

## Female Patients and Acupuncture

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As an acupuncturist with 10 years practical experience in Japan and 13, in Canada, I have found one thing common in both countries: that almost 70% of my patients are women. I would guess that the composition of my practice is not unique but is similar to all of you who are currently practicing in North America. There must be a number of reasons why acupuncture is more readily accepted by women (regardless of national and racial differences) but may be reduced to two main reasons.

First, the gentle or soft approach of acupuncture treatment of which the goal is to heal the sick by maximizing the natural healing power inherent in our body without using destructive, invasive or forcible methods. These characteristics, common to all traditional oriental therapies, can be more appealing to a women's preference. Second, that acupuncture and moxibustion are undeniably effective for treating many kinds of symptoms and ailments particular to women that are not satisfactorily treated by modern medicine.

Women go through different phases of physical changes throughout life such as menstruation, pregnancy and delivery, and menopause. These physiological changes are linked to the function of a woman's reproductive system. The functioning of a woman's reproductive system is susceptible to various internal disorders and emotional disturbance or stress because it is controlled by a delicate balance or interaction between the autonomic nervous system and the endocrine system. Therefore women tend to suffer from far more different kinds of symptoms and ailments due to the malfunction of their reproductive organs than do men.

The following are typical symptoms women tend to suffer from most because of the uniqueness of their reproductive system: headaches, stiff neck and shoulders, backache, abdominal pain, puffiness in the hands and feet and erratic moods caused by menstruation; morning sickness, backache, frequent urination, constipation, swelling of the legs and sleeping problems during pregnancy; abnormal perspiration, cold feeling in the extremities, palpitation, fatigue, vertigo, and tinnitus during menopause.

The problem for women is that they may rarely get satisfactory treatment from western doctors citing such complaints, largely because the symptoms are subjective. At best what they may be given are pain killers and tranquilizers for symptomatic relief or just words of "It could be your nerves".

In contrast, acupuncture and moxibustion treatments

regulate the Qi energy flow and blood circulation and the balance of the autonomic nervous systems and endocrine system to enhance homeostasis and the healing power of the body, all of which can help those problems very effectively without any worries of side effects. These are effective not only for the above-mentioned symptoms but also for some ailments more serious (e.g. endometriosis, uterian tumor or ovarian cyst at an early stage, mastitis, etc.) that should be treated, in general, by gynecologists.

The principle of my acupuncture treatment for female patients is "try to normalize the overall function of a woman's reproductive organs first, no matter what the chief complaint may be". In other words, even if the patient complains only of migraine headache I always try to check and treat the acupoints not only for headache but also for gynecological conditions.

In my diagnosis, I employ the knowledge of both modern western medicine and traditional oriental medicine, however, the techniques I use are based purely on four traditional methods: observation, hearing, questioning and palpation. Especially the palpation of the back and abdomen which are of great importance to me. Once I have asked a patient whether she is pregnant or not, I then proceed to palpate her body, focussing on the back and abdomen in particular, in order to obtain important diagnostic information. The lumbar regions manifest various reproductive-organ-related reactions most as viscera cutaneous reflex. Specifically speaking, it is the area between the acupoints BL23-47 and BL28-48, and I pay careful attention to the induration and sore spots on pressure, structural development, skin texture, density of hairs and the skin temperature of that area. The more one utilizes the palpation technique of the skin, the more accurate the diagnosis you can make. It will make it possible for you to tell the existence of abnormalities within the organs such as malposition of the uterus, uterian tumour, ovarian cyst, deficient development of overall female organs, etc.

In fact every year I encounter several cases that have been diagnosed and treated as "pinched nerves" by chiropractors or orthopedists but with little improvement despite long-term treatments. After having perceived a problem with their reproductive organs through palpation of the lumbar (For the palpation of the back, I have the patient sit and then lay on her stomach.), I have sent these women to their gynecologists who have proven my diagnoses to be correct by confirming the presence of cysts or tumours.



In abdominal palpation, the lower part of the abdomen - between ST25-SP15 and ST29-SP13 - is the most important area that will provide clues to the condition of the female reproductive organs. That area is referred to as "O-Ketsu" manifesting region in Japanese herbology (Kanpo). Although the exact definition of the concept of O-Ketsu varies from one expert to another, it can be summarised as a condition in which the umbilical and pubic regions are manifesting nodulations and pain or soreness upon pressure due to the stagnation of Qi energy and blood flow caused by abnormalities of the pelvic organs. If the patient has an O-Ketsu condition, she tends to present various symptoms such as coldness of the extremities, irregular menses, menstrual difficulties, infertility, leucorrhea, backache, headache, insomnia, anxiety, depression, moodiness, etc. Therefore, once you can identify an O-Ketsu condition in a woman, it is possible to generally anticipate the kind of problems she tends to suffer without having to ask her for many details. In my case, once I finish the palpation of the back and abdomen, I always try to mentally diagnose correctly what her complaints may be before questioning her for details. Since palpation has already provided me with much diagnostic information about the patient, my guess is almost always correct. This non-questioning diagnostic approach is not unusual for patients who are familiar with traditional oriental medicine, however, it tends to greatly impress patients who are not as familiar, especially, in my experience, in North Americans who are used to only high tech diagnostic procedures. This I find helpful as it enables a patient to more easily trust and establish a rapport with me.

As for the treatment of female patients, I make it a rule to use several specific acupoints as a pattern for regulating the functions of a woman's reproductive organs, and then try to use other acupoints for the chief complaints. Those specific acupoints are ST 25, 27, CV 4 on the abdomen; BL-23, 24, 25, 47, 48 on the lumbar; plus SP-6, 9, 10, ST-36 on the legs. Whether I use acupuncture or moxibustion alone or simultaneously, depends on a patient's condition.

In Japanese herbology (Kanpo), O-Ketsu conditions are subcategorized into several groups according to their natures and totally different herbal formulae are prescribed accordingly. But in acupuncture and moxibustion treatment, I always use the same points (ST-25, 27, CV 4) regardless of the difference of types of O-Ketsu. The abdomen in general is an extremely sensitive area, so the needle insertion should be very gentle and shallow (I insert about 1-2 mm deep with Japanese needles of gauge 0.12-0.14 mm), however, deep insertion of 2-3 cm could be allowed on the points ST-27 and CV 4 in the case where an O-Ketsu condition is obvious. (I insert slowly to the rhythm of the

patient's breathing and repeat the Jakutaku or sparrow-pecking technique a few times.)

The following is a case history for which the above-mentioned approach seemed to have worked well.

Patient: Mrs. A.E., age 62. First visit: October 25, 1994.

Chief complaint: very severe chronic headaches that had occurred almost everyday. She had been suffering from headaches for more than 30 years since the delivery of her last child through a Caesarean section. She had been on Tylenol and Aspirin for an extended period of time. No specific cause had been found by western medical doctors and neurologists.

Examination and diagnosis: I found the patient had a stiff neck and shoulders, grimaced and cried out in pain when even slight finger pressure was applied to the lower abdomen, especially around the points ST 27 and CV-4; thus making a diagnosis of an O-Ketsu condition obvious.

Acupoints for treatment: In addition to those I use as a routine for every female patient, GV-20M, GB 17M, 20A, BL-10A, GB-21A, BL-38AM, 17AM, 18AM, LI 1A, 10A, and CV-12A.

(A-acupuncture. M-moxibustion. AM both, AM were used for BL-24, 25, ST-36 and SP6, and A was for the rest. M was direct moxa, rice size, 3-4 on each point.)

Result: The day after the treatment, very dark blood was discharged from her vagina which really startled her (the first time in 10 years after her menopause), but she noticed the headache was much less severe and she did not have to take any medications for pain relief until the second treatment which was 5 days later. After the second session, she experienced no more headache. I advised her to come back once a month for maintenance.

This may appear a rather extreme case in trying to prove the effectiveness of my treatment approach for female patients in general, but I believe giving priority to balancing the functions of female organs can accelerate the healing process of any other ailments women may have.

Although the demand for acupuncture treatment in North America is increasing year by year, the public still seems to think that acupuncture is useful only for pain relief, smoking and weight problems. They are as yet unaware of the great potential that acupuncture and moxibustion can provide in helping a vast array of ailments, especially those of women.

We acupuncturists should, at least, try to inform and educate the public that the majority of our patients are female and they can get much more benefit from us than they may think. I hope this journal will be a good medium for that.