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Treatment of Menorrhagia with Acupuncture: A Case Report

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Abstract

Menorrhagia is a common gynecological condition defined as bleeding more than 80 ml per menstrual cycle. This single case report discusses a 28-year-old female presenting with heavy menstrual bleeding for over ten years. She received five acupuncture treatments during a two-month span. After the treatments, the patient reported decreased menstrual flow, improved sleep, increased energy, and decreased back pain. She also indicated that she felt more emotionally positive and calm. The patient responded best to a combination of Master Tung's gynecology point (11.24, *Fu Ke*), Penetrating Vessel treatment, and other Traditional Chinese Medicine (TCM) acupuncture points indicated for her emotional signs and symptoms. This type of acupuncture may help treat menorrhagia strongly influenced by emotional stressors.

Keywords: menorrhagia; gynecology; acupuncture; Tung's acupuncture; Dong's acupuncture

Introduction

Menorrhagia is a common gynecological complaint with numerous etiologies and various pathophysiological sources. When measured objectively, it is defined as bleeding more than 80 ml per menstrual cycle. As many as 20–30% of women experience abnormal uterine bleeding and debilitating symptoms like anemia, fatigue, lethargy, and exertional dyspnea. These symptoms interfere with everyday life and may affect a social and emotional well-being and reduce social productivity (Duckitt, 2015; Hapangama & Bulmer, 2016). This condition is also common for people with an inherited bleeding disorder, von Willebrand's disease (VWD) (Bharati & Prashanth, 2011; Govorov et al., 2016; Payandeh et al., 2013).

Abnormal uterine bleeding (AUB) is classified into structural/anatomical and functional categories. The structural classification, which includes polyps,

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adenomyosis, leiomyomas (uterine fibroids), and malignancies (PALM), can be evaluated by imaging and histopathology. The functional classification—which includes coagulopathy (coagulation defects) and ovulatory dysfunction, as well as endometrial (uterine cavity lining), iatrogenic, and not yet classified disorders (COEIN)—was evaluated by investigating the underlying medical issues (Grant et al., 2000; Hacker et al., 2016; Maybin & Critchley, 2016).

Diagnostic methods of determining menorrhagia include total blood count, coagulation screen, thyroid function, and endocrine testing, pelvic ultrasound, endometrial biopsy, transvaginal ultrasonography, saline infusion sonohysteroscopy, and hysteroscopy (Apgar et al., 2007; Prentice, 1999). The most effective medical treatment option is hormonal treatments that maintain progesterone exposure, limit endometrial inflammation, and prevent menstruation. The non-hormonal treatments, tranexamic and mefenamic acid, are antifibrinolytic medications. Unfortunately, these options can cause side effects, including headache, nausea, infertility, and lack of efficacy leading to discontinuation of treatment as well as surgical interventions such as hysterectomy. Recommendations may also include regular exercise and maintaining a healthy BMI (Grant et al., 2000; Maybin & Critchley, 2016).

From the Eastern Asian medicine perspective, the Liver (LR) organ system stores Blood and is connected with the uterus. When the Liver is injured and fails to store Blood due to emotional impacts, profuse menstruation may occur (Wiseman, 1996). Another important aspect is the Penetrating Vessel, also called the “Sea of 12 Regular Channels” and “Sea of Blood.” It consists of SP4 (*Gong Sun*), a master/opening acupoint, and PC6 (*Nei Guan*), a coupled point, and has five trajectories. Each trajectory has different pathways as well as energetic and treatment effects and may be combined depending on the patient’s presentation (Jacob, 1996). The primary function of the Penetrating Vessel is to regulate menstruation. According to numerous authors, when emotions injure the Penetrating Vessel, menorrhagia may result (Greenwood, 2018; Jacob, 1996; Jin, 1998; Ni & Rosenbaum, 1996).

Patient Information

The patient, a 28-year-old female, measured 5’ 6” and weighed approximately 150 lbs. Her complexion was slightly pink. During palpatory examination, her lower abdomen felt cool, and her epigastric and right hypochondriac regions were tender when pressed. She complained about lower back pain on a scale of 4 out of 10, and both quadratus lumborum areas were tight and tender and felt better with pressure.

The patient's chief complaint was heavy menstrual bleeding for over ten years. She had been previously treated with oral hormonal medication to manage what was diagnosed as menorrhagia. However, while on the medication, she experienced debilitating headaches and nausea, so this was discontinued.

Her menstrual cycle was irregular, averaging every 40–45 days. Two weeks before her first acupuncture appointment, she bled for five days: heavy on the first two days (changing pads every one to two hours), medium for two days (changing pads every three to four hours), and light on the last day. This was a usual pattern.

She generally experienced lower back pain, calf muscle cramping, and stabbing pain in the lower abdomen, all on the first day, along with dark clots that were painful to pass. Her level of discomfort was 8 out of 10, with 10 being the worst. She also reported fatigue, weakness, pale skin, and shortness of breath at the onset of her period. During the first two days, she could not stand up for any lengthy amount of time and therefore had to take sick days from work. After her period was over, she felt much better.

She usually slept an average of five hours a night and usually had difficulty falling asleep. She would wake one or two times, fall back asleep, and wake tired in the morning. Her daytime energy was fair, with sleepiness in the afternoon. She experienced bloating and upper abdominal cramping after eating; however, her bowel movements were daily and formed. Her appetite was good, with cravings for sweet and spicy food. She usually felt cold. Despite hydrating throughout the day and urinating 5–6 times, she almost constantly felt thirsty. Her eyes were dry.

She said she felt depressed, frustrated, anxious, and angry due to working at a hospital where her daily job entailed dealing with patient and visitor complaints. She was also sad because she missed her late grandfather, who passed away the previous year, and she had recently lost a close childhood friend. Her stress level was 8 out of 10, with 10 being the worst.

Diagnostic Theory

In traditional Chinese medicine, the term heavy periods (*yue jing guo duo*) means that blood flow is excessive (Flaws, 2005). In general, a heavy period starts with an unexpected gush of blood, an urgent need for hygiene products (tampons or pads), and the need to change them frequently (Maciocia, 2011).

Master Tung's point 11.24 (*Fu Ke*, which means "gynecology") is a two-point set located on the medial side of the proximal phalangeal bone of the thumb. To find these points, divide the bone into thirds, and locate at $\frac{1}{3}$ and $\frac{2}{3}$ the distance between the joints. Primary indications are all acute or chronic gynecological conditions (McCann & Ross, 2018).

The Penetrating Vessel is considered a person's architectural blueprint; it reflects the influence of culture, social norms, traditions, and emotional regulation. Therefore, a patient's environment—including other people's actions, words, and feelings—greatly influences the development of the will and the course of one's life. As mentioned previously, the Penetrating Vessel is directly connected to the uterus and thus affects menstruation. When emotions injure the Penetrating Vessel, it can manifest in symptoms of menorrhagia (Greenwood, 2018; Jacob, 1996; Jin, 1998; Ni & Rosenbaum, 1996).

In this case, emotions of frustration, anger, sadness, depression, and anxiety almost certainly caused Liver qi stagnation, which resulted in the failure of the Liver to store Blood. Long-term Liver qi stagnation led to Blood stasis, i.e., stagnant Blood obstructed the vessels, and newly generated Blood had nowhere to go (Maciocia, 2011).

Diagnosis

The patient's diagnoses were Liver qi stagnation leading to Blood stasis and invasion of the Penetrating Vessel. The Liver qi stagnation was evidenced by a wiry pulse, frustration, anxiety, and anger. Blood stasis was evidenced by dark and distended sublingual veins, stabbing pain in the lower abdomen, dark and painful bleeding, and clots. Penetrating Vessel involvement was evidenced by irregular menstruation (Jin, 1998; Maciocia, 2011).

Her pulse was thin and wiry on the left; thin, wiry, and deficient on the right Kidney yang (chi) position. Her tongue was large, pale, and swollen, with a red tip, scalloped sides, a thin white coat, and dark, distended sublingual veins.

Treatment

Treatment included moving qi and Blood, soothing the Liver, harmonizing the Penetrating Vessel, and calming the shen. The main points used without any

stimulation in order to treat the root were: SP6 (*San Yin Jiao*), LR3 (*Tai Chong*), LI4 (*He Gu*), SP4 (*Gong Sun*), PC6 (*Nei Guan*), *Yin Tang*, and 11.24 (*Fu Ke*).

When indicated, the following points were used to treat her low back pain, grief, insomnia, and digestion, and to support the root treatment: LU7 (*Lie Que*), KI6 (*Zhao Hai*), KI3 (*Tai Xi*), HT8 (*Shao Fu*), LR8 (*Qu Quan*), KI10 (*Yin Gu*), SP1 (*Yin Bai*), LR1 (*Da Dun*), SP10 (*Xue Hai*), LR5 (*Li Gou*), GB31 (*Feng Shi*), HT7 (*Shen Men*), 22.08 (*Wan Shun Yi*), and 22.09 (*Wan Shun Er*). These last two are Master Tung's lower back and urogenital area and Kidney treatment point, respectively (Deadman, 2007; McCann & Ross, 2018).

Needles (36 gauge 15 mm and 34 gauge 30 mm, stainless steel filiform with spiral loop handles, Mac brand) were inserted less than 0.1 cun to 0.5 cun and retained for 25 minutes. Guide tubes were used for needle insertion. In addition, a TDP heat lamp (CQ-32, Huan Qiu brand) was placed on the patient's abdomen for 15 minutes. The patient was sensitive to needles, so the points were selected unilaterally to minimize the number of needles inserted.

The patient said her emotions were affected by the people surrounding her, and she needed emotional support treatment. By reconnecting the patient's prenatal and postnatal qi, Heart, and Kidney qi through the Penetrating Vessel, the patient was empowered to have a more positive mindset and was less influenced by others' negativity.

Outcomes

The patient reported having a period two weeks prior to her first acupuncture treatment. The initial treatment plan was twice a week for 12 weeks; however, the patient received five treatments over the two months, during which she had two menstrual periods. Overall, she reported minor mood swings and less bleeding. She could change pads every three or four hours without getting soaked in blood. In addition, her menstrual pain and discomfort symptoms improved dramatically, shifting from 8 to 1 out of 10.

After the first treatment, the patient reported falling asleep easily and staying asleep through the night. Her lower back discomfort improved from a 4 to a 1 out of 10. She had minor low back pain during the second and third visits. She reported on the fourth visit that her period had started the day after the third treatment.

By the fifth treatment, her menstrual pain and discomfort decreased, as did the back pain, although some sadness and depression lingered. However, her period was normal, with minor premenstrual symptoms, more energy throughout the day, and she did not have to take time off work. She exercised more often, was able to maintain positive emotions, and expressed her thoughts more instead of holding them in. Every night before bed, she did acupressure on PC6 (*Nei Guan*) and GV24 (*Shen Tong*).

Discussion

In this case report, a 28-year-old female reported a significant reduction in excessive menstrual bleeding after five acupuncture treatments. As her menorrhagia improved, her sleep and energy also improved. The patient reported a 7-point decrease in pain, from 8 to 1 out of 10. Patients with heavy menstrual bleeding are often managed with hormonal treatments, which have had many adverse side effects. For this reason, the patient wanted to manage her condition with acupuncture rather than medication.

Treating women's health can be challenging due to potential complexity. Many practitioners treat these patients with herbal formula(s). However, this case suggests that acupuncture alone may be effective when treating menorrhagia with a similar presentation. A combination of basic TCM strategies to relieve qi stagnation and provide emotional support, with Master Tung's gynecology point, 11.24 (*Fu Ke*), resulted in a positive outcome for this patient.

A small study reported that when used to treat uterine fibroids, Master Tung's points, *Fu Ke*, *Ling Gu*, *Da Bai*, *Zheng Hui*, *Qian Hui*, *Zhen Jing*, and *Shui Jing* improved symptoms of heavy menses after 12 weeks of treatment (Cruz et al., 2019). Another randomized control study to treat polycystic ovary syndrome (PCOS) was designed with pharmaceuticals as the control group and Master Tung's acupuncture treatment with *Fu Ke* and *Huan Chao* as the intervention. Both groups significantly declined in total testosterone (TT), luteinizing hormone (LH), and the ratio of LH/follicle-stimulating hormone (FSH), improved body mass index (BMI), and menstrual frequency. However, Master Tung's acupuncture group showed a lasting improvement in weight loss and menstrual frequency after 12 weeks of follow-up (Cao et al., 2019).

In conclusion, women's health issues often have complex causes. However, this patient experienced significant improvement and responded positively to emotional support acupuncture combined with Master Tung's gynecology acupuncture point, 11.24 (*Fu Ke*). More studies are needed to examine the

efficacy of Master Tung's points combined with TCM emotional support treatment for menorrhagia.

Patient Perspective

The patient was looking for a holistic and natural way to treat her menstrual problems because she previously had terrible side effects on oral hormonal medication. Then, her colleague recommended acupuncture.

After five treatments, the patient said, "Acupuncture treatments helped me regulate my heavy menstruation and shorten the cycle to between 35–36 days. I no longer needed days off from work. I became much more positive and my insomnia, low back pain, and indigestion has improved significantly. In addition, I followed the recommendation to increase physical activities and self-care at home."

Informed Consent

The patient signed an informed consent form before acupuncture treatment and agreed to have her case published.

Statement of Safety

The patient was treated at a private clinic in New York City. Clean needle technique was practiced at all times, and HIPAA adhered to for the entire span of treatment.

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