

Profile of an Endometriosis woman

These are my collected thoughts from observing and compiling a profile of an Endometriosis woman and common characteristics and mannerisms.

Compiled by Jenny Birdsey©

Generally speaking, women with Endometriosis can display some very common behavioural characteristics and personality types.

My observation is that they tend to have a very strong mental constitution, be high achievers, and usually very competitive with themselves. They can hold high profile positions which demand much of them physically and mentally. Even though they may be unwell and suffering chronic pain, they are able to draw on their adrenals to continually push themselves forward as if 'superwoman'.

They appear to have this phenomenal energy that can override pain and fatigue. The adrenals over-compensate and this continual cortisol output can aggravate the disease even further (because it is denying the body of any progesterone that may be available in the body). This may explain why these women often find themselves dealing with chronic fatigue, Adrenal Exhaustion, and further auto-immune conditions.

This 'fight or flight' mechanism designed to be used only for emergencies or life-threatening situations is being overused by the body constantly, creating burnout (Adrenal Exhaustion) and hormone imbalance.

These women 'get off' on this adrenal rush, and actually depend on it for energy (which is a false energy). The body's production of this 'fight or flight' hormone draws on andrenous energy (male/yang) whereby creating imbalance.

A woman's body is not designed for this constant pull of this particular steroid pathway. One of the consequences of this action can be to shut down ovarian function (lack of ovulation and progesterone production), promoting further estrogen dominance which, as we know, drives Endometriosis.

Interestingly, often 'endometriosis women' choose careers that demand perfectionism, competition, excellence, long hours, heavy workload, huge responsibility. You often see them in the upper echelons of large corporations which tends to suit their personality traits. They operate from a position of control and order.

This control orientation, sense of order and perfectionism is reflected in their personal life as well. Women with Endometriosis go to great lengths to have things done 'their way', expecting others to conform to their set of rules (like putting things away in their proper place). Do as I say not as I do was my motto as I have observed with other women.

Ironically, these women can tolerate their own untidiness, but not when exhibited by their partner or children. It's as if there is a need to control others and their environment because they have no control over their disease. The more out of control they are in their own body, which can vary from month to month, the more they exert pressure and control upon others, and drive themselves harder at work (perhaps an

unrecognised antidote to their pain) and others in the process holding high and unrealistic expectations of other peoples performances.

If these women stopped and listened to their body, they would collapse because ultimately these women do collapse because the adrenals become exhausted. They don't know how to get off the merry-go-round.

Metaphysically Endometriosis is often referred to as "the running away disease", perhaps running away from themselves and their femininity, although they can present as immaculately feminine in makeup and dress. They are also noted to run away from taking on responsibility (nurturing) of themselves. They do this by keeping busy and living a high pressured lifestyle and will often be over responsible for their families, friends and job.

Often this femininity presents as a liability, a vulnerability, and it challenges them to new belief systems. It's easy for these women to be 'out there' and responsible for others (carers, nurturers, approval seekers, workaholics) so that they can avoid (unknowingly) being responsible for themselves. Or to face up to the need to be self-nurturing and embrace their 'Ying' energy. This feminine energy would bring balance back into their life and go a long way towards helping them resolve their diseases. The dilemma is how to go there without compromising their performance level and sacrificing the driving force behind their male driven energy. (This is mentioned only as food for thought and comes from my own personal experiences and observations of common characteristics displayed. Obviously, not all 'endo' women fall into line with, or concur with this description.)

This facade of strength and responsibility and match of masculine physical and mental strength often comes about because a woman with Endometriosis believes herself to be weakened by her disease. In reality she has turned herself into 'superwoman'. She is able to do the things she does because she has a high pain threshold and quite courageous, yet she sees herself as very weak. She is also often an Android Body Type and can work and lift equivalents in strength of a man. She very often threatens men because of her strong mental and physical constitution. They can also display characteristics of hyperactivity and can be quite thin due to the fact that their body is running on so much adrenaline and cortisone with her high pain causing the body to produce survival hormones which she rechannels to perform her super tasks and gives this woman the ability to exceed normal pain thresholds.

Her frustration and anger is perhaps her driving force. Sadly, though, this negativity impacts the energy field perceived and messages that she gives off to others. And this can affect her relationship with people, making her more resentful of her condition.

In all this, there's this hurt and pain that she's being misunderstood and unsupported. Maybe this is what drives her to seek out approval, acceptance, recognition, self-worth perhaps via her performance, achievements and overall perfectionism and super capability/coping power. This profile is almost the opposite to that of Fibromyalgia and Chronic Fatigue.

Progesterone - the feminine "essence hormone" - brings about this transition naturally, and restores hormonal balance. This is why I see so many women enter a new phase, and reacquaint with a part of themselves they have pushed aside for such a long time when they introduce progesterone back into their body. It may also create a sense of strangeness and a period of adjustment. Coming off the adrenal pain pathway can bring the super energised women with 'false energy' into a state of real energy. It is then she may realise how tired she really is and how hard and long she has pushed her body. This is the time for her to rest and become reacquainted with herself and not feel so responsible keeping the whole world going. It is a time for her to nurture herself and reassess her values and beliefs, to rest and heal her often burnt out, self abused body.

I sense that there will be many women that relate to this profile and it is with hope that I have shed some light on your life if you are one of those women. I was.

Often women ask me where I get this 'stuff' from. I say 'from LIFE' and I am just a student passing through. In other words life is our teacher.

I suggest you read my belief regarding 'The Spiritual Side of Progesterone'.

Can you be suffering from Endometriosis and Fibroids at the same time?

Often women will come here with diagnosis of Fibroids coupled with other symptoms such as pain and bowel problems prior to their periods which leads me to believe there is Endometriosis lurking in the background. The very fact that such a woman responds so well to the progesterone in reducing pain is a positive indication for me, even if it has not been officially diagnosed.

I suggest that they use their progesterone according to alleviation of pain and bleeding concerns. Usually after about 7 months women are able to start reducing back to a physiological dose, but again, I tell women that it is an individual thing according to their symptom management.

Every woman's pain threshold is different and her need for progesterone will vary, averaging between 54-64mg for 4-7 months is quite common. With the confidence and knowledge their disease is under control, women can start relaxing and incorporate normal activities back into their life such as exercise. This, in turn, will promote further healing and sense of wellbeing. If 64mg is not alleviating pain you may need to go higher in dosage until this is under control (higher doses if coupled with Fibroids). Don't forget to rub over areas of pain particularly back ligaments. Refer to pages 298-300.

Will progesterone cure Endometriosis?

I am sure by the reports that it doesn't get rid of the disease because it has been found that women who had stopped for a few months felt great for a while and then suddenly the disease will re-flare itself. Most women stay on progesterone for maintenance, and adjust their dose when necessary, increasing when indicated such as

in times of stress and reducing to maintenance least is best when in maintenance. Younger women (teenagers) are the exceptions. They can successfully continue without progesterone (12 months on progesterone recommended) if they have taken reduced steps to change dietary and lifestyle aggravators and their ovaries are ovulating and menstruation is pain free and normal.

Some have returned for short periods to progesterone but overall a young healthy body repairs quickly and given the right nutritional base strategies will restore equilibrium and normal physiological functioning.

Will a Hysterectomy cure Endometriosis?

Not necessarily. The aim of a Hysterectomy is to remove the uterus to stop periods, thereby reducing blood loss thus slowing down progression of the disease and further migration of endometrial tissue.

However, if the endometrial islets that escaped to other regions of the body and have not been removed by surgery, they can continue to grow under the influence of estrogen. Please refer to page 246 on 'Hysterectomy'. Also to Book 2, "Specific Problems".

I have seen women who had hysterectomies as a result of severe Endometriosis and one particular lady who comes to mind was sent home on estrogen patches to help prevent her from going through the discomforts of Hot Flushes once she had had her Hysterectomy and ovaries removed.

Sadly, 12 months later that woman ended up back in hospital with kidney problems and, on investigation, they found that the Endometriosis had actually almost encased her kidneys and severed her ureter's (the two long narrow tubes that convey the urine from the kidney to the bladder). She had to have kidney tubes put in to allow the urine to pass through.

This is just so sad because any woman who has had Endometriosis will probably know that estrogen is not a good thing for her body and would try and steer clear of it at all costs. Progesterone works wonders for controlling post-hysterectomised symptoms without the danger of Endometriosis re-emerging under the influence of estrogen replacement therapy.

I have also found that women who've had very severe Endometriosis long term require an average of around about roughly 4-6% which is between say 40-60mg of progesterone, varying of course, but again it depends on how the body uses it.

And this is where charting is very important. Because these women work at high stress levels and have a background of pulling on the corticosteroid pathway, they tend to use every bit of the 4-6% without ever running the risk of overdosing.

I never ever ridicule a woman for her choice of treatment. A woman will choose a treatment which is right for her at the time, regardless. If she finds me, then this is where she is meant to be. But I do encourage women to do their research and to look at options and to do it diligently and ask for guidance.