Dr. Ron Ehrlich: Hello, and welcome to Unstress. I'm Doctor Ron Ehrlich.

Today's story is something which is of interest to us all. Now, if you're a woman of premenopausal age, or if you're a man or a woman and you have a sister, a daughter, girlfriends, or if you are fortunate enough to have a special girlfriend, partner, or wife, particularly if they are premenopausal, then what we are talking about today is something you should be aware of, alert to, and understanding of.

It's a subject that affects 176 million women worldwide. Just putting that into perspective, there are 370 million people affected with diabetes, and that's described as an epidemic. It's a subject that affects roughly 600,000 young women in Australia. That is one in 10 women. Incidentally, I consider anyone under 50 a young woman. Even more alarming is that there is usually an average of, get this, 7-10 year delay in diagnosis, so there are certainly many women who may be suffering, but have never fully understood what's going on.

For guys listening, listen carefully, and be supportive. The subject is endometriosis. Now, if you haven't heard of it or don't know much about it, aren't you lucky, because that's what we're talking about today.

Just to give you an idea of how big this problem is, the average yearly cost of endometriosis on Australian society as a whole is $7.7 billion in lost productivity [and healthcare costs], because it's an extremely debilitating condition, and of that $7.7 billion, $2.5 billion relate directly to health costs. Again, putting this into perspective, diabetes, considering one of the most targeted chronic conditions in Australia, costs just $1 billion annually in direct cost. Compare that to endometriosis's $2.5 billion. So, it's a huge problem.

My guest today is naturopath Kate Powe, a Sydney-based online naturopath with a passion for helping women across the globe restore their hormonal balance and achieve whole-body health. Now, Kate has her own story to tell about her own experience with this condition, quite apart from outlining the extent and the effect of this problem. We said there is an average of 7-10 year in diagnosis. Well, Kate's was longer than that. She has some great tips from her own personal and professional experience.

I hope you enjoy this conversation I had with Kate Powe.

Welcome to the show, Kate.

Kate Powe: Thank you for having me, Ron. It's great to be here.

Dr. Ron Ehrlich: Kate, endometriosis, it's a word that some people may be familiar with, but it's a word that we probably should understand a hell of a lot more because it's a problem. Can you give us a bit of a background? What is endometriosis?

Kate Powe: Yeah, and it is endometriosis awareness month [Endo March] this month, so it's a great topic to be talking about, as well. Look, you're right, there's a lot of

misinformation because endometriosis is really a condition of, I guess, pain and infertility. They're the two main key things that come out from endo, and it's so misdiagnosed. There's often a delay of around eight years before diagnosis is made, because, I guess it comes back to women's health in general.

It's so acceptable by the community that women have period pain, and so, so often, girls will go through many years of suffering really quite bad period pain and are either dismissed when they go to the doctor, and it's just, that's normal for women to have PMS and period pain, or the solution is to be put on the oral contraceptive pill, which just suppresses everything, and so no diagnosis is found. It's just not discussed.

So, it's quite misdiagnosed, and I think the medical community is getting more and more aware of what it is. The difference of it, in your original question, is that its endometrial-like tissue from your uterine lining, which is the lining that releases every time we have our period, but it's found external to the uterus. It's in the uterine cavity or pelvic cavity, and actually, it can be found anywhere in the body at all.

What it does is that estrogen stimulates these lesions as we go through our normal hormonal cycle. We go through peaks and troughs of estrogen stimulation, and it causes these lesions to grow, and also bleed in the uterine cavity. That causes scar tissue and adhesions to other organs, and it sets up this massive inflammation and pain for women.

Dr. Ron Ehrlich: Do these endometrial cells go through a cycle, as they would in the uterus?

Kate Powe: Well, they think that actually, these cells are normally in the body, can be displaced as normal, but where the problem is for women with endo is a disordered immune, almost dysregulation. Most people's immune system would go and gobble up these cells, and there'd be no issue, but in women who their immune function isn't working as well, these lesions, correct, they grow as they get stimulated by the hormonal surges throughout the cycle, and yes, that causes them to grow. To grow new, even, blood vessels. This process of angiogenesis, when new blood supply and nutrients are going in to feed these cells. Yeah, it makes the problem worse and worse, the longer it's left.

Dr. Ron Ehrlich: And how common ... I mean, how many women are affected? Diagnosis is clearly an issue, but that we know of?

Kate Powe: Exactly. We know it's one in 10 women. It's pretty ... Most people will know 10 women in their life, so to know that at least one of them will have the condition is quite eye-opening. But as you've just pointed out, there are so many women, I think, that are still misdiagnosed, and in the past have been misdiagnosed.

What we do know is that there's a strong genetic component, as well. Often, we might be the lucky generation that go through and are having it diagnosed now, but we might look back to our sisters, or our mothers, or our grandmothers, and know that they had difficult periods, or they even had to have blood transfusions because they're flooding so much. You'll just find because people didn't talk about their cycle, or their reproductive health at all, much, a couple

of generations ago, one generation ago. If you look back and you find that, yeah, actually, Mum complained about bad periods, but it just may not have been diagnosed.

Dr. Ron Ehrlich: And in your clinical experience, what proportion of women have problems with their periods? And how many women sail through their monthly cycle and think, eh, that was cool?

Kate Powe: None of them.

Dr. Ron Ehrlich: None of them, but it's on a scale, and so what proportion have significant enough problems that they feel they need to take medication for it? What do you think?

Kate Powe: I think ... It might be a bit of a skewed survey because my clientele are endocrinology, purely hormonal-based women who are, the majority are having period issues. And between other conditions like PCOS and endo, I think PCOS is a much higher awareness around it, so a lot of women are coming to me and saying, "I've had this diagnosed." But endo and PCOS can actually coexist as well, so a lot of women are going, "I've got painful periods or heavy periods, and I've got PCOS."

Dr. Ron Ehrlich: Now, Kate, for the male members of our listeners, PCOS is ... Go on. I know what it is, but let's tell our listeners.

Kate Powe: Yeah, sorry. It's polycystic ovarian syndrome. A bit of a misdiagnosed name, really. It's called that because the original way of diagnosing it is that multiple cysts are found on an ultrasound, basically, in the ovary. But to have that much pain is not really common in PCOS, so that's when we go, "Okay, let's look into that a little bit further, and actually, is endometriosis more the issue there?"

Dr. Ron Ehrlich: Both of those are actually, they're not, strictly speaking, autoimmune conditions, but they have a lot of similarity to autoimmune, isn't it? It's the body malfunctioning, or I don't know. How do we describe that?

Kate Powe: Yeah, and that's a really big bone of contention in the industry as well, but I do see, endometriosis especially, we don't call it an autoimmune condition, and that's correct. There is no scientific diagnostic criteria that calls it an autoimmune condition, but there definitely is, I think, a correlation between, as I mentioned, a dysregulated immune function, with the ability for endo to be removed from the system. But also, there's quite a big correlation of autoimmune conditions that are tied in with endo.

Thyroid function, for example. There's about 42 percent of women with thyroid function, and we know that hypothyroid, about 95 percent of low thyroid function is actually Hashimoto's with is the autoimmune function. So, 42 percent of women with hypothyroid also have endometriosis, so that's quite a big correlation. And there's also correlative factors with lupus, and MS, and a whole pile of other quite inflammatory conditions. So, yeah, I think there is a link there.

Dr. Ron Ehrlich: We love categorizing and labelling things, but of course, we're talking about one whole human body. So, I guess different parts of that body react in different ways, even though we might categorize them as "Thyroid, yes, you've also got this and that." But that's a very high percentage, isn't it?

Kate Powe: Yeah, really high. And even that puts a really good point, Ron, in, especially as a natural medical practitioner, a natural therapist, that we do look at the body as a whole, so it's not even about so much the condition, what it is, it's more so the conglomeration of symptoms. Often we'll find that it's treating it by reducing inflammation, and that's exactly how I'd look at endo, is looking at the immune function, looking at reducing inflammation to help.

Dr. Ron Ehrlich: What's it ... I know, historically, as you've said, it wasn't necessarily something that was talked about as much as it is now. But is this a rising trend happening out there, apart from, putting the increase in diagnosis aside, we've seen more of it?

Kate Powe: I think we are just becoming more aware, especially because, I think, women are getting better. Honestly, there's a lot more education, and a lot more standing up, and a lot more pushing back, from being pushed away and saying, "It's just period pain." I think a lot more women are seeking out better, second and third opinions.

But also, there's a lot more specialist training in endometriosis detection. Whereas before, detection would just be, "I've had an ultrasound and I don't have endo," we know now that you can't diagnose endometriosis by ultrasound. It does have to be via a laparoscopy, which is an invasive surgery in the abdominal cavity.

But now, surgeons are being trained in specialized techniques for detecting it via ultrasound, but also via these medical surgeries, to be able to detect it and to remove it. I think, in the past, generalized gynaecologists, the techniques weren't there to successfully detect it, or to remove it successfully. Even the techniques have changed.

Dr. Ron Ehrlich: Does the laparoscopy ... Sorry, this could be a really basic question, because, at my dental practice, we don't use this technique, fortunately.

Kate Powe: Yeah, of course.

Dr. Ron Ehrlich: But does it take a biopsy of the site? Is that what the laparoscopy does, and then looks at the cells under a microscope, and that's how the diagnosis has to be made?

Kate Powe: Yeah. What it does, it's just a couple of small, little keyhole surgery sites in the abdominal cavity, usually one on each side of your belly button, and going through the belly button, and it detects the cells. It can take a biopsy, absolutely, and the new way of treating it is through this excision surgery, actually cutting the cells out to biopsy. But also, in that whole process is actually how you read the lesions, itself. They usually, the detection is also the treatment of the condition, as well.

Dr. Ron Ehrlich: And I mean, you mentioned that it can spread to other parts of the body, and of course, the abdominal cavity is quite close to the reproductive organs. But what if it's in an area that's a little less accessible?

Kate Powe: Yeah, and that's where it's such a tricky disease, because there is no just one, "Oh, that's what it is." It's commonly found ... The sites that it's found around usually are attached to, say, it could be the ovaries. It could be the bowel or the rectum, which could make actually having bowel movements or going to the bathroom quite painful. And that's also this common endo belly that we get, which can be quite painful. Bladder, a whole pile of different areas.

As I said, it can actually be detected anywhere in the body at all, and there have been cases where it's been found in the knee, on the back, in the brain. Obviously, these areas, you can't really always get to them by surgery, because it's just not possible. So, there are conditions where a surgeon may have to go in and remove what they can, and it can be extremely extensive in some women, and not so in other women.

Dr. Ron Ehrlich: And often requiring, I imagine, repeated surgeries?

Kate Powe: Yeah, repeated and multiple types of surgeons. You may need a different specialist to actually treat rectal areas or bladders. So often, there can be two or three surgeons in their surgery. And yes, you're exactly right, it can ... I think the recurrence rate is about 50 percent, still, because they are cells, and we hope to, surgeons hope to remove all of the lesions when they're in there, and a good surgeon will have a good success rate, but there's no guarantee that it may not return.

Dr. Ron Ehrlich: And you mentioned that that, it takes eight years for a delayed diagnosis. So, if people were listening to this, and I'm talking about guys, here, as well, because with your partners, you need to be understanding of their problems. This is really important for all of us. What are ... You mentioned painful periods as a first sign. People having painful periods shouldn't necessarily jump into endometriosis right away, but what other things should we or could we be looking for? Are there blood tests, blood indicators? What are some of the other things we could be looking at to speed that diagnosis up?

Kate Powe: I think the number one would be painful periods. As you mentioned, I think, if you're getting some slight pain, or you feel a little bit off, then that's normally a normal, I guess, inflammatory type pain, and that wouldn't be my main jump of concern. It's for women that, severe pain. They're doubled over. They're vomiting. They're nauseous from it. They're having to skip school or work. It's really impacting their relationships and their life. That's when you think, hang on, that's not a normal amount of pain, and that's not something that women should be putting up with. That's number one, I guess.

And then, also things like pain during sex. If it's quite painful during penetrative, deep penetration, that can be another key of lesions around that cervix area. Pain shooting down the legs. Some women might get a little bit of mild bloating, or a little bit of period pain, as I said, but if you get this quite sharp pain shooting down the legs, that can be another sort of

indicator. And a big one is gut issues, as well, because a lot of people are thinking, in the natural world especially, there's a lot of focus now on gut health and the microbiome, and we're all quite aware of a lot of different problems that people have around that.

Often people might be mistreated in some ways for things like IBS, or they might have this changeable bowel habit of constipation, diarrhoea. As I said, painful moments going to the bathroom. They might get bloating, which can be mistaken for something like SIBO, which is a small intestinal bacterial overgrowth because that causes this bloating. But all these signs and symptoms can actually be good indicators that maybe endo is part of the picture, as well.

Dr. Ron Ehrlich: Right. What about regularity of the period? Would irregular, or shorter periods, or longer periods, would that be an indicator?

Kate Powe: It can be. Probably another key one around the actual period is spotting. Spotting can be caused for a number of other reasons as well, like polyps or a few other reasons, but it is something that if I find a woman that is spotting quite regularly ... And again, it can be, at ovulation, a woman can have a tiny bit of spotting, that's normal, but if you're finding you're regularly spotting quite a lot at ovulation, that can be another key indicator as well.

And the other one, which we didn't mention, sorry, which is a big one, and often missed, is infertility. For some women, they may have no signs and symptoms of endo at all. They might have no pain, no irregular periods, but there's just, for some reason, there's this unexplained infertility. And up to 40-50 percent of women with infertility have endo.

Dr. Ron Ehrlich: What are some of the things that predispose, that we know of? What predisposes women to this issue?

Kate Powe: Yeah. It is hard. I think there's a large genetic component. Really, the first thing I also want to say about that is, I think women have been shamed, sometimes, for having it. They feel a bit embarrassed to complain or talk about it. And sometimes, the medical community have not been all that sympathetic, I should say. There's a huge genetic component, so that's definitely part of it.

Along with that is the inflammation. Not having great genetic pathways to read hormones, to read the estrogen, to read other things in the body. So, it's not a condition that's caused by estrogen dominance, for example, which we sometimes correlate high estrogen with endometriosis patients. You can have very low estrogen and have endometriosis as well, but if your pathways of clearing estrogen aren't great, then the incidence is probably going to be higher because it is estrogen that stimulates those lesions' growth.

The longer a girl ... If a girl gets her periods quite young, I think the longer exposure that you have to estrogen over your life. I think, it's not positive, but it can make that condition a little bit worse.

Dr. Ron Ehrlich: And does the contraceptive pill predispose you to them?

Kate Powe: It doesn't predispose. That has more of a link, I guess, to PCOS, in that it can worsen insulin resistance, but no. It's often used to control endo because what that does is really just shuts down your entire hormonal system. It stops any kind of natural hormone surges in your body, so that's why that's given to dampen down the hormonal surges. But no, I wouldn't say it predisposes.

Dr. Ron Ehrlich: What are some ... I digress here, for a moment, because we have mentioned PCOS. What are some of the symptoms of PCOS? While our listener's partner is thinking, "Maybe I've got ..." What about PCOS? What are some of the things to look out for in PCOS?

Kate Powe: Yeah, I guess the main one is really high androgens. If you're that person who has quite severe acne, or you might have hirsutism or a bit of facial hair, they're kind of the key ones, because PCOS is a condition of anovulation, really, so you're not ovulating. Often there's high testosterone being created by the ovaries, so instead of our nice balance of estrogen and progesterone through a normal cycle, we get this over-surge of testosterone happening, and causing this more male, masculinization of women, and it's the hormones.

And often, the periods will be longer, or they may skip cycles. If they're not getting their period for three, four, five months, and they have this sort of high-androgen picture, that's when you might think, "Okay." And the other link to PCOS is insulin resistance. I think almost 90 percent of people with PCOS have insulin resistance. Again, it's simple things like checking for that in pathology. Checking for insulin, blood glucose, and those sort of things.

Dr. Ron Ehrlich: Yeah. I think we, on a previous program, had PCOS described as a form of metabolic syndrome.

Kate Powe: Yes, correct.

Dr. Ron Ehrlich: Maybe we're up for a new name, then.

Kate Powe: Absolutely. I think it's high time. There's definitely a misnomer, that name, PCOS. And really, it isn't one condition. It is sort of an umbrella term for, like I said, it may be insulin resistance, it might be high androgens from your adrenal gland, and it might be a more metabolic thing.

Dr. Ron Ehrlich: And both, obviously, affecting fertility.

Kate Powe: Yeah, absolutely, because both are affecting the ovulation.

Dr. Ron Ehrlich: Now, going back to, you mentioned a few things about how conventional medical treatment of endo is, with this surgical approach, which is typically what it is. And also, did you mention that people are put on the contraceptive pill to try and mask? Are they the kind of standards, the golds standard of conventional approach?

Kate Powe: Yeah, absolutely. The pill is pretty much the number one treatment. That, or after surgery, often women are offered an IUD, like the Mirena, which is a progestin-based hormonal IUD. And look, to be honest, as a natural therapist, I'm always a little bit like, I'm not so keen on the oral contraceptive pill or whatever, but I do tend to look at endometriosis slightly differently, as in, I will do everything in my power to, as I said, modify the disease progression, to reduce pain and inflammation.

And it can be managed quite well. I think it has to be a combo, typically, with medical as well as natural. But if a woman is quite severe, I'm always about what's going to work for the woman, and sometimes the pill is the right option because there's no other management. It is such a chronic, invasive condition that for some women, that may be the best outcome.

Dr. Ron Ehrlich: Yeah. I mean, allowing them to live a pain-free life -

Kate Powe: Correct. Have a life.

Dr. Ron Ehrlich: Is pretty significant.

Kate Powe: Correct.

Dr. Ron Ehrlich: But now, I want to ask you what your approach has been, but you have a history of this yourself. Before we go into that, would you share with our listener a little bit of your own story, there?

Kate Powe: Yes. I was one of those people that were misdiagnosed. I think it took me about 14 years to get my diagnosis. But I was the typical, awful periods all my life, heavy periods, painful periods. Really affected my life, and career, and relationships, and everything, and wasn't diagnosed until I was probably about 33, actually.

It was a genius GP that I just, for the millionth time ... I had been on multiple OCPs, oral contraceptive pills, nothing had worked. Different progestins, nothing had worked. And by chance, I just got a great GP at a medical centre once, that suddenly just went, "I think you have endometriosis." And I was like, "What is that? I've never even heard of that before."

She immediately whisked me away to a great surgeon, and he was fantastic. I actually did have quite severe, I had stage four, which is categorized into four stages, so it was quite profuse, as well. And I ended up having probably about seven, I think, all together ... Not full laparoscopies, but different surgeries for polyps and a whole pile of different things.

It was quite a difficult journey. As I said, it does disrupt your personal life, as well as financially. It's expensive to put yourself through all that. And again, it's a condition that isn't always discussed or talked about. I even remember lying there waiting for my surgery, and this guy was in the bed next to me saying, "What are you in for?" And he had a busted leg or something, and I'm like, "Please don't ask me." How can I talk about this with him? It's embarrassing for women, and I think they just ...

Dr. Ron Ehrlich: Well, that guy would now be listening to this podcast, and so he'd be going, "Oh, I know! I've heard a lot about that." But go on. You had this series of surgeries. You said eight surgeries or something like that?

Kate Powe: Yeah. I only had the one laparoscopy, and that is sort of ... It was a major surgery, and it was a few nights in hospital. And I think back then, the technique wasn't as good now. I didn't have excision surgery, which is the gold standard, where they actually cut ... We look at it also, about the lesions, it's like a tree with roots. So, you might see the leaves and the top of the lesion, but you need to actually cut underneath the tissue to get the roots and the trunk out, as well. I think when I did it, it was more this older style of doing things, where you lasered it off. They sort of just burn the area off. There's more risk of scarring and that kind of thing, then.

That's the process I went through, but again, it was sort of every about one and a half to two years, I went back to have another surgery, and that's destructive to life, and to career, and everything. Yeah, tricky.

Dr. Ron Ehrlich: And you are controlling it? Does one say, "I now no longer have endometriosis"? Do we reach a point of that, or do we learn just to manage it?

Kate Powe: Yeah, I think it's more managing, to be honest. Again, because there are different grades. I think women with stage one who may have just a few little pockets may be able to very well manage it purely by diet, lifestyle, and some supplements, or whatever. I think that's entirely possible. For somebody with quite profuse, covering multiple organs, and if it's been there for a very long time, I say it would be management.

And even this is one of the stories that I had, because when I started studying naturopathy as I was going through this process, and was gung-ho and very hopeful in my first year. I took all the herbs and supplements. By the end of the first year, I was getting quite distressed and thinking, "None of this is working. It's not working. Pain is still terrible." And so, I got quite down and thought, "I'm going to have to give this up, this is terrible."

So, I stopped everything, because I thought, "I'm over this. I'm going to stop everything." And oh my goodness, did I find out how much help I was getting with the natural supplements because it was so unbearable. So, for me, that was a really good check, because I thought ... You do, you forget how bad things are. I did realize, once I stopped all sort of looking after myself naturally, how severe it had become. Yeah, management, I think, is the way to look at it.

Dr. Ron Ehrlich: Yeah. You mentioned, there are four stages?

Kate Powe: Yeah.

Dr. Ron Ehrlich: So, the first stage you mentioned was a very mild one that could be dealt with diet and lifestyle, and you had stage four, which was affecting multiple organs. Stage two and three, I guess, are just grades in between those two?

Kate Powe: Yeah. Grades in between. And they're either graded by the size of the lesions, the number of organs they're covering. And the other thing, I guess, around that is, there's a slightly same but different, almost the same, condition linked with endometriosis, which is called adenomyosis. And really, instead of the endometrial tissue being found outside the uterus, it's found in the myometrium or the muscle wall of the uterus. And that can often be implicated in this deeper level of endo as well. That's harder to deal with because it's throughout a muscle wall. You can't burn that off without ...

Looking at things like removing the uterus, a hysterectomy, which is not a common thing with endo, as I said, because endo is usually outside the uterus, so it's not usually ... a hysterectomy isn't going to cure endo. But for some women, again, if there's extensive uterine involvement, that may be necessary.

Dr. Ron Ehrlich: So, Kate, it's interesting for you, having literally gone through such a long period of undiagnoisis, having gone through so much with it, and then your own professional involvement in helping people manage. What are some of the things that you've found helpful for women to deal with this, to manage these issues?

Kate Powe: Yeah. So, look, two ... I guess, for me, I look at what are the women suffering with the most, and it's always around pain and inflammation, and then mood. Mood comes in with that, as well. But pain, that's the biggest one, and that's the one where I try and work the most. I've got a couple of really favourite supplements that I use for that, and my most favourite is curcumin, from the turmeric plant.

There's been a lot of research on curcumin and its analgesic effects, so it's really useful in pain management, obviously. But it also has an actual effect on endometrial lesions. It blocks that stimulatory effect of estrogen, that I talked about, where it stimulates these lesions. It blocks that and reduces the tissue growth and inflammation. And it also stops this new blood vessel creation, as well, so it can slow the spread of the endo lesions. And it's safe.

Dr. Ron Ehrlich: And that's as a supplement, but there's also turmeric root, and then turmeric powder to add to various foods. That's an effective use of curcumin as well.

Kate Powe: Curcumin, yeah, absolutely. And that's right. I think I mentioned, I supplement purely because I look at it from a dose-dependent, from a very efficacious point of view. But I absolutely always encourage, then, through diet and lifestyle, what foods you can cook with, using turmeric root wherever you can, and how to use it. Curcumin is really effective dependent on the way it's taken up into the cells. So, to cook with the way traditional Indians do, with oil, pepper, that kind of thing, really helps that absorption of curcumin in their system, as well.

Dr. Ron Ehrlich: Interesting. It's interesting, just as an aside, before you move on to the next one. I wonder whether in Indian communities, or where curries are consumed, whether that is ... And it's such an integral part of the diet. It would be interesting to know what the incidence of this kind of problem would be. But anyway, I digress. Go on, the next ... What else can we do?

Kate Powe: Yeah, so, I guess I'll just talk about my three key supplements first, I guess, and definitely some diet and lifestyle. The other thing that I find really useful is NAC or N-acetyl Cysteine. It's a supplement we use as a powder. It works on that sulfur pathway, which goes on to create glutathione, which is our master antioxidant. On that sort of level of downregulating inflammation and oxidative stress in the body, it's beautiful, but there's also been quite a bit of study, research behind it on chocolate cysts, or endometriomas. That's endometriosis of the ovary, basically.

Dr. Ron Ehrlich: For our listener, N-acetyl Cysteine, which is abbreviated to NAC.

Kate Powe: NAC, yeah.

Dr. Ron Ehrlich: I think we've used that in some of our detox in the surgery, for mercury detox, as well, because of the sulfur.

Kate Powe: Yes, correct. It's such a beautiful, beautiful product, and used in so many different ways. It's also used for depression, and it's got a bit of a dopaminergic action. They're found, also, one gram twice a day over about four months can reduce depression symptoms and severity, and that for women with endo, when you're someone suffering chronic pain nonstop, it's obvious that depression is going to be really high in these women, as well.

But NAC, on the actual growth of it as well, it can prevent the growth of those cysts, and their size, as well, so that's got some great research behind it, as well. And it can also help for those women with the infertility aspect, as I mentioned. Not every person will have infertility issues, but for those women that do, it can actually help with successful, full-term deliveries, as well, in that population.

And then zinc, I think, is really key, as well. Zinc is such a beautiful anti-inflammatory. It reduces prostaglandins and pain levels, and it is really key for that gut health, and reducing inflammation in the gut, and immune function, as well, immune regulation.

Dr. Ron Ehrlich: And a lot of people are deficient in zinc, aren't they?

Kate Powe: Oh, so many. And I think this is the other link. I find this really fascinating. The other link with that is that zinc often works in opposition to copper, and often women on an endometriosis diet, or the typical diet, is a very high vegetarian diet, and a very low meat-based diet, which I think can actually put a little bit of extra pressure on, because a vegetarian or a vegan diet is a very high-copper diet, which means they will have very low zinc. I'm always in this balancing role of actually getting onto diet and lifestyle.

I think really important for these women to ... As long as it's okay with their ethical sphere, they ought to include some really good quality red meat. Organic, grass-fed, so it's got the right ratios of anti-inflammatory omega-3 to omega-6 ratios in the meat. And it doesn't have to be massive amounts and that sort of thing, but just a small amount here and there, I think,

for both iron deficiency, which a lot of these women are bleeding quite heavily, they're often deficient in iron, but for zinc and all of those beautiful minerals that they need.

Dr. Ron Ehrlich: Yeah, no, that's great. And in terms of downregulating inflammation, I mean, there are some common themes in our approach to nutrition that run through almost every disease, really, don't they?

Kate Powe: Yeah.

Dr. Ron Ehrlich: What constitutes a low-inflammatory diet, in your mind?

Kate Powe: I think for me, my two key things that I do with endo people, and I do get them to do this maybe for just eight weeks, like a two-month cycle, and just monitor. Because for some women, no difference, don't see any difference. For other women, I think avoiding dairy can be quite ... Dairy can be quite an immune-disruptive, inflammatory promoter of prostaglandins, as well.

But I'm willing to bargain with women on that as well because it seems that A2 forms of dairy, which is a different form of the protein, the A2, different casein, different protein in there, seems to be less inflammatory for those women that have dairy issues. So, I often say, look, if you can't give up dairy, or you're really addicted to it, switch to A2, which can be A2 milk and yoghurt, or it can be goat and sheep milk, feta cheese, that sort of thing. See how they go for that.

I will typically take women off the grain and gluten, just to see if that is causing any inflammatory picture in that, as well. And then the other thing I do is add in lots of anti-inflammatory foods. Obviously, we're talking about lots of water, and lots of flushing the system, as well, that way. But cruciferous vegetables, brassica family vegetables, like Brussels sprouts, broccoli, cabbage, cauliflower, all those vegetables work on that sulfur pathway, on that phase one, phase two detoxification pathways in the liver. And that can really help clear out all those hormones that are circulating in the body.

And then the flip side of that, though, is that we have to make sure there's great bowel regularity as well, to clear and remove it all. It's great to be releasing it from the liver and moving it through, but if you're not having regular bowel motions, then it's going to be recycled back into your system. So, just making sure fibre is great, there's lots of fibre and lots of leafy green veg.

Dr. Ron Ehrlich: And I guess, like most things, exercise is a good thing, but for somebody suffering from endometriosis where you're in pain, easier said than done. But is there evidence that shows doing exercise reduces their symptoms?

Kate Powe: Yeah. Look, I think as hard as it is, and of course, I always say to women, "Listen to your body. Nobody knows your body better than you." It's all well and good for someone on the other side of the table, saying "You've got to do X, Y, and Z." I think anything that can if they're able, help those pathways of detoxification and elimination,

that's great. And your skin is the largest elimination organ on your body, so anything you can do to work up a sweat, to release toxins via that way, that's great.

But the other point is, heavy exercise is inflammatory, as well. So, I personally look at more of the gentle forms, and especially if there's, obviously, a lot of pain and inflammation going on anyway. If someone is doing really heavy cardio and that sort of thing, that's really bumping up cortisol, bumping up inflammation, and that's not always good.

I think things like, looking at more supporting your adrenals. Yoga, Tai Chi, Pilates, walking in nature, and earthing, and grounding. I think all those things are really positive. It's so important to keep that mental positivity, and mind-body kind of connection there, as well.

Dr. Ron Ehrlich: Yeah. Well, that's terrific. I think we've really covered the territory. Look, before we finish, I just wanted to ask you, if you just took a step back from your role in endometriosis and women's help, just looking at it as a health practitioner, what do you think the biggest challenge is for people on their health journey through life in this modern world? What do you think that is?

Kate Powe: For me, I think, it might sound a little bit different to what other people might say, but I'm very much about women's empowerment, because I really believe that we often take the word of somebody, a diagnosis, very quickly, and we all get quite caught up in the fact that "I've been diagnosed with something, therefore I have to take something." A medication. Or, "This is fact because I've been told it."

I think what the struggle is for women with their health is to really realize that we're not small men. That's something ...

Dr. Ron Ehrlich: Thank goodness!

Kate Powe: Well, we're treated like ... All the research study, everything has been treated in that way. So, to listen to your own body, and to know that, "Hang on, that doesn't feel right to me." Because women are quite good at feeling into things, and sensing things, and I just think, if we can stand up for ourselves and say, "That doesn't feel right to me. I'm going to look for another answer." But also look to the natural way of supporting your body.

It's very easy in this world, I think ... We have a lot of toxins in our environment. We've got a lot of foods that are just not nutritious, and not supportive of our hormonal cycle. And we're too often put very quickly, at a very early age, on things like the OCP, which just completely shut down the cycle. I think, if women can reconnect back to their body, back to nature, back to what feels good, then they're doing a good job.

Dr. Ron Ehrlich: All right. Well, look, as the father of two young women, music to my ears. Women empowerment, that's terrific. Kate, thank you so much for joining us today.

Kate Powe: Yeah, a pleasure.

Dr. Ron Ehrlich: We're going to add links to your website, and it's a great facility for women to empower themselves. I thank you for joining us.

Kate Powe: Thank you, Ron. It's been a pleasure.

Dr. Ron Ehrlich: Now, this is a direct quote from Kate. "I want women to understand themselves, their bodies, and embrace themselves with all the love, wonderment, and adoration they deserve." Which, for me, as a father of two daughters aged 31 and 28, and also knowing a lot of their friends for many years, and many of them I've watched grow up, that is a message I feel pretty passionate about, too. And for any blokes out there who also love and care about the women in their lives, getting to know a bit more about women's health is going to be a focus in coming weeks and months.

I wanted to share one important point. Now, one of my daughter's oldest friends has endometriosis, and Kate mentioned taking the best that Western medicine has to offer, along with some great supplements, and a low-inflammation diet, avoiding grains and dairy, for example. Now, here's the thing. This lovely young woman duely went on and did those things, and found little improvement.

The point I want to alert you to is that when you are sensitive to a particular food, like dairy and gluten, which is not uncommon, you are almost always sensitive or cross-reactive to other foods you may not even have considered a problem. In her case, it wasn't until she went off rice, corn, and a few of the other common gluten-free alternatives ... They were actually things that she was cross-reactive to, that she noticed a dramatic improvement. I just had to add that in. I couldn't let that one go.

Now, don't worry, gentlemen. In the interest of equality, we'll be doing lots of programs on men's health, too, in the coming weeks and months. Let's just say it's a way of getting to know each other.

We'll have transcripts of all this and other episodes on the website. You may have missed a few important points. Well, they're all there. Links to Kate's website, as well as links to Endometriosis Australia website.

Now, do send us feedback. Definitely leave a five-star, positive review. Thanks for clicking the stars, but leave a review, and help spread this message of personal empowerment.

Until next time, this is Doctor Ron Ehrlich. Be well.

Kate Powe sees clients from all over the world, to get in contact with her you can click this link and follow the contact information on her website.

Endometriosis Australia website

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