Acupuncture and Moxibustion

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www.bluepoppy.com

Acupuncture & Anovulatory Infertility

Keywords: Chinese medicine, acupuncture, gynecology, anovulatory infertility, amenorrhea

Over nine million women per year in the US consult or use infertility services. It is an unfortunate truth that most of these women will never know that Chinese medicine may be able to increase their chances of becoming pregnant without invasive Western medical procedures or, at least, increase their odds when they do use such procedures. The following article from Ji Lin Zhong Yi Yao (Jilin Chinese Medicine & Medicinals), Issue #5, 2004 by Pang Bao-zhen and Zhao Huan-yun titled, "The Treatment of 106 Cases of Anovulatory Infertility with Acupuncture," describes one potentially effective treatment for some women. A summary of this article follows.

Cohort description:
All the women enrolled in this study were 22-43 years of age with an average age of 33. All these women had been married for from 2-20 years, with an average duration of marriage of four years. Thirty-seven of these women had polycystic ovarian syndrome (PCOS), eight had anovulatory functional uterine bleeding, 26 had secondary onset amenorrhea, and 35 had anovulatory menstrual cycles. In terms of pattern discrimination, there were 38 patients with kidney yang vacuity, 32 with kidney yin vacuity, 15 with liver depression, 15 with phlegm dampness, and six with blood stasis.

Treatment method:
During days 5-9 of the menstrual cycle, Pi Shu (Bl 20), Shen Shu (Bl 23), Qi Hai (CV 6), San Yin Jiao (Sp 6), Zu San Li (St 36), Nei Guan (Per 6), and Qi Men (Liv 14) were needled. If there was early menstruation, Tai Chong (Liv 3) and Tai Xi (Ki 3) were added. If there was delayed menstruation or amenorrhea, Xue Hai (Sp 10) and Gui Lai (St 29) were added. If there were sometimes early, sometimes late, no fixed schedule menstruation, Jiao Xin (Ki 8) was added. Then, during days 12-15, Shen Shu (Bl 23), Ming Men (GV 4), Zhong Ji (CV 3), Xue Hai (Sp 10), Xing Jian (Liv 2), and Zi Gong (CV 4) were needled. One menstrual cycle equaled one course of treatment. During days 5-9, supplementing hand technique was used. During days 12-15, even supplementing-hand technique was used. Excessively strong stimulation of the needles was not necessary and, during the ovulatory period, may be counterproductive.

Study outcomes:
Presumably, after a single course of treatment, 41 patients conceived and 65 did not. In terms of the different types of infertility, 15 women with PCOS conceived and 22 did not. Three with functional uterine bleeding conceived and five did not. Four with secondary amenorrhea conceived and 22 did not, and 19 with anovulatory menstrual cycles conceived and 16 did not.

Discussion:
According to the Chinese authors’ rationale, the spleen and stomach are the latter heaven root which govern the digestion of water and grains, transform the finest essence, and engender the qi and blood. If the source of blood is full and sufficient, then the egg will grow and develop well. Therefore, from days 5-9 in the cycle, Pi Shu, Zu San Li, and San Yin Jiao are needled in order to fortify the spleen and stomach. The kidneys govern reproduction and are the former heaven root. If the kidney qi is effulent, then the essence and blood are automatically full. This also promotes the growth and development of the egg. Therefore, Shen Shu and Qi Hai are needled to supplement the kidney qi. It is also a clinical reality that many women who are infertile suffer from some degree of liver depression. The liver governs coursing and discharge, and the proper development of the egg is closely associated with the liver’s control over coursing and discharge. Therefore, Nei Guan is needled to loosen the chest and resolve depression, while Qi Men, the mu point of the liver, is needled to course and discharge the liver and gallbladder channel qi. If there is early menstruation, needling Tai Chong clears liver heat, and needling Tai Xi boosts kidney water. If there is delayed menstruation or amenorrhea, needling Xue Hai and Gun Lai move the qi and quicken the blood. If there is sometimes early, sometimes late, no fixed schedule menstruation, needling Jiao Xin banks the root and secures the source. Together, these points promote the growth and development of the egg. During ovulation, i.e., days 12-15, Ming Men is chosen to warm kidney yang and Shen Shu is chosen to supplement the kidney qi. Zhong Ji rectifies the chong and ren and courses and regulates the lower burner. Xue Hai, a point on the foot tai yin spleen channel, and Xing Jian, a point on the foot jue yin liver channel, move stasis and transform stagnation respectively while freeing the flow and regulating the qi of the liver and spleen. Zi Gong promotes the health and function of the uterus. Therefore, as a group, these points promote ovulation.

Translator’s commentary
Only a moderate percentage of women in this study were helped by these acupuncture treatments alone. Furthermore, the women in this study were slightly younger than those we typically see in fertility clinics in the West, so outcomes using this treatment with the age group of women we are more likely to see (37-43 years) would predictably be somewhat lower. Even so, if even 10-15% of women seeking help with a specific fertility issue can be helped by a treatment this simple and inexpensive, it would be worth more women being aware of it before going through the emotional roller-coaster and expense of high-tech infertility therapies.

Reference

TOWNSEND LETTER for DOCTORS & PATIENTS – NOVEMBER 2004