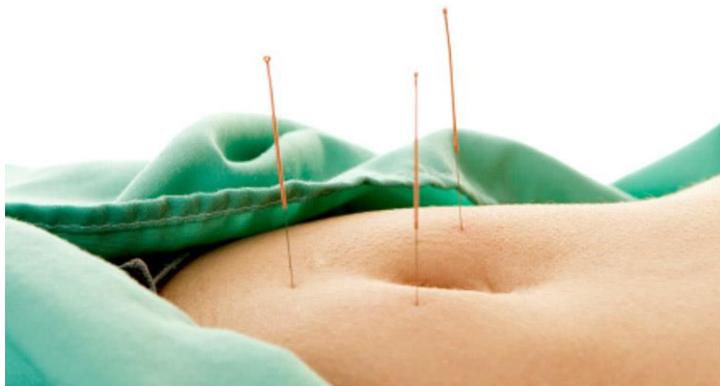


Acupuncture Beats Drug For Endometriosis Relief

Published by [HealthCMI](#) on 11 July 2017.

Researchers find acupuncture more effective than hormone drug therapy for the treatment of endometriosis. Acupuncture relieves menstrual pain due to endometriosis, reduces the size of pelvic masses, lowers CA125 levels, and reduces the recurrence rate of endometriosis. CA125 is a biomarker for several types of cancer and benign conditions including endometriosis and menstrual disorders.



Researchers at Tongji University hospital compared acupuncture with standard drug therapy. Patients receiving acupuncture achieved a 92.0% total effective rate. Patients receiving mifepristone achieved a 52.0% total effective rate. Mifepristone, also known by its trademarked name RU-486, is a synthetic steroid that inhibits progesterone action and is used for the treatment of endometriosis and also for inducing abortions. Notably, low doses of “mifepristone inhibits

endometrial proliferation (Narvekar et al.)”

Acupuncture reduced pain levels more significantly than the medication. Relapse rates were less in the acupuncture group than the drug group. One year follow-up examinations determined that the recurrence rate for the group receiving drug therapy was 36%. By comparison, the group receiving acupuncture had an endometriosis recurrence rate of 20%. Pelvic mass sizes and proliferation lessened more significantly in the acupuncture treatment group than in the drug group. The findings were detected and verified with B-scan ultrasonography.

Inclusion criteria for this study included Traditional Chinese Medicinal (TCM) differential diagnostic pattern differentiation of blood stasis. In TCM, endometriosis is related to the dysfunction of the liver, spleen, and kidneys. In addition, coldness may lead to obstruction of meridians and blood stasis in the uterine region. This impedes qi and blood circulation in the uterus, leading to menstrual pain due to a lack of delivery of vital energy and nutrients to uterine tissues. Endometriosis treatment in TCM focuses on promoting blood circulation, transforming and dissolving blood stasis, and regulating the functions of the liver, spleen, and kidneys.

For the mifepristone group, patients received 12.5 mg of mifepristone tablets daily. Tablets were orally administered once per day for 6 consecutive months. Patients in the acupuncture treatment group were treated with the following acupoints:

- CV6 (Qihai)
- CV4 (Guanyuan)
- CV3 (Zhongji)

- Zigong (Extra)
- SP10 (Xuehai)
- SP6 (Sanyinjiao)
- LV2 (Xingjian)
- LV3 (Taichong)

Treatment commenced with patients in a supine position. After disinfection of the acupoint sites, a 0.30 mm × 40 mm disposable filiform needle was inserted into each acupoint with a high needle entry speed. Xuehai, Sanyinjiao, Xingjian, and Taichong were perpendicularly needled to achieve a deqi sensation. Qihai, Guanyuan, Zhongji, and Zigong acupoints were obliquely (in a downward direction, 45°) needled to a standard depth. Needles were rotated, lifted, and thrust rapidly after insertion to achieve a deqi sensation in the pelvic region. Subsequently, the needles were retained and moxibustion was applied to acupoints (Qihai, Guanyuan, Zhongji, Zigong). Moxa cigar cuttings, each 2 cm long, were attached to each needle handle and ignited. Moxa was left in place to self-extinguish. Moxibustion was applied three times per 30 minute needle retention time. One acupuncture and moxibustion session was applied every other day, except during menstruation. The treatment was applied for a grand total of 6 months.

The treatment effective rate for all patients in the study was evaluated based on the VAS rating scale and categorized into 1 of 3 tiers:

- *Significantly effective: Rating reduction of at least 50%. Significant improvement of menstrual pain.*
- *Effective: Rating reduction of at least 25%. Improvement of menstrual pain.*
- *Ineffective: Rating reduction of less than 25%. No improvement of menstrual pain.*

All patients underwent Visual Analogue Scale (VAS) assessments before and after their treatments. VAS is an instrument that measures pain intensity levels experienced by patients. B-scan ultrasonography was conducted to calculate the size of pelvic masses. A CA125 test was also conducted to measure the amount of CA125 (cancer antigen 125) in the blood. CA125 is used clinically in the diagnosis and management of endometriosis.

Prior research (Chang et al.) documents that patients with endometriosis have higher levels of CA125 than women without endometriosis. Chang et al. note that the value of CA125 reflects the invasiveness of endometrial tissue beyond a normal locus. Additionally, the Tongji University researchers cite investigations demonstrating that the value of CA125 is related to the severity of dysmenorrhea (menstrual cramping and pain).

Compared with the drug group, the acupuncture treatment group displayed a significant improvement in VAS scores. Patients in the acupuncture treatment group had smaller pelvic masses caused by endometriosis and had lower levels of CA125. There is a statistically significant difference between the two groups. The researchers also conducted a follow-up survey after treatment completion. They found that the recurrence incident rate of endometriosis in the treatment group was 20%. The recurrence incident rate of endometriosis in the control treatment group was 36%.

The research demonstrates that acupuncture is a safe and effective treatment for the alleviation endometriosis. Subjective and objective data supports the conclusions of the researchers in the controlled clinical trial. Based on the data, acupuncture is found effective for the treatment of endometriosis and lowers relapse rates.

The study design was as follows. The study involved the selection of 50 patients at the acupuncture and gynecology departments at the affiliated Tongji hospital of Tongji University. All patients were diagnosed with endometriosis between January 2010 and December 2015. They were randomly divided into an acupuncture treatment group and a drug control group, with 25 patients in each group. The treatment group underwent Traditional Chinese Medicine (TCM) acupuncture therapy and the control group received mifepristone tablets.

The statistical breakdown for each randomized group was as follows. The average age in the acupuncture treatment group was 36 (± 3) years. The average course of disease in the acupuncture treatment group was 2.49 (± 2.11) years. The average age in the drug control group was 34 (± 4) years. The average course of disease in the drug control group was 2.87 (± 1.89) years. For both groups, there were no significant differences in terms of their gender, age, and course of disease prior to the beginning of the study.

The primary acupoints selected for the treatment of endometriosis were the following: Qihai, Guanyuan, Zhongji, Zigong, Xuehai, Sanyinjiao. The researchers provided the TCM basis for the acupuncture point selection. Qihai is located on the Ren meridian. Needling Qihai regulates source qi and blood circulation. Guanyuan is a meeting point of the Chong meridian and the Ren meridian. Needling Guanyuan regulates both the Chong and Ren meridians, promotes qi and blood circulation, and relieves menstrual pain. Zhongji is a meeting point of the three foot yin meridians and the Ren meridian. Needling this point is indicated for benefiting qi and blood circulation and relieving menstrual pain. In a clinical setting, Qihai, Guanyuan, and Zhongji are used as a combination for relieving menstrual pain. Zigong is an extra acupoint and is traditionally indicated for lower abdominal pain due to obstruction of qi and blood. Xuehai is an acupoint on the foot Taiyin spleen meridian. Needling this acupoint regulates qi and blood circulation. Sanyinjiao is a meeting point of the three foot yin meridians. Needling this point fortifies the liver, spleen, and kidneys, which is also helpful for regulating qi and blood circulation and relieving menstrual pain.

The focus of this study was to scientifically verify that traditionally indicated acupoints for the treatment of endometriosis are effective. Objective examinations and subjective data confirm that the TCM treatment protocol is both safe and effective for the treatment of endometriosis. Less pain, smaller masses, and improved CA125 levels were documented. Moreover, acupuncture outperformed one type of drug therapy.

References

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