Acupuncture and moxibustion therapy are important methods in traditional Chinese medicine (TCM). It has a long history in treating both the gynecologic and obstetric problems. Gynecologic and obstetric disorders which commonly seen in the clinic such as leukorrhea, pelvic pain, dysmenorrhea, hypermenorrhea, oligomenorrhea, metrorrhagia and morning sickness can be diagnosed and treated according to the theory of traditional Chinese medicine.

Background of TCM

TCM is alternative medicine with a long history. The ancients discovered the theory from their own experience and observations. In the past Chinese doctors passed on their knowledge only to their sons. However, today TCM has been widely imparted not only in China but also worldwide. TCM is growing. There is a great deal of research being done on many conditions such as dysmenorrhea, female pelvic pain, infertility, and symptoms related to menopause.

Traditional Chinese medicine is a holistic medicine which integrates the mind and the body, so it does not treat the disease or symptom alone. It is different from the modern medicine that TCM is used to strengthen or stimulate the natural healing potential in order to treat the root causes. According to TCM the human body is regulated by zang-fu and 20 meridians. The meridians can be compared to a container and passage which stores the energy (qi). There are about 400 points along the meridians and the meridians link with the zang-fu internally and connect the trunk and extremities externally. A higher metabolic rate, temperature, and calcium ion concentration are observed at these points. Every point on the meridians has a different potential and importance in treatment. In TCM either the internal imbalance (deficiency or excess of function of certain organs) or the external factors (exo-genous pathogenic causes: wind, cold, shu, dampness, dryness and/or fire) can cause diseases. Therefore the balance of zang-fu (organs) and yin-yang is the objective of treatment. The body will treat itself after regulation or balancing with acupuncture or herbs. The mecha-nisms of acupuncture and moxibustion are as follows:

1. To dredge meridians, regulate qi and blood circulation.
2. To reinforce deficiency, reduce excess and strengthen body resistance to remove pathogenic factors.
3. To equalise yin and yang, to regulate physical functions.

Nowadays, there have been a lot of researches to prove the benefit of acupuncture and some of them have discovered the molecular mechanism of the treatment. Many diseases have been recommended by the WHO to be treated effectively with acupuncture, such as headache and dysmenorrhea.

Dysmenorrhea

Dysmenorrhea is a common complaint of patients that we see in clinics. Twenty five percent of women or nearly 90% of adolescents are suffering from this symptom. It is painful pelvic pain that occurs before, during and/or after menstruation. Dysmenorrhea can be categorized into primary dysmenorrhea which has no pathogenic causes and secondary dysmenorrhea which has pelvic pathology. Secondary dysmenorrhea needs specific treatment to remove the cause. However, according to TCM both the primary and secondary dysmenorrhea have the same causes, for example, emotional factors, the six exogenous pathogenic factors and stagnation of qi and blood.

Non Steroid Anti inflammatory Drugs (NSAIDS) and hormonal treatment of modern medicine have been used effectively in its treatment. However, there are still many women suffering from dysmenorrhea despite NSAIDS treatment. Alternative medicine especially acupuncture is the way out. The study of Helms JM revealed that in the randomized and controlled prospective clinical study of forty-three women, 10 out of 11 (90.9%) women showed improvement in the real acupuncture group, 4 of 11 (36.4%) in the standard control group, 2 of 11 (18.2%) in the placebo acupuncture group, and 1 of 10 (10%) in the visitation control group. V Iorno et al., reported substantial reduction of pain with NSAIDS consumption observed in 13 of 15
patients (87%). The Cochrane review prove that transcutaneous electrical nerve stimulation and acupuncture can effectively treat dysmenorrhea.

The etiology and pathogenesis of dysmenorrhea can be divided into 3 groups. The first one is cold and dampness obstruction. The patient has cold pain occurring in the lower abdomen before or during menstruation. It may be alleviated when heat is applied. She may have scanty menstruation with dark menses, often with clots. The second one is liver qi stagnation. The patient has distending pain in the lower abdomen before or during menstruation, the feeling of distension being predominant to the pain. She may have scanty periods often with clotted blood accompanied by distending pain in the chest, hypochondrium and breasts. The third one is qi and blood deficiency. The patient has dull pain in the lower abdomen during or after menstruation, alleviated by pressure. The main points are along the spleen meridian, but with different etiology, the acupuncture points chosen are also different.

Dysmenorrhea is a common disease and it can be treated in many ways. Acupuncture with moxibustion is one of the alternative ways to treat.

Morning sickness and hyperemesis gravidarum

Morning sickness is not a disease. It is a common disorder in early pregnancy. However, hyperemesis gravidarum needs intensive treatment. Drugs such as dimenhydrinate, diphenhydramine and meclizine have been approved by FDA to control the symptoms effectively and are safe in pregnancy. Vitamin B6[7,19] is one of the nutritional supplements which can relieve the severity of nausea in early pregnancy if taken 10-25 mg three times a day. Besides, Fischer-Rasmussen[5] reported that powdered root of ginger in daily doses of 1 g during 4 days was better than a placebo in diminishing or eliminating the symptoms of hyperemesis gravidarum.

According to TCM, morning sickness is caused by the failure to descend of the stomach qi. The upward flux of fetal qi and the deficiency of the stomach qi result in nausea and vomiting, so making a new balance of the fetal qi and stomach qi is the goal of treatment. Some studies have been done to evaluate the effect of acupuncture and one of them found it to be useful to alleviate the symptoms as a sham procedure.[20] However, Cassol C, et al.[22] proved that active pericardium 6 (P6) acupuncture which owns the function of alleviation of nausea and vomiting, in combination with standard treatment, could make women with hyperemesis gravidarum better faster than placebo acupuncture. The study of Neri I, et al.[24] suggested that the effect of acupuncture with acupressure and metoclopramide infusion supplemented by vitamin B12 complex on hyperemesis gravidarum symptoms were the same. A large study of Smith C[25] with 592 women enrolled into 4 groups: traditional acupuncture, P6 acupuncture, sham acupuncture, or no acupuncture (control) concluded that acupuncture could reduce the nausea and retching effectively, and a time-related placebo effect was found for some women.

The theory of TCM has pointed out the acupoints that should not be used during pregnancy. The points used in relieving nausea and vomiting during pregnancy are safe. Anyway, much more care should be taken in practice with the pregnant women.

Infertility and ART

Acupuncture and TCM in treatment for the infertile couple can be found in early Chinese medical literature dating back to the 11 AD. How the molecular mechanism of acupuncture works for infertility problems is still debatable. However, herbal formulas and acupuncture can strengthen or restore the kidney energy which is the most important factor in reproduction. The study of Ng EH[26] suggested that the effect of acupuncture on the central sympathetic inhibition by the endorphin system may change the uterine blood flow and motility and reduce stress. Also it may change the central opioid concentration in order to regulate the hypothalamic-pituitary-ovarian axis. Therefore, acupuncture helps to regulate the menstruation and invigorate the sperm by stimulating hormone levels.

Nowadays many studies about acupuncture and assisted reproductive technique (ART) have been reported. Dieterle S, et al.[27] reported a randomized, prospective, controlled clinical study, that luteal-phase acupuncture have the positive effect on the outcome of IVF/ICSI. Smith C, et al.[28] studied the effect of acupuncture on the pregnancy rate by a single-blind, randomized controlled trial using a noninvasive sham acupuncture control. All women received three sessions, the first undertaken on day 9 of stimulating injections, the second before embryo transfer (ET), and the third immediately after ET. They found the increased pregnancy rate in the acupuncture group without statistical significance. The study of Westergaard LG[29] revealed that acupuncture on the day of ET significantly improved the reproductive outcome of IVF/ICSI, compared with no acupuncture. Repeating acupuncture on ET day +2 provided no additional beneficial effect.

Advanced ART is credible in infertility treatment. Integration of the Western and Eastern medicine may improve the disease management.

REFERENCES


