



WOMEN'S HEALTH

## TCM for Primary Dysmenorrhea

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Traditional Chinese medicine can be useful in the reduction of pain and occurrence of pain without the use of oral contraceptives, NSAIDS or prostaglandin synthetase inhibitors in patients with primary dysmenorrhea. The prevalence of primary dysmenorrhea is often under reported to primary health care physicians and or OB/GYN MDs. Traditional Chinese medicine offers a safer and more effective alternative to traditional Western medical treatments.

As a professional in the health care setting for more than 40 years as a male nurse in a predominantly female profession, I have become familiar with the prevalence and disabling factors involved with primary dysmenorrhea. I thought, like most people in the United States, that the only treatment for primary dysmenorrhea was the use of oral contraceptives or NSAIDS, based on what I saw most from my patients and co-workers. It was not until I started to study traditional Chinese medicine that I was taught to treat the root cause of primary dysmenorrhea, not just treat the signs and symptoms.

Primary Cause & Common Symptoms



So, what is the cause of primary dysmenorrhea? One Western study involving color Doppler imaging used pulsativity index and resistance index to evaluate a vascular cause of pain. As the resistance index increased within the arteries of the uterus, the pain was present and/or increased. This study concluded that increased impedance to blood flow within the uterus was the cause of pain.<sup>1</sup>

*Note:* Primary dysmenorrhea caused by impeded uterine blood flow is not associated with other forms of dysmenorrhea, the causes of which may be cancer, fibroids, ectopic pregnancy, etc.

In an impact study of menstrual symptoms in everyday life involving more than 42,000 women, dysmenorrhea was one of the most common symptoms at 85 percent, psychological complaints at 77 percent and fatigue at 71 percent. Nearly four in 10 women reported not being able to perform their regular daily activities due to symptoms.<sup>2</sup>

Dysmenorrhea reporting was less than the occurrence of actual events. In a 2009 study, 45 percent of the study cases reported pain with each menstruation, and reported use of analgesics was 66.9 percent. The prevalence of primary dysmenorrhea was found to be higher than cited; consultations with health care professionals was low, and the over-the-counter analgesics was the primary treatment. Only 12.2 percent of women reported no signs and symptoms of primary dysmenorrhea.<sup>3</sup>

#### A Poorly Managed Public Health Concern

With the underreporting of primary dysmenorrhea and heavy use of OTC analgesics, how bad is this as a public health concern? Sixty percent of women with primary dysmenorrhea describe their pain as

moderate to severe, 51 percent report a reduction in their activities of daily living, and 17 percent report missing school and or work. The prevalence of primary dysmenorrhea decreases with age and use of oral contraceptive agents. Pain increases if women smoke, are nulliparous (have not birthed a child) or do not use oral contraceptives. This group reports disabling symptoms.<sup>4</sup>

Current medical treatment plans with the use of fenamatic compounds, indomethacin, and NSAIDS, was the treatment plan that found to be undoubtedly effective and safe in 1984.<sup>5</sup> But what about TCM?

In talking to other women in my field, they have expressed that their treatment experiences are inadequate. They feel the best way to deal with their primary dysmenorrhea is do the best they can with over-the-counter analgesics; pain relievers only supposed to be used for temporary pain, not every month for 30-40 years of their lives.

The medical community needs to look at other ways to treat primary dysmenorrhea. We should start with treating the root cause: impedance of blood flow in the uterus during menses.

### TCM Options for Dysmenorrhea

Traditional Chinese herbal medicine and acupuncture have been shown to be effective in treating primary dysmenorrhea in countries outside the United States. TCM has been significantly effective in treating primary dysmenorrhea in as early as 1237 A.D., when the first book dedicated to OB/GYN disorders (The complete book of effective prescription for diseases of women) was written.

Dysmenorrhea was first documented in 196 A.D. in the book [*Synopsis of Prescriptions of the Golden Chamber*] by Zhong Jing Zhang.

Traditional Chinese medicine focuses on treating the root causes; disharmony with liver / spleen / kidney, excessive heat and excessive cold patterns. Acupuncture points *Taxi* (KD 3), *Gangsan* (SP 4), *Zusanli* (ST 36), *Tansha* (ST 25), *Guilai* (ST 29), *Qichong* (ST 30), and *Guanyuan* (CV 4) have been used to treat primary dysmenorrhea successfully.<sup>6</sup>

Primary dysmenorrhea is principally ascribed to the impeded flow of *qi* and blood in the uterus (as detailed by color Doppler studies). Excess syndrome is due to liver *qi* stagnation and fails to carry the free flow of blood. Acupuncture points effective in this case are *Zhongji* (CV 3), *Ciliao* (BL 32), *Hegu* (Li 4), *Xuehai* (SP 10), *Diji* (SP 8), and *Taichong* (lr-3).

Deficiency syndrome is blood deficiency due to weak constitution, body build and/or chronic disease, which deprives the uterus of nourishment, causing pain. Acupuncture points effective in this case include: *Guanyuan* (CV 4), *Pishu* (BL 20), *Shenshu* (BL 23), *Zusanli* (ST 36), and *Sanyinjiao* (SP 6).<sup>7</sup>

In addition to acupuncture, herbal formulas can improve the outcomes safely and with a higher success rate than Western medicine.

### Case Study

A 38-year-old woman was seen over a two-month period with complaints of primary dysmenorrhea, PMS, and heavy menstrual flows with clots. Pain was reported as 9 on a 0-10 scale, with 5-7 days of flow, inability to focus, and daily use of analgesics.

After two months of acupuncture and herbal decoctions, she reported a 50 percent reduction in pain (4 out of 10); menstrual flows mild to moderate and without clotting; two days shorter in duration; and 50-75 percent less use of analgesics.

With similar case studies reporting as high as 93.3 percent total effective rates,<sup>6</sup> why are we in the U.S. not keeping up with other countries with the use of traditional Chinese medicine and acupuncture? According to a 1998 study, referral rates were only 43 percent for physician referral and 13 percent for herbal referral in the U.S.<sup>8</sup> While this may have improved somewhat since then, I fear the numbers are still far too low.

I am concerned that women in the U.S. are not getting adequate care for primary dysmenorrhea. Why should women suffer needlessly? I encourage all acupuncturists to talk to their female patients about this common problem and ensure they get the proper care.

### References

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