

Clinical Report 4 (Japan)

Two Cases of Unidentified Complaints Treated with Acupuncture in the Field of Gynecology

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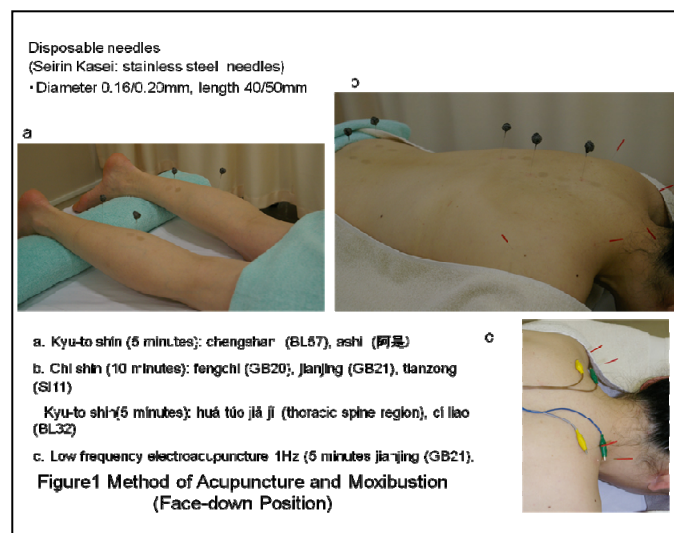
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1. Introduction

Unidentified complaints specific to women are affected by underlying factors of external changes in their social or living environment and internal changes in the endocrine secretion and psychological state. Women all live different lifestyles in their individual life stages from childhood through puberty, maturation, menopause to old age. As the phase of their lifestyle changes, the hormone environment in a woman's body also varies, often causing the development of so-called unidentified complaints of varieties of syndromes or specific psychological symptoms¹⁾. The etiology of unidentified gynecological complaints or disorders is not always clear and as it stands now, the conditions do not necessarily improve by the treatment of modern medical science.

There is a certain basic medical study, reporting that somatosensory stimulation promoted the operations of reproductive organs (such as uterine blood flow and its motions)²⁾, while there is a clinical study reporting that somatosensory stimulation improved the internal environment (vascular reactivity) of reproductive organs. With that, we conducted acupuncture and moxibustion treatment for women's unidentified complaints and obtained improvements in two cases, which we will present as below:

We perform the treatment with acupuncture and moxibustion as shown in Figures 1 and 2:



The frequency of treatment is once a week for about 60 minutes. Stainless steel disposable needles (Seirin Kasei: diameter 0.16/needle length 40mm and diameter 0.20/length 50mm) are used. The treatment techniques are needles left inserted (chi-shin) and needles with moxa on top (kyu-to shin) as well as low frequency electroacupuncture are used. Treatment starts from the face-down position to needle into Feng Chi (GB20), Jian Jing (BG21), and Tian Zong (SI11) with needles left inserted for 10 minutes. For intense stiff shoulders, 1Hz of

electroacupuncture is applied to Jian Jing (BG21) for five minutes. Needling with kyu-to shin is applied to Huatuojiagi (thoracic spine), Ci Liao (BL32), Cheng Shan (BL57), and Ah-shi points for five minutes. Then, with the face-up position, chi-shin is administered to the acupuncture points of Zongfu (LU1), Shufu (KI27), Ximen (PC4), and Zu San Li (ST36) for five minutes. And kyu-to shin is administered to Uterus points, Sanyinjiao (SP6), and Lougu (SP7) for five minutes.

2. Case

[Case 1] Female of 53 years old

Chief complaints: 1) Sensation of warmth, hot flashes, and 2) Cold toes

A) Present medical history

- (1) Menopause occurred at the age of 51. At 53, a sensation of warmth and facial hot flushes, feeling of fatigue, and palpitation became intense, with the frequency of about twice a week. The patient had a hormone test at a nearby gynecological clinic and had the diagnosis of menopausal syndrome.
- (2) The patient began to feel cold in the toes from about the age 42. She began to feel intensely cold from about the age 50.

B) Past medical history, family history, and social history

Past medical history: She had appendicitis at the age 6. At the age 52, the result of the company's physical examination showed arrhythmia.

Family history: His father had cerebral infarction 6-7 years ago.

Work experience: Interviewer (to write health conditions on papers of the individuals taking out an insurance policy.)

Tastes: No history of smoking and drinking alcohol.

Oral medicine: Prescriptions of Modified Merry

Life Powder and Mucosta from the nearby gynecological clinic

C) Physical findings

Body build: Height 159cm, weight 51.5kg

Blood pressure: 102/67mmHg, pulse count: 64/min, regular. Body temperature : 36.7 degrees C and SpO2 : 98%

D) Patient's background

Menstrual history: The first menstrual onset was at the age of 13 with 28 days of the menstrual cycle (regular), 5 days of menstrual duration period, normal amounts of menstrual bleeding with clots.

No menstrual cramps (cramps experienced during junior high school days)

Pregnancy/delivery: At the age of 25 (the first child, normal delivery) and at the age of 27 (the second child, normal delivery)

Gynecological examination: Had received annual uterine cancer screening since the age of 43 and annual breast cancer screening since the age of 43 with the findings of no abnormalities in both screenings.

Physical condition: No constipation (soft stools since the intake of Kampo medicine), no headaches, urination 7 times/day, sleep (6.5 hours, easily get to sleep and easily getting up).

E) Findings on examination (before the start of treatment)

(1) Blood testing: Leucocytes 5.5×10^3 / μ l, erythrocytes 443×10^4 / μ l, hemoglobin 13.1 g/dl, hematocrit 42.5%, MCV 96 fl, MCH 29.6 pg, MCHC 30.8%, platlets 20.8×10^4 / μ l (no abnormalities in any one of these)

(2) Endocrine testing: LH 36mIU/ml, FSH 89.1mIU/ml, E2 10pg/m TSH 0.61 μ IU/ml, FT3 2.8ng/dl, FT4 1.1ng/dl (no abnormalities in any one of these)

F) Assessment method

- (1) Changes in scores of the menopausal index (Kupperman index) and changes in scores for each symptom.
- (2) Changes in endocrine secretion (hormone levels)
- (3) Changes in blood pictures
- (4) Changes in body surface findings

G) Course (Figures 3 and 4)

The patient's menopausal index of 64 before the acupuncture and moxibustion treatment became 26 after 6 weeks from the start of the treatment, and then dropped to 15 after 11 weeks. In regard to individual symptoms, "facial hot flushes" and "itching sensation on the skin" disappeared after 6 weeks. "Perspiration," "easily get angered," "irritating," "feeling depressed," and "dizziness and nausea" resolved after 11 weeks of the treatment. "Fatigability" and "stiff shoulders and low back pain" became significantly eased up after 11 weeks. However, "cold toes" did not improve. The levels of endocrine hormones (LH, FSH, E2) of before the treatment showed no differences from those of after the treatment (for 7 weeks).

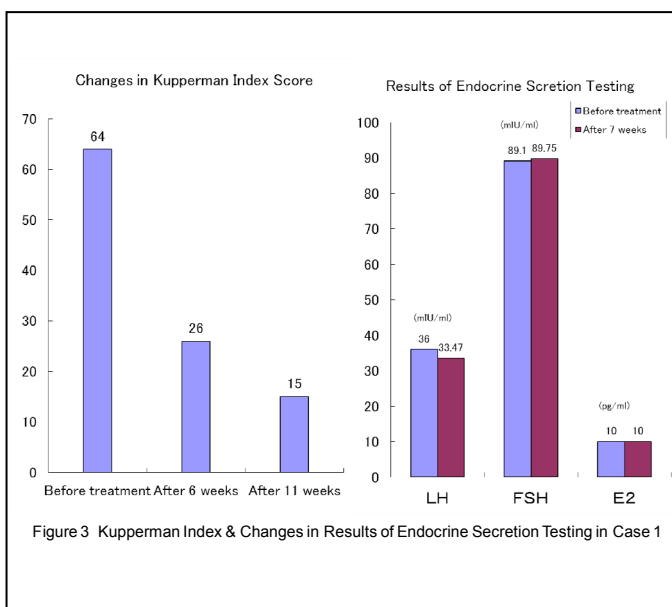


Figure 3 Kupperman Index & Changes in Results of Endocrine Secretion Testing in Case 1

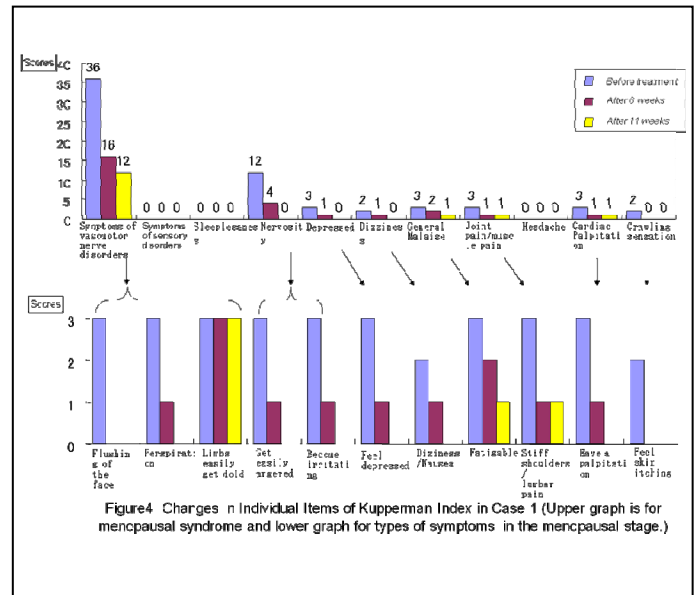


Figure 4 Changes in Individual Items of Kupperman Index in Case 1 (Upper graph is for menopausal syndrome and lower graph for types of symptoms in the menopausal stage.)

[Case 2] Female of 33 years old

Chief complaints: Unidentified complaints associated with the menstrual cycle

A) Present medical history

From 2 to 3 months ago, psychological symptoms such as being irritated, not feeling like doing anything, getting into high spirits, and feeling depressed (tendency of depression) began to appear about 10 days prior to the first day of menstruation. Physical symptoms also appeared such as pain in the lower abdomen, bloated lower abdomen, low back pain, dizziness, increased appetite, diarrhea, feeling of fatigue, and becoming sleepy. When drinking alcohol during the time when these symptoms were present, she became mentally unstable, shouting abusive language and crying.

B) Past medical history, family history, and social history: No particular mention

Work experience: During the daytime, computer data entry work, and during the nighttime, part time work at quickie bar three nights/week.

Tastes: Smoking 20 pcs/day and drinking beer 2-3 bottles/day.

Regular medication: None (When menstrual cramps were very severe, Bufferin was used once in 3 to 4 months.)

Medical examination history: Received no gynecological examinations.

C) Physical findings

Body build: Height 153.5cm, weight 52.5kg, body temperature 36.4 degrees C, BMI 22

Blood pressure: Standing position 119/80mmHg, P92/min (regular)

Dorsal position 117/84mmHg, P86/min (regular)

Menstruation history: The onset of the first menstruation was at the age of 14 with 30 days of the menstruation cycle (regular) and 3-4 days of menstrual duration period, and ordinary amounts of menstrual bleeding without clots.

Pregnancy/delivery - None

Physical conditions: Diarrhea (frequently), no headache, urination 6 times/day, sleep 6 hours/day, eyesight (naked eyes) both right and left 0.3.

D) Assessment method

(1) PMS memory (physical, psychological, and social symptoms accompanied by the menstrual period)

(2) Supplementary examination: Autonomic nerve function test – variables of blood pressure between the measurement in the spine position and that in the standing position (Schellong test)

(3) Changes in the body surface findings

E) Course (Tables 1 and 2)

(1) PMS memory

Prior to menstruation (2 days) before the treatment was started, items of physical symptoms were 22/24, items of psychological symptoms 11/12, and items of social symptoms 2/3. Prior to menstruation (7 days) with a month of the treatment, the items of physical symptoms were 1/24, items of psychological symptoms 0/12, and items of social symptoms 0/3. Furthermore, prior to menstruation (2 days) with two months of treatment, items of physical symptoms were 4/24, items of psychological symptoms 0/12, items of social symptoms 0/3. In the physical surface findings, before the acupuncture and moxibustion treatment the patient felt stiff and pain in the neck to shoulders (tension), stiff in the dorsal region to lumbar region (tension), and chill and swelling in the limbs before menstruation, whereas with one or two months treatment she did not hardly become aware of any symptom prior to menstruation.

Table1 PMS Memory Physical Symptoms/Psychological Symptoms/Social Symptoms in Case 2

Month		September				October				November			
Day		15th	17th	22nd	29th	6th	13th	20th	27th	2nd	10th	17th	19th
Menstruation period		2 days before	The first day	9 days after	2 days after	16 days after	7 days before	The first day	4 days after	13 days after	9 days before	2 days before	The first day
Acupuncture treatment		●		●	●	●	●		●	●	●	●	
Physical symptoms	Lower abdominal pain	3	Menstruation	0	0	0	0	Menstruation	1	0	1	1	Menstruation
	Feeling of heaviness in the lower abdomen	3		0	0	1	1		0	0	0	1	
	Lumbar pain	2		1	1	1	0		1	0	0	1	
	Dizziness	2		0	0	0	0		0	0	0	1	
	Increased appetite	3		0	0	0	0		0	0	0	0	
	Diarrhea	3		0	0	1	0		0	1	1	0	
	Feeling of fatigue	3		0	0	1	0		0	0	2	0	
	Becoming sleepy	3		0	0	3	0		0	0	0	0	
Psychological symptoms	Frustration	3		0	0	1	0		0	0	0	0	
	Enervated	2		0	0	0	0		0	0	0	0	
	Feeling of exaltation	3		0	0	0	0		0	0	0	0	
	Feeling depressed	3		0	0	0	0		0	0	0	0	
Social symptom	Cannot work at a job	2		0	0	0	0		0	0	0	0	

Assessment of severity in three levels

- 1: There are some, but to the extent that does not affect the daily life.
- 2: To the extent that does not affect the daily life.
- 3: Severe

Table2 Changes in Body Surface Findings in Case 2

Month		September				October				November			
Day		15th	17th	22nd	29th	6th	13th	20th	27th	2nd	10th	17th	19th
Menstruation period		2 days before	The first day	2 days after	9 days after	16 days after	7 days before	The first day	4 days after	13 days after	9 days before	2 days before	The first day
Acupuncture treatment		●		●	●	●	●		●	●	●	●	
Body surface findings	Subjective	Objective	Menstruation	Subjective	Objective	Subjective	Objective	Subjective	Objective	Subjective	Objective	Subjective	Objective
	Subjective	Objective		Subjective	Objective	Subjective	Objective	Subjective	Objective	Subjective	Objective	Subjective	Objective
Right side neck tension	2	1		1	1	0	0	0	0	0	0	0	0
Left side neck tension	1	1		1	1	0	0	0	0	0	0	0	0
Right side neck pain	2			1		0		1		0	0		
Left side neck pain	1			0		0		0		0	0		
Right shoulder tension	3	2		1	0	0	0	0	0	1	0	1	0
Left shoulder tension	2	1		1	0	0	0	0	0	0	0	0	0
Right shoulder pain	3			1		0		1		0	0		
Left shoulder pain	1			0		0		0		0	0		
Back tension	2	1		1	1	1	1	0	1	0	0	0	0
Lumbar tension	2	1		1	1	1	1	0	0	0	0	0	0
Cold hands and fingers/toes	2	1		2	1	0	0	0	1	0	1	0	0
Swelling	1	1		0	0	0	0	0	1	1	0	1	0

* 3 (Severe) 2 (moderate) 1 (light) 0 (none)

3. Discussion

Symptoms of “easily getting angry” and “becoming irritated” in Case 1 and “feeling exalted,” “becoming irritated,” and “feeling down” in Case 2 are closely connected with emotional changes and these symptoms can be taken as women’s unidentified complaints. In Case 1, the Kupperman index declined to 26 after six weeks of the treatment and then to 15 after 11 weeks from 64 of before-the-acupuncture and moxibustion treatment. However, the hormone levels (LH, FSH, E2) in the endocrine secretion test showed no difference between those of before-the-treatment and those of after 7 weeks treatment. From this, it is difficult to think that variations of hormone levels are directly involved in the improvement in unidentified complaints. In Case 2, one to two months after the treatment, some symptoms of the premenstrual physical syndrome remained to a mild extent, but psychological and social symptoms disappeared and did not recur. The physical findings of “neck tension and pain” also disappeared after the treatment (before menstruation) and did not recur.

The benefits of acupuncture needling in two cases were obtained by the approach in which the neck (Fengchi point) to the shoulders (Jianjing point) regions were needled for easing of muscle tensions to get a relaxation effect; the kyuto-shin was performed to the thoracic spine (Huatuojiaji) for mental stability; and needling lower limbs (Zu San Li, Sanyinjiao, Lougu) was intended to improve the cold sensation. The kyuto-shin was also applied to the lower abdomen (the uterus point)³⁾ and the sacral region (Ci Liao), which is considered to have influence on the amount of

uterine blood flow mediated by the pelvic nerves. After the acupuncture and moxibustion treatment, resting spine position was kept for 10 minutes in order to get the body’s responsiveness to the acupuncture and moxibustion stimulation back to the state of stability. With the start of the acupuncture and moxibustion treatment, the unidentified conditions disappeared without recurrence and the effect continuously remained. Especially the effect on the emotional changes, in the author’s views, may be closely linked to body relaxation brought by the acupuncture and moxibustion treatment⁴⁾. The results of these Cases suggest that acupuncture and moxibustion could be one of the options for the treatment of unidentified complaints, although more case series as well as clinical trials need to be conducted for the future.

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