

Endometriosis during homeopathic treatment

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Although the cause of endometriosis might still not be known by many, its treatment should be carefully and properly done to avoid later complications such as infertility, (Wood & Henderson 2001, pp. 33). However, some plausible risk factors which should be looked at before diagnosis are genetics and aging. A patient with the disease might have inherited it from their mothers. The malady has been suggested to result from changes in chromosomes or genes. Therefore the patient's history of this malady should be well established based on the medical pedigree, (Cooke & Trickey 2002, pp. 50).

The disease is commonly experienced by women aged around 25 to 35 years old as well as women in postmenopausal age. Postmenopausal women are characterized by high levels of aromatase and the hormone progesterone resistance. However, it should not be a surprise if it is reported in a young girl of age 11, (Garcia-Velasco & Rizk 2010, p. 19). Some of the complications which might be realized apart from infertility related to scars formed in the process of endometriosis and due to release of cytokines and other chemical agents that interfere with reproduction are chronic pelvic pains and endometriomas (large cysts). All these defects might be related to treatment procedures such as hormone treatment which might result in the release of the said chemicals and some medical implants have done during surgery which may block gastrointestinal tracts. Generally, the referred red flags are the age, severity of the disease, genetics, and probably the reoccurrence of the disease as a complication. (Storck 2011, p. 1)

Hormone treatment: Hormone treatment is done to improve symptoms such as painful menstruations, painful intercourse, and painful pelvic by suppressing endometriosis. The drugs administered t break the cycle of
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incentive and bleeding includes progesterone pills or injections, gonadotropin and danazol (Stops the production of estrogen by the ovaries), contraceptive pills (prescribed for mild endometriosis in young women), and Mirena coil (reduces the amount of blood flow during menstruation), (Tulandi & Redwine 2004, p. 31). Surgery can be pelvic laparoscopy or laparotomy (conservative surgery) which is done to remove implants and, endometriomas, adhesions due to endometriosis or hysterectomy (radical surgery) done to remove the uterus, either both or one of the ovaries and the oviduct. However, surgery is only called for when other treatments do not combat the situation as it may lead to infertility if there is a case of sub-fertility and if the endometriosis recurs, (Rizk & Abdalla 2003, p. 23). Combined treatment involves merging hormone therapy with surgery and is exemplified by the administration of Danazol following surgery to induce pseudo-pregnancy hence the body is given time to heal and rest, (Watson 2007, p. 4)

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