

My Personal Health Transformation

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Diagnosed with endometriosis in 1988

I first began having symptoms of endometriosis in 1986 at the age of 23. I had been to the doctor several times during that year for various ailments, ranging from mitral valve prolapse to gastrointestinal problems. In addition, I had several bouts with vaginal yeast infections.

Although my health seemed less than good, my personal life was definitely on the upswing. I had gotten engaged that September, about the time that my symptoms really began to kick in. My general practitioner repeatedly suggested that I was under stress. I explained that I was happier now than I had ever been, but she quickly reminded me how stressful getting married can be.

I was married one year later. My yeast infections and stomach problems continued, along with pelvic pain, especially during intercourse. I continued to ask my doctor if anything else could be going on, and she

insisted that my problems were stress-induced. I was in her office at least once a month.

Finally, after a discussion with my aunt, I began to put the pieces together. My mother and her three sisters all suspected that they had endometriosis, and they have all had hysterectomies. Some of the symptoms my aunt described were similar to mine.

Because I lacked the telltale symptoms—heavy bleeding and cramps during menstruation—my doctor once again did not hear me. She did perform “some tests” to appease me and concluded that I had pelvic inflammatory disease. I was told that the condition was chronic and that I would just have to “live with it.” At my insistence she also did a sonogram. It revealed a mass, which was later identified as a fibroid tumor. A history of fibroid tumors is also present in my family.

Shortly thereafter, I went to a local women’s health resource center and began researching pelvic inflammatory disease and other gynecological disorders, including endometriosis. Through my research I discovered that the laparoscopy is the only accurate diagnostic tool for endometriosis. Finally, my doctor, who was not qualified to do a laparoscopy, referred me to a fertility specialist. The fertility specialist performed a laparoscopy in the spring of 1988 and diagnosed me with endometriosis. At that time, he removed endometrial tissue as well as several small fibroid cysts.

I was symptom-free for six months. The first symptom to recur was a stabbing pelvic pain, first detected during intercourse. For some time after sex, I had an aching, throbbing pain inside that often continued through the next day. That familiar fear shot through me and I knew what was ahead: more chronic pain and more medical examinations and

procedures, which I viewed as painful, invasive, and humiliating. I continued to have pelvic pain and digestive problems throughout my cycle; I was either constipated or suffering from diarrhea. Once again, I was repeatedly diagnosed with yeast infections, even though I never had a discharge or the typical itching. Nevertheless, I was forever being prescribed that lovely tube of white gunk without ever feeling totally cured. On occasion, I would complain about the pain, which seemed to be inside my uterus, and I would be given medicine for a urinary tract infection. But inside, I knew what was going on.

In the meantime, I moved from Florida to Atlanta. Partly because of the move and partly because of financial reasons, I was not seeing one physician. I saw a nurse practitioner and then a gynecologist at Planned Parenthood. If the pain was severe, I would go to an emergency medical clinic or a family practitioner. But then I began seeing a reproductive endocrinologist I found out about through the Endometriosis Association, of which I was a member. An ultrasound revealed a cyst on my ovary. I had expressed concern about repeating surgery, so the doctor suggested that I take Danocrine (danazol) for three months. The drug removed the cyst and reduced the pain but not the stomach problems. Danocrine was expensive and had several side effects. These included weight gain, hot flashes, and severe mood swings, resulting in unexplained bouts of crying.

Within three months, the symptoms appeared again, this time with cramping and heavy bleeding. I was a full-time student working part time. I remember feeling like I just did not have time for this burden in my life. I arranged for another laparoscopy in May of 1991. I even scheduled the surgery between quarters at school. By the time I was wheeled into surgery I was begging

for a hysterectomy. I had bled for 30 days straight and was not particularly impressed with my "womanhood." I just wanted my quality of life back. The surgery was completed: the doctor again removed endometrial tissue and a fibroid cyst, the latter of which had completely engulfed my uterus.

The surgery went well. My recovery was good but slow. Just days after having gone through this procedure, I was overwhelmed at the thought of having surgery again and again. I felt like I was at the mercy of the medical profession.

Shortly after my marriage in 1987, I began counseling with a therapist. Two years later, my husband and I went to marriage counseling. Although we did not have any overwhelming marital problems, we both had problems with sexual intimacy. I blamed most of my problems on endometriosis.

Within the past four years, I have come to terms with emotional, physical, and sexual abuse in my past, most of which I had repressed. When I began getting in touch with the sexual abuse, I started making the connection between my mind and body. It is no mistake that the occurrence of most of my physical symptoms coincided with the onset of my first truly intimate and committed relationship. At the time of the last surgery, I firmly believe that endometriosis was my body's way of protecting me from further abuse. Even though my husband was not a perpetrator, my body responded defensively. In my past, intimacy had equaled inappropriate sex. When I finally met someone whom I loved and respected, I did not have the proper tools to have a healthy relationship. Although the endometriosis was a physical, diagnosable, unarguable excuse, I now know the lack of sexual intimacy was a much deeper issue for both of us.

Shortly after the second surgery, I decided to try a more holistic approach to healing. I had worked on my mental and spiritual well-being, and had read much about the connection between the mind, body, and spirit. I was seeing my doctor who was treating the physical body, a therapist who was treating the mental aspects of being, and now I decided to see a chiropractor who also practices applied kinesiology to treat the body through spinal adjustments and muscle testing. Kinesiology seemed the logical balance of these three components because it stresses the health triad—believing a person should attend to the chemical, mental, and structural elements of healthful functioning. Kinesiologists use muscle testing as a diagnostic tool to treat the overall health of the body. I had gone to chiropractors for back problems, but I did not realize that they treated the entire body structurally, working with the spinal column and the nervous system to maintain function of the body.

Of course all of this is in retrospect, as I knew nothing about kinesiology and went on blind faith, having been recommended to this doctor by a respected friend. I observed and asked questions along the way, and the more I researched it the more confident I became in the path I chose. I did not feel I was at risk for bad practice because the chiropractor was highly recommended by several people who had positive results from his treatment. In fact, I figured it was either a bunch of hocus-pocus or it was something credible. I trusted my instincts, and after a year of literal new health, I did some snooping and was surprised at the schooling and credentialing of these holistic healers.

About the time I began seeing the chiropractor, in therapy I started having abreactions, which are vivid remembrances of abuse (also commonly called

flashbacks). Flashbacks can be visual, auditory, or kinesthetic (feeling body sensations.) Mine were kinesthetic. Soon, my visits to the chiropractor resulted in sensational flashbacks. Often, a simple neck adjustment would result in a writhing sensation that is hard to put into words. The sensations were primarily of an emotional nature. I would begin crying uncontrollably, often my arms and hands would go numb, and I would feel a tingly sensation throughout my body. I would begin hyperventilating, as well. I learned that memories are stored in the body, and when certain parts of the body are manipulated those memories bubble to the surface. My chiropractor was not only aware of my physical problems, but was attuned to my therapeutic process as well. When these flashbacks occurred, he would gently help me through the process and allow me to release the emotion safely, centering me in the present before he would continue with other chiropractic manipulations and applications of kinesiology.

The chiropractor tested the tension of the muscles in response to reactions to certain foods, emotions, and supplements. For instance, the chiropractor placed a supplement of iron under my tongue and then had me press against his hand with my forearm. The tension was weak, which is a sign that there is an allergic reaction. He duplicated this forearm procedure with food by placing food samples on my stomach as I was lying down. When dealing with emotional stress or trauma, he asked me to think about "the physical abuse when I was growing up." By testing my muscle response, he determined whether I had resolved the conflict or whether I still had issues attached to the trauma. Because emotions are subjective in nature, not all kinesiologists perform muscle testing in this area. It depends much on the philosophical slant of the

practitioner, as some chiropractors see kinesiology as an exact science, testing only those foods and supplements that are administered orally.

Through muscle-testing, I was diagnosed with several food allergies. Consequently, I have removed wheat, dairy, soy, meat and other various items, such as vanilla, onions, garlic, caffeine, chocolate, and coconut from my diet. My chronic digestive problems have diminished greatly.

In addition, I was treated with various vitamins and minerals. I was given a multi-vitamin and mineral supplement, which I continue to take daily. I also take bee pollen, which boosts the immune system. I have taken vitamin B-12 supplements in chewable tablets to aid digestion. I also have taken vitamin A and E emulsion drops to aid in the functioning of my ovaries. Both the B-12 and A and E drops are time-limited supplements. The muscle-testing illuminated to the doctor what my body needed at that particular time for a variety of complaints, most of which centered around my reproductive organs.

I have had several homeopathic remedies administered as well. Although homeopathic remedies can be administered on a one-time basis in the office, my chiropractor recommended specific over-the-counter remedies. For example, my chiropractor prescribed Bach Flower remedies, which are taken for emotional trauma. Flower remedies are sought from the plant world to help restore vitality and enable the person to overcome fears and worries, which may be hindering the natural healing process. Bach flower remedies come in a concentrated liquid form and are administered through a dropper. I use three or four drops under my tongue when I become aware of stress.

I believe that my new approach to health has indeed helped my body remain symptom-free. Since I have used these methods, I have noticed many improvements, primarily with digestive problems and pelvic pain. I can remember always being tired and depressed. That too has greatly diminished. I noticed a small improvement within one month. Significant improvements were noticeable within three months. I continue to see my chiropractor once every four to six weeks, as I have from the beginning.

Nowadays, I see my reproductive endocrinologist for six-month checkups. I have not told my doctor about the alternative methods I have sought out. I do not know if this is a conscious decision on my part. I could say "Well, it has never come up." But I realize the subject would not come up unless I opened the conversation. I may have feared scorn or ridicule. I have relied heavily on myself through this process, and perhaps I did not want a negative response contaminating my faith in the healing that was taking place. Of course, expecting a negative outcome from my doctor is an assumption on my part. It is my hope that mainstream medicine and holistic forms of treatment will begin to find a common ground.

In addition to therapy and alternative healing methods, I have avidly read literature pertaining to abuse issues, spirituality, and alternative forms of healing. I have come across much of this reading material in health food stores and feminist book stores.

I cannot speak for all women; I can only speak for myself. The medical doctors are part of the journey that has led me to good health. But I believe if I had relied completely on the world of medicine without taking a look at other issues affecting my life and the options available on a holistic level, I would still be caught in the cycle of recurring endometriosis. I also

believe that I have had competent guides in all aspects of my healing. My process has not been as hit-or-miss as some women have experienced. It is one thing to read about an alternative method in a book and quite another to be able to check out that method with a qualified healer.

I realize that suggesting a debilitating disease such as endometriosis could be a result of a deeper, unresolved trauma is a far stretch for some. But I do know for me, getting in touch with my inner wounds has allowed me to move past the crippling effects of endometriosis and has given me a different perspective other than that provided by the medical model. I believe a healthy combination of all the healing disciplines will better aid women in healing from this disease. I have seen many efforts in the area of emotionality and endometriosis. I am sure that eventually the research will speak for itself and many new choices will be available to women. In the meantime, I hope my personal discoveries will help those who may identify with the piece of my journey that speaks to them.