



Effects of Acupuncturre for the Treatment of Premenstrual Syndrome ().

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Premenstrual Syndrome (PMS)

Its symptoms are different for every woman, you may get:

Physical symptoms or
Emotional symptoms or **Both**.

PMS has a wide variety of signs and symptoms.

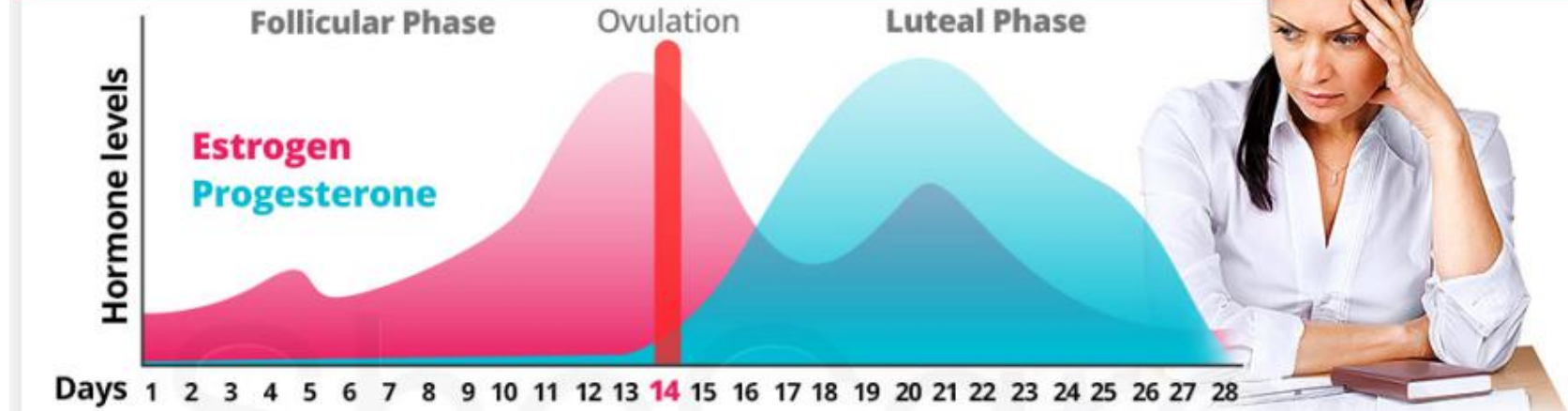
You may experience:

- **Tender breasts**
- **Mood swings**
- **Fatigue**
- **Food cravings**
- **Irritability**
- **Depression**



It is estimated to be that approximately 75 % of menstruating women have experienced some form of PMS.

Causes of PMS



- PMS is a condition that affects a woman's emotions, physical health, and behavior during certain days of the menstrual cycle, generally just before her menses.
- PMS symptoms start five to 11 days before menstruation and typically go away once menstruation begins. The cause of PMS is unknown.
- However, many researchers believe that it's related to a change in both sex hormone and serotonin levels at the beginning of the menstrual cycle.
- Levels of estrogen and progesterone increase during certain times of the month. An increase in these hormones can cause mood swings, anxiety, and irritability.

PMS by TCM

- ✓ name of western medicine.
- ✓ no record of such a name in ancient Chinese medicine books
- ✓ can be found in , "Meridian headache", "meridian cold", "meridian fever", "meridian body pain", etc.
- ✓ belong to the category of premenstrual syndrome

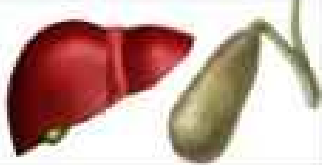





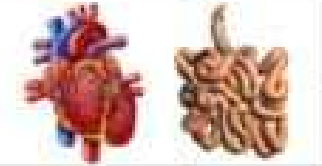





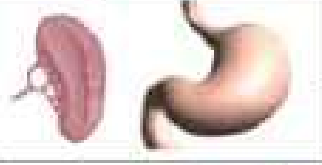

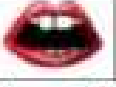


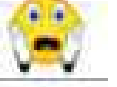





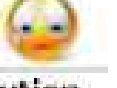








- By traditional Chinese medicine, the dysfunction of zang-fu organs is the main cause of this disease, especially the liver disorder.
- PMS symptoms are caused due to imbalances and liver Qi stagnation .

Zang &Fu

- The Zang-fu is a collection of organs that produce and regulate qi within the body.
- Unlike in western medicine, these organs should not be thought of as anatomical structures,
- but rather as interconnected functions that explain how qi is produced within the body.

Zang & Fu organs

	Element	Sense	Manifest	Tissue	Emotion
					
Maintaining potency of Qi, Blood Storage & Maintain Qi flow					
					
Dominate the vessels, blood circulation & house the mind.					
					
Govern digestion, absorb nutrients and produce Qi & blood.					
					
Control Qi, respiration and distribution of blood & body fluid.					
					
Stores essence, control reproduction, receive Qi, produce marrow & blood.					

Liver Qi Stagnation

Symptoms:

- ❑ Premenstrual distention
pain in breasts
- ❑ Hypochondrium
- ❑ HA
- ❑ Dizziness
- ❑ Insomnia
- ❑ Bitter taste.
- ❑ T: dusky
- ❑ Thin white coat
- ❑ P: wiry

Treatment :

- ❑ Soothe liver, regulate Qi

Formulas& Herbs :

- ❑ Chai Hu Shu Gan Wan:

chai hu, bai shao, zhike, xiang fu,
chuanxiong, chen pi, gan cao



- ❑ Xiao Yao Wan or Dan Zhi Xiao Yao San

- During their reproductive years about 10% of women experience some kind of symptoms before menstruation (PMS) in a degree that affects their quality of life (QOL).



I have PMS...got it?



✓ **Acupuncture
& herbal medicine
has been a recent favorable
therapeutic approach.**

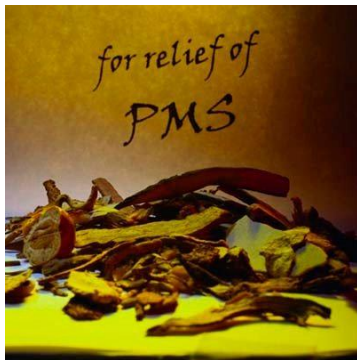
Acupuncture ?

- ✓ Acupuncture is a 3,000-year-old healing technique of Traditional Chinese Medicine.
- ✓ In 1997, the U.S. National Institutes of Health (NIH) documented and publicized acupuncture's safety and efficacy for treating a wide range of conditions. Acupuncture improves the body's functions and promotes the natural self-healing process by stimulating acupoints.
- ✓ TCM describes the body is healthy that constant flow of energy (Qi) keeps the yin and yang forces balanced. Acupuncture therapy can release blocked qi in the body and stimulate function, evoking the body's natural healing response through various physiological systems.



Chinese herbs?

- ✓ Chinese herbal medicine is part of a larger healing system called Traditional Chinese Medicine. Herbs are prescribed to restore energy balance to the opposing forces of energy Yin and Yang that run through invisible channels in the body.
- ✓ Chinese herbal medicines are mainly plant based, but some preparations include minerals or animal products. Different herbs have different properties and can balance particular parts of the body.



Treatment of the PMS

TCM believes that the occurrence of the PMS is related to the dysfunction of zang-fu organs in the early menstrual period.



TCM:

In the literature on acupuncture for the treatment of the PMS, the cure rate of acupuncture for the PMS is between 85% and 100%, but there is no systematic evaluation.



Western Medicine:

- selective serotonin inhibitor (SSRI)
- gonadotropin-releasing hormone agonist (GnRHa)
- Danazol

Treatment of the PMS

Acupuncture could improve microcirculation, balance organ function and adjust mental activities.

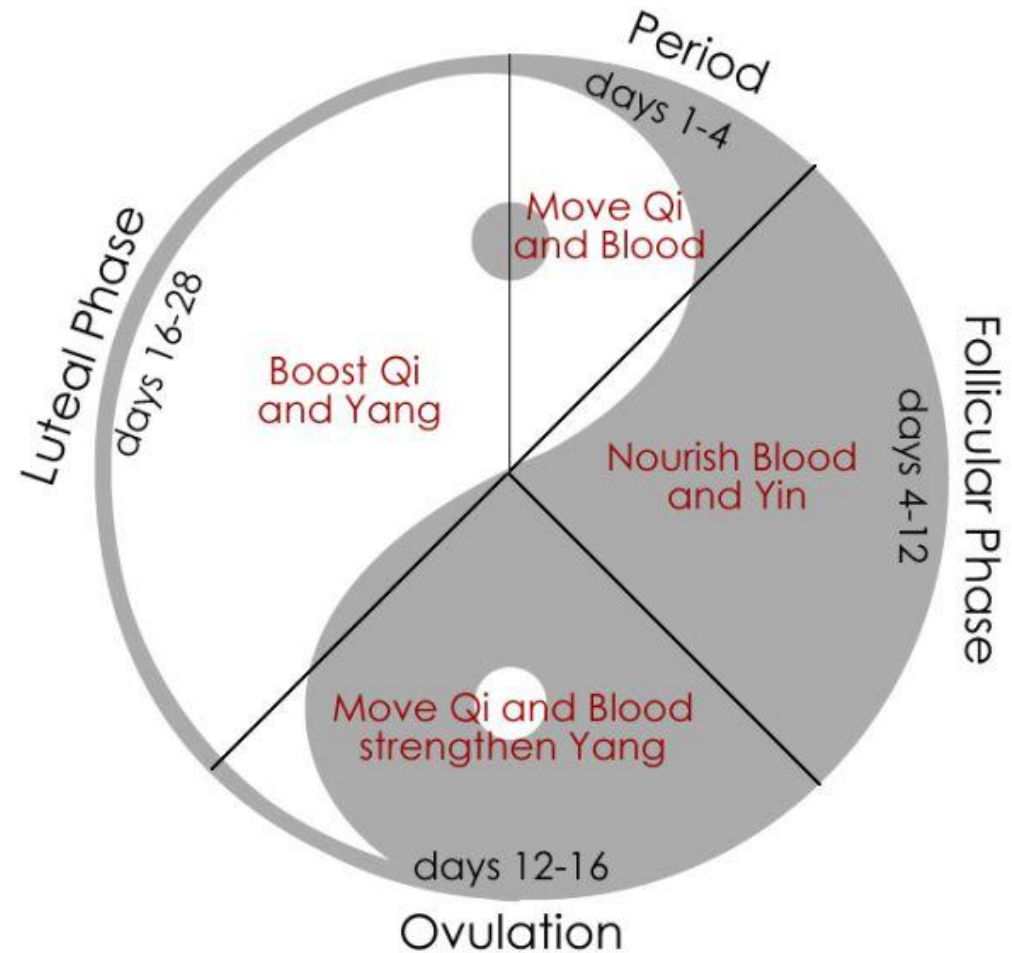


To assess alterations of the brain activity induced by acupuncture stimulation in PMS patients by rs-fMRI scan at SP6 acupoint in the late luteal phase of menstrual.

Finding that SP6-related acupuncture stimulation may modulate the neural activity in patients with PMS.

How Acupuncture Important with Hormone

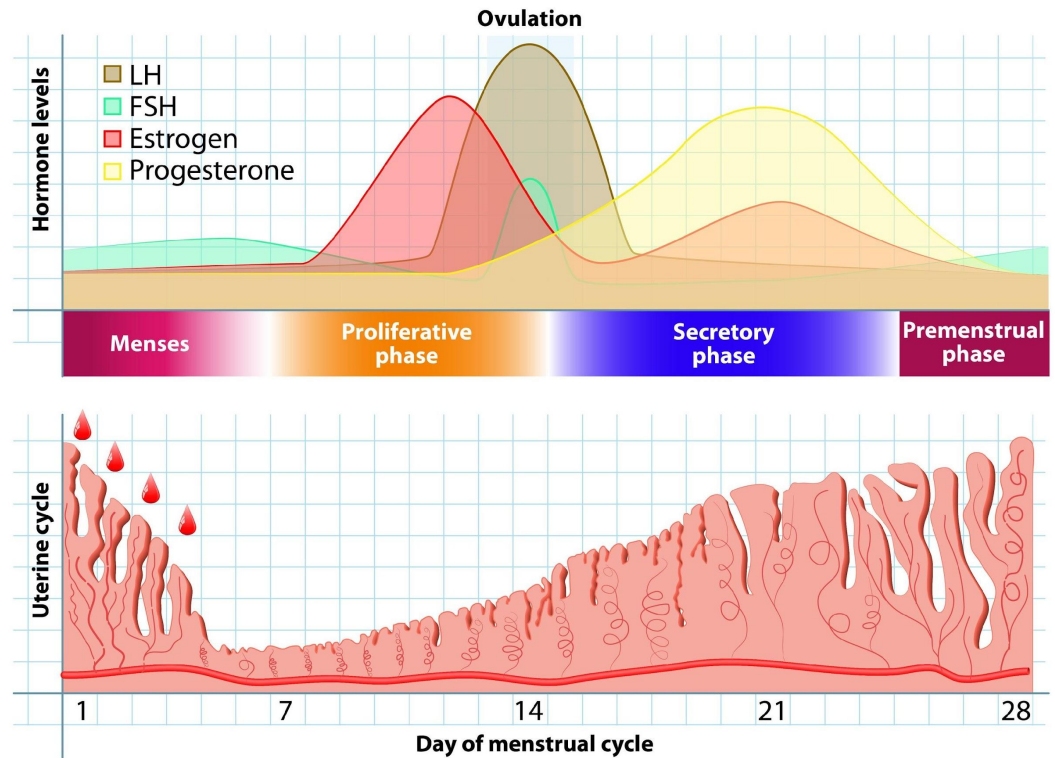
- ✓ Traditional Chinese Medicine (TCM) excels at diagnosing hormonal irregularities and balancing them.
- ✓ Acupuncture and herbs are used to resolve PMS.
- ✓ The period cycle itself offers an excellent opportunity to diagnose and address hormonal imbalances.



Acupuncture for Premenstrual Syndrome at Different Intervention Time: A Systemic Review and Meta-Analysis

- ✓ A total of 15 studies, comprising of 1103 cases, were included.
- ✓ To current meta analysis reveals that acupuncture leads to better effective rate, but the intervention time has no significant effect on the efficacy of acupuncture treatment for PMS.
- ✓ SP6, LR3, and RN4 are the most commonly used acupoints in treating PMS.

MENSTRUAL CYCLE



Effects and treatment methods of acupuncture and herbal medicine for PMS: systematic review.

- Eight acupuncture treatments and 11 herbal medical treatments were identified and evaluated.
- The data presented here provide support for the effectiveness of acupuncture and herbal medicine in PMS with a 50% or better reduction in symptoms than the initial state.



Table 2 Therapeutic effect of acupuncture on PMS

Table 2 Therapeutic effect of acupuncture on premenstrual syndrome

#	Acupuncture points	Frequency Tx sessions	Sample Size	2 cycles of pre-rating	Baseline	Outcome (end-of-Tx score)	Control (no of CG)	Adverse Events	P-value
1	SP6 CV6 + LR3, LR2, SP10, LI4 or + ST36 ⁸	13 @ L/FP 2/wk, 8 wks (2 cycles)	10	Not reported	MSSL 16.78 ± 4.30	7.56 ± 2.36	SI 5 ST 40 (10)	None reported	P < 0.05
2	DU20 LI4 H3 REN3,4,6 PE6 GB34 UB23, Auriculoacu-point Shenmen ⁹	2 ~ 4 @ LP (1 cycle)	18	Not reported	Diagnosed as PMS	77.8% reduction	Sham acupuncture (17)	One subcutaneous abdominal hematoma	p < 0.008
3	Hand acupuncture therapy ¹⁰ A5,A6,A8,A12,A16,A18,N18,F6	10 @ L/FP 3/wk, 4 wks (1 cycle)	7	Not reported	MSSL 20.63 ± 10.32	3.94 ± 1.66	No treatment received (10)	No serious AE observed	p < 0.001
4	Hand moxibustion therapy ¹⁰ A5,A6,A8,A12,A16,A18,N18,F6	10 @ L/FP 3/wk, 4 wks (1 cycle)	8	Not reported	MSSL 20.65 ± 6.12	3.40 ± 1.78	No treatment received (10)	None reported	p < 0.001
5	Back-Shu points ¹¹ BL15,17,18,20,21,23	30 @ LP 7/wk (3 cycles)	20	Not reported	Met Chinese standards for diagnosis for PMS	Better than CG score n/a	Standard acupuncture (20)	None reported	p < 0.05
6	Point-through-point ¹² GV3 ~ 8 BL18 ~ 23 BL47 ~ 52	30 @ LP 7/wk (3 cycles)	30	Not reported	Diagnosed for PMS by OB/GYN textbook	Better than CG score n/a	Medication - progestin (medroxyprogesterone, 6 mg daily) (30)	None reported	p < 0.05
7	BL17,18,20,23 GV20 CV4,17 SP6 PC6 LR3 ¹³	30 @ LP 7/wk (3 cycles)	31	Not reported	Diagnosed as DSM-IV-TR	Better than CG score n/a	Medication - medroxy-progesterone 4 mg, diazepam 2.5 mg twice daily (31)	None reported	p < 0.05
8	Electroacupuncture on scalp ¹⁴ MS1,5 + MS2,3,4	30 @ L/FP 3/wk (3 cycles)	35	Not reported	Diagnosed as PMS by OB/GYN textbook	Better than CG score n/a	Medication - medroxy-progesterone 4 mg, diazepam 2.5 mg twice daily (35)	None reported	p < 0.05
9	GV20 Ex-HN3,5 SP6,10 + LR3 CV17 LR14 Ex-CA1 CV4 SP9 ST36 CV6 PC6 HT7 BL23 GV4 KI3 ¹⁵	21 @ LP 3 ~ 4/wk (3 cycles)	30	Not reported	Met ICD-10 criteria	Better than CG score n/a	Sham acupuncture Selection of points N/A (33)	Two hypo menorrhea during 2 nd cycle	p < 0.05

Literatures yield 9 studies as interventions. It comprises of acupuncture points and technique, treatment sessions marking the period of the session (either at luteal phase (LP) or at both LP and follicular phase as L/FP, Duration of the session as in weeks and by menstrual cycles, Baseline score and the outcome score, the control type, and p-value.

*n/a, not available; NS, not significantly different between groups; CG, control group.

Table 3 The effect of herbal medicine for PMS

Table 3 The effect of herbal medicine for premenstrual syndrome

#	Intervention (dosage/day) -form	Frequency (Tx Duration)	Sample Size	2 cycles of pre-rating	Initial state M	Outcome (Improved rate or end-of-Tx score)	Control (no of CG)	Adverse Events	P-value
10	Vitex Agnus castus ^{17**} (VAC, BNO 1095) 40 mg -Tablet	1/day (3 cycles)	33	Confirmed	PMSD sum score 29.38 ± 7.63 (p = 0.752)	PMSD sum score 14.66 ± 0.52	Placebo (34)	No notable AE observed	=0.0001
11	Vitex Agnus castus ¹⁸ (VAC, BNO 1095, 4.0 mg of dried ethanolic (70%)) 40 mg -Tablet	2/day (3 cycles)	101	Confirmed	PMSD 29.13 ± 7.88 (p = 0.4017) PMTS 26.17 ± 4.79 (p = 0.1649)	PMSD 6.41 ± 7.94 PMTS 9.92 ± 9.01	Placebo (101)	No serious AE observed	<0.05
12	Vitex Agnus castus extract ^{19**} (AC extract) 20-40 mg -Tablet	1/day (2 cycles)	19	Confirmed	DSR 171.758.1 (p > 0.05) HAM-D 15.24.7 (p > 0.05) CGI-SI 4.11.4 (p > 0.05)	DSR 82.849.5 HAM-D 7.64.3 CGI-I 1.20.7 five symptoms diminished 50% or more	Fluoxetine (19)	No serious AE observed from TG 2CG: Sexual dysfunction	>0.1
13	Vitex Agnus castus ²⁰ (Vitex agnus extract) 40 drops (4.5 mg) -Liquid	1/day (6 cycles) @ LP	62	Confirmed	DSR 30% higher score @ LP	Better than CG	Placebo (66)	No serious AE observed	<0.0001
14	Hypericum Perforatum ²¹ (LI 160 (80% methanolic dry extract, 0.18% hypericin, 3.38% hyperforin) 900 mg -Tablet	2/day (2 cycles)	17	Confirmed	DSR score in LP 12.6	DSR score 5.80 (F [1,30] = 4.82; p = 0.04; partial Z2 = 0.14)	Placebo (15)	No serious AE observed	>0.05
15	Hypericum Perforatum ²² (St. John's wart extract, 300 mg of extract, 900 ug of hypericin) 1800ug hypericin (600 mg) -Tablet	2/day (2 cycles)	64	Confirmed	MD score 326.335	MD score 230.28 (p ≤ 0.007)	Placebo (61)	No serious AE observed	<0.007
16	Hypericum Perforatum ²³ (extract N/A) two 1340 ug hypericin -Tablet	2/day (2 cycles)	85	Confirmed	DSR 149.07 Anxiety 41.15 ± 9.74 Crying 20.52 ± 11.73 Depression 29.26 ± 7.49 Craving 22.01 ± 11.03 Hydration 36.13 ± 8.50	DSR 86.13 Anxiety 23.08 ± 14.78 (p = 0.223) Crying 5.87 ± 10.23 (p = 0.001, 71% reduction) Depression 13.82 ± 6.48 (p < 0.001, 52% reduction) Craving 17.26 ± 7.41 (p < 0.001) Hydration 26.10 ± 10.18 (p < 0.090)	2 Cellulose Tablets (85)	No serious AE observed	<0.05
17	Xiao Yao San or Dan Zhi Xiao Yao San ⁸ -Powder form	3/day (3 cycles) @ LP	31	Confirmed	Diagnosed as PMS Physical MDQ psychological MDQ BDI ANX ANG PSS diagnosed as PMS (p < 0.005)	Physical MDQ 68.9% reduction Psychological MDQ 74.8% reduction BDI 43.1% reduction ANX 23.8% reduction ANG 39.3% reduction PSS 16.4% reduction (p < 0.001)	Placebo (30)	No AE	<0.001
18	Crocus sativus (saffron) ²⁴ 30 mg -Tablet	2/day (2 cycles)	24	Confirmed	DSR < 50 PMS diagnosed by HDRS	50% reduction in severity of symptoms by DSR and HDRS (P < 0.001)	Placebo (23)	No severe AE reported	<0.001
19	Elsholtzia splendens ²⁵ 120 mg -Tablet	1/day	10	Not recorded	BDI 33.50 ± 5.82	BDI 23.60 ± 4.79 (p < 0.01) STAI 48.10 ± 5.20 (p < 0.05) STAI 52.00 ± 6.18	Placebo	None reported	<0.01

Evaluation of Clinical Therapeutic Effects and Safety of Acupuncture Treatment for PMS

Objective:

To assess the effectiveness and safety of various types of acupuncture in treatment of PMS.

Methods:

Search Chinese and English databases of the Cochrane Library, CENTRAL, MEDLINE, EMBASE, CBM, CNKI and reference lists of correlative academic conference proceedings.

Evaluation of Clinical Therapeutic Effects and Safety of Acupuncture Treatment for PMS

Results:

Eight controlled studies involving 807 women (range, 61-225) meeting the enrolled criteria. Among them 7 studies showed that therapeutic effects of acupuncture were superior to other methods.

Conclusion:

Acupuncture can effectively treat PMS. However, more randomized controlled trials are needed to assess the effectiveness and adverse-effect of acupuncture for treatment of PMS.

FIG. 1 Curative effect analysis of the recovery group

Review: Acupuncture for Premenstrual Syndrome(中文版)

Comparison: 01针刺治疗经前期综合征

Outcome: 01痊愈

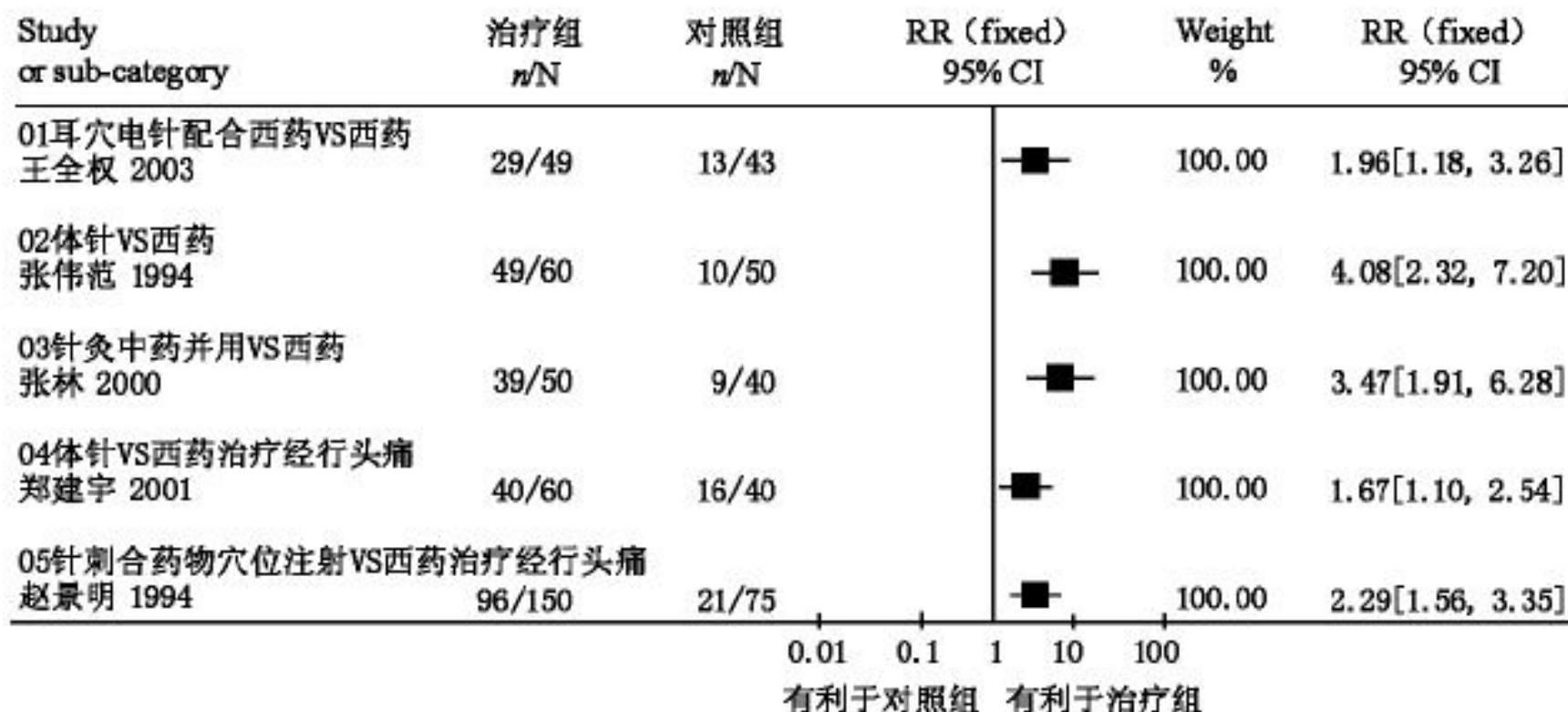


图 1 痊愈组的疗效分析

Summary

- It seemed that stagnation of liver qi has been generally thought as the basic pathological change of PMS.
- PMS is caused by ovarian hormone, central nervous transmission and autonomic nervous system dysfunction.
- Xiaoyao Powder and Caihu shugan Powder are the representative prescriptions.
- The curative rate of acupuncture for PMS is higher than other therapies, and the inefficiency is lower than other methods, and there is no side effect.

- 曹亚芳, 王辉礞, 董岷, 等. 从"肝失疏泄"论治经前期综合征探讨[J]. 辽宁中医药大学学报, 2009(12):49-50.
- 兰蕾, 刘迈兰, 唐勇, et al. 针灸治疗经前期综合征的疗效追踪评价[C]// 中国针灸学会经络分会学术会议. 2009.

Reference

- Jang, S.H., Kim, D.I. & Choi, M. Effects and treatment methods of acupuncture and herbal medicine for premenstrual syndrome/premenstrual dysphoric disorder: systematic review. BMC Complement Altern Med 14, 11 (2014). <https://doi.org/10.1186/1472-6882-14-11>
- Yu JN, Liu BY, Liu ZS, Robinson V. Zhongguo Zhen Jiu. 2005;25(6):377- 382.
- Duan, Gaoxiong & Chen, Ya & Pang, Yong & Feng, Zhuo & Liao, Hai & Liu, Huimei & Zou, Zhuocheng & Li, Min & Tao, Jien & He, Xin & Li, Shasha & Liu, Peng & Deng, Demao. (2020). Altered fractional amplitude of low frequency fluctuation in Women with Premenstrual Syndrome Via Acupuncture at Sanyinjiao(SP6). 10.21203/rs.3.rs-17771/v1.
- Zhang, J., et al., Acupuncture for Premenstrual Syndrome at Different Intervention Time: A Systemic Review and Meta-Analysis. Evidence-Based Complementary and Alternative Medicine, 2019. 2019: p. 6246285.
- 刘小倩. 陈莹教授治疗经前期综合征经验辑要[D]. 辽宁中医药大学, 2010.
- 曹亚芳, 王辉麟, 董岷,等. 从"肝失疏泄"论治经前期综合征探讨[J]. 辽宁中医药大学学报, 2009(12):49-50.
- 兰蕾, 刘迈兰, 唐勇, et al. 针灸治疗经前期综合征的疗效追踪评价[C]// 中国针灸学会经络分会学术会议. 2009.



2020

Thank You!

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