

A Simple Acupuncture Protocol for Dysmenorrhea

abstracted & translated by

**Honora Lee Wolfe, Dipl. Ac., Lic. Ac.,
FNAAOM**

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For many years, Dr. Zhu Zhi-yi of Yancheng in Jiangsu Province has treated dysmenorrhea with only two points and fully satisfactory results. Dr. Zhu published an article titled, “The Acupuncture Treatment of 36 Cases of Dysmenorrhea with *Cheng Shan* (Bl 57) & *San Yin Jiao* (sp 6),” in issue #8, 2002 of *Si Chuan Zhong Yi* (*Sichuan Chinese Medicine*) on page 78 of that journal. Because this treatment is so simple, I have summarized this article below.

Cohort description:

Of the 36 women in this clinical trial, 33 were single and three were married but had never conceived. They ranged in age from 16-28 years and had experienced dysmenorrhea for from three months to six years. All met the criteria for dysmenorrhea set in *Zhong Yi Bing Zheng Zhen Duan Zhi Xiao Biao Zhun* (*Criteria for the Chinese Medical Diagnosis, Treatment & Outcomes of Diseases & Their Patterns*).

Treatment method:

The points chosen for this protocol were *Cheng Shan* (Bl 57) and *San Yin Jiao* (Sp 6), both of which were needled bilaterally using a 30 gauge,

3.5 inch fine needle. After disinfecting the skin, *Cheng Shan* was needled first and then *San Yin Jiao*. After obtaining the qi, the needles were retained for 30 minutes. Treatment was commenced five days before the next menstrual period and continued until the second day of the menstruation. This constituted one course of treatment. Typically, these points were needled 3-5 times per course. If there was premenstrual and menstrual abdominal pain which refused pressure and was accompanied by breast distention and pain, if the amount of the menses was scanty and its color was purple and dark and it contained clots, and if the pulse was fine, deep, and tight, this was categorized as qi and blood stasis and stagnation or cold damp congelation and stagnation, both of these being repletion patterns. In that case, *Cheng Shan* was needled with draining technique and *San Yin Jiao* was needled with supplementing technique. If cold and dampness tended to be heavy and menstrual movement abdominal pain was improved with warmth, then moxibustion was added at *San Yin Jiao*. However, if, during menstruation or afterward, there was empty lower abdominal pain which liked pressure, the menses were scanty and thin (or watery), the tongue was pale, and the pulse was fine, this was categorized as qi and blood dual depletion or liver-kidney depletion and vacuity. In that case, *Cheng Shan* and *San Yin Jiao* were both needled with supplementing technique.

Treatment outcomes:

Cure was defined as disappearance of pain with

no recurrence after three consecutive menstrual cycles. Improvement meant that the pain either decreased or disappeared but recurred within three menstrual cycles. No effect meant that there was no improvement in the pain. Based on these criteria, 22 cases (61.1%) were judged cured, 11 cases (30.5%) were judged improved, and three cases (8.3%) got no effect. Therefore, the total effectiveness rate was 91.6%.

Representative case history:

The patient was a 21 year old worker who was initially examined on Dec. 3, 1999. When this patient was 18 years old, she had been caught out in the rain just before menstruation. Since then she had had abdominal pain each month preceding menstruation. This was experienced as a sagging, distended pain. The patient had taken Chinese medicinals and Western analgesics and the pain had decreased somewhat. However, she still had sagging, distended pain which was severe on the first day of menstruation. The amount of her menses were scanty and their color was purple and dark. Her facial complexion was somber white and she suffered from chilly sweat along with the menstrual pain. There was also low back soreness and pain, nausea and vomiting, a dark red tongue, and a fine, bowstring pulse. Based on these signs and symptoms, this young woman's pattern was categorized as qi stagnation and blood stasis. Therefore, the treat-

ment principles were to move the qi and transform stasis, regulate and supplement the chong and ren. For treatment, Dr. Zhu chose *Cheng Shan* and *San Yin Jiao*, draining *Cheng Shan* and supplementing *San Yin Jiao*. The patient received three courses of treatment, and, on follow-up after six months, there had been no recurrence of dysmenorrhea.

Discussion:

According to Dr. Zhu, dysmenorrhea is mainly due to dysregulation of the chong and ren in turn due to liver-kidney insufficiency. Therefore the movement of the qi and blood of the two vessels of the chong and ren is not smooth or easily flowing. As the saying goes, "If there is no free flow, there is pain." *San Yin Jiao* is the intersection point of the three channels of the liver, spleen, and kidneys. This point is able to regulate and supplement the liver and kidneys, course the liver and rectify the qi, regulate menstruation and stop pain. *Cheng Shan* is a point on the foot tai yang bladder channel. It is a folk empirical point for the treatment of dysmenorrhea. Although Dr. Zhu admits that he does not know how this points works for the treatment of this condition, he believes it merits further investigation.

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