Treatment for endometriosis.

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Description

Endometriosis (EM) is one of the common gynaecological conditions causing menstrual and pelvic pain and affects 10 percent -15 percent of women of reproductive age. In recent years, the complementary and alternative medical (CAM) treatment for EM has become popular due to the few adverse reactions reported. Herbs (herbal prescription, extract, and patent), acupuncture, microwave physiotherapy, and Chinese herb medicine enema are all examples of complementary and alternative medicine (CAM) treatments for EM (CHM enema). When compared to hormonal and surgical treatments, these CAM therapies are effective at relieving dysmenorrhoea, shrinking adnexal masses, and promoting pregnancy, with fewer unpleasant side effects. We focus on the current state of CAM on EM in this review, and we try to identify therapeutic efficacy and mechanisms based on clinical and experimental studies. In the future, we hope to offer some helpful recommendations for clinical treatment and experimental research. Endometriosis (EM) is a long-term, estrogendependent condition in which endometrial tissue develops abnormally and clings to the exterior of the uterus. According to the sites of implantation, ovarian EM, peritoneal EM, and deep infiltrating EM are the most common types of EM in women of reproductive age. The most common site is the ovary and the most common symptom is chronic pelvic pain, notably dysmenorrhoea, dyspareunia, and infertility, which all may lead to a reduction in the patient's quality of life. Although EM rarely transforms into cancer, it does increase the risk of ovarian, breast, and other cancers, as well as autoimmune and atopic disorders.

Treatment for Endometriosis

Medical and/or surgical treatment options are available for EM. Hormone replacement therapy, which includes oral contraceptives, progestogenics, gestrinone, Danazol (androgen derivates), and gonadotropin-releasing hormone (GnRH) agonists, is widely used in western medicine. GnRH antagonists, oestrogen receptor beta (ER) antagonists, progesterone receptor modulators, angiogenesis inhibitors, aromatase inhibitors, COX-2 (Cyclooxygenase 2) selective inhibitors, and immune modulators are all being studied right now. Long-term use of these therapies, however, is difficult due to a slew of serious side effects, including massive hemorrhage, perimenopausal stage symptoms, masculinizing manifestations, and liver dysfunction. Data from the Cleveland Clinic showed that EM recurrence rate varied between 20 and 40 percent within five years following conservative surgery, unless patients attained menopause, or hysterectomy was performed [8]. With this in mind, it is crucial to continue researching for new techniques to treat EM that may result in less harmful side effects. Complementary and alternative medicine (CAM), commonly designated as "other than" conventional medicine, differs from medical mainstream, is widely accepted as a kind of medical treatment, and encompasses all health systems, practices, and modalities and their accompanying beliefs, theories, and attitude of a particular culture or society in a given historical period, as defined in the 1995 CAM Research Methodology Conference. The majority of complementary and alternative medicine (CAM) therapies fall into one of five categories: biologically based techniques, energy therapies, alternative medical systems, muscle and joint manipulation, and mind-body therapies. CAM has a long history in most Asian countries and has been regularly used since the 19th century, while its popularity has grown in Western countries. Complementary and alternative medicine (CAM) is frequently recommended as a treatment option. Nonpharmacologic therapies, such as mind-body therapies, can alleviate pain and accompanying mood disruption to improve quality of life. In the Western world, complementary and alternative medicine (CAM) is mostly utilised to cure or prevent musculoskeletal disorders and other illnesses that are associated with chronic or recurring pain. In addition, CAM therapies are frequently used in the treatment of chronic pain. All of these characteristics demonstrate that CAM is appropriate for pain relief. CAM therapies may be an effective therapeutic method for EM, which is often accompanied by chronic pelvic pain and dysmenorrhoea.

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