


No More Suffering in Silence-Managing Endometriosis with Physical Therapy

Saba Qayyum^{1*}, Afshan Shamim², Muhammad Adnan Khan³

¹*Student, Ziauddin College of Rehabilitation Sciences, Karachi, Pakistan 

²Physiotherapist, Rafah-e-Aam Medical Center, Karachi, Pakistan 

³Aga Khan University Hospital, Karachi, Pakistan 

Dear Editor,

In a developing country like Pakistan, health issues, especially those related to women's health, always need prime focus, particularly in the far away and distant areas of the country where even basic medical facilities are hardly available. Endometriosis is one of the rarely addressed diseases, mainly because of two reasons, lack of proper education and socio-economic conditions. Endometriosis is becoming a more challenging disease for the medical community, observed primarily in females 15 to 45 years of age. The prevalence of endometriosis in females is approximately 8–11% of the reproductive period (with or without a medical diagnosis)¹. Despite the fact that patients do not show clinical symptoms but the majority of them mainly suffer from pain during menstruation (dysmenorrhea) and pain during intercourse (dyspareunia) is also common. Other conditions associated with endometriosis are chronic pelvic pain (CPP), irritable bowel syndrome (IBS), loss of quality of life and fatigue^{2, 3}. Even though endometriosis is the primary reason for infertility, and it affects the quality of life badly, but endometriosis cannot be cured in a definite manner. The focus on managing of endometriosis is either hormonal suppression of disease, analgesic, or surgical excision. Several qualitative types of research have been undertaken on endometriosis to improve our understanding of its effects on the general quality of life, social relationships, and intimate life⁴. Despite many studies, physiotherapy has been the most neglected treatment for the management of endometriosis.

This letter aims to draw readers' attention towards the ignorance of the need for physiotherapy treatment in endometriosis. Moreover, other issues include a lack of awareness among females regarding physical therapy treatment in endometriosis, referral issues by physicians, and a smaller number of available gynaecological physiotherapists. Pre-operative physiotherapy, post-operative physiotherapy, scar therapy, physiotherapy concentrating on pelvic floor work, kinesiotherapy, physical therapy and balneology, manual therapy targeting the lumbopelvic area, and visceral therapy are different treatment options used in the management of endometriosis^{5, 6}. Regular physical activity appears to protect against inflammatory disease processes that induce elevations in systemic levels of cytokines with anti-inflammatory properties. The use of visceral manual therapy for treating dysfunction in the female reproductive system can be an effective therapy. The therapy involves assessing the abdominal and pelvic cavity to restore postural balance, breathing, pelvic activity, and balancing the pressures between the different diaphragms in the body⁷. In addition, regular physical activity is linked with increasing effects of reducing menstrual flow, ovarian stimulant, and estrogenic effects⁸. A Randomized control trial study was conducted in which they found that regular exercises can decrease postural as well as endometriotic pain⁹. Visceral therapy allows intra-organ mobilization, reducing tension, focusing on the area of the two cylinders of the trunk, and assisting the functioning of the vascular system in the region of

*Corresponding Author: Saba Qayyum

Email: sabakayyum19@hotmail.com

Citation: Qayyum S, Shamim A, Khan MA. No More Suffering in Silence-Managing Endometriosis with Physical Therapy. Pakistan Journal of Rehabilitation. 2024 July;13(2):04–06. Available from: <https://doi.org/10.36283/pjr.zu.13.2/002>

Received: Wed, April 12, 2023

Accepted: Wed, June 5, 2024

Published: Sat, July 06, 2024

the uterus, so it can be an effective treatment method for gynaecological dysfunction and improve reproductive health in women⁴. Another study conducted in the United States of America concluded that non-pharmacologic and non-surgical site-specific manual therapy may give an alternative treatment of dyspareunia and dysmenorrhea in endometriosis patients¹⁰.

In 2022 a randomized, parallel-group control trial was done to determine whether a therapeutic exercise program that emphasized lumbopelvic stabilization and exertion tolerance could improve the health-related quality of life (HRQoL) of women with symptomatic endometriosis. According to a study, therapeutic exercise is the least expensive non-pharmacological treatment that could help women with symptoms of endometriosis regain their health-related quality of life¹.

Pelvic floor physical therapy, myofascial release, neuromodulation therapies, and acupuncture therapy are cost-effective non-pharmacological treatments that contribute a multidisciplinary approach to the management of pain and reduce inflammation.

To bring change, awareness regarding the importance of physical therapy intervention in endometriosis among female need to be intensified by all healthcare professionals. Although there are many medications to treat pain, they have their side effects, whereas physiotherapy has less risk of intervention. We recommend the readers of the letter spread awareness and collaborate with other healthcare professionals to promote more efficacious treatment and improve the patient's quality of life

AUTHORS' CONTRIBUTION:

The following authors have made substantial contributions to the manuscript as under:

Conception or Design: Saba Qayyum

Acquisition, Analysis or Interpretation of Data: Afshan Shamim

Manuscript Writing & Approval: Muhammad Adnan Khan

All authors acknowledge their accountability for all facets of the research, ensuring that any concerns regarding the accuracy or integrity of the work are duly investigated and resolved.

ACKNOWLEDGEMENTS: We thank all the participants in this study.

INFORMED CONSENT: N/A

CONFLICT OF INTEREST: The author (s) have no conflict of interest regarding any of the activity perform by PJR.

FUNDING STATEMENTS: None declared

ETHICS STATEMENTS: N/A

REFERENCES

1. del Mar Salinas-Asensio M, Ocón-Hernández O, Mundo-López A, Fernández-Lao C, Peinado FM, Padilla-Vinuesa C, Álvarez-Salvago F, Postigo-Martín P, Lozano-Lozano M, Lara-Ramos A, Arroyo-Morales M. 'Physio-End EA' Study: A Randomized, Parallel-Group Controlled Trial to Evaluate the Effect of a Supervised and Adapted Therapeutic Exercise Program to Improve Quality of Life in Symptomatic Women Diagnosed with Endometriosis. *International Journal of Environmental Research and Public Health*. 2022;19(3):1738.
2. Tennfjord MK, Gabrielsen R, Tellum T. Effect of physical activity and exercise on endometriosis-associated symptoms: a systematic review. *BMC women's health*. 2021 Dec;21(1):1-10.

3. Del Forno S, Arena A, Pellizzone V, Lenzi J, Raimondo D, Cocchi L, Paradisi R, Youssef A, Casadio P, Seracchioli R. Assessment of levator hiatal area using 3D/4D transperineal ultrasound in women with deep infiltrating endometriosis and superficial dyspareunia treated with pelvic floor muscle physiotherapy: randomized controlled trial.
4. Gremillet L, Netter A, Sari-Minodier I, Miquel L, Lacan A, Courbiere B. Endometriosis, infertility and occupational life: women's plea for recognition. *BMC Women's Health*. 2023 Dec;23(1):1-8.
5. Wojcik M, Plagens-Rotman K, Merks P, Mizgier M, Kedzia W, Jarzabek-Bielecka G. Visceral therapy in disorders of the female reproductive organs. *Ginekologia Polska*. 2022;93(6):511-8.
6. Mechsner S. Endometriosis, an ongoing pain—Step-by-step treatment. *Journal of clinical medicine*. 2022 Jan 17;11(2):467.
7. Wójcik M, Szczepaniak R, Placek K. Physiotherapy Management in Endometriosis. *International Journal of Environmental Research and Public Health*. 2022 Jan;19(23):16148.
8. Bonoche CM, Montenegro ML, Rosa e Silva JC, Ferriani RA, Meola J. Endometriosis and physical exercises: a systematic review. *Reproductive biology and endocrinology*. 2014 Dec;12:1-5.
9. Awad E, Ahmed HA, Yousef A, Abbas R. Efficacy of exercise on pelvic pain and posture associated with endometriosis: within subject design. *Journal of physical therapy science*. 2017;29(12):2112-5.
10. Wurn BF, Wurn LJ, Patterson K, King CR, Scharf ES. Decreasing dyspareunia and dysmenorrhea in women with endometriosis via a manual physical therapy: results from two independent studies. *Journal of Endometriosis*. 2011;3(4):188-96.

