

TABLE 11.3 Top Supplements for Managing Endometriosis

Supplement	Suggested Dose	Key Benefits	Clinical Notes
Omega-3 fatty acids (EPA/DHA)	2,000–3,000 mg/d	Reduces inflammation and prostaglandin-driven pain	Choose high-quality triglyceride form; take with fat-containing meal.
Curcumin (bioavailable form)	500–1,000 mg 1–2×/d	Potent anti-inflammatory and antioxidant; modulates immune activity	Look for liposomal or phytosomal formulations for better absorption.
NAC	600–900 mg 2×/d	Supports glutathione, reduces oxidative stress in endometrial tissue	May also help reduce lesion growth
Magnesium (glycinate or malate)	300–400 mg/d	Muscle relaxant, pain support, reduces uterine spasms	Helps with sleep and stress as well
Calcium-D-glucarate (Use caution with this, especially if you have low estrogen; <i>DO NOT TAKE WITHOUT TESTING SERUM DAY 2 OR 3 ESTROGEN AND DO NOT TAKE LONG TERM. Max. 2–3 mo.</i>)	200–500 mg 2×/d	Supports phase 2 estrogen detox (glucuronidation)	Helps reduce estrogen recirculation, especially with gut dysbiosis
Zinc (picolinate or citrate)	15–30 mg/d	Anti-inflammatory, supports immune balance, reduces MMPs	Consider with copper (1–2 mg) if long-term use
Vitamin D ₃	2,000–5,000 IU/d	Modulates immune function, reduces cytokine activity	Test and monitor levels; aim for 50–70 ng/mL.
Probiotic (multistrain)	Daily as directed	Improves gut barrier, reduces LPS-induced inflammation	Supports microbiome–immune–estrogen axis
Resveratrol	100–250 mg/d	Anti-inflammatory, inhibits aromatase in endometrial lesions	Synergistic with curcumin and NAC

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LDN	1.5–4.5 mg nightly (prescription required; https://AgelessRx.com is a reliable site to get this prescription)	Modulates immune response, reduces chronic pain, may regulate T-cell activity	Particularly helpful in cases of coexisting autoimmunity or severe inflammatory pain
Serrapeptases	40,000–120,000 SPU/d on an empty stomach	Systemic enzyme that breaks down fibrin, scar tissue, and inflammatory proteins	May reduce endometriosis and adenomyosis tissue burden, bloating, and pain; avoid during menstruation if bleeding is heavy.

DHA, docosahexaenoic acid; EPA, eicosapentaenoic acid; LDN, low-dose naltrexone; LPS, lipopolysaccharide; MMP, matrix metalloproteinase; NAC, *N*-acetyl cysteine; SPU, serratiopeptidase unit.