

CLINICAL REVIEW ON ABDOMINAL ACUPUNCTURE

TREATING DYSMENORRHEA

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DECLARATION

I declare that this thesis is based on my original work except for quotations and citations which have been duly acknowledged.

A handwritten signature in black ink, appearing to read 'Ting Fei Jian', written over a horizontal line.

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ABSTRACT

Dysmenorrhea has been known to be the most commonly seen disease in gynecology field. According to a survey done in KL by Li Ping Wong in the year 2009, about 75% of female reaching menarche experienced different level of dysmenorrhea, and about 50% of them claimed that it has affected their focus in normal daily activities. Hence this study has an important social and economy value. Abdominal acupuncture has been chosen to be used in treating dysmenorrhea as it cost less and has very little side effect. This study aims to explore and analyze the literature review on treatment principle and efficacy of Abdominal Acupuncture towards dysmenorrhea, in 2 course of treatment, with each course consist of at least 8 treatments in one menstrual cycle.

In INTI International University, 15 female students with age ranging from 19-24 were taken as the main subject of this study. The subjects who has fulfilled the diagnostic criteria of dysmenorrhea has to undergo 2 courses of treatment as mentioned above to complete the requirement of this research. The subject will have acupuncture at 10 acupoints at the abdominal area for 30 minutes with TDP heat applied.

Through analysis, overall the results has shown that the abdominal acupuncture is efficient in reducing menstrual pain. Besides being able to treat dysmenorrhea, it was found that the subjects has improved in their quality of sleep and a more regular pass motion. Which suggesting that abdominal acupuncture is able to regulate the overall Qi and Blood, and maintaining the body in a relatively balance state.

Abdominal acupuncture is effective in treating dysmenorrhea in both acute and chronic. It is effective in reducing pain when the patient is having dysmenorrhea as well as in long term, regulating the menstruation to gradually cure dysmenorrhea.

Keywords: Abdominal Acupuncture, Dysmenorrhea, Professor Bozhiyun

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ABBREVIATIONS

ATP	Adenosine Triphosphate
DSA	Dysmenorrhea Symptoms Analysis
NSAIDs	Non-Steroidal Anti Inflammation Drugs
PD	Primary Dysmenorrhea
PS	Pain Score
SD	Secondary Dysmenorrhea
TCM	Traditional Chinese Medicine
β -EP	Beta-endorphin

CHAPTER 1 INTRODUCTION

Dysmenorrhea is one of the most common symptom seen in gynae, it is defined as the occurrence of pain at the lower abdominal, periodically, during, before or after menstruation, and may be accompanied by the symptoms of waist soreness, or in some cases, pale complexion, cold sweating and syncope may happen. According to a study done in Kuala Lumpur, the results shown that about 75% of female reaching puberty had experienced dysmenorrhea. In clinical, dysmenorrhea can be classified as Primary dysmenorrhea (PD) and secondary dysmenorrhea (SD). In this study, only PD will be discussed. (Li Ping Wong, 2009)

PD is the periodic spasm pain occurs during menstruation period, excluding the organic dysfunctional of the reproductive organs. It is often seen in adolescence, and normally occurs in 1-2 years after menarche. The pain is normally spasmodic, and often located at the lower abdominal, it may also radiates to the waist or the inner thigh, may be accompanied by symptoms such as diarrhea, nausea vomiting, dizziness, weakness, waist soreness, or anus bearing down.

To date, western medicine view on the pathological causes to PD can be classified as physiological development or endocrine dyscrasia, increased mobility of uterine smooth muscle or spasm, insufficient blood in uterus or anoxia. Treatment method used by western medicine are mainly NSAIDs (Non-steroid anti-inflammatory drugs), but these medicines often causes side effects and not suitable for long term usage. Pathology view in Traditional Chinese Medicine (TCM) mainly manifest as stasis blockage in the conceptual and thoroughfare vessels or cold coagulating meridians, causing unsmooth circulation of Qi and Blood, hence results in obstruction pain; or it can be conceptual and thoroughfare vessels and uterus lost nourishments, hence causing pain due to malnutrition. Treatment mainly aims to regulate Qi Blood and often have good results.

Abdominal Acupuncture was an acupuncture method reorganized by Professor Bo Zhi Yun through 30 years of repeated clinical observation, based on the combination of traditional theory and modern research on meridian. It uses TCM theory as its basic, and Shenque regulator control system (神厥调控系统) as its core, applying the 4 diagnostic method (reason → method → prescription → acupoint) in TCM, and through applying acupuncture on the abdominal to achieve the purpose of dredging the meridians, regulating the internal organs, and treating the local part. Through repeated experimental of abdominal acupuncture on clinical practice, it has been proved that abdominal acupuncture is effective in treating primary dysmenorrhea. As compared to internal medicine, abdominal acupuncture has a benefit of much lesser side effect, hence it has a better prospect of development. Therefore, the clinical study on abdominal acupuncture treating dysmenorrhea has got an important social and economy significance.

CHAPTER 2 LITERATURE REVIEW

2.1 Western medicine Understanding on PD

Primary dysmenorrhea is defined as the pain at the lower abdominal before or during menstruation, which may often accompanied by pale complexion, cold sweating, nausea, vomiting, anus bearing down and in some severe cases, syncope may happen. (Peng Yuan Yuan, 2012)

2.1.1 Western Medicine Pathology view on PD

a) Physiological factors

Physiological condition may be congenital such as the placement of womb at a postexion or nexion position, or the narrow and limited cervical canal, or maldevelopment, can easily causes obstruction of blood flow, leading to the ischemia or hypoxia of the local area, causing dysmenorrhea. (Peng Yuan Yuan, 2012)

b) Endocrine factors

The response to prostaglandin inhibitors in patients with dysmenorrhea supports the assertion that dysmenorrhea is prostaglandin-mediated. The increase in prostaglandins in the endometrium after the fall in progesterone in the late luteal phase results in increased myometrial tone and excessive uterine contraction. (Peng Yuan Yuan, 2012)(French L, 2008)

c) Neuroendocrine factor

It was found that β -EP can directly affect the regulation of the functional activity of the womb. It can regulate the stabilization of internal environment of the neuroendocrine as well as eases pain. During the progestational stage, the content of β -EP decreases, its benign regulation towards the womb also decreases hence pain occurs. (Peng Yuan Yuan, 2012)

d) Psychic factor

It is very common for female to experience uncomfot such as distension of lower abdominal, or slight pain, and waist soreness, but due to different individuals' tolerance towards pain, those with emotional instability are more prone to experience heavier dysmenorrhea.

e) Hereditary factor

Study found that often, mother with dysmenorrhea, the daughters are more prone to have dysmenorrhea too, and hence it is believed that dysmenorrhea can be inherited from the mother.

f) Other factors

Smoking and drinking are also factors that is affecting the occurrence of dysmenorrhea. (Peng Yuan Yuan, 2012)

2.1.2 Western Medicine Treatment on PD

Currently, treatment can be divided into two types, medication or non-medication. Medication that could be offered by Western Medicine are NSAIDs, acyeterion, or vitamins. Non medication treatment that could be suggested by the western medicine doctors are psychological guidance, sports, and some related surgical operation. (Peng Yuan Yuan, 2012)

2.1.2.1 Medication

a) Non-Steroidal Anti Inflammatory Drugs (NSAIDs)

NSAIDs are the most commonly used drugs in treating dysmenorrhea. 64% of patients claim that the pain decreases after taking NSAIDs. Through restraining the production of prostaglandin, NSAIDs reduces pain. (Peng Yuan Yuan, 2012)

However, NSAIDs is found to always cause irritation to the gastrointestinal tract and central nervous system. Besides that, it will also causes drug tolerance, hence if it is used for long term, it has to be increased in dosage over time, which may bring larger side effect to the patients. (French L, 2008)

b) Acyterion

PD normally happens when there is ovulation, hence by using acyterion to restrain happening of ovulation and changes the progestational stage, it can also effectively decreases the level of PGs. But this type of drug has an obvious effect on organism metabolism, hence bringing more side effects. (Peng Yuan Yuan, 2012)(French L, 2008)

c) Vitamins

Vitamins normally used are vitamin B, E, K3 and K4. Vitamin K3 & K4 by regulating the vegetative nerve function, to eases the pain caused by spasm of uterine smooth muscle. Vitamin B is able to promote uterine muscle cells magnesium ions flow, activating the enzyme ATP, depletion of ATP, causes uterine muscle relaxation. Vitamin E, which can promote the maturation of genital palace, more suitable for adolescent patients with primary dysmenorrhea. However, intake of large dosage of vitamins can induce some untoward effect such as loss of sensation, ataxia and loss of leg reflex. While long term intake of vitamin E can lead to vertigo, fatigueness, headache, nausea and vomiting. (Fei Shou Kun 2001)

2.1.2.2 Non-medication

Psychological guidance can help to reduce the degree of anxiousness, depression and dysmenorrhea of the patient. Chenjie, has been carrying out a psychological intervention on 102 high school girls, by giving mental health related information, and teaches them on menstrual hygiene knowledge, he finds it to be effectively relieve their symptoms. (Chenjie, 2005)

Sports has been found to benefits those who experience dysmenorrhea, it can reduce the occurrence of dysmenorrhea and decreases the pain level. According to Izzo's studies done on 764 cases, any form of exercises can help to reduce dysmenorrhea, this is due to exercises able to improve the blood supply to the womb as well as the blood circulation in the womb. (Izzo, 1991)

On the other hand, surgery is also used to expand the cervical canal to improve blood circulation and smoothen excretion of menses. But it is only suitable for those who have narrowed cervical canal and have married. Other surgery such as removing the ganglion can block the transmission of sensation from the cervical, palace and the ovum. But this might lead to constipation and urgent urination. (Peng Yuan Yuan, 2012)

Overall, medication treatment can have an immediate pain relieving effect, but in long term, the results is not of much favor, and when compared to TCM treatment, it has got more contraindication with greater side effect. While in non-medication treatment, psychological guidance has a good curative effect which should be given the priority, as it doesn't cause harm to one