


NO MORE SUFFERING IN SILENCE-MANAGING ENDOMETRIOSIS WITH PHYSICAL THERAPY

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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

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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.

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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

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