Abstract

Endometriosis is a chronic gynecological estrogen-dependent disease affecting women of reproductive age. The disease is characterized by the presence of endometrial glands and stroma in ectopic locations, especially in the small pelvis, on the ovaries, peritoneum, rectovaginal septum and bowel. However, any organ except the heart and spleen can be affected by endometriosis. The presence of the endometrium outside the uterus gives rise to inflammatory deposits - endometriomas. These deposits, like the endometrium in the uterus, undergo changes during menstruation. However, unlike the endometrium in the uterus, this endometrium in ectopic sites has no way to leave the body, resulting in aseptic inflammation, scar formation, adhesions and subsequent painful adhesions. Typical symptoms of endometriosis include dysmenorrhea, dyspareunia, dyschezia and dysuria. The main clinical symptoms are chronic pelvic pain and infertility. However, endometriosis can also occur asymptomatically. Endometriosis can be divided into four subtypes according to the localization - peritoneal endometriosis, ovarian endometriosis, adenomyosis and deep infiltrating endometriosis.

The aim of this study was to find out whether there is any food or food group that relieves or worsens the difficulties associated with endometriosis in the respondents. The next objective was to find out whether the respondents were familiar with the concept of endodiet and whether they had ever followed this diet. The final aim of this study was to find out whether the respondents had met with a nutritional therapist during their treatment, at what stage of their treatment they met with a nutritional therapist, and how the nutritional therapist worked with them.

The methodology of the study was an anonymous questionnaire survey, which was posted on a social networking site and was accessible to respondents from 08.04.2024 to 16.04.2024, when the results were subsequently processed and evaluated. A total of 110 respondents participated in the questionnaire and all 110 respondents were included in the study.

The results showed that the majority of the respondents started to restrict certain foods from their diet based on information and experiences from other women with endometriosis. Unfortunately, not all respondents had the promised effect of restricting these foods. For those respondents who did experienced a slight improvement in their complaints, the placebo effect may have played a large role. However, no one particular food or food group was found to have the same effect on endometriosis-related problems in all respondents. The variability of the effect was highly individual. Most respondents had heard of endo diets, and almost every respondent reported that they had tried endo diets in the past or had followed them during the study. Another finding during the research was the fact that the vast majority had not met a nutritional therapist during their treatment, nor were they aware of one. For this reason, respondents sought nutritional advice from other women who already had endometriosis or from phytotherapists.

In conclusion, women diagnosed with endometriosis have a strong interest in understanding the impact of nutrition on their health, but unfortunately there are no

uniform recommendations that can be applied to all women diagnosed with endometriosis. It is important to note that it is important for women with endometriosis to be aware that there are university-trained professionals (nutritional therapists and nutritionists) who are there to listen to these women and help them adjust their diets to avoid unnecessary and unwarranted elimination of certain foods, subsequent nutrient, vitamin or mineral deficiencies and the development of other diseases or intolerances, for example.

Key words: endometriosis, nutrition, endodiet, nutritional therapist