

Endometriosis and acne

Female, 36, presenting with acne over the upper third of her back. The condition had begun in earnest about 2 years before, and was getting progressively worse: during the last 2 months it had started to spread to her buttocks and thighs. Different antibiotics had been tried, with transient effects. She had also suffered from endometriosis for about 15 years, with heavy bleeding (up to 14 days) and continuous pain.

Endometriosis and acne

She had had 2 operations (15 and 5 years ago) to clear endometrial tissue around the ovaries, and after the first had been prescribed a number of birth control pills, which reduced the flow but not the pain (some acne appeared on the back at this time). For the last 6 months she had taken Cerazette (a progesterone-only pill) continuously, and so had no period and no pain.

Endometriosis and acne

PMH

- Heavy periods starting around 11, bearable up to 20s
- Anaemic at 14/15 – prescribed iron tablets
- Facial acne as teenager – helped by Dianette (early 20s)
- As a child, allergic to various airborne and ingested allergens (used inhaler)

Endometriosis and acne

Social history

- Immigration at 9 involving trauma
- Frustrations in marriage re sex and children
- Work stressful

Endometriosis and acne

Clinical features

- Tendency to constipation
- Rich, oily food causes diarrhoea
- Bad migraines over last 2-3 years (2 per week until recently)
- Spots over entire back, some with pus
- Dark hair on arms; waxes legs + upper lip
- Tongue coated
- Wt 73 kg, ht 1.64 m = BMI 27

Endometriosis and acne

Analysis

- Elevated androgens + oestrogen dominance; hormonal imbalance exacerbated by drug treatment
- Inadequate liver clearance? (of hormones, etc)
- Possible immune dysfunction
- Excess weight \uparrow insulin \rightarrow \uparrow androgen bioavailability
- Presence of inflammation: ESR 17 (range 1-7)

Endometriosis and acne

Prescription 1 (for 3 months)

Tincture/fluid extract

Silybum marianum

Cynara scolymus

Curcuma longa

Fumaria officinalis

equal parts – 5 ml 3 times daily

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Rationale

Silybum marianum (Milk Thistle):

hepatoprotective/restorative, choleric

Cynara scolymus (Globe Artichoke):

hepatoprotective/restorative, choleric,
cholagogue

Curcuma longa (Turmeric):

anti-inflammatory, choleric, depurative

Fumaria officinalis (Fumitory):

amphocholeric, dermatological agent



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Rationale

The initial treatment was aimed at improving liver function and skin drainage while the patient decided whether she wanted to discontinue Cerazette and undertake in-depth herbal treatment.

Endometriosis and acne

Prescription 2 (3 months later)

- 1. Vitex agnus castus*
2 caps. in morning, 2 at 4 p.m.
- 2. Echinacea Premium* – 1 tab 3 times daily
- 3. Paeonia lactiflora*
Corydalis ambigua
Angelica sinensis
Viburnum opulus
5 ml 3 times daily during + 1 week
before period

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Rationale

Vitex agnus castus (Chaste Tree):
enhances corpus luteum development,
indirectly progestogenic, dopaminergic
(∴ inhibits prolactin), galactagogue
(low dose), regulates menstrual cycle,
inhibits FSH (?), oestrogen antagonist,
stimulates melatonin

Echinacea spp.:
immunomodulator, immunostimulant,
anti-inflammatory, vulnerary



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Rationale

Paeonia lactiflora (White Peony):
antispasmodic, antiandrogenic

Corydalis ambigua (Yan Hu Suo):
analgesic, sedative

Angelica sinensis (Dong Quai):
anti-inflammatory, female tonic,
regulates uterine function

Viburnum opulus (Cramp Bark):
smooth muscle/uterine antispasmodic



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Outcome

Little change for first 3 months (on prescription 1). She stopped Cerazette 4 weeks after beginning prescription 2, and 5 weeks after that had a period, with no pain, only 'odd twinges'. Her acne had also dried up considerably, with reduced itching. Within 6 months she was having a regular cycle, without pain, and an 80% improvement in acne (slight acne PM). This has continued for 4 years on a minimal maintenance dose (Vitex + Echinacea).