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Review Article

Endometriosis – the new approach and homoeopathic therapeutics

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ABSTRACT

An integral part of public health and especially the reproductive health since decades is the condition of endometriosis. The reproductive and child health (RCH) is a large chunk of the entire national health mission (NHM) where primarily the target is maternal and child health (MCH). As part of MCH and RCH, this article discusses the issue of endometriosis in the domain of reproductive life of a woman. It traverses through the fact that endometriosis in reproductive health is not only under the umbrella of hormonal domain but also it is a part of the cellular and metabolic functions in the body. The term cellular is aimed at the power house of the cell located in the cytoplasm, the mitochondria. The mitochondrial lens will help the medical fraternity to see the clinical condition of endometriosis in the perspective of new and emerging research. Simultaneously, it will help in comprehending the issues of pain, inflammation and cellular energy in endometriosis. With the new approach, missions, programs, strategies, objectives, activities and policies will have to be tuned with the issue of endometriosis. A holistic approach is the need of the hour amidst the current approaches that were primarily hormonal and surgical. Medical and clinicians need to adopt a therapeutic that is preventive, resilient, cost effective, clinical effective and has no side effects. Homoeopathy of ayurveda, yoga and naturopathy, unani, siddha, and homoeopathy (AYUSH) ministry of India has all these qualities to face the future challenges in the interventions to deal with endometriosis.

Keywords: Endometriosis, Mitochondria, Hormones, Homoeopathy, RCH, MCH

INTRODUCTION

Endometriosis is a condition in which the endometrial tissues grow outside the uterus. It causes pain, inflammation, infertility and reduced quality of life. Till date it has been viewed as a gynecological disease that is hormonal in nature. The hormonal nature was through the concept of estrogen. Estrogen was central to endometriosis. Therefore, the interventions were hormonal suppression along with appropriate surgical techniques.[1]

Millions of women live with endometriosis but the above interventions were not adequate. The point here is many women suffering from endometriosis complain pain beyond the pelvic region. These types of pains are manifested through chronic fatigue, brain fog, inflammation, mood disorders, disruption in sleep patterns and long-lasting postsurgical pain.[1]

This extra pelvic phenomenon has led to the new interventions where endometriosis is not seen as a hormonal condition but involves chronic inflammatory stress, dysfunctional immune metabolism and dysfunctional mitochondria.[1]

On tracing the history of endometriosis, one can see that it started as a vague clinical concept of peritoneal ulcers in 17th century. Scientific concept began in 1860 by pathologist Karl Von Rokitansky. It was formally coined endometriosis by John Sampson in 1927.[2,3]

In the beginning, the research and development (R and D) focused on ectopic lesions that were visible patches of tissue like the endometrial tissues. These lesions were growing outside the uterus. In the endometriosis domain, lesions are crucial for the diagnosis of the condition. These lesions are also the mainstay of pathology and histology in endometriosis. The current approach is of the notion that these lesions are only visible outside but deep inside there is an active cellular and biological angle.[2,3]

Further research also demonstrates that the endometriosis condition is catalyzed by chronically active immune system, inflammation that involves cytokine signaling, stress that is oxidative, disturbed functions of macrophage, inflammation involving the nervous system, vessels that go through angiogenesis, hormones that interact with the immune system differently and metabolism functions that are reprogrammed.[3-5]

In endometriosis, the mediators of the inflammation are often elevated in the peritoneum and its surroundings. These inflammatory molecules are directly responsible for the lesions that are discussed above. The process not only leads to lesions but also are attributed to the pain, fibrosis and indifferent surveillance by the immune system.[3-5]

LITERATURE REVIEW

In the beginning of this section, Table 1 is given for the readers that captures the studies referred in this article. Simultaneously, the lead author of the article/book along with the issue they dealt with relation to the condition of endometriosis is also mentioned.

The publication years are given in the chronological order where the order is from the oldest to the latest. One can see that it begins with the history of the endometrial condition. It is followed by the various modalities related to endometriosis. The concept of the practice of medicine in relation to endometriosis is also given. This aspect is related to medical syllabus/curriculum that is adopted to teach the condition of endometriosis to medical graduates.

Table 1: Endometriosis approach comparative studies in the article.[1-16]

S. no.	Year of publication	Lead author	Issue in the article/book related to endometriosis
1	2014	Benagiano	History of endometriosis
2	2017	Endonews, a forum	Mitochondrial dynamics in endometriosis
3	2019	Atkins	Mitochondrial role in non-human primate model
4	2020	Wang	Pathogenesis of endometriosis
5	2023	Kobayashi	Pathophysiology of endometriosis & role of mitochondria
6	2023	Davidson	Practice of medicine related to endometriosis
7	2024	Tripathy	Endometriosis and homoeopathy
8	2025	Marino	Molecular mechanism in endometriosis
9	2025	Kay	Mitochondrial dysfunction and adenomyosis
10	2025	Shen	Mitochondrial role in endometriosis
11	2026	Yishen	Therapeutic opportunities in endometriosis
12	2026	Tripathy	Aligning homoeopathic therapeutics with the new approach that are suggestive in nature

The mitochondria are the pivot through which endometriosis revolves in the new approach. Previously, these were thought to be only energy houses that produce adenosine tri phosphate (ATP). Currently it is seen that they have multiple functions. They regulate inflammation, oxidative stress, apoptosis, signaling the immune system, homeostasis of calcium metabolism, metabolism of steroid hormones and repairing the tissues.[6,7]

The ways cells respond to stress are also regulated by mitochondria. During their optimal function, they maintain cellular resilience as well as balance and regulate responses towards inflammation. Similarly, when the function of mitochondria is not optimal, the body cells go into a chronic and persistent state of inflammation and oxidative state. Studies in endometriosis have identified abnormal biology of mitochondria that leads to formation of reactive oxygen species (ROS) in the body. The other poor outcomes of this phenomenon are damage of the DNA of mitochondria, reduction or alteration of the potential of the mitochondrial membrane, oxidative phosphorylation that is impaired, mitochondrial biogenesis that is dysregulated and energy level of cells that are abnormal. Therefore, the new research points that the dysfunction of the mitochondria not only leads to formation of local lesions but also to an array of symptoms that affects multiple systems of the body.[6-8]

The role mitochondrial dysfunction and inflammation are perpetual in nature. A vicious cycle occurs where inflammation leads to oxidative stress. The oxidative stress leads to mitochondrial dysfunction. The mitochondrial dysfunction leads to heightened signals related to inflammation. These heightened inflammatory signals lead to persistent pain and injury to tissues. Symptoms in endometriosis often recur as a result of this vicious cycle. There is also a poor relation between the burden of lesion and severity of the pain and this relation is also attributed to the vicious cycle. Further, the vicious cycle is also connected to systemic fatigue. The vicious cycle also

explains the reason that some women continue to have symptoms even though their hormonal profile is normal.[8-10]

The classical thought is that pain is usually structural. In the new approach of endometriosis, the cause of pain is beyond the structure. Metabolic stress and inflammation in the nervous system is the duo of the cause of pain. This duo produces ROA, cytokines and coupled with the dysfunction of the mitochondria sensitize the nerves in the periphery of the body leading to neuralgic pain. The duo not only causes pain but also alter the pain processing mechanism of the central nervous system (CNS). Gradually over a period of time, constant and persistent signaling of the inflammatory channels makes the CNS hypersensitive to the stimuli of pain. As a result of this hypersensitivity, chronic pelvic pain, non-cyclical pain, chronic fatigue, heightened sensitivity to pain & more pain syndromes that overlap in the body become features of endometriosis.[8-10]

REFLECTIONS

On one end estrogen is suppressed and at the other end the lesions are removed surgically. This is the main stay of current treatment of endometriosis. This approach does not address the immune, inflammation and the metabolic triad. Hence, the current approach gives relief to only a few patients. There is a need to evolve a new approach to address endometriosis.[1-10]

The non hormonal therapies like dealing with the inflammatory signaling pathways like mPGES-1 and mPGES-2 (microsomal prostaglandin E synthase). These are essential terminal enzymatic routes. Targeting these inflammatory pathways do not induce menopause like conditions in women. They only help to reduce pain and inflammation.[1-10]

Further, exploration of immune-metabolic modulation, mitochondrial ROS regulation, reprogram of macrophage metabolism, targeted pathways that are ferroptosis related, modulation of oxidative stress, signaling of neuro-immune responses, inflammation that is based on phenotype and precision, personalized therapy that are driven by bio markers.[1-10]

The section below describes the homoeopathic approach towards endometriosis with homoeopathic medicines that are suggestive in nature.[1-10]

HOMOEOPATHIC PERSPECTIVE

Like all other therapeutics, the homoeopathic therapeutics integrates the case management, life style and dietetic measures for effective dealing with the cases.[11-16]

As mentioned above, endometriosis requires personalized approach. Here homoeopathy fits the bill as it is not a generalized system of therapeutics but a personalized one.

The various conditions that need to be addressed through the mitochondrial approach in endometriosis is discussed with the homoeopathic therapeutics in the section given below.[11-16]

In homoeopathic therapeutics, there are two main drugs for endometriosis. These two drugs are ‘Medorrhinum’ and ‘Carcinosin’.[11-16]

To deal with the inflammatory signaling pathways like microsomal prostaglandin E synthase, mPGES-1 and mPGES-2, the drugs are ‘Prednisolone’, ‘Cortisone’, ‘*Curcuma longa*’, ‘Hydrocortisone’, ‘Aconitinum’, ‘Argentum Phos’, ‘Emetine Mur’, ‘Morgan Co’, ‘Sanguinarinum’, and ‘Atropine’.[11-16]

To deal with fatigue or the common fatigue syndrome in endometriosis (CFS), the drugs are ‘Alumina’, ‘Ammon Carb’, ‘Caladium’, ‘Calcarea Carb’, ‘Carcinosin’, ‘China’, ‘Conium’, ‘Ferrum Met’, ‘Gelsemium’, ‘Graphites’, ‘Lachesis’, ‘*Nux vomica*’, ‘Acid Phos’, ‘Acid Picric’, ‘Silicea’, and ‘Sulphuric Acid’.[11-16]

For inflammations related to endometriosis, the drugs are ‘Prednisolone’, ‘Cortisone’, ‘*Curcuma longa*’, ‘Hydrocortisone’, ‘Aconitinum’, ‘Argentum Phos’, ‘Emetine Mur’, ‘Morgan Co’, ‘Sanguinarinum’, and ‘Atropine’.[11-16]

For immune metabolic modulation, the drugs are ‘Arsenic’, ‘Bismuth’, ‘Cadmium Sulph’, ‘Carbolic Acid’, ‘Carbo Animalis’, ‘Conium’, ‘Cundurango’, ‘Hydrastis’, ‘Kali Bi’, ‘Lyc’, ‘Orni’, and ‘Phosphorus’.[11-16]

To deal with metabolic issues particularly, the drugs are ‘Insulinum’, ‘Pancreatinum’, ‘Pepsinum’, ‘Natrum Bi Carb’, ‘Alloxan’, ‘Chromium’, ‘Selenium’, ‘Molybdenum’, ‘Cadmium’, ‘Morphinum’, and ‘Eupatorium P’.[11-16]

For mitochondrial ROS regulation, the drugs are ‘Cortisol’, ‘Melatonin’, ‘Pineal Gland’, ‘Adrenalin’, ‘Serotonin’, ‘Dopamine’, ‘Bambusa’, ‘Ergotin’, ‘Ocimum Sanc’, ‘Rosamarinus O’, ‘Nigella S’, ‘Vitis V’, ‘Phyllanthus N’, ‘Musa S’, ‘Eclipta A’, ‘Crocus S’. ‘Cissus Q’, ‘Lavandula A’, ‘Boswellia S’, ‘Commiphora M’, and ‘Corticotropinum’.[11-16]

For reprogram of macrophage metabolism, the drugs are ‘Aranea Diadema’, ‘Arsenic’, ‘Arsenic Iod’, ‘Calc Carb’, ‘Calc Phos’, ‘Carboneum Sulph’, ‘Carcinosin’, ‘Ceanothus’, ‘China’, ‘Crotalus H’, ‘Ferrum Pic’, ‘Hekla Lava’, ‘Kali Phos’, ‘Natrum Ars’, ‘Nat Mur’, ‘Nat Phos’, ‘Nat Sulph’, ‘Phytolacca’, ‘Picric Acid’, ‘Scirrhinum’, ‘Sepia’, ‘Strontium Carb’, ‘Symphytum’, and ‘X-ray’.[11-16]

For issues of infertility related to endometriosis, the drugs are ‘Agnus Castus’, ‘Aurum Met’, ‘Borax’, ‘Conium’, ‘Natrum Carb’, ‘Natrum Mur’, and ‘Sepia’.[11-16]

For signaling of neuro-immune responses, the drugs are 'Arsenic', 'Aurum', 'Acetyl Choline', 'Cuprum', 'Flouric Acid', 'Kali Carb', 'Lyc', 'Manganum', 'Merc Sol', 'Phos', 'Plubum Iod', and 'Vanadium'.[11-16]

To deal with pathways that are feroptosis related, the drugs are 'Ambra G', 'Arg Nit', 'Bar C', 'Berberis V', 'Conium', 'Flouric Acid', 'Kali Carb', 'Lyc', 'Sel', and 'Sumbul'.[11-16]

For Chronic Weakness, the drugs 'Ars', 'Carb Veg', 'Gels', 'Phos', and 'Ver Alb'.[11-16]

The hormonal issues can be dealt with specific drugs. These drugs are 'Testes', Testosteronum', 'Leprominum', 'Radium Brom', 'X-Ray', 'Androgen', and 'Agnus Castus'.[11-16]

Hence, it is seen here that homoeopathy has a full range of medicines to deal with endometriosis and its related conditions. A homoeopath can use her/his intuition and experience to choose the potency of the medicines suggested above.[11-16]

CONCLUSION

The new interventions related to endometriosis looks like the interventions in oncology. In oncology, the prior approach was organ based while it moved to biological processes at system and cells. The understanding led to the ways the systems and cells of the body adopt towards cancer. Comprehensions of the how and why of inflammation, how, what and why of immune dysfunction, the entire process of oxidative stress and the biology of mitochondrial interactions will help the stakeholders to deal with endometriosis. A clear picture of these variables of endometriosis demonstrates the chronic nature, recurrence nature and the systemic nature of endometriosis. When this approach is applied the approach of suppressing hormones will take a back step.

The new approach to deal with endometriosis is a matter of concern at the global, regional, national, state, district, block and village level. The long duration of endometriosis makes it a complex problem where the factors like gender, ecology, family health and cultural practices, myths and misconceptions and outlook of the society enter the domain. As an experienced homoeopath, the lead author has dealt cases of endometriosis with a holistic approach. The woman with endometriosis has to adhere and compliance to the diet and regimen during treatment.

The concept of dealing with endometriosis is multi factorial. The new intervention will help the stakeholders to move on from the hormonal approach. The new approach especially in reproductive health will lead to better prognosis and results. Keeping away the triad like metabolic, stress and inflammation from the endometriosis domain, the clinicians, epidemiologists' and other related stakeholders will be in a position to deal with the issue of endometriosis effectively. Finally, the integration of the homoeopathic therapeutics in the domain of endometriosis will only lead to better and expected results. The approach will integrate a cost effective, clinically effective and no side effect system of therapeutics in the domain of endometriosis.

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