

Acupuncture Relieves Menstrual Pain

Nobuyuki Otsuka

Hotal Ancient Medicine Research Institute (HARI)

3-2-1 Hotarugaike-nakamachi, Toyonaka, Osaka, 560-0033 Japan

E-mail: nj00ot@kmj.biglobe.ne.jp

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Menstrual abnormalities include premature puberty, early onset menopause where the periods of menarche and menopause are abnormal. As menstrual cycle abnormalities, there are frequent menstruation, rare primary menstruation, and amenorrhea. There are abnormal menstrual aberrations such as excessive menstruation, undermenstruation, and dysmenorrhea with strong symptoms accompanying menstruation.

Dysmenorrhea is pelvic pain associated with menstruation, which may accompany lower abdominal pain and back pain. Dysmenorrhea is divided into primary dysmenorrhea and secondary dysmenorrhea. Primary dysmenorrhea begins at puberty and tends to relieve with age or after pregnancy. Pain is mediated by prostaglandins produced in the molecular endometrium.

Secondary dysmenorrhea begins in adulthood and is generated by potential pelvic abnormalities. Endometriosis as organic dysmenorrhea, uterine fibroids, uterine myopathy, and functional dysmenorrhea, etc are caused of the secondary dysmenorrhea. In dysmenorrhea, lower abdominal pain, lower back pain, abdominal bloating

feeling, nausea, headache etc. appear strongly just before menstruation or menstruation.

The proportion of causative disease in dysmenorrhea is 47% of functional dysmenorrhea. Organic dysmenorrhea is 29% of endometriosis, 17% of uterine fibroids, 4% of uterine myomyosis. In the case of organic dysmenorrhea, aging over 30 years aggravates with age. It is invariant even if pregnant. If it gets worse, it will occur at times other than at the time of menstruation, so it is necessary to make inquiries thoroughly and establish an accurate treatment policy. As a treatment, hormonal therapy is performed. If uterine fibroid disease is subjective symptoms or anemia is strong, it will be indicated for surgery.

The possibility of applying acupuncture and moxibustion treatment to dysmenorrhea is becoming apparent in recent research. In the direct (immediate effect) effect of functional dysmenorrhea, strong stimulation such as getting profitable by using acupuncture electric stimulation (EA) or percutaneous nerve stimulation method (TENS) at menstruation becomes effective. In particular, it has become clear that the

SP6, abdomen, lumbar region, and sacrum are effective.

As a preventive effect of functional dysmenorrhea, it is effective from several days before menstruation to several days after menstruation, and it is necessary to continue acupuncture and moxibustion treatment for 3 menstrual cycles. Using acupuncture needle and circular acupuncture needle at SP6, SP8, BL32, and LR3 are effective. In organic (secondary) dysmenorrhea, there is a report that acupuncture points of CV6, CV4, CV3 and SP6 are effective in 3 menstrual cycle to 6 menstrual cycle.

Regarding the preventive effect of functional dysmenorrhea, many randomized controlled trials (RCT) are conducted at SP6. Here, not only Oriental medicine analysis but also analysis by the eight principles of diagnosis in traditional Chinese medicine are important. There are few reports from Japan compared to overseas, and from now on, it is strongly desired to increase cases of Japanese patient. In Western medicine, the mechanism of dysmenorrhea and associated menstrual pain was clarified. The characteristic amounts of hormone, blood volume, muscle contraction and other features were also revealed. In the future, it is necessary to verify what kind of mechanism the acupuncture and moxibustion is effective for each characteristic amount.

On the other hand, from the viewpoint of Oriental medicine approach, it is not an analytical approach to individual features but also a holistic approach as a whole human. Establishment of a new Oriental medicine

methodology is required not only to utilize analytical methods but also how to proceed holistic analysis scientifically.

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Dr. Nobuyuki Otsuka

He graduated from Tohoku University in 1985 and completed the first half term of doctor course of Tohoku University graduate school in 1987. He was awarded doctor degree in 1997 from Tohoku University. He established Hotal Ancient medicine research Institute (HARI) in 1999. Now, he is enrolled at Meiji school of oriental medicine from 2014. He is engaged in research on oriental medicine such as traditional Chinese medicine, acupuncture and moxibustion, qigong etc.