continued with the 1on3off for 16 months)

**Side effects**

Do not go overboard with it since in higher doses or can cause some side effects such as acid reflux or joint discomfort.

Acid reflux can be solved by simply taking Quercetin in the middle of the meal, and the joint discomfort can occur if you take mega doses of Quercetin (1000mg+) and combine it with mega doses of Vitamin C.
The following medications are known to either be suppressed or exaggerated if taken in conjunction with Quercetin: Cyclosporine, Estradiol and Felodipine.

Also, you are advised to avoid interaction with fluoroquinolones, a family of broad spectrum antibiotics.
17.b.7. The Sitz Baths or “Bottoms up”

When you take a pill or drink cup of tea, it goes through the throat, it is then dissolved into ingredients which end up in the blood. Then blood circulates and brings the healing substances to where they are needed the most.

But, what if we could “skip” all this and just serve our organs that are in trouble the much needed healing agents. This is the logic behind the ancient procedure used in hydrotherapy called “the Sitz Baths”.

**So, what is a Sitz Bath?**

You will need to bear with me on this one since it might seem odd or even stupid at moments, but it was a very important part of my own healing process and that alone should give you the patience to sit and read this subchapter.

Sit batz is a very old healing method and the fact that it has survived in practice tells a tale of how effective and powerful it is.

It constitutes of submerging your bottom into baths of hold and cold water alternatively and using special additions to the water, as simple as that.

It originates from Europe and has been primarily used by alternative healers such as naturopaths and herbalists. It is used for many different disorders that affect the lower abdominal area.

So, what could be happening when you are submerging your bottom into cold and hot baths? **A lot actually...**

The alternation of the cold and hot water causes surges of blood to flow to the pelvis and the abdominal area. As the muscles alternately contract with the cold and dilute with the hot, a unique kind of healing effect takes place. Lymphatic flow is increased, congestion is removed and inflammation is reduced. The swelling and bloating are gone and the tissue tone is much improved.

**How do you do it?**
I did it with two plastic tubs. There are also tubas made especially for this that are available in stores. These are designed to fit over the toilet and sometimes, if you ask, you can get one for free from the hospital. The regular tubs I used were deep enough so that I could submerge to the level of my navel.

One of the tubs is filled with cold water and added with 10 ml of rose water (different from rose essential oil and widely available in health stores). At the beginning you can start with just plain cold water and as you get used to it, you can start adding some ice cubes to accent the effect.

The other bath is the hot bath (temperature 106 - 110 F or 41 - 43 C). Add the following mixture to the water:

- 2 drops chamomile
- 2 drops lavender
- 2 drops geranium
- 2 drops nutmeg

I added 2 spoons of baking soda so that the pH is leveled out and the bacteria cannot live. I would stir the water well before I would sit down.

I have been recommended to complete 2 sessions of the Sitz baths every day, but I found it to be too much. After all, I was not sitting at home and thinking about my healing process. And this is not the case with most of the women with endometriosis either. So, I just had one session of Sitz bath per day every day.

**So, how does one session look like?**

One Session of Sitz baths lasts for about 12 minutes and it constitutes of 3 cycles. One cycle is 2 minute sin the hot water and then 2 minutes in the cold, which equals 4 minutes per cycle.

So, 2 minutes in the hot and then 2 minute sin the cold – times 3.
Let me tell you right away, it might not be the most convenient method and might even be a bit embarrassing, but once I felt the benefits it offers I immediately forgot about all the inconvenience and it was just another thing I do after I get up.

But let’s get back to the procedure – once a week I did the procedure in a different way, by using both baths at the same time – one for your rear end and the other for your legs. I started in the same way, by filling one tub with hot and one with cold water. Start by lowering your rear into the cold and your legs into the hot. Stay there for 2 minutes. Then do it the other way around, with your rear in the hot and your feet in the cold. This is one cycle. I did 3 cycles.

Let it be mentioned that Sitz baths are a great addition to your conceiving efforts.

I did the Sitz baths in months 2 and 3 of my protocol, when I was clear from all the clutter inside after the colonic irrigation sessions.
17.b.8. Tea mixtures for endometriosis

Nature provided us with great gifts that are all around us, we just need to look. But it has to be an educated look to be worth anything. As Violet told me, there are many misconceptions out there when it comes to using herbal therapy and teas to aid the healing of endometriosis. Over the long years of dealing with endometriosis a long list of teas and herbal mixtures was cut down to a few very effective healing herbal teas.

The Violet tea mixture is designed to promote tissue healing through a blend of effects. The Violet tea mixture is made of equal parts of:

- Calendula
- Hollyhock
- Snapdragon

I mixed these herbs, put a teaspoon of the mixture in 0.2 of boiling water and drank a cup of this soothing tea in the mornings. I drank the tea for full 2 months and then I stopped drinking the morning tea for a week and then moved on to the mentioned TCM capsules called *Gui Zhi Fu Ling Wan* (page 125) for 2 months.

Why the pauses? As with most things, the body’s receptors can become lazy if they are exposed to a substance for prolonged periods of time. The herbal supplements and teas are more important by the mechanisms they set in motion than by the very substances they bring in.

When receptors are saturated, they simply don’t work as well.

Bear in mind that the *Gui Zhi Fu Ling Wan* is contraindicated in any situation when you have excessive period bleeding. I was able to take it because by the time (2 months into the protocol) my period was regular and light. If the periods are still heavy, one should make a pause with the tea mixture and then continue to drink it until there is no excessive bleeding.
Gui Zhi Fu Ling Wan is also contraindicated in pregnancy.

My dosage was 500mg (one capsule) three times per day after meals. I took the capsules for 2 months.

Now, let’s take a closer look at the herbs in the mixture (our mixture, not the Gui Zhi)...  

Calendula (Calendula officinalis) also commonly known as Marigold is native to the area of southern Europe and parts of Asia and has been used in traditional medicine as astringent (a chemical compound that tends to shrink or constrict body tissues) and as antiseptic.

It potently promotes the healing of endometriosis by:

✔ Relieving the gastric disturbances that are present in endometriosis. Improves the function of the digestive system and thus the intake of the nutrient necessary to fight off endometriosis.

✔ Boosts the immune response to the abnormal cell growth such as endometriosis implants and lesions

✔ As an astringent, it reduces the constriction of the body muscle during menstrual cycle resulting in lessening the muscle cramps

✔ It contains **calendic acid**, an unsaturated acid that helps proper metabolism of fat and protein by the liver. This reduces the production of some members in the prostaglandins family that cause uterine cramps.

✔ The calendic acid promotes the health of the nervous system and reduces the symptoms of endometriosis such as emotional and physical stress, anxiety and depression.
**Side effects:** Allergic reactions to Calendula are unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include: rash, itching, swelling, dizziness, trouble breathing. If you notice other effects not listed above, contact your doctor or pharmacist.

**Precautions:** Consult your doctor before drinking Calendula tea if you have any allergies, diabetes, alcohol dependence or liver disease. Breast-feeding while drinking Calendula tea is not recommended, because of the risks for the infant.

**Drug interactions:** Before using this product, tell your doctor or pharmacist of all prescription and nonprescription medications you may use.

It might sound that I am overacting with the warnings about the side effects of tea and possible drug interaction, but it is a misconception that herbal remedies are completely safe. They have their side effects and they interact with certain drugs. That is why caution is advised.

**Holyhock (Althea Rosea)** is an herb that is native to the southwestern and central Asia. When it comes to herbs, the mechanism in which they work their wonders in diseases is not completely clear. But, here is a list of some of the ways that this herb helps women with endometriosis:

- Irritable bowel, problems digesting food and pain with bowel movement is a common thing in women with endometriosis. This herb soothes the bowel thus lessening the menstrual cramps caused by endometrial implants.

- Promotes the health of the digestive system and improve nutrients intake
✓ Reduces inflammation caused by the endometrial implants

✓ Reduces the levels of prolactin hormones and promotes the lymphatic function resulting in reducing the risk of breast tenderness and water retention in the body tissues for some women with endometriosis.

✓ Helps soothe and relax the body and thus the cramping

Side effects are not documented, but as with many other herbs you should not breast-feed while taking it.

**Snapdragon** is also called antirrhinums. It is a flower plant that belongs to the family of Scrophulariaceae.

It is invaluable in our quest for the following reasons:

✓ Snapdragon contains anthocyanin which readily converts to flavonoids, which increase the circulation in the abdominal region and strengthen the capillaries. This reduces the risks of the occurrence of heavy bleeding.

✓ It increases the sexual desire in women with endometriosis (it goes without saying that for this reason alone you should exclude it from the mixture if you have severe sex related pain until the issue is resolved and you are able to have sex again)

✓ It is a potent calming agent for the nervous system as well as the muscles.

✓ It boosts energy levels and reduces the fatigue in women with endometriosis

Don’t take this herb if you’re pregnant or breast-feeding and tell you health practitioner or pharmacist about any drugs that you might be taking.

Finally, I drank this tea for 6 full months into the protocol and I still enjoy a cup or two every week.
17.b.9. Principle 9 in depth – vitamin and mineral supplements or “knowing where you are”

I did a complete blood analysis to make sure that I had healthy levels of vitamins and minerals before I even started the protocol.

I found out that I was deficient in Zinc, Iron and vitamin B.

I cannot count the times we have mentioned the importance of the levels of vitamins and minerals in the healing process.

**The vitamins that are especially important are:**

- **Vitamin A** - immune system booster
- **Vitamin B (complex)** - helps keep estrogen levels naturally low
- **Vitamin C** – antioxidant, controls excessive bleeding
- **Vitamin D** - helps retain calcium

You might decide to supplement your diet with vitamin pills but if you are not much of a pill popper, you might decide to go the other way and try to compensate for that through foods. Depending on your condition, you will find comprehensive lists of foods tat are rich in particular vitamins on numerous sites online. But, when reviewing the lists keep your endometriosis in mind.

Me, I took a supplement for my vitamin A deficiency.

**The minerals that are especially important are:**

- Calcium
Obtaining calcium in my diet for endometriosis is really a tricky one. Healthy sources are: almonds, kelp, green vegetables and sunflower seeds.

✓ Magnesium

Another mineral that is of utmost importance to the success of the holistic approach to the healing. It eases menstrual pain and cramps and plays a vital role in the reproductive health.

My sources of magnesium included: leafy green vegetables, apples, nuts, bananas, barley, raspberry leaves.

✓ Zinc

It’s next to impossible choosing which mineral is the most important in the healing process, but if I had to choose one I would say Zinc.

It controls the production of progesterone and it promotes the health and strength of white blood cells. My sources of zinc were: ginger root, pecans and whole grain cereals.

✓ Iron

Women can loose as much as 40mg per menstrual period and that is what makes them so suitable for the development of iron deficiency.

I took supplements because I was Iron deficient. I did so for 3 months after I discovered that I lack Iron. Then I re-took the tests just to make sure that the supplementation did the trick.

Then I made sure that I maintained healthy levels of iron by eating a lot of dried beans which is basically the only good source of Iron for women with endometriosis, so I also supplement my diet with Iron every once in a while to date. Vitamin C is essential for good absorption of Iron.

✓ Selenium
There is proof of development of endometriosis in cattle because of the deficiency of this precious mineral. I say precious because it is growing scarce as time goes by as the soil gets depleted of it.

My sources from food were: Brazil nuts, oatmeal and brown rice, but I also took a supplement. When I realized that I was deficient in Vitamin A, I was recommended to take a supplement that contains vitamins A, C and E and Selenium. It came in the form of capsules and I took 2 capsules per day which was the recommended dosage on the package.

Health benefits of selenium are:

✓ It boosts the immune system, helping the body fight off bacteria but also our own irregular cells such as cancer cells or endometriosis

✓ Antioxidant and rejuvenating

✓ Potent anti-inflammatory properties

So, should you decide to follow some of my steps in the healing plan, it is not just about popping every pill that you can think off, it is about knowing what you lack and how to get it.
17.b.10. Remaining healthy

In 6 months I was almost completely free of any symptoms. The memories of what I went through were still vivid and this made me feel as if it was my birthday every day. I just wanted to get the most out of life and make up for the lost time.

I know how you feel as you are reading through these lines. If your endometriosis is as severe as mine was, you are probably going through a living hell. But, on the upper hand, if you are reading these lines you are one of the few percent of women that are proactive in getting their lives back and refuse to suffer in silence.

Where is the key? The key is living the day courageously even if yesterday was the worst and persevering in your endeavors to fight this thing.

Let me tell you, I felt down and I felt like giving up and just accepting that every other day will be a ride from hell for me. It was easier to do that at that given moment. But, then I would imagine myself in a spot in the future. And I thought about the fact that every decision defines the “future me”. I kept that thought and saw another doctor or read another book, until I found my blessed salvation.

But one thing I am aware is the fact that endometriosis is not your common cold or a headache and once you beat it it’s gone forever. It is a burden that I have to carry for the rest of my life or until a definitive cure is found. I am aware that if I let go of the controls of my lifestyle, endometriosis might easily come back with a vengeance.

As I said, I am diligent about my life, I love my body and treat it that way. I follow all the guidelines that I described when I talked about removing toxins from my environment. I follow all the guidelines when it comes to the diet and lifestyle. I live an active life and I have regular checkups of the pH in my body, my hormone levels, my vitamin and mineral levels. I am taking it one step at a time and enjoying life.
The protocol gave me a good foundation and now it’s all about maintenance and bearing in mind that I am different.
A summary of my Violet protocol:

Now, it might seem like a lot of information to “digest” at one moment, but if you look at the following list that simplifies everything, you’ll see that it’s not as complicated as it might seem. Read the book once, and then allow for your thoughts to settle and then refer to it every time you need.

<table>
<thead>
<tr>
<th>Principle 1</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living by the rules that are described in 17.b.1 and expelling all the toxic pollutants and potential endometriosis triggers.</td>
<td>Starting from the beginning of the protocol, pretty much for the rest of my life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 2:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: 2 pills of Serrapeptase (20 mg or an equivalent of 20,000 IU) in the morning and 2 pills in the afternoon on an empty stomach. Phase 2: Half of the dose used in phase 1 - 1+1 pill</td>
<td>Phase 1: 8 weeks Phase 2: 4 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 3:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 colonic irrigation sessions</td>
<td>day 7, day 14, day 21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 4:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow the guidelines from 17.b.4. in terms of nutrition.</td>
<td>The rest of my life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 5:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One half of a teaspoon per day for 6 months. That is 50-70 mg of progesterone per day, divided in two applications or applied at once.</td>
<td>Day 6 to day 26 during your period, for 6 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 6:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating a Quercetin rich diet as explained in 17.b.5. and taking two tablets of Quercetin per day which is a total of 300 mg</td>
<td>Phase 1: 2 months on + 2 months off Phase 2: 1 month on + 3 months off (continued with phase 2 until the end of month 16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 7:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 session of Sitz Baths every day</td>
<td>Months 2 and 3 into the protocol</td>
</tr>
<tr>
<td>Principle 8:</td>
<td>Time span:</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>One cup of Violet tea mixture in the mornings for a period of time followed by Gui Zhi Fu Ling Wan (3 capsules per day) for a period of time</td>
<td>2 months our mixture + one week off + 2 months Gui Zhi Fu Ling Wan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 9:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Following the supplementation guidelines.</td>
<td>Until healthy levels of vitamins and minerals were proven through tests.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principle 10:</th>
<th>Time span:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bearing in mind that I am different and keep a close eye on all the triggers.</td>
<td>Forever.</td>
</tr>
</tbody>
</table>
Chapter 18. Final thoughts

While writing the lines of this ebook it all came rushing back. The way I was bored having to prepare the teas and plan my days, the way I was a frustrated looking for all the supplements all over town. But when I look back, I was felt like this only up to the point when I actually recognized the first benefits that could not be misinterpreted.

At that point it all became easy, eating light and drinking some of the least tasty things you are likely to try in your life. But I was slowly getting my life back, and I felt the determination growing by the hour.

Just think about your friends inviting you to a hiking trip. Think about all the things that a normal person can do and a woman wit endometriosis can not even think of. This is how I maintained my motivation.

It is easy to lie down and think about why God hates you. But to actually take control and do something, well that takes courage. If you are reading this that means that you are among the courageous ones, that you are a seeker and a solver.

Over the course of time I started meeting people I knew from my old doctor’s office. I remember the day that I went to inform my former doctor that I won’t be seeing him anymore. I remember people laughing when I told them in the waiting room what my breakfast looks like.

I met one of those people few months ago at the grocery store. Her eyes were strangely huge as she was staring at my cleared skin, and she was having trouble rolling it over her lips that she wants my new health practitioner’s number. I said nothing of the day when she laughed at me.
I gave her my Violet badge. What I distinctly remember that she looked the same as the day I left her in that doctor’s office. Excruciated and obviously tired, yet her cart was filled with pork, French fries and Cookie Dough ice-cream. Whatever you do, never allow yourself to become a spectator of your own life.

I like to think that I happen to my life and not the other way around.

Happen to your life!

Hope this message finds you well or this ebook assists you on the road to wellness. I wish you a happy and harmonious living.

Zoe S. Brown