

# [The real issue behind endometriosis: depression](https://assignbuster.com/the-real-issue-behind-endometriosis-depression/)

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One of the most primal roles of any species of life as we know it is procreation. However, millions are affected with some sort of affliction preventing this natural instinct. Endometriosis is one such affliction.

Two hundred million women around the world are affected by endometriosis. One of ten women in the United States has the disorder. Those are just numbers. Here, I focus on a real person, real emotions, and real measures to address the problem. Because procreation is such a primordial trait, the physical disability pales in comparison to the mental impact — one in which the endometriosis questions her humanity itself and her natural tendencies of motherhood.

It’s important to understand the physiology of endometriosis. Endometriosis is a condition where the endometrial tissue grows on the outside of the uterus instead of on the inside lining. It causes intense pain in the lower back, pelvis, intestines, and during menstrual cramps. It also causes bleeding or spotting between menstrual periods and infertility. The extrauterine growth is noncancerous, however, it can cause many problems. This tissue growth bleeds in the same way the endometrial tissue in the lining of the uterine wall does every month.

When the tissue is in a place where it is not easily expelled from the body, there is pain and swelling in that area. When the tissue grows over ovaries, it can block the fallopian tubes. Blood gets trapped in the ovaries and harmful cysts are developed. According to the National Fertility Association, about forty percent of endometriosis patients experience infertility. Endometriosis can cause the formation of scar tissue, fibrous tissue that replaces tissue damaged from an injury, in the pelvic region.

The scar tissue can distort the shape of the ovaries and fallopian tubes, which hinders the fertilization process of reproduction. Beyond the physiological affliction and pain, many women are left with the emotional trauma of dealing with infertility. I have first-hand experience. My own mother was an endometriosis patient. Doctors were forced to remove a majority of her ovaries.

For years she struggled to have children, but her real problem was depression, which was clinically diagnosed in 1992. She reflects, “ I felt like my entire point of existence was to have children. How can you be a woman, a mother, or a female human, if you are not capable of something so basic? I did not feel whole.” The one thing my mom had was perseverance. Every month she timed her ovulation and visited the fertility specialist for insemination. Each time failure.

Every $10, 000 trial hurt was, not only a financial strain but represented failure as a woman. Ultimately, she visited a psychiatrist recommended by her fertility specialist and was put on antidepressants. Over seven years, she created a close bond working with her OB/GYN and fertility specialist — her team that helped her cope with the physical and emotional pain of endometriosis. My elder brother, twin sister, and I are living proof that patients like my mom can recover from endometriosis physically and emotionally. Her persistence coupled with medical breakthroughs, like In Vitro Fertilization (IVF), mean patients should never give up hope.

There is always a way.