



Traditional Chinese Medicine (TCM) in the Management of General Gynaecological Disorders/Conditions

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Introduction

In the past menstrual pain in women was often thought to be psychosomatic. We now understand that menstrual pain is real. It has been recognised that gynaecological diseases/disorders such as endometriosis, dysmenorrhoea, menorrhagia, and pelvic inflammatory diseases are not minor problems for women affected. They often affect women's quality of life and even reduce their productivity in general. Sufferers deserve appropriate medical consideration.

In conventional western medicine, gynaecological disorders/conditions are often treated with surgery, hormones, non-steroidal anti-inflammatory drugs (NSAID), antibiotics and so on. Though the efficacy of these treatments is rapid and widely accepted, there are many potential side effects such as nausea and vomiting related to surgery/anaesthetics; sexual problems after hysterectomy; skin rash or digestive problems related to drugs, or more seriously liver, kidney, and heart impairment related to some drugs, especially when taken for an extended period. Furthermore, some women may not respond to these treatments. The goal of any treatment is to relieve symptoms as well as to improve and restore the patient's general health, and to improve their quality of life. This may be achieved by integration of complementary or alternative therapy such as TCM into conventional medicine.

Treatment of gynaecological disorders/conditions with traditional Chinese medicine (TCM) — scientific research and clinical studies

In China, there is a long history of treating gynaecological disorders/conditions with TCM. In modern times, the integrated medical care of combining conventional western medicine with TCM has been safely provided by doctors as part of their routine medical practice in China and other Asian countries and part of the western world. Thousands of case reports showing the efficacy of TCM in the treatment of dysmenorrhoea and other symptoms/conditions associated with menstruation, polycystic ovarian syndromes, endometriosis, vaginal discharge, and many more. Recent scientific research studies have demonstrated that TCM including acupuncture and herbal medicine is effective in relieving some of the symptoms related to gynaecological disorders/conditions and may provide a safe and effective complementary or alternative to conventional medicine.

Dysmenorrhoea is painful menstruation of uterine origin. It is usually divided into two types: primary dysmenorrhoea (with no detectable pathology and more common in adolescent women) and secondary dysmenorrhoea (frequently associated with a pelvic pathology, such as endometriosis). It is a very common gynaecological complaint with a significantly negative effect on a woman's quality of life. Acupuncture and Chinese



herbal medicine has been successfully used to treat painful menstruation. Tsenov D (1996) treated 48 dysmenorrhoea patients with acupuncture, 24 patients with primary dysmenorrhoea responded very well after one course of 2-4 sessions; 24 women with secondary dysmenorrhoea responded well after two courses of treatment. In a recent clinical trial, Habek D, et al. (2003) reported that within 1 year of acupuncture treatment the menstruation pain disappeared in 93.3% of patients with primary dysmenorrhoea and only 3.7% in the placebo group. It is known that dysmenorrhoea is directly related to elevated levels of prostaglandin F₂alpha (PGF₂α), a potent myometrial stimulant and vasoconstrictor. Chinese herbal medicine was reported to significantly inhibit the production of prostaglandins by human myometrial cells *in vitro* (Shibata T, et al. 1996). Furthermore, a Chinese herbal formula (Wen-Jing Tang) was found to directly suppress spontaneous contractions and prostaglandins F₂alpha-induced contractions of rat uterine smooth muscle *in vitro*, which may be the main mechanisms by which it controls menstrual pain (Hsu CS, et al. 2003). In a double-blind study, patients were treated with either herbal medicine (Tokishakuyaku-san) or placebo during 2 menstrual cycles and were followed for 2 additional cycles. A significant alleviation of menstrual pain was observed in the herbal medicine group but not in the placebo group (Kotani N, et al 1997).

Endometriosis is a disease in which the lining of the uterus (endometrium) is found outside of the uterus (ovaries, fallopian tubes, bladder, and bowel, etc). The common symptoms of endometriosis are cramping menstrual pain that may worsen with time, extremely heavy menstrual flow, diarrhoea or painful bowel movements, especially prior to and during periods, and painful sexual intercourse. It is the main cause of secondary dysmenorrhoea and can cause infertility. Symptoms related to endometriosis may not come all at once, but can seriously affect a woman's life. As with dysmenorrhoea, TCM has been shown to relieve symptoms related to endometriosis (Tsenov D 1996, Kotani N, et al 1997, Hsu CS, et al 2003). In a retrospective case study, interviews were held with 47 young patients who had received acupuncture for migraine headache, endometriosis, etc. Patients had a median of 8 treatments within 3 months. Acupuncture therapies included needle insertion (98%), heat/moxa (85%), magnets (26%), and cupping (26%). Most patients and parents rated the therapy as pleasant (67% children/60% parents), and most (70% children/59% parents) felt the treatment had helped their symptoms; only 1 said that treatment made symptoms worse (Kemper KJ, et al 2000).

Pre-menstrual syndrome (PMS) or pre-menstrual tension (PMT) is a pattern of symptoms that some women experience in the days or weeks before their menstrual periods. For many women these symptoms are most noticeable a few days before their period starts and usually disappear when the menstrual period begins. The symptoms of PMS or PMT vary, but commonly include headache, breast tenderness, acne, fatigue, disturbed sleep, bloating, constipation or diarrhoea, appetite changes, anxiety or depression, irritability, and mood swings. Some women experience more severe symptoms which seriously affect their daily activities. Clinical studies have demonstrated that acupuncture and herbal medicine are effective in treating some of the symptoms associated with PMS or PMT (Chou PB 2005, Hu J 1998, Xu TZ 2005, Roemheld-Hamm B 2005). Habek D, et al. (2002) reported the successful use of acupuncture. PMS symptoms, such as anxiety, mastalgia, insomnia, nausea and gastrointestinal disorders, headaches and migraines, stopped after 2 to 4 sessions. After systemic study of related



while those in the control group had an increase in size of 1.9 cm, indicating the importance of integrated medical care in the management of uterine fibroids (Feig SA, et al. 2005).

The efficacy and safety of Chinese medicine in treating vaginal discharge, pelvic inflammatory disease (PID), psychosexual problems and sexual dysfunction has been demonstrated in many clinical studies (Yu X, et al. 1996, Mbizvo ME, et al. 2004, Jin Y 2004, Zhang Q, et al. 2004, Xin X, et al. 2005, Jin Y. 2004, Honjo H, et al. 2004, Aung HH, et al. 2004).

Conclusions

TCM has a long history in the management of gynaecological patients. Although its primary basis rests on empirical evidence as well as case reports, recent clinical studies support its therapeutic modalities in gynaecology. TCM aims at relieving symptoms, restoring health (mental, spiritual, emotional, and physical), and ultimately, improving women's quality of life.

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