

# Endometriosis Case Study

By: Terri Lambdin (MD)

Endometriosis affects millions of women and while it is most commonly diagnosed in women between thirty and forty years of age, it can begin as early as the teenage years. In endometriosis, the endometrial cells somehow migrate and implant in areas outside the uterus. These misplaced cells bleed during menstruation. The blood stagnates, causing inflammation and possibly scarring in the surrounding tissue. The condition is classified according to its severity – from small, flat patches of endometrial tissue to adhesions that bind pelvic organs together.

Client age 29, white/female

Health concern: Diagnosed with moderate to severe endometriosis.

My client was diagnosed with moderate to severe endometriosis in late November of 2009. The couple was preparing to begin a family. She was having irregular menses accompanied with severe cramping. It was painful for my client to bend over at all. Because of her pain she had trouble eating healthy quantities of food during meals and was having trouble sleeping. Her doctor, after performing a routine exam, sent her for a sonogram. As a result of the sonogram report, the doctor told the client that she would most likely not be able to conceive without surgery but they should go home and try and to come back in 3 months. He stated that if she was successful in conceiving it would help to lessen the endometriosis.

I began working with the client twice a week from December 13, 2009 through February 16, 2010. It was decided that after performing an overall reflexology session on my client's feet I would then focus on areas pertinent to the reproductive system, including acupoints related to gynecological conditions.<sup>1</sup>

<sup>1</sup> Descriptions of Acupoints came from Kristen Radden's Acupoint Reflexology™ - Level I Course

The areas are as follows:

- Uterus reflex
- Kidney reflex
- Lymphatic reflex
- Sp-4 – medial aspect, distal and inferior to 1<sup>st</sup> metatarsal base
- Sp-6 – approximately one hand width proximal to the medial malleolus (FORBIDDEN POINT DURING PREGNANCY)
- Lv-2 – on the dorsal web between 1<sup>st</sup> and 2<sup>nd</sup> toes, distal to the metatarsophalangeal joint
- Lv-3 – between dorsal metatarsals proximal to 1<sup>st</sup> and 2<sup>nd</sup> metatarsal heads
- Ki-3 – medial anterior border of Achilles tendon, level with the medial malleolus
- Ki-5 – on the calcaneus just inferior to Ki-4

Our first session lasted about 1½ hours; one hour was devoted strictly to her feet and the remaining time I worked on her hands. Using a scale of 1-10 with 10 being the worst, my client experienced pain levels in the uterus reflex and ovary reflex of 7-8, Sp-6 level 7, Lv-2, Lv-3 level 8-9. She also had mild tenderness all over her feet.

A specially formulated essential oil blend for hormonal balancing that included Vitex essential oil was used at the end of my sessions. Also a bottle was given to the client's husband for him to work on the following areas every evening before bed, except for the days that the client is seen by me. The husband was shown to apply the essential oil blend to the webbing between the toes, the uterus and ovary reflexes and along the liver, spleen and kidney meridians. He would then massage in the oil using gentle pressure. The essential oil blend was not used during her menses.

In January, the client stated that she no longer had pain when bending over and that her menses had also become more regular and less painful. On February 19<sup>th</sup>, a second sonogram was performed that showed no endometriosis. From the ultrasound report: "[the nodule on the right ovary] contains no visible blood flow...[and] is considerably smaller and of

higher density than the complex cystic lesion seen previously. This is likely to be a normal hemorrhagic cyst rather than an endometrioma.” After evaluating the results from my clients second sonogram, the doctor concluded that there was no endometriosis and suggested that he had perhaps misdiagnosed the client. After receiving this news, I concluded that performing reflexology sessions only once per week (using the same reflex and acupoint protocol above) would be appropriate as well as the husband continuing with his part at least 4 times per week. This program was continued until my client announced on April 25<sup>th</sup> that she was pregnant.

If you have any questions please feel free to contact Terri Lambdin at [SoleConnectionmd@aol.com](mailto:SoleConnectionmd@aol.com), PROMOTING BETTER HEALTH ONE FOOT AT A TIME.