

Acupuncture and Moxibustion for Menstrual Disorders

by Kokubo Junzo

It is safe to say that the majority of our patients (roughly 70 percent) are women ranging in age from their 20s to 50s. Therefore, we deal with many complaints that are peculiar to women's gynecological disorders: (1) menstrual problems, (2) infertility and pregnancy-related problems, and (3) menopausal problems. The following are the most common complaints we encounter in each category.

(1) Menstrual Problems: PMS (premenstrual syndrome), dysmenorrhea, menorrhagia, amenorrhea

1. Premenstrual syndrome

PMS includes a wide variety of physical and psychological symptoms that many women experience before the start of a period or between ovulation and menstruation. These are nervousness, irritability, mood swings, depression, sleeping disorder, headache, lower back pain, swelling in the extremities, bloated abdomen, breast tenderness, cravings and weight gain, etc. The severity and types of symptom differ from one woman to another. Hormonal imbalances or fluctuations between estrogen and progesterone before menstruation and the subsequent functional disturbance in the autonomic nervous system are believed to be the main cause. These symptoms usually disappear once menstruation starts.

2. Dysmenorrhea

This condition refers to severe and frequent cramping during menstruation. Pain usually occurs in the lower abdomen or suprapubic region but it can spread to the lower back and thighs. It is referred to either primary (functional) or secondary (organic) dysmenorrhea. In primary dysmenorrhea, the cramps result from excess contractions within the uterus and are usually more severe during heavy bleeding or shedding of endometrial tissue, while secondary dysmenorrhea is due to real underlying gynecological disorders such as a uterine tumor, fibroids, endometriosis, uterine retroversion, inflammation of the fallopian tubes, etc. (*among these, endometriosis is the most common cause). Generally, the pain starts shortly before or during

the menstrual period, peaks after 24 hours, and subsides after two days.

3. Menorrhagia

This is a condition in which menstruation is too long and too heavy. Usually the menstrual cycle recurs between 27 and 32 days, although some women are normally irregular. The menstrual flow lasts about five days. During the entire period, the average blood loss is between 60 and 250 ml, most during the first and second days. Amenorrhea pad is considered filled when it contains 30 to 50 ml of blood. Menorrhagia is the condition in which menstruation persists longer, or the daily volume of flow is greater than normal. It is caused by various disorders such as endometritis or endometriosis, salpingitis, endometrial or cervical polyps, hypothyroidism, etc.

4. Amenorrhea

This refers to the absence of menstrual periods – periods that never start even after the age of 18 (primary amenorrhea), or the cessation of menstruation for at least three months in a woman who has previously had periods (secondary amenorrhea). It is normal that the cessation of menstruation occurs during pregnancy, while breastfeeding, and after menopause. Amenorrhea results from an abnormality in the reproductive hormonal links among the hypothalamus, pituitary gland, thyroid gland, adrenal glands, ovaries, and disorders of the uterus. Severe stress or psychological shock can cause amenorrhea. It also can occur among young women who are engaged in strenuous exercise with strict diets – such as gymnastics, ballet, and figure skating – as they can cause the pituitary gland to reduce ovary-stimulating hormones.

5. Points of focus and treatment

Major points: BL-24, BL-25, CV-4, CV-3, KI-12, SP-10, GB-34, SP-6.

When a female patient's main complaint is a menstrual disorder, the most important thing for us acupuncturists is to know the underlying cause before starting treatment. It is most likely that she has already been to a gynecologist for diagnosis and treatment, so you would be able to get the detailed information from the patient. If she visits you without any prior diagnosis or treatment by a doctor, you have to utilize your own diagnostic techniques to assess the cause. If you suspect underlying organic diseases in dysmenorrhea or menorrhagia, you should recommend an examination by a specialist.

Acupuncture and moxibustion can be very effective for PMS and if menstrual disorders are mainly due to functional problems of the endocrine and

autonomic nervous systems or due to excess stress and psychological factors.

If serious problems such as endometriosis, uterine tumors or fibroids, ovarian cysts, or pelvic inflammation are main causes, you must decide whether or not they are within your capability as an acupuncturist. If the patient is receiving treatment from a gynecologist as well, you must be well informed about it by the patient, and try to maintain good communication and collaboration with her doctor too.

In a previous article on back diagnosis (*NAJOM Vol. 19, No. 56, November, 2012*), I explained that BL-24, BL-25 on the lumbar area are very crucial for both the diagnosis and treatment of women's reproductive problems. At the same time CV-4, CV-3, KI-12 on the lower abdomen and SP-10, SP-6 on the leg are also very important for the same purpose. Usually these points are used as a combination in most cases. Although menorrhagia and amenorrhea are completely opposite symptoms, you can still use these same points for both cases. Both acupuncture and moxibustion can be applied to all these points. However, the skin of the lower abdomen and inner lateral side of the thigh is so sensitive and delicate that indirect moxibustion should be used on CV-4, CV-3, KI-12 and SP-10 to prevent burns and blisters (*I usually use ready-made adhesive indirect moxa *Chosei-kyu* (長生灸) on these three points on the abdomen, and only needle insertion on SP-10).

- If major symptoms of PMS are nervousness, irritability, mood swings, depression, sleeping disorder and headache, the application of direct moxibustion (3-4 small cones of moxa) on GV-20 is essential. Also adding major points on the neck and upper back (BL-10, GB-20, GB-21, BL-38, BL-17, and BL-18) would enhance the effectiveness. However, be careful not to over stimulate in terms of overall dosage to the body.
- Traditionally SP-10 has been used to induce menstruation and GB-34 has been used to stop internal bleeding (e.g. gastro-intestinal) and heavy menstruation. Therefore, it is advisable to use SP-10 for amenorrhea and GB-34 for menorrhagia. SP-6 can be used for both symptoms.
- Many women with menstrual disorders often complain about back pain and constant cold feeling in the pelvis (ilio-sacrum area) and legs and feet. In that case, I use BL-24 and BL-25, and I add BL-23, BL-52, BL-53, BL-32, ST-36 as supplementary points. These points are very effective to increase overall blood and lymph circulation in the pelvis, legs and feet.

which can help both menstrual disorders and poor circulation in the extremities.

- If the patient suffers from severe cramps during every menstruation, try to embed Akabane intra-cutaneous needles or tuck-type derma needles on SP-6 of both legs 4-5 days before a period starts. This usually helps prevent the occurrence of cramps very well. It is better to warn the patient that the next period will start suddenly without any of the cramps that used to accompany it before.

6. Uterine Tumors and Ovarian Cysts

Uterine tumors or ovarian cysts are often a major underlying cause of menstrual disorders. If the patient already knows of their existence and has detailed information from her doctor or gynecologist (e.g. the size, nature, location, medications or other treatments), it will be very helpful to your decision on whether or not you should treat it, how the treatment should progress, the prognosis, etc.

Traditionally, it has been said that if a tumor or cyst is benign and smaller than the patient's fist, acupuncture and moxibustion can help it eventually shrink and disappear. If it is bigger than her fist, surgical removal by a physician is a better option. Exactly the same acupoints for menstrual disorders can be used, long-term treatment over at least two to six months (once weekly) are required to see the tumor or cyst disappear, depending on the case. I have successfully treated many cases of uterine tumor and ovarian cysts, but the following is the most memorable.

Case Study

Patient: Female, age 40.

First visit: May, 2008.

Her main complaints were constant dull back pain and a large uterine tumor. When she lay down on her back, a bulge was visible on her abdomen above the pubic symphysis, an obvious sign of a large uterine tumor. With palpation, I could feel it as big and solid as a grapefruit. Her other minor complaints were frequent urination and fatigue. Surprisingly, she rarely felt the severe menstrual cramps or heavy bleeding common with this type large uterine tumor. She wanted me to treat not only her back pain but also the uterine tumor.

While wondering how on earth she could have such a big tumor for so long, I said to her, "I think I can help to relieve your back pain, but only temporarily because it seems to be caused by such a large uterine tumor. The tumor seems to be too big for me to help with my treatment. I believe at this stage the best option for you is to have it removed surgically."

However, she did not want surgery and she had been stubbornly refusing her doctor's recommendation to have the tumor removed. As she was so eager to try my treatment for at least a few months, I started treating her every week. At the same time, I suggested that she should try Chinese herbs and gave her a prescription for *Setso Sho Yin* or *Zhe Chong Yin* (Cinnamon and Persica combination) which she purchased at my Chinese friend's herbal store in downtown Toronto. After three months' treatment of acupuncture, moxibustion, and the Chinese herbs, her tumor had shrunk only about 1cm in diameter. Even though her back pain was much better, I finally said to her, "As you can see, the tumor is still too big. I think you should have it removed surgically at this point." She reluctantly agreed with me and she stopped coming back for treatments. I thought she must have had it removed surgically after all.

However, about a year later, she came by my clinic and said to me, "I just dropped in to tell you that my tumor has completely disappeared. Even after I stopped your acupuncture treatment, I kept taking the Chinese herbs regularly for almost a year. Thank you for your help." She gave me a big smile while tapping her flattened tummy. I was stunned and speechless in disbelief.

Kokubo Junzo was born in Japan in 1953 and graduated from the Tokyo College of Acupuncture. He completed a 10-year apprenticeship under Dr. Kiyotaka Ohmura, during which time he treated over 60,000 patients. After immigrating to Canada in 1981, he founded his current clinic as the first Japanese acupuncturist in Toronto. He has been a guest speaker at the medical department of University of Toronto, featured on several TV programs and in newspapers and magazines, and has lectured in the USA, Australia, Spain, and India (for more: see www.acupress.com). Dr. Kokubo is a committee member of the Canadian Society of Chinese Medicine and Acupuncture, the largest acupuncture association in Canada.

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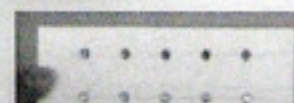
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