Acupuncture in the treatment of Amenorrhea

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Amenorrhea

- Amenorrhea is a symptom not a diagnoses
- West medicine classified into Primary Amenorrhea and secondary Amenorrhea
- Primary Amenorrhea which occurs a women not had a periods by the time she is 18.
- Secondary Amenorrhea is defined as failure to menstruate for more than three month (NZ) or more than 6 month (US) in a woman who has previously menstruated.

The Amenorrhea sieve

- uterus and outflow tract
- ovarian disorder
- pituitary and hypothalamic centers
- thyroid disorders: inappropriate or excessive production of thyroxin prolactin or androgen
- physiological change: pregnancy, post-partum, menopause.
- nutritional disorders

Amenorrhea in TCM

The absence of periods (amenorrhe) is called Bi Jing or Yue Shi Bu Lai Bi means « shut», «switch off», « closed» Jing means « menstruation», « meridian» Yue means « month», «moon» Women have no Moon (no monthly flow) or Moon affair not coming

Etiology and Pathology

- Hereditary weakness (kidney and liver deficiency)
- Excessive physical (mental, sport) work (spleen and kidney)
- Overwork and diet (spleen and stomach)
- Chronic illness, impairment of qi and blood

> the sea of blood deficiency

Etiology and Pathology

- Emotional stress (liver and blood stasis)
- Improper diet and affection by cold (blood stasis)
- Damp-phlegm obstructing the uterus
 - Chong and Ren blockedUterus obstructed

Syndromes differentiation and treatment

- Amenorrhea due to Blood depletion I (Deficiency or Empty condition)
- Amenorrhea due to Blood stasis II (Excess or Full condition)

Blood depletion amenorrhea I

- Menses not started by 18, or stopped after becoming scanty.
- T : pale small
- P: thread weak

Liver and kidney deficiency : lower back ache, knee ache, dizziness, soreness in palm and sole

<u>Spleen and stomach deficiency</u>: tiredness, poor appetite, palpitation, weak and cold limb, loose stool

Blood depletion Amenorrhea I

- Tonify the kidney, nourish the liver, promote qi and nourish blood, regulate period
- Points selection: Ren mai, Bei-shu, acupuncture and moxibustion
- <u>Principle prescription</u>
 - Du 4, DU 14 BL 18 (ganshu), BL20 (pishu), BL 23 (shenshu)
 - 2. Ren 4, Ren 6, SP 6, LU7, KI 6, (open ren mai) KI 3, ST36

Blood stasis amenorrhea II

- Sudden abruption of menstrual bleeding for some month
- T: dark purple in body, or with white thick coating
- P: deep taut, or -rolling

<u>Qi stagnation and blood stasis</u>: irritability, abdominal distention and pain, depression.

Blood stasis amenorrhea II

- Blood stasis due to cold: obesity, abdomen distention, feeling of cold, cold and weak in limbs, loose stools, poor appetite lower back-ache, frequent pale urination.
- Pacify the liver, move qi, tonic spleen and remove dampphlegm, expel cold from meridians

Blood stasis amenorrhea II

• Ren mai, Spleen meridian, and moxa

Ren 3, SP 8 (diji), LI 4 (yuan) LR 3 (yuan), Sp 6
ST 40 (luo)

Prognosis and treatment

- No published review papers on the subject of AP and amenorrhea on the Medline !
- Prognosis depend on western differentiation
- Minimum time 3-6 month, most take years
- Acupuncture plus herbs well be more effective

Review papers

 Stener-Victorin E et al. Effects of electro-acupuncture on anovulation in women with polycystic ovary syndrome *Acta Obstet Gynecol Scand. 2000 Mar;79(3):180-8*

To evaluate if electro-acupuncture (EA) could affec oligo/anovulation and related endocrine and neuroendocrine parameters in women with polycystic ovary syndrome (PCOS). Nine women (38%) experienced a good effect

<u>CONCLUSION</u>: Repeated EA treatments induce regular ovulation in more than one third of the women with PCOS.

Review papers

2. Mo X et al. Clinical studies on the mechanism for acupuncture stimulation of ovulation.

J Tradit Chin Med. 1993 Jun;13(2):115-9

34 patients suffering from ovulatory dysfunction enter this study. **The marked effective rate was 35.29%**, the total effective rate being 82.35%. BBT, VS, CMS, and B ultrasonic picture all improved to some degree.

Results showed that acupuncture may adjust endocrine function of the generative and physiologic axis of women, thus stimulating ovulation.