

Endometriosis and Adenomyosis

Endometriosis and adenomyosis are two health conditions that can be extremely painful and often debilitating for women.

If you've experienced one or both of these conditions, you know the pain is real. It can also be frustrating, confusing, and challenging to get clear answers from healthcare providers.

As with many complex health issues, we are still learning exactly what these conditions involve, what risk factors contribute to them, and what the most effective treatments are. Because of this, you may hear them described and explained in slightly different ways depending on who you ask. Healthcare providers may also talk about these conditions differently depending on their expertise and training.

As your coach, my goal is to support you, understand your experience, and help you find strategies that work for your body. In this resource, we focus on what we can do from a coaching perspective to support you and help validate your experience.

Endometriosis

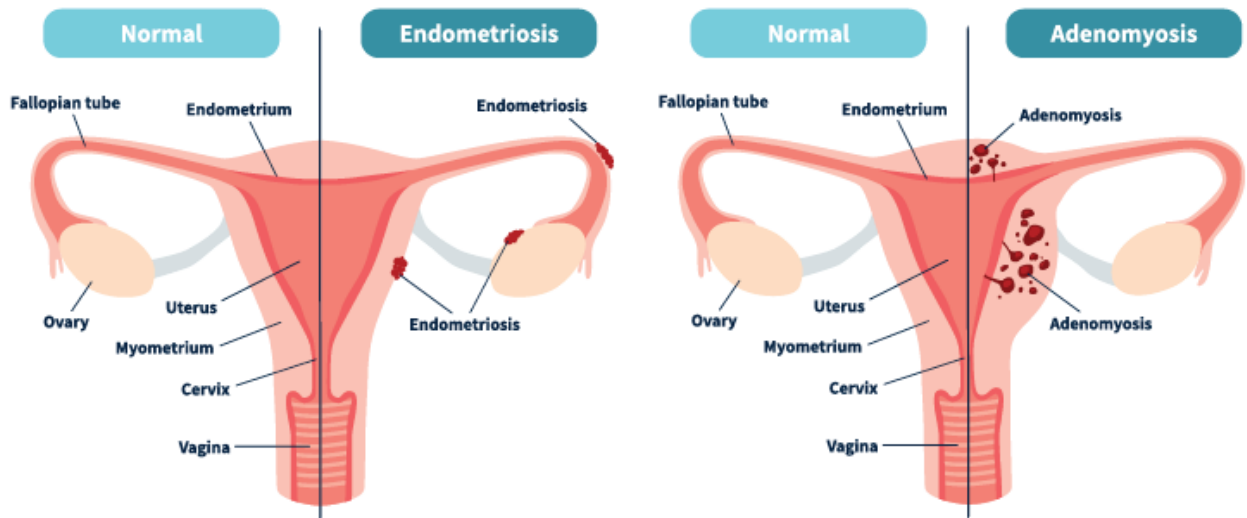
Endometriosis is a complex clinical syndrome involving estrogen-dependent chronic inflammation, primarily in the pelvic tissues. It is defined as the presence of endometrial-like tissue (specifically stromal cells and gland-like cells) outside of the uterus.

Inflammation is a hallmark of endometriosis. It occurs when estrogen triggers the release of inflammatory cytokines (cell signaling proteins) and prostaglandins (molecules that regulate inflammation) within this tissue.

In addition to growing on the outside of the uterus, endometrial lesions can also occur on nearby reproductive organs, such as the:

- Fallopian tubes
- Connective tissues (e.g., fascia and ligaments) around the uterus
- Lining of the pelvic cavity
- Ovaries

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It can also occur but is not limited to:

- The space between the uterus and the rectum or bladder
- In or on the bladder or bowels
- Elsewhere in the abdominal or chest cavity
- In the central or peripheral nervous system^{3,4}

Adenomyosis

When endometrial-like tissue grows within the muscular inner wall of the uterus (known as the myometrium), the condition is called **adenomyosis**.

Adenomyosis and endometriosis can sometimes occur together.

Why It Happens and Why It Matters

It's still unclear exactly why endometriosis and adenomyosis occur. One of the more recent theories suggests that endometrial-like tissue may come from genetically or epigenetically altered stem cells or bone marrow cells that respond differently to estrogen and progesterone, which may contribute to the development of endometriosis and adenomyosis.

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This endometrial-like tissue responds to estrogen during the regular menstrual cycle. Estrogen can trigger the release of inflammatory cytokines (cell-signaling proteins such as TNF- α , IL-8, IL-1 β , and NGF) and prostaglandins (molecules such as PGE2) that increase inflammation.

In response to this inflammatory environment, the tissue behaves in several ways. For example:

- It forms more blood vessels (angiogenesis).
- It decreases apoptosis (programmed cell death), helping to maintain itself and survive. Luckily, these cells don't proliferate (divide) very much, except in abdominal wall endometriosis, where they grow in subcutaneous fat tissue.

Over time, this process can lead to pain, reduced fertility, and fibrosis (scarring). In some cases, fibrous tissue and adhesions can develop between reproductive organs. In other words, the organs may begin to stick together.

Less commonly, this tissue can travel further and affect non-reproductive organs. For example, lesions or adhesions may be found on the lungs or diaphragm, a condition known as thoracic endometriosis syndrome.

Estrogen plays a key role in driving the spread and symptoms of endometriosis, which is why many women experience severe pain during menstruation.

Diagnosing Endometriosis and Adenomyosis

There are several signs and symptoms that may indicate endometriosis or adenomyosis. These symptoms often depend on where the endometrial-like tissue has grown, and each person's experience can be slightly different.

Some of the most common symptoms include:

- Very painful periods
- Very heavy periods
- Pelvic pain
- Bladder pain and inflammation, especially during the menstrual period
- Vaginal and vulvar pain, especially with vaginal penetration
- Rectal pain and bleeding, as well as trouble pooping if the endometrial-like tissue has grown into the bowel

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A woman may also feel swollen or bloated in the pelvic area. If she is trying to conceive, she may also experience challenges with fertility.

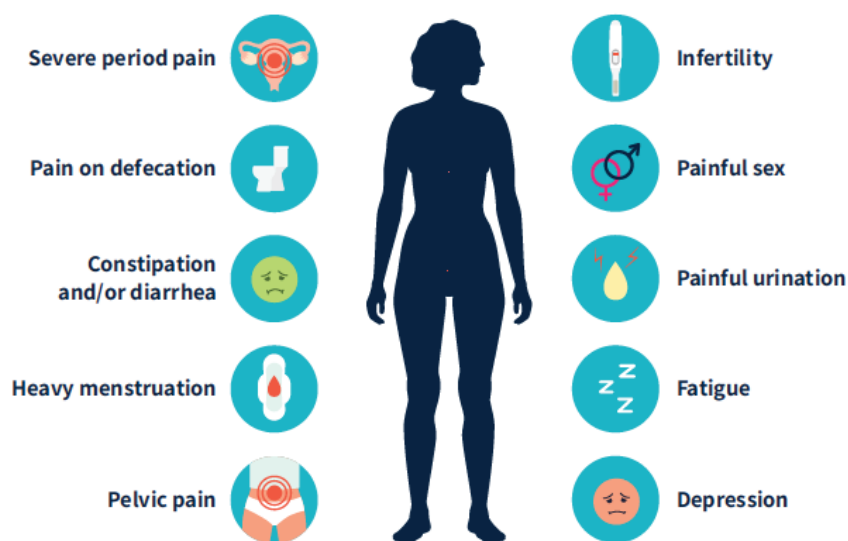
Another, less common group of symptoms can include shoulder or chest pain, chest congestion, or a persistent cough. As mentioned earlier, endometrial-like tissue can sometimes grow into the chest cavity.

If you suspect you may have endometriosis or adenomyosis but have not yet been diagnosed, it can be helpful to begin tracking your symptoms. Keeping track of things such as cycle length, menstrual flow, pain locations and intensity, gastrointestinal or bowel symptoms, and any other concerns over several months can provide valuable information. It may also be helpful to note whether there is any family history of either condition.

Bringing this information to a healthcare provider can help support a more informed diagnosis. Using a menstrual cycle tracker can be a helpful place to start. You may also want to track factors such as sleep, stress, nutrition, and physical activity, as these can all influence pain and inflammation.

A healthcare provider may perform a physical examination and run tests such as a pelvic ultrasound or MRI to investigate these symptoms further. They may also ask about family history and other related health conditions, including autoimmune conditions and migraines. Unfortunately, there is currently no reliable blood test for diagnosing endometriosis or adenomyosis.

While adenomyosis can often be detected through an ultrasound or MRI, endometriosis can only be officially confirmed through a surgical procedure called laparoscopy, which allows doctors to identify endometrial-like tissue outside of the uterus.



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What Can You Do About Endometriosis and Adenomyosis?

There is a genetic component to both adenomyosis and endometriosis. For example, if you have one of these conditions, there is a higher chance that another female relative may have it as well.

So, if you are living with endometriosis or adenomyosis (or both), it's important to remember that it is not your fault.

The first step is always compassion for yourself. These conditions can be frustrating, extremely painful, and at times debilitating. It can also be challenging when healthcare providers are not always fully informed, which may add to that frustration.

If you are living with endometriosis or adenomyosis, it's important to acknowledge how difficult it can be and to be kind to yourself. Practicing self-care in whatever way feels supportive to you can make a meaningful difference. Many women with these conditions may also experience feelings of anxiety, low mood, or hopelessness, especially when they have not yet found effective treatment.

The good news is that there are ways to help manage symptoms.

Most treatments for endometriosis and adenomyosis are medical. For example, laparoscopic surgery may be used to remove endometrial tissue. There are also both hormonal and non-hormonal medications that can help manage symptoms. It's always a good idea to speak with a healthcare provider about the treatment options available to you.

That said, there are also supportive strategies that may help you manage your symptoms more effectively.

Respect and Honor Pain - While Looking for Strategies to Manage It

Endometriosis and adenomyosis can vary in severity, ranging from mild to more advanced stages. However, the level of pain you experience is not always linked to how much tissue growth is present. Some women may continue to experience pain even after endometrial

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lesions have been surgically removed.

Pain is complex, and many factors influence how it is experienced. Unfortunately, many women have had their pain dismissed or minimized, particularly those from marginalized groups.

If you are living with endometriosis or adenomyosis, ***it's important to honor your pain and listen to your body.***

Make Supportive Nutritional Changes

A few key dietary choices can help support overall health if you struggle with endometriosis or adenomyosis.

GET ENOUGH IRON

Heavy blood flow, which often occurs with these conditions, can deplete iron stores in the body. Iron is essential for transporting oxygen in the blood, and when levels are low, you may feel fatigued, low in energy, and may not recover well.

A healthcare provider can check your iron levels with a simple blood test.

Both animal and plant foods contain iron, although plant-based (non-heme) iron is not as easily absorbed. To improve absorption from plant-based sources like leafy greens, try pairing them with foods rich in vitamin C, such as citrus fruits.

High-iron foods include:

- Lean red meat (particularly organ meats, such as liver)
- Darker cuts of pork and poultry
- Fish and seafood
- Leafy greens (e.g., spinach, kale)
- Beans and legumes

Other foods, like whole grain products, may be enriched with iron. Check the labels.

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EAT MORE ANTI-INFLAMMATORY FOODS

Inflammation and oxidative stress play a key role in these conditions. While nutrition is not a cure, your dietary choices can help support your body and may reduce inflammation.

Anti-inflammatory foods include those rich in antioxidants and healthy fats, such as:

- Colorful fruits and vegetables
- Aromatic herbs and spices
- Nuts and seeds
- Foods with omega-3 fatty acids (e.g., fatty fish)

And, as you may have already guessed, it's also important to eat fewer inflammatory foods.

Inflammation-promoting foods include highly processed foods and foods high in trans fats, such as:

- Processed and deli meats (e.g., hot dogs, sausages, salami)
- Convenience and fast foods (e.g., frozen pizzas, chicken nuggets, French fries)
- Refined-flour and high-sugar baked goods (e.g., cookies, cake, pastries)
- Other high-sugar foods and drinks (e.g., candy, soda)

EAT MORE FIBER

Endometrial-like tissue responds to estrogen by contributing to inflammation, so supporting healthy estrogen levels can be helpful.

Fiber plays a role here, as hormones like estrogen can bind to fiber in the gut and be excreted from the body. Increasing fiber intake may help reduce estrogen levels.

Choose higher-fiber foods like:

- Fruits and vegetables
- Beans and legumes
- Whole grains

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In some cases, a fiber supplement may also be helpful, but this should be discussed with a healthcare provider.

One important note: if you experience digestive issues, you may have something called visceral hypersensitivity, which means your gut is more sensitive to discomfort. In these cases, some high-fiber foods may worsen symptoms or increase pelvic pain.

It's important to experiment and find what works best for your body.

KEEP A FOOD AND SYMPTOMS JOURNAL

Endometriosis and adenomyosis can sometimes be linked with other inflammatory or autoimmune conditions, and some people may notice food sensitivities that worsen symptoms.

Keeping a simple food and symptoms journal can help you identify patterns that might otherwise go unnoticed. For example, you may begin to notice that certain foods are linked to increased pain or discomfort later in the day.

SUPPORT MENTAL AND EMOTIONAL HEALTH

Living with a chronic condition can be emotionally challenging. The pain and disruption caused by endometriosis and adenomyosis can also have an impact on your mental wellbeing.

It can help to build small, supportive daily habits that care for both your body and mind. This might include:

- Gentle self-care (e.g., a warm bath, extra rest)
- Spending time outdoors when you feel able
- Talking to someone supportive (e.g., a friend, family member, or professional)

These small actions can make a meaningful difference over time.

There are also apps and tools available that can support practices such as meditation and managing chronic pain.