International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
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ARTICLE TITLE	DIETARY INTERVENTIONS AND THEIR EFFECTIVENESS IN THE TREATMENT OF ENDOMETRIOSIS - NARRATIVE REVIEW
DOI	https://doi.org/10.31435/ijitss.1(49).2026.4844
RECEIVED	11 December 2025
ACCEPTED	04 February 2026
PUBLISHED	17 February 2026
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DIETARY INTERVENTIONS AND THEIR EFFECTIVENESS IN THE TREATMENT OF ENDOMETRIOSIS - NARRATIVE REVIEW

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ABSTRACT

Endometriosis is a chronic and complex systematic condition that impacts approximately 10% of women of reproductive age worldwide. Available literature has shown that selected diets have positive effects on the development and course of endometriosis.

This review aimed to present current data on various dietary interventions and their effectiveness in reducing endometriosis symptoms and risk.

The 19 included original studies were analyzed and included in the review. Most of the studies reported a positive effect on endometriosis-related symptoms. The Mediterranean diet was reported as a plausible adjunct therapy for symptom management without difficulty in adherence. More restrictive diet regimens, such as the Low-FODMAP diet and gluten-free diet, were reported to alleviate endometriosis-related symptoms, however adherence proved to be more difficult.

Further well-designed randomized controlled trials are crucial to determine the short-term and long-term effectiveness and safety of different dietary interventions.

KEYWORDS

Endometriosis, Diet, Treatment

CITATION

Natalia Alicja Kwaśniewska, Szymon Stupnicki, Mikołaj Zakryś, Katarzyna Anna Zakryś, Mateusz Szot, Aleksandra Oparcik, Jakub Tarczykowski, Michał Grzegorz Woźniak. (2026) Dietary Interventions and Their Effectiveness in the Treatment of Endometriosis – Narrative Review. *International Journal of Innovative Technologies in Social Science*. 1(49). doi: 10.31435/ijitss.1(49).2026.4844

Materials And Methods

Search Strategy, Study Selection, and Data Extraction

The literature analysis was systematically performed in the PubMed online database, where the search was performed using relevant keywords „endometriosis", „diet", „treatment", up to December 2025. Out of 178 available articles, 19 were later selected and analyzed. The exclusion criteria were based on the date of publishing, lack of full access to the study, non-dietary interventions in the treatment of endometriosis, non-human studies, systematic reviews, or umbrella reviews. Duplicates were rejected at each stage of the analysis.

Introduction

Endometriosis is defined by the presence of endometrial-like tissue outside the uterine cavity, most commonly found on pelvic organs, such as the ovaries, pelvic peritoneum, and rectovaginal septum, but can also be seen at extrapelvic sites. It is a highly prevalent, estrogen-dependent chronic inflammatory gynecological disorder, affecting roughly 10% of women of reproductive age. [1,5] It is a painful, debilitating disease that is often misdiagnosed or diagnosed late, and that proves difficult to treat. The main symptoms of the disorder include pelvic pain, dysmenorrhea, deep dyspareunia, dyschezia, and infertility. It is a multisystemic disease, and it varies in the intensity of symptoms, from lack of symptoms to severe pain, exacerbated during menstruation. As such, it may produce a significant reduction in quality of life as well as affect work productivity. Moreover, infertility can produce major psychosocial and financial strain to affected women. [2]

Current methods of diagnosis include clinical assessment and imaging (such as transvaginal ultrasound or MRI). The gold standard for diagnosing endometriosis remains laparoscopy and biopsy for histological confirmation. However, it is now recommended by current guidelines to reserve surgery for cases that are inconclusive, when the treatment fails, or surgery is necessary due to the formation of ovarian cysts or the location of endometrial implants. Additional therapeutic methods include pelvic floor physical therapy, which may provide relief for pain symptoms, although it ought to be individualized for each patient and reassessed on a regular basis. Studies have suggested that diet might have a therapeutic effect on chronic inflammation and, therefore, improve the quality of life of those diagnosed with endometriosis. With a great quantity of known diet regimens, many women might struggle to choose one that would be beneficial for their health, lessening endometriosis-related symptoms.

While support from family and friends helps adherence to diet regimens, with the aim to relieve endometriosis-related symptoms, lack of support from healthcare professionals when implementing diet as a treatment option is perceived as one of the key problems by the patients.

Some of the common barriers are effort and time invested in planning a diet, social eating and eating out, cost of supplements. [23]

In addition to the gynecological symptoms, many women complain of gastrointestinal symptoms, listed below. [10]

Digestive Tract Symptoms

Bloating and Flatulence: In women suffering from endometriosis, a common symptom is bloating, often referred to as „endo belly". It can cause great physiological and physical discomfort.

Pain and dyscomfort: As a result of chronic inflammation and visceral hypersensivity, patients suffering from endometriosis often present with cyclic or non-cyclic abdominal pain that may worsen during menstruation and is not necessarily linked to direct bowel movements.

Diarrhea or Constipation: These are two of the most common gastrointestinal symptoms, which often occur cyclically and reflect altered bowel mobility.

I**rritable Bowel Syndrome-Like Symptoms**: With an increased risk of meeting the Rome criteria, it is highly prevalent amongst women diagnosed with endometriosis to suffer from IBS-like symptoms.

Literature Review

Mediterranean Diet

The Mediterranean diet is one of the most well-researched dietary patterns in the world. Traditionally followed by the inhabitants of the Mediterranean region, has grown in popularity due to its well-known, evidence-based health benefits. [5,7] It is characterised by high intake of vegetables, fruit, whole grain products, legumes and nuts, with moderate consumption of fish, poultry and dairy products, preferably fermented, such as cheese and yogurt. The main fat source is extra-virgin olive oil, avoiding saturated fats of animal source, as well as red meat. An important component of this diet is the limitation in intake of sweets and ultra-processed foods.

The role of its beneficial effects in the prevention of cardiovascular diseases, chronic and/or degenerative diseases, metabolic syndrome, cognitive decline, and cancer has been extensively studied, but what remains uncertain is the effect this diet bears on the improvement of quality of life and pain perception in women diagnosed with endometriosis. [8]

With a provided menu and dietary guidance on foods to include/limit, adhering to the Mediterranean diet proved to be of ease in a prospective study conducted by Cirillo et al. [5] At only 3 months after implementing the diet the patients reported a significant reduction in dyspareunia, non-menstrual pain, dysuria and dyschezia and at 6 months dyspareunia and dyschezia remained significantly reduced. Furthermore, the implementation of the Mediterranean diet caused a modification in bowel habits (less constipation and diarrhea, more regular frequencies and stool consistency). Compared to baseline, a statistically significant improvement was reported in 35% of the patients. The authors emphasize the correlation between high oxidative stress and higher pain perception, while higher antioxidant capacity, such as the Mediterranean diet, corresponds to lower pain perception. The study supports the Mediterranean diet as a plausible adjunct therapy for symptom management without difficulty in adherence. The Mediterranean diet is also suggested to lower the risk of endometriosis by 94%. [6] The findings in the study by Noormohammadi et al suggest an inverse association between endometriosis and adhering to this diet, supporting the hypothesis that anti-inflammatory/antioxidant dietary patterns may be protective. Therefore, the authors report that the Mediterranean diet may be recommended as part of preventive and therapeutic strategies for endometriosis. [6]

While the whole metabolome composition of the human uterus remains unknown, several metabolite classes have been identified. [9]Imbalance in the composition of those has been linked to endometriosis, low implantation rate, and thus infertility. [9] A healthy dietary pattern has been shown to potentially protect against different endometrial dysfunctions. A Spanish cross-sectional study by Molina et al reported that the Mediterranean diet may modulate the uterine microenvironment, enhancing endometrial functions involved in embryo implantation and therefore infertility.

Low FODMAP Diet

This dietary approach restricts the intake of specific short-chain carbohydrates that have been documented to be poorly absorbed in the small intestine and highly fermentable by gut bacteria, which leads to increased gas production and intestinal water, and as such to gastrointestinal symptoms in individuals with IBS. [1]

Patients suffering from endometriosis are three times more likely to meet the Rome criteria and frequently report having obtained the diagnosis of Irritable Bowel Syndrome (IBS), when compared to the general population. [1] While it could indicate the epidemiological association between IBS and endometriosis, many of the symptoms could be shared between those two entities, and as such pose a difficulty and limitations in the diagnostic process of both diseases. As such, many women suffering from endometriosis intend to adopt

a self-managed diet in order to lessen the intensity of gastrointestinal symptoms, such as the low-FODMAP (Fermentable Oligo-, Di-, Mono-saccharides and Polyols) diet, recommended by a great number of gastrointestinal specialists as treatment of IBS.

In the clinical trial by Varney et al [1], the researchers designed a 28-day Low-FODMAP regimen to be followed by 35 women in Australia. Women over 18 years old with laparoscopically and/or ultrasound confirmed endometriosis were included and divided into two groups: low FODMAP diet regimen - 21 women - (<5g/day FODMAPs) and control diet - 9 women - (around 20g/day FODMAPs) in a single-blinded, randomised controlled crossover feeding trial, followed by a 28-day washout. The primary outcome was overall GI symptoms, with a significant 60% decrease in the severity of symptoms in the low-FODMAP group vs 26% response in the control group. Moreover, regarding individual symptoms, improvement was noted in abdominal pain, bloating, wind, and stool consistency when the low FODMAP diet was implemented. The adherence was considered acceptable with a 75% result in the low-FODMAP group, compared to 71% in the control group. An overall improvement was noted in the scores of the Endometriosis Health Profile Questionnaire (EHPQ) on the low-FODMAP diet, compared to the baseline, primarily due to lesser pain perception.

A prospective study with a control group conducted by van Haaps et al [2] allowed 62 patients to choose a dietary intervention protocol. 22 out of 62 patients implemented a low-FODMAP dietary regimen. The follow-up period was 6 months, including 3 months of dietitian guidance and 3 months of unguided continuation. Pain outcomes were measured over a 6-month period, where the low-FODMAP group presented significantly less dysuria and bloating, favouring, in this aspect, this particular diet over the endometriosis diet or the control group. Less deep dyspareunia was noted when compared to the control group, with overall improvement in the pain perception. Due to the complexity of implemented diets, early adherence was reported to be difficult, although by the end of the study period, the difficulty ratings improved, and more than 80% of patients reported the will to continue the diet partially or fully.

The improvement of the quality of life of Dutch women was measured when using a low-FODMAP diet in an observational study by Krabbenborg et al. [3] Most common symptoms before introducing the diet included lack of energy, pelvic pain, and substantial menstrual pain. Out of all who chose the low-FODMAP diet, 55,5% reported diminution of the aforementioned symptoms, with a longer duration of removing/limiting certain products associated with greater perceived benefit.

The Dutch prospective cohort study investigated 47 premenopausal women over 18 years old with endometriosis diagnosed by laparoscopy/ultrasound examination/MRI and debilitating gastrointestinal symptoms, such as abdominal pain, bloating, flatulence, changes in bowel movements, nausea, and urgency. With the standard 4-week elimination phase consisting of the removal of all FODMAPs and the reintroduction phase, the minimum duration of the study was 14 weeks. An improvement in the median constipation score was reported, along with less bloating noted in 53% of patients. Significant improvements were observed in pain perception, emotional well-being, self-image, and sexual intercourse. With a high adherence throughout the study, 50% of the patients declared to have been avoiding FODMAPs after completing the study.

Kumar et al used online questionnaires, distributed via social media in the UK, to compare the effectiveness of specific diet regimens on global symptom relief in patients suffering from endometriosis. Out of all surveyed patients (1385), only 0,06% were currently implementing the low-FODMAP diet, despite 62,5% having heard of it or knowing it. [22]

Endometriosis Diet

While the endometriosis diet is not universally a formally defined diet pattern, its goal is to reduce endometriosis-related pain symptoms and improve quality of life in diagnosed women. It is an avoidance diet, developed by women, and it includes avoiding nutrients they noticed aggravating their endometriosis-related symptoms and emphasizing anti-inflammatory and antioxidant-rich foods. [2,11]

In the study conducted by van Haaps et al., 21 patients chose to follow the endometriosis diet, standardized for the study based on Dutch patients' practice. The patients were instructed to avoid products such as red meat, gluten-containing grains, cow milk, added sugars and sweeteners, „high-estrogen” foods (soy, linseed, sesame, black beans), and caffeine.

The group following the endometriosis diet noted significantly less bloating and tiredness with an overall improvement in pain perception. [2]

34 out of 157 women in the Dutch observational study by Krabbenborg et al chose to pursue the endometriosis diet in order to try to lessen their symptoms. 55,5% of them noted an improvement in pelvic

pain perception, energy levels, and intensity of menstrual pain, with higher symptom reduction with a longer duration of the diet regimen. The study claimed self-management of the diet was extremely common in patients suffering from endometriosis, and so it could be highly beneficial to construct dietary guidelines supported by evidence that could be followed by the patients.

Gluten-free Diet

While many intend to eliminate gluten in order to lessen their gastrointestinal symptoms, even when not having been diagnosed with celiac disease, it still remains uncertain whether it is the sole elimination of it that results in the lessening of symptoms, or whether it might be the transition to paying more attention to including less-processed foods in their diet or implementing a healthier lifestyle. In an observational study by Krabbenborg et al, 12 out of 157 participants chose to remove gluten from their diets, and among all patients a largest perceived pain reduction was noted.

The removal of gluten in women suffering from endometriosis showed the greatest perceived reduction in pain compared to other implemented dietary regimens examined in the study.

MIND Diet

Mediterranean-DASH Diet Intervention for Neurodegenerative Delay (MIND diet) is a dietary pattern designed to promote cognitive health by combining elements of the Mediterranean and DASH diets. It emphasizes high consumption of plant foods - whole grain products, vegetables, beans, nuts, berries, and green leafy vegetables - with olive oil as the primary fat source, moderate intake of fish and poultry, and restricted consumption of red meat, high-fat foods, and sweets. [15]

A potential reduction in oxidative stress and inflammatory markers, contained in vegetables, was noted. The authors have reported that an increased consumption of legumes - source of fiber, combined with an increased intake of phytoestrogen, as well abundant in legumes, can balance the circulating estrogen by binding to estrogen receptors with their selective binding properties and thus improve the pathogenesis of endometriosis by reversing cell proliferation and modifying the inflammatory mediators. [15] The authors reported that adhering to this diet, rich in components such as fish and vegetables, and lower consumption of inflammatory products is associated with 47% lower odds of endometriosis in women who implemented this diet regimen. [15] While this study's focus was on the impact of implementing the MIND diet on the risk of endometriosis in patients, it might be an effective diet regimen for women who have already obtained the diagnosis of endometriosis and alleviate pain and other endometriosis-related symptoms.

MCT-modified Ketogenic Diet

A medium-chain triglyceride (MCT)-modified ketogenic diet is a variant of the classic ketogenic diet with a significant proportion of dietary fat provided as medium-chain triglycerides, rather than long-chain triglycerides. [13,14] This modification allows for a higher carbohydrate and protein intake, while still achieving and maintaining ketosis, due to higher efficiency of absorption and more rapid metabolising to ketone bodies, which serve as an alternative energy source. [13,14]

In a randomized controlled clinical trial by Naeini et al conducted a study on Iranian women to study the impact on MCT-modified ketogenic diet on the quality of life in women with diagnosed endometriosis. The authors reported a significant reduction of dyspareunia, dyschezia, and a marginal reduction of pelvic pain. An increase in total cholesterol in the ketogenic group has been noted [12], which is a known factor of cardiovascular disease, and therefore, this diet might not be a suitable choice for all patients.

Vitamins and Minerals Supplementation

The benefits of vitamins and minerals supplementation for pain perception in women suffering from endometriosis remain uncertain, though many patients decide to self-administer them.

88 out of 157 patients with diagnosed endometriosis in the Dutch observational study were reported to use dietary supplementation to lessen their endometriosis symptoms. [3] Commonly used were multivitamins (50%), vitamin D (42%), magnesium (30,7%), vitamin B12 (22,7%), and omega-3 fatty acids (14,8%), often combined in addition to having made at least one dietary adjustment, such as elimination of gluten, dairy, sugar, or increased consumption of certain foods. [3] Omega-3 fatty acids shift the balance toward less inflammatory pathways, possibly lowering prostaglandin-related symptom pathology. [15]

Selenium's key role in reducing oxidative stress and inflammation and its potential to modulate immune responses are well-established. The study by Guo et al links higher selenium intake with lower odds of

endometriosis, although the beneficial effect may not be equal at all levels. The authors reported that in some diseases, higher selenium levels have been noted to have a harmful effect. As such, the benefit may appear within a certain intake window, rather than monotonically.[17]

In a prospective cohort study by Harris et al., it was noted that both magnesium and calcium could decrease the risk of endometriosis by smooth muscle relaxation and therefore possibly affect retrograde menstruation or tubal contractility. A higher predicted vitamin D status was also associated with a lower risk of endometriosis, but the researchers highlight that predicted plasma 25(OH)D may be a more relevant representation, since not only supplementation of vitamin D increases its level, but also sunlight exposure, adiposity, and skin pigmentation. [19]

Other Dietary Patterns

Some studies suggest that a higher intake of dairy (more than 3 servings a day, compared with 2 servings a day), especially low-fat products, could be associated with lower incidence of endometriosis, while others indicate that what could decrease pain perception is limiting daily dairy intake [3,19]. Further studies examining the impact of dairy intake on pain perception and risk of endometriosis are therefore necessary. Elimination of soy and increasing vegetable intake could also lead to lessening of endometriosis-related symptoms. [3]

The Western dietary pattern, followed by many people worldwide, characterized by a higher intake of red and processed meats, refined grains, and desserts, was associated with worse pelvic pain in patients and a higher risk of endometriosis diagnosis. [20] The Alternative Healthy Eating Index is one of the indices developed to evaluate diet quality and assess adherence to standard food pyramid guidelines. [21]In the study by Dougan et al the researchers found that Higher Alternative Healthy Eating Index (AHEI-2010) scores, reflecting a dietary pattern higher in fruits and vegetables and lower in red meat and trans fats, might have a beneficial effect on endometriosis development, perception of pelvic pain and quality of life, making it a reasonable suggestion for patients who would be willing to modify their dietary patterns to relieve their endometriosis-related symptoms. It was also associated with a lower risk of endometriosis. It has also been noted that adhering to this dietary pattern could also lower the risk of cardiovascular and other chronic diseases as an additional health benefit for the patients. [20,21]

Conclusions

This review aims to present current data regarding different dietary regimens as a method of alleviating endometriosis-related symptoms. An important finding is that many patients experienced symptom relief after implementing the above-mentioned dietary regimens.

These diets are feasible interventions that, when properly controlled by healthcare professionals, could lead to decreasing pain and improving quality of life. It is crucial to identify and address barriers in introducing diet as a treatment option and encourage healthcare professionals to further investigate the role of diet in endometriosis and help patients implement those diets. It is necessary to highlight the grand patient demand for diet guidance and emphasize the lack of sufficient human studies necessary for the creation of clinical recommendations. Further well-designed randomized controlled trials are necessary to create evidence-based dietary guidelines for patients suffering from endometriosis.

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