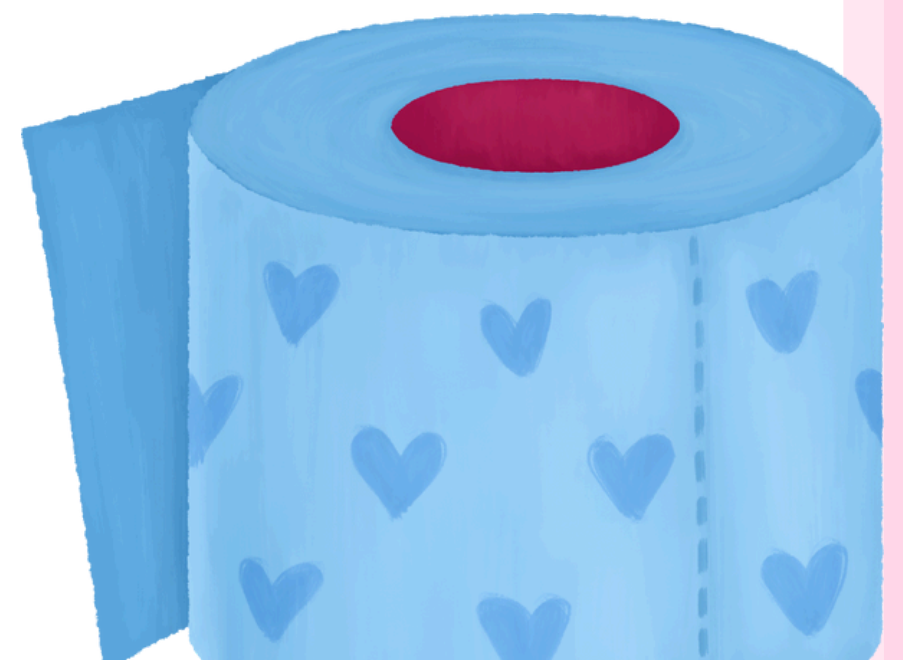
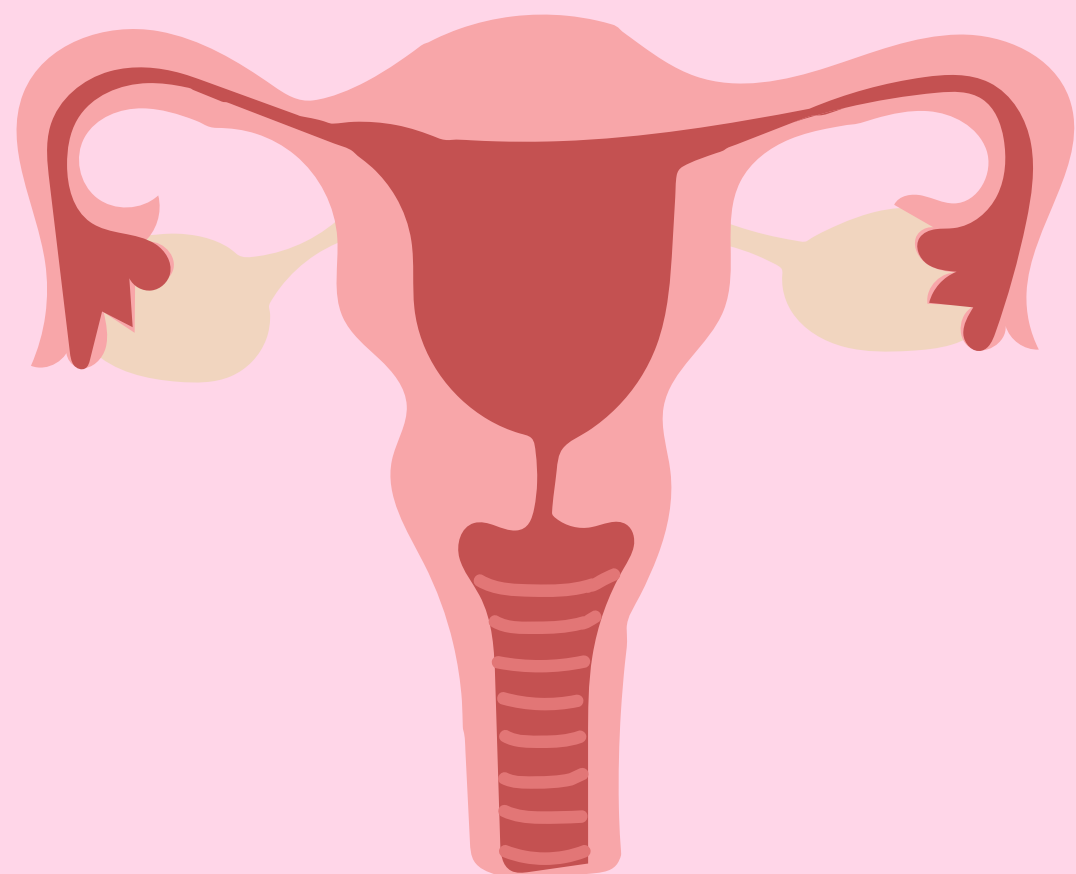


MyFamily

Understanding Endometriosis

Reproductive Awareness and Wellness
Presented by: Aldenaire and Partners
Date: July 2025

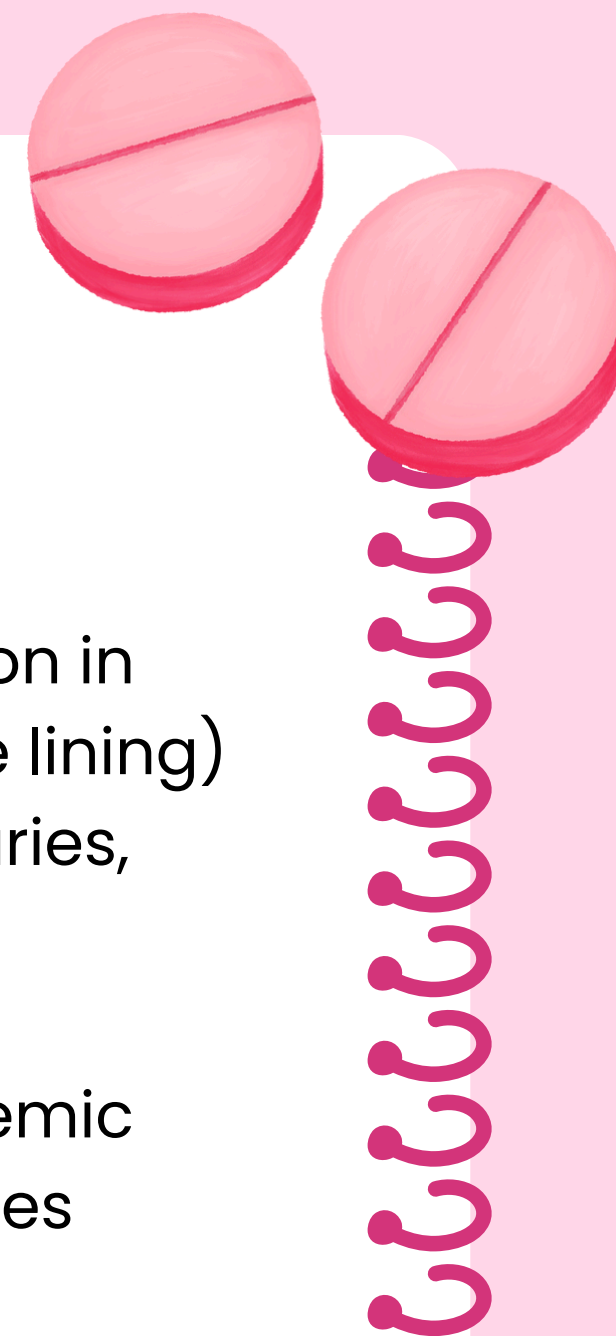




Endometriosis

Endometriosis is a chronic inflammatory condition in which tissue similar to the endometrium (uterine lining) grows outside the uterus—commonly on the ovaries, fallopian tubes, bowel, bladder, and pelvic wall.

This is not simply a "period problem"—it is a systemic inflammatory and hormonal disorder that requires comprehensive, multi-faceted management.



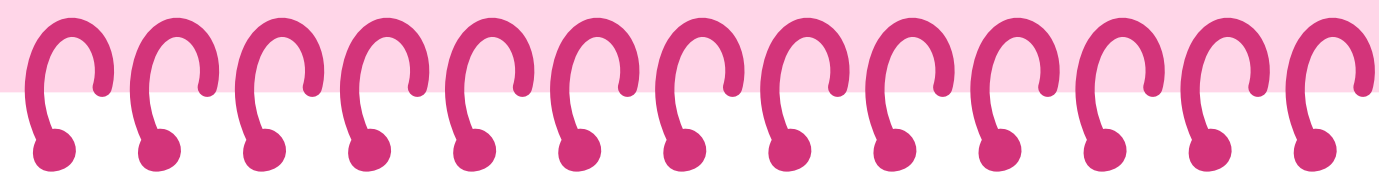


Menstruation: A Natural Cycle

Many symptoms of endometriosis are dismissed or normalized. If you experience any of the following, especially if they interfere with daily functioning, medical evaluation is essential:

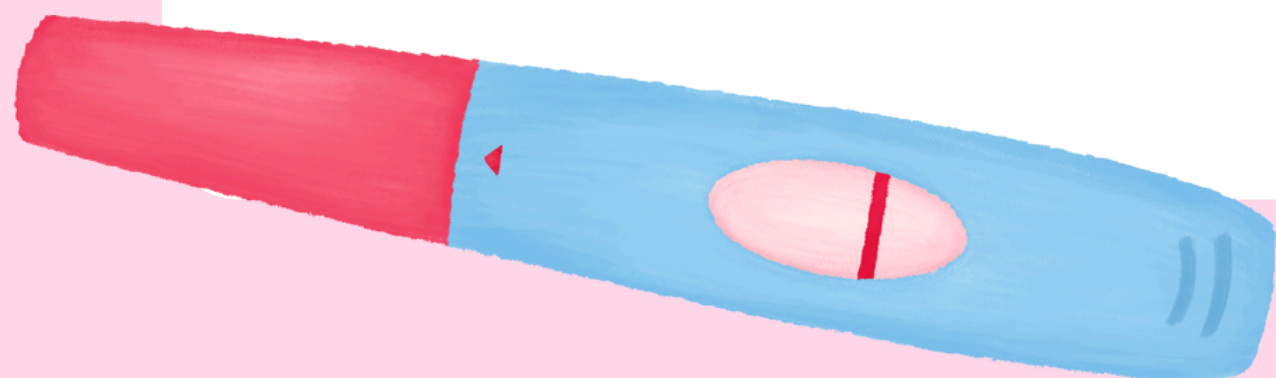
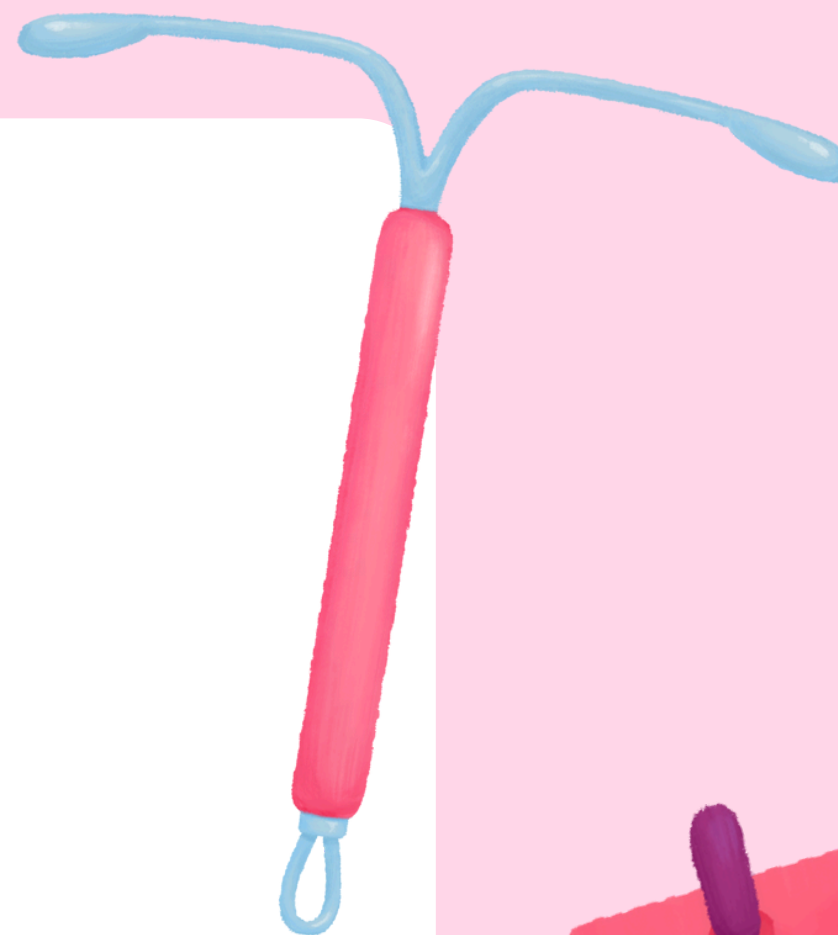
- **Severe dysmenorrhea** (painful periods unrelieved by standard pain medication)
- **Chronic pelvic pain** persisting outside of menstruation
- **Dyspareunia** (pain during or after intercourse)
- **"Endo belly"** (severe bloating and abdominal distension)
- **Gastrointestinal symptoms** including constipation, diarrhea, or IBS-like patterns
- **Chronic fatigue** and persistent low energy
- **Subfertility or infertility**

⚠ Important: If pain is disrupting your quality of life, it requires investigation—even if imaging or scans appear normal.



The 5-Pillar Management Framework

From pills to injections and IUDs, modern contraception methods give women the ability to plan their lives and families safely and effectively.





1. Medical Management (Foundation)

Endometriosis cannot be managed through diet and lifestyle alone. Medical intervention is essential.

Recommended Actions:

- Consult a gynecologist with specific expertise in endometriosis management
- Discuss evidence-based treatment options, which may include:
 - Pharmacological pain management protocols
 - Hormonal therapy (combined oral contraceptives, progestins, GnRH agonists/antagonists)
 - Surgical intervention (laparoscopic excision) for advanced stages

Goal: Disease progression control, pain reduction, and fertility preservation—not symptom suppression alone.

2. Anti-Inflammatory Nutrition (Daily Foundation)

Nutritional intervention focuses on reducing estrogen dominance and systemic inflammation.

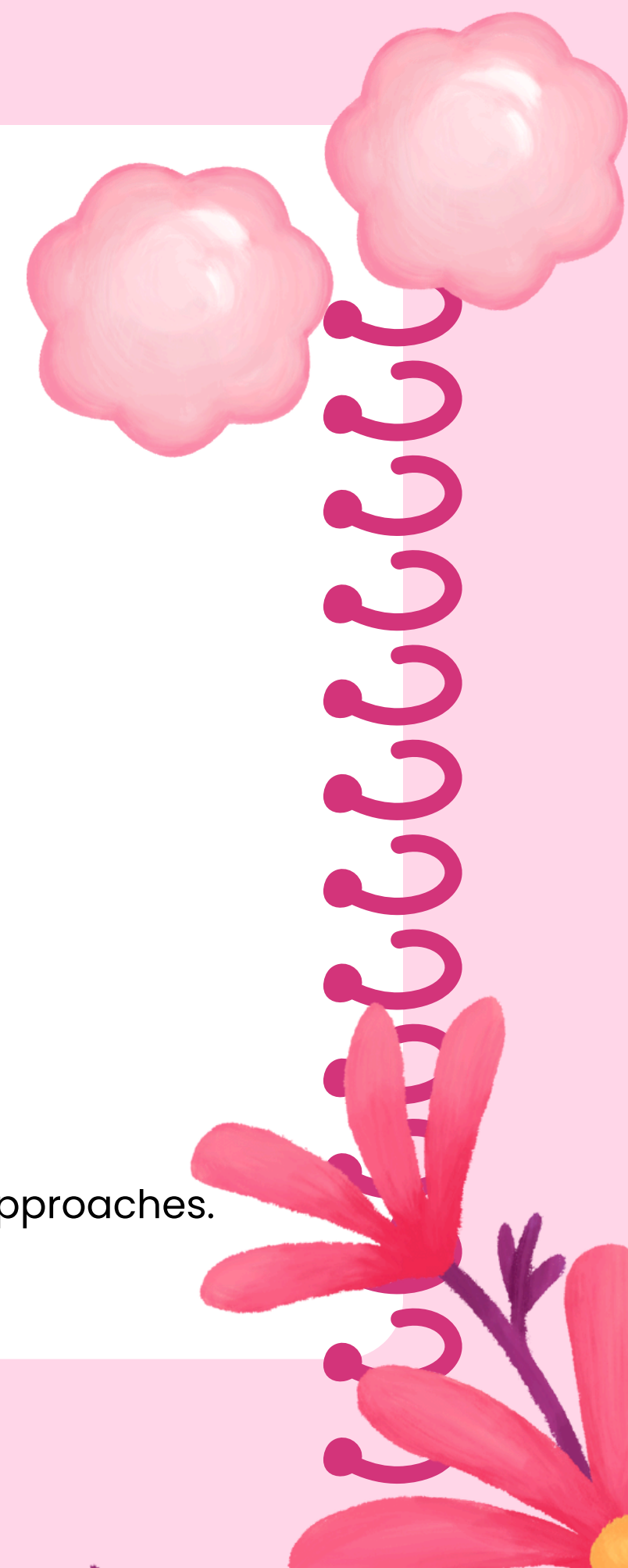
Emphasize:

- Omega-3 fatty acids: Walnuts, flaxseeds, chia seeds, fatty fish (salmon, mackerel)
- Antioxidant-rich foods: Berries, amla, citrus fruits, beetroot, dark leafy greens
- Cruciferous vegetables: Broccoli, cabbage, cauliflower, Brussels sprouts (support estrogen metabolism)
- Healthy fats: Extra virgin olive oil, ghee (in moderation), avocado
- Adequate protein intake: Essential for hormone synthesis and tissue repair

Minimize:

- Ultra-processed foods and refined carbohydrates
- Added sugars and high-glycemic foods
- Trans fats and hydrogenated oils
- Excessive dairy products (individualized assessment recommended)
- Alcohol consumption

Remember: Consistency over perfection. Sustainable changes yield better long-term outcomes than restrictive approaches.





3. Gut Health Optimization (Often Overlooked)

The gut-endometriosis connection is increasingly recognized in clinical research. Gut inflammation can exacerbate pelvic symptoms.

Key Strategies:

- Address constipation systematically (fiber, hydration, movement)
- Increase dietary fiber gradually to avoid bloating
- Incorporate fermented foods and probiotics if well-tolerated
- Identify and manage trigger foods that worsen bloating during flare-ups

A well-functioning digestive system contributes to reduced pelvic inflammation and improved symptom management.





4. Lifestyle Modifications & Pain Management

Movement & Exercise:

- Low-impact activities: Walking, gentle yoga, mobility work
- Avoid high-intensity interval training during active flare-ups
- Prioritize movement that feels restorative, not depleting

Pain Management Tools:

- Heat therapy (heating pads, warm baths) during acute pain episodes
- Quality sleep: 7–8 hours nightly (poor sleep amplifies pain perception)
- Stress regulation: Breathwork, meditation, journaling, progressive muscle relaxation

Clinical Note: Chronic stress directly influences pain threshold and inflammatory markers in endometriosis.





5. Targeted Supplementation (Evidence-Guided)

Supplements are adjunctive—not curative. All supplementation should be discussed with your healthcare team.

Commonly Recommended (Professional Guidance Required):

- Omega-3 fatty acids (EPA/DHA)
- Magnesium glycinate (for muscular cramping and pain)
- Curcumin (anti-inflammatory properties)
- Vitamin D (if deficiency confirmed)
- Iron (in cases of heavy menstrual bleeding and documented deficiency)

Caution: Avoid self-prescribing or stacking supplements without professional oversight.

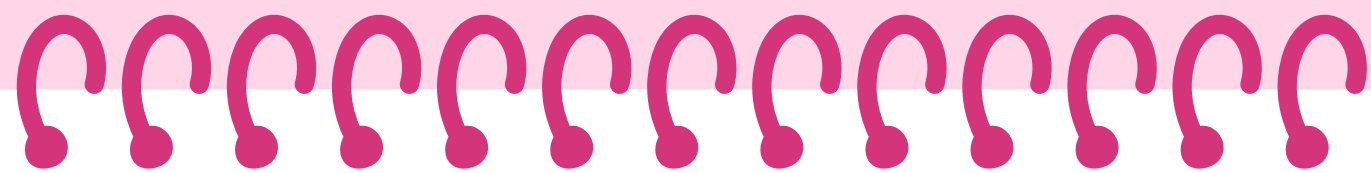




What to Avoid

- ✗ Normalising debilitating pain as "just period cramps"
- ✗ Self-diagnosing based solely on social media content
- ✗ Relying exclusively on pain medication without addressing root causes
- ✗ Undertaking extreme detoxes or overly restrictive elimination diets





Setting Realistic Expectations

Endometriosis is a chronic condition requiring long-term, integrated management. There is no "7-day cure" or quick fix. However, with a structured, evidence-based approach combining medical treatment, nutrition, lifestyle modification, and professional support, significant improvement in pain control, functionality, and quality of life is absolutely achievable. You are not alone in this journey. Our team is here to support you every step of the way.



Disclaimer:

This guide is for educational purposes and does not replace individualized medical advice. Always consult with qualified healthcare professionals for diagnosis and treatment planning.

For personalised nutrition and lifestyle support:
Contact your assigned MyFamily Educates nutritionist.

[**BOOK YOUR 1:1 CONSULTATION CALL**](#)

Tap here to schedule your call 🖱️

