Endometriosis can cause severe, persistent pain that affects work, relationships, sleep and everyday life. It is understandable that people living with it look for treatments beyond the options they have already tried. Medical cannabis is one option that attracts attention, often alongside stories from people who say it has helped them.

But personal accounts are not the same as proof that a treatment works. So, are there proper clinical trials of medical cannabis for endometriosis pain? The short answer is that research is still limited. There are patient surveys and early studies, but not enough strong evidence to show reliably whether cannabis-based medicines help, which products might help, or what the balance of benefits and harms is.

This article explains what is known, what remains uncertain, and how endometriosis care is usually approached in the UK. It is general information, not a substitute for advice from your GP or specialist.

Why endometriosis pain deserves serious attention

Endometriosis occurs when tissue similar to the lining of the womb grows elsewhere in the body. It can cause painful periods, pelvic pain, pain during or after sex, and pain when going to the toilet. Some people also experience fatigue, nausea, bowel or bladder symptoms, and difficulty getting pregnant. Symptoms vary: their severity does not necessarily reflect how much endometriosis is found.

Chronic pain is common and can affect people of any sex, but women are more likely than men to experience some chronic pain conditions and may face delays in having their pain recognised or treated. Endometriosis is one example of a condition that has historically been under-recognised. UK surveys have reported long waits from first symptoms to diagnosis, often measured in years. Survey findings are valuable for showing patients' experiences, but they do not always represent every person with the condition or provide a precise national average.

Delays can mean years of uncertainty and disrupted education, work, relationships and mental wellbeing. A diagnosis can help someone access treatment and support, although it does not automatically make the pain go away. A person may need a combination of approaches, reviewed over time.

What does "proper trial" mean?

A clinical trial tests a treatment in people under planned conditions. For a treatment such as medical cannabis, a well-designed study would ideally compare a clearly specified cannabis-based product with a placebo or another treatment. It would include enough participants, follow them for long enough, record side effects, and use outcomes that matter to patients, such as pain, function and quality of life.

It also matters which product is being studied. "Cannabis" is not one medicine: products differ in their levels of THC (the compound that can cause intoxication) and CBD, their dose, and how they are taken. Findings about one product cannot automatically be applied to another, or to cannabis bought outside medical care.

What do trials and other studies tell us?

There are **few high quality clinical trials** specifically testing cannabis-based medicines for endometriosis. Research has included surveys of people who use cannabis for symptoms, observational studies and reviews of the available literature. These can help researchers understand why patients try cannabis and what they report experiencing, but they cannot establish that cannabis caused an improvement.

For example, someone who reports less pain after using cannabis may also have changed other treatments, experienced a natural change in symptoms, or be more likely to respond to a survey because they had a particularly positive or negative experience. Without a suitable comparison group, it is hard to separate the effect of a medicine from these other factors.

This is why **patient surveys evidence limits** should be kept in mind. Surveys are not worthless: they can highlight unmet needs and help shape future research. But they are not a substitute for well-controlled trials. At present, the evidence does not give a dependable answer about how much medical cannabis reduces endometriosis pain, which patients might benefit, or how it compares with standard treatments.

Type of evidence What it can show What it cannot show on its own Patient surveys What people say they use and how they describe their experiences Whether cannabis caused the change, or how it compares with placebo Observational studies Patterns of use and possible links between treatment and outcomes Whether other factors explain the results Randomised controlled trials More reliable comparisons of a treatment with placebo or another option Everyday results for every patient, especially if the trial is small or short

What are the possible risks?

Cannabis-based medicines can cause side effects. Depending on the product and dose, these may include dizziness, sleepiness, impaired concentration, changes in mood, nausea or a fast heartbeat. THC can affect judgement and coordination, which can make driving unsafe. Regular use may also lead to dependence in some people. Risks can differ with a person's health, other medicines and the particular product used.

It is important to tell a clinician about all medicines and substances you use. Do not stop prescribed endometriosis treatment or start cannabis products bought online or from an unregulated source without discussing it with a healthcare professional. Products sold as CBD supplements are not the same as a prescribed cannabis-based medicinal product, and their quality and contents may vary.

Medical cannabis on the NHS and privately

In the UK, cannabis-based medicinal products can be prescribed by a specialist doctor in limited circumstances. NHS guidance does not recommend them as a routine treatment for endometriosis pain. A specialist would need to consider the evidence, possible risks, other treatments tried and the individual's circumstances. A private clinic may assess someone too, but paying for an appointment does not guarantee a prescription or mean the treatment is proven to work.



If considering a private service, ask who will assess you, whether the prescriber is a suitably qualified specialist, what evidence supports the proposed product, how side effects will be monitored, and what the total costs are. A responsible service should explain uncertainty and alternatives rather than promise a cure.

An **online eligibility check** can be a preliminary way to find out whether a service may be able to assess your circumstances. It is not a diagnosis, a medical assessment or confirmation that a prescription is appropriate. If you proceed, a **private video consultation** may allow a clinician to discuss your history and current treatment remotely. They may still need records, further information or an in-person examination, and they should explain what happens next.

NHS endometriosis pain management options

Endometriosis care is individual. A GP can discuss symptoms, examine possible causes and help start treatment. NICE guidance includes pain relief and hormonal treatments as options, depending on a person's symptoms, preferences and plans for pregnancy. Treatment may need to be adjusted if it does not help or causes troublesome side effects.

- **Pain relief:** a clinician may suggest paracetamol or a non-steroidal anti-inflammatory drug (NSAID), such as ibuprofen, if it is safe for the person. NSAIDs are not suitable for everyone and can have risks, so check with a pharmacist or clinician if unsure.
- **Hormonal treatment:** options may include combined hormonal contraception or a progestogen. These can reduce pain for some people and may be offered even without a confirmed surgical diagnosis. They are not suitable for everyone and may cause side effects.
- **Specialist assessment:** persistent symptoms, suspected endometriosis affecting organs such as the bowel or bladder, or symptoms that do not respond to initial treatment may prompt referral to gynaecology or a specialist endometriosis service.
- **Surgery:** a specialist may discuss surgery to diagnose or treat endometriosis, taking account of symptoms, the location of disease, previous treatment and fertility plans. Surgery is not a guaranteed cure, and symptoms can return.
- **Support for living with pain:** depending on need, this may include help with pelvic pain, mental health, fatigue, sexual wellbeing or fertility concerns. Supportive approaches can sit alongside medical

treatment; they should not be presented as a replacement for it.

When to ask for a review or referral

Speak to your GP if period pain is stopping you doing normal activities, pelvic pain is persistent or worsening, or you have pain during sex or when opening your bowels or bladder. Keep a record of symptoms, bleeding, medicines and their effects if that feels manageable; it can help structure a consultation. You can ask what the next step is if the first treatment does not work, and whether referral is appropriate.



Seek urgent medical advice for sudden, severe pain, fainting, heavy bleeding with weakness, or other symptoms that feel like an emergency. These symptoms can have causes other than endometriosis and should be assessed promptly.

Could menopause be part of the picture?

Menopause symptoms are not limited to hot flushes. Some people experience sleep disruption, low mood or anxiety, difficulty concentrating, reduced libido, vaginal dryness or discomfort during sex, urinary symptoms, joint aches and fatigue. These symptoms can overlap with chronic pain or other health conditions, so it is worth discussing them rather than assuming one cause.

Endometriosis and menopause can also interact with treatment decisions. For example, hormonal treatments may affect bleeding or other symptoms, while the right approach depends on age, medical history, symptom pattern and personal preferences. A GP or gynaecology clinician can help work through what might be contributing and discuss suitable options. Menopause is not a reason to dismiss new or severe pelvic symptoms.

What would better research need to answer?

Future trials should study clearly defined cannabis-based products and doses, compare them fairly with placebo or usual care, and include enough participants to detect meaningful differences. Researchers would need to track pain, daily function, sleep and quality of life, as well as side effects and longer-term use. They

should also report who was included in the study, so patients and clinicians can judge whether results apply to people with different symptoms or treatment histories.

The bottom line

Medical cannabis is of interest to some people with endometriosis, particularly when pain remains difficult to manage. However, there are currently **few high quality clinical trials** that can show whether it works for endometriosis pain or who might benefit. Patient reports can point to important questions, but they do not prove effectiveness or safety.

For now, the best-supported next step is to discuss symptoms and treatment choices with a GP or endometriosis specialist. NHS pain relief, hormonal treatment and referral pathways remain femalefirst.co.uk central options. Anyone considering a private online eligibility check or video consultation should treat it as an assessment route, not a promise of a prescription or a replacement for coordinated care.

Further information

- NICE: Endometriosis—diagnosis and management
- NICE: Cannabis-based medicinal products
- NHS: Endometriosis
- NHS: Menopause