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treatment of primary dysmenorrhea in 30 cases.

LOCATIONS: \_\_\_\_\_

## Acupuncture Combined with Spinal *Tui Na* for Treatment of Primary Dysmenorrhea in 30 Cases

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**Objective:** To observe the therapeutic effects in acupuncture treatment of primary dysmenorrhea combined with spinal *Tui Na*, and study its mechanism. **Methods:** Thirty cases of the treatment group were treated by acupuncture combined with spinal *Tui Na*, and thirty cases in the control group were treated by routine acupuncture. **Results:** The total effective rate was 93.3% in the treatment group, and 73.3% in the control group, with a significant difference between the two groups ( $P < 0.05$ ). **Conclusions:** Acupuncture combined with spinal *Tui Na* has good prospects for treatment of primary dysmenorrhea.

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Primary dysmenorrhea is a common gynecological disease with cause unknown, characterized by spastic pain in the lower abdomen or lumbar region before or during the menstrual period. In severe cases, it may be accompanied with nausea, vomiting, cold limbs, and even collapse. The monthly cyclic pain brings great physical and mental sufferings to the patients, and affects their work and study. We have adopted acupuncture combined with spinal *Tui Na* for treatment of primary dysmenorrhea, and obtained quite good therapeutic results as introduced in the following.

### GENERAL DATA

All the 60 cases of primary dysmenorrhea had received gynecological and ultrasonic B examinations with other gynecological or organic diseases excluded, and with their general conditions conformed to the diagnostic criteria for primary dysmenorrhea.<sup>1</sup> The age range was from 14 to 29 years, with a mean of 21 years and 5 months; and the duration of the illness was from 3 months to 11 years, with the spastic pain lasting from 1 day to 5 days each month. According to the TCM differentiation, 27 cases belonged to the type of stagnation of *qi* with blood stasis; 14 cases belonged to the type of stagnation of pathogenic cold; and 19 cases belonged

to the type of deficiency of the liver and kidney. The 60 cases were randomly divided into two groups, a treatment group of 30 cases treated by acupuncture combined with spinal *Tui Na*, and a control group of 30 cases treated by routine acupuncture. The general data were comparable between the two groups with no statistical differences ( $P > 0.05$ ).

### METHODS

#### For the treatment groups

a) The main acupoints used were Renzhong (GV 26), Weizhong (BL 40) and Yaoyangguan (GV 3). The adjunct points selected were Zhongji (CV 3), Qihai (CV 6), Xingjian (LR 2) and Xuehai (SP 10) for the pattern of stagnation of *qi* with blood stasis; Guanyuan (CV 4), Pishu (BL 20) and Shenshu (BL 23) for the pattern of stagnation of pathogenic cold; and Mingmen (GV 4), Guanyuan (CV 4), Shenshu (BL 23), Dahe (KI 12) and Zusanli (ST 36) for the pattern of deficiency of the liver and kidney.

b) The manipulations of spinal *Tui Na*: The patient was asked to lie in prone position. Standing on one side of the patient, the operator applied the rolling manipulation to relax the patient's paravertebral muscles for 3 min., followed by pushing 3 times with one-finger mediation along the first lateral line of the

Bladder Channel of Foot Taiyang from up downward to dredge the channel. The patient was then asked to lie in lateral position with the lower limbs flexed about 90°; the operator stood at the back side of the patient and applied the spinal *Tui Na* from the patient's interior upper angle of scapula toward the costovertebral joint of the 12th rib. When the patient was in lateral position on the left side, the operator used his left elbow to press the right side of the patient's spine, and the points to be pressed were T<sub>3,5,7,9</sub>, the costovertebral joint, and L<sub>1,3,5</sub>, 2 *cun* above the spinous process. The pressing intensity should be within the patient's tolerance, causing only slight sweating. 30 pressings were done for each of the points from up downward, and repeated twice. The same spinal *Tui Na* was given on the right side. Then, the patient was asked to lie prone and the operator applied the 'spine-pinching' manipulation, with a click sound being heard from each of the spinal segments. Finally, the vibrating and oblique pulling manipulations were done on the lumbar region according to individual condition of the patient.

#### For the control group

The main acupoints used were Zhongji (CV 6), Diji (SP 8), and Sanyinjiao (SP 6). The adjunct points selected were the same as in the treatment group. And moxibustion was given at Guanyuan (CV 4), Zusanli (ST 36), Pishu (BL 20) and Shenshu (BL 23).

For both the groups, the treatment was started from the 7th day before the menstrual period. 7 days' consecutive treatments constituted one therapeutic course, with one course of treatment given each month, the entire treatment lasting 3 months. After a follow-up survey for 3 menstrual cycles, the therapeutic effects were evaluated.

#### Criteria for therapeutic effects<sup>1</sup>

Cured: Abdominal pain and the accompanying symptoms disappeared, with no recurrence in a follow-up survey for 3 menstrual cycles. Improved: Abdominal pain and the accompanying symptoms

basically disappeared, but the condition could not be maintained over 3 menstrual cycles. Failed: Abdominal pain and the other symptoms were not obviously alleviated or remained the same.

#### RESULTS

Of the 30 cases in the treatment group, 17 cases were cured, 11 cases improved, and 2 cases failed, with a total effective rate of 93.3%. Of the 30 cases in the control group, 9 cases were cured, 13 cases improved, and 8 cases failed, with a total effective rate of 73.3%. Comparison of the total effective rate between the two groups showed a significant difference ( $\chi^2 = 4.32$ ,  $P < 0.05$ ), suggesting that the therapeutic effect of the treatment group was obviously superior to that of the control group.

#### COMMENTS

Modern medicine holds that dysfunction of neuroendocrine, and increase in the synthesis and release of prostaglandin (PG) from the uterus are attributed to the main cause of dysmenorrhea.<sup>2</sup> The pain will go worse when PGF<sub>2α</sub> increases and PGE<sub>2</sub> decreases because the former can stimulate the uterus and make it contract, while the latter can make the uterine smooth muscle relax. The authors of this essay think that primary dysmenorrhea is closely related with the spine. Imbalance of *yin* and *yang* of the spine is the key pathogenesis.

Renzhong (GV 26) pertains to the Du Channel, through which it is closely connected with all the channels and collaterals of the whole body, the five *zang* and six *fu* organs, the brain, the lumbus and spine. Needling at Renzhong (GV 26) can regulate *yin*, *yang*, *qi* and blood, recuperate the depleted *yang*, regulate the *zang-fu* organs, and dredge the channels and collaterals, so it can be used for treating many diseases of the heart, chest, stomach and abdomen, and the urinary, gynecological, lumbar and spinal diseases. Moreover, Renzhong (GV 26) is located on the mid line of the philtrum where the Du Channel meets with the Yangming Channels of Hand and Foot. The very near below point is Yinjiao (GV 28), where

the Du Channel meets with the Ren Channel. Therefore, needling at Renzhong (GV 26) can easily get the effect of 'one needle involving several points, and one needle involving several channels', giving a very strong and sensitive action.<sup>3</sup> By needling Weizhong (BL 40) to dredge the channel-qi of the Foot Taiyang Channel,<sup>4,5</sup> we can treat the lumbar and abdominal pain. Yaoyangguan (GV 3) is selected as the local point. Therefore, we can see that the point prescription for the treatment group has broken the traditional way that selecting the points mainly from the Ren Channel and the three *yin* channels, but selecting the points mainly from the Du Channel and the three *yang* channels. The spinal *Tui Na* can regulate the channels and mechanical balance of the spine, and regulate the *zang-fu* organs through balancing the Du Channel, so as to obtain the effects of tonifying the deficiency, reducing the excess, and dredging the channels and collaterals.

It has been found in recent years that the nerve fibers can have close contact or even establish the synaptic

relationship with the endocrine cells,<sup>6</sup> suggesting importance of the normal nervous function to the endocrine system. Acupuncture combined with spinal *Tui Na* can give quite good regulatory effects for the brain and for the segmental control of the spinal cord, showing good prospects for treatment of primary dysmenorrhea.

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(Translated by Wang Xinzhong 王新中)