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Letter to Editor | Open Access

Endometriosis and Ovarian Cystic Disease; why so Linked as if Born Simultaneous!!

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Letter to Editor

Helicobacter pylori colonized the stomach since an immemorial time. More than 160 years before in 1852, it was reported that there is ammonia in the stomach. In 1930s, it was reported that the ammonia demonstrated in the stomach is due to the effect of a urease enzyme. In 1960s, it was confirmed that urease activity in the stomach is not a property of the stomach but it is due to the activity of a bacterium in the stomach. Early in 1980s, it was clearly emphasized that the ammonia detected in the stomach is not toxic or not in toxic amounts but it is even useful. In 1985, *H. pylorus was* rediscovered or as claimed by two Australian physicians; "I got it, a bacterium surviving in the stomach". They accused it for causing gastric ulcers and cancer; hence, they started the antibiotic violence against this stomach bacterium in 1986 [1]. Via personal communications between 2002 and 2003, some scientific research centers in the west and the author expressed to each other their inconvenience about the story claimed by the two Australian doctors; hence, a research investigation team and the author started an extensive work on the confusing subject of *H. pylori*.

The last three decades have shown prevalence of abnormal-behavior *H. pylori* strains and the rising figures of many medical challenges related to it. Therefore; the last three decades demonstrated rediscovery of *H. pylori*, the antibiotic aggression towards it, the prevalence of its abnormal-behavior strains instead of getting rid of it, and the flare up of a lot of medical challenges related to these *H. pylori* strains [1,2]. A medical study which does not correlate between these well-established findings is definitely not employing a clinical sense.

In the same way, the latest decades demonstrate un-explained rising incidence of endometriosis and ovarian cystic disease (OCD) in a pattern that as if they behave like twins; endometriosis is a common condition affecting a significant population of women during their reproductive life. Endometriosis is a modern syndrome with complex pathogenesis and increasing evidences indicating that it is part of a uterine reproductive dysfunction syndrome; while polycystic ovarian syndrome is a common endocrine disorder among women of reproductive age also caused by estrogen and progesterone dysfunction with an often increase in the levels of androgen. Although endometriosis is recognized as benign gynecologic condition, its association with ovarian cancer has been frequently reported. Ovarian endometrioma is the most common form of endometriosis and endometriosis may be a precursor lesion for some epithelial ovarian cancers, while polycystic ovarian disease increases the potential risk of endometrial cancer [2-8].

The introduction of laparoscopy in early 1960s allowed distinguishing three different clinical presentations of endometriosis: peritoneal, deep adenomyotic and cystic ovarian. The easy access to the pelvis via laparoscopy has led to an appreciable increase in the diagnosis of endometriosis and OCD in women with infertility or chronic pelvic pain [4,9]. In a study of the effect of blood-let out cupping therapy on cases of female pelvic congestion syndrome, it was found that most patients with endometriosis do have ovarian cysts and most patients with OCD have got endometriosis [10]. The current theories of pathogenesis and the current therapeutic strategies of both endometriosis and OCD vary; [5,7,9] hence, why they are so linked as if they were born simultaneous in the same pathogenic atmosphere!!

The association of both endometriosis and OCD with *H. pylori*-related dyspeptic sequels and pathologic conditions has been sufficiently reported. It has been emphasized that the majority of endometriosis patients experience severe gastrointestinal symptoms to the extent of indicating an existing co-morbidity between endometriosis and irritable bowel syndrome which is frequently found associated with *H. pylori*. Women with OCD were found to have high risk of hypertension, diabetes, high cholesterol and obesity; most cases of these medical conditions were found during latest decades to be either directly related or associated with *H. pylori* existence [5,10,11]. The cease of the disease progress in endometriosis and OCD associated with cases of pelvic pain and congestion was frankly demonstrated during studying the effect of combined natural eradication of *H. pylori* by colon clear and elimination of *H. pylori*-related pelvic congestion by cupping therapy on pelvic inflammatory congestive syndrome [12,13]. This could refer to the possibility that *H. pylori*-related pelvic congestion due to accumulation of profuse toxic amounts of colonic ammonia produced by the abnormal colonic *H. pylori* strains could be a hidden reason behind the rising figures of endometriosis and OCD during late decades. This could further indicate that regular combined colon clear and cupping therapy could be a good prophylactic measure for endometriosis and OCD in susceptible disadvantaged young females. These suggestions are supported by the fact that *H. pylori* could migrate or get forced to migrate to the colon under the influence of antibiotic violence or misbehavior in food habits; *H. pylori* in the colon will continue producing ammonia for a purpose or no purpose, unopposed or buffered by any acidity leading to accumulation of profuse toxic amounts of ammonia in the colon with consequent rising incidence of pelvic congestion [13,14].

The aim of this review letter is introducing a novel health care predictor for early screening of young females with pelvic pain/congestion and dyspeptic symptoms for the existence of colonic *H. pylori* strains and starting its early eradication and early management of pelvic congestion by natural measures for the purpose of early prophylaxis from a potential risk of endometriosis and OCD.

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