

Acupuncture And Herbs Proven Effective For PID Treatment

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Researchers find acupuncture combined with herbal medicine effective for the treatment of chronic pelvic inflammatory disease. Guangzhou University of Traditional Chinese Medicine researchers investigated the effects of acupuncture and Chinese herbal medicine on patients with chronic pelvic inflammatory disease. [1] The

combined therapy produced an 86.7% total effective rate. Acupuncture, as a standalone therapy (absent the use of herbal medicine), produced a 60.0% total effective rate.

Pelvic inflammatory disease (PID) is inflammation of the female pelvic organs or connective tissues. In the United States, pelvic inflammatory disease is estimated to affect about one million people annually. [2] Patients with pelvic inflammatory disease can experience fever, lower abdominal pain, leukorrhea, or painful intercourse. In some cases, PID may lead to irregular menstruation, ectopic pregnancies, or infertility. [3] PID may also result in depression or insomnia. [4]

The most common treatment of chronic PID involves antibiotic therapy. This is often a life-saving therapy for patients with acute PID. However, antibiotics may prove ineffective for chronic PID, especially for cases involving infected pelvic adhesions and connective tissue proliferations. Long-term use of antibiotics may lead to GI flora imbalances, gastrointestinal dysfunction, and drug intolerance. [5] Exploratory surgery may also produce limited results.

Traditional Chinese Medicine (TCM)

In Traditional Chinese Medicine, chronic pelvic inflammatory disease is in the scope of abdominal pain

(Fu Tong), heat entering the blood chamber (Re Ru Xue Shi), abnormal vaginal discharge (Dai Xia Bing), concretions and conglomerations (Zheng Jia), or infertility (Bu Yun). According to TCM principles, pelvic inflammatory disease is caused by internal accumulation of dampness and heat combined with blood stasis. Treatment principles include invigorating blood circulation and transforming stasis, warming and dispelling cold-dampness, clearing heat and toxins, benefitting qi, or nourishing yin. Primary acupuncture points included in the treatment protocol included the following:

- CV4 (Guanyuan)
- CV3 (Zhongji)
- SP6 (Sanyinjiao)
- ST36 (Zusanli)

Additional acupoints were administered based on differential diagnostic patterns. For severe damp-heat patients, the following acupuncture points were added:

- SP9 (Yinlingquan)
- Ashi (Extra)

The researchers note that Traditional Chinese Medicine principles were used to make the acupoint selection for the study. Primary acupoints were selected for reinforcing purposes. Sanyinjiao is the crossing point of the liver, spleen, and kidney meridians. Needling this acupoint activates qi and blood, regulates the Chong (thoroughfare) and Ren (conception) vessels, fortifies the spleen to disinhibit dampness, and regulates the liver and kidneys.

Zhongji is located on the Ren vessel. Needling this acupoint regulates vessel qi of both the Chong and Ren vessels. Zusanli is the He-confluence point of the stomach meridian. Needling this acupoint supplements stomach qi so that the stomach and spleen can transform food into nutrients, qi, and blood to benefit the Chong and Ren vessels and the reproductive system. Secondary acupoints were used to clear excesses. Yinlingquan is the He-confluence point of the spleen meridian. Needling this acupoint clears damp-heat. Ashi points were needled to relieve pain and activate blood circulation.

Each acupuncture session lasted for 30 minutes. Patients received one acupuncture treatment per day for 30 consecutive days, except during menstruation. In total, two courses of treatment were applied.

Treatments began with patients in a supine position. Upon disinfection, acupuncture needles were inserted into each acupoint to a standard insertion depth. After achieving a deqi sensation, mild reinforcement and attenuation (Ping Bu Ping Xie) acupuncture techniques were applied to each needle. The needles were

retained for the duration of the treatment session. The following herbal formula was decocted for all patients (Chai Shao Yi Yi Ren Tang):

- Chai Hu 5 g
- Dang Gui 10 g
- Chuan Xiong 10 g
- Chi Shao 10 g
- Xiang Fu 10 g
- Lu Lu Tong 10 g
- Wang Bu Liu Xing 10 g
- Yan Hu Suo 10 g
- Fu Ling 10 g
- Zao Jiao Ci 15 g
- Che Qian Zi 15 g
- Dan Shen 15 g
- Pu Gong Ying 15 g
- Yi Yi Ren 20 g
- Dong Gua Ren 20 g
- Gan Cao 5 g

The function of this herbal formula is to dispel damp-heat, activate blood circulation, and clear meridian obstructions. The decoction was made from new herbs each day, divided into two parts, and was administered in two servings (one in the morning and one at night). Throughout the treatment period, patients were instructed to avoid pregnancy and to stop using medications. The combined therapy of acupuncture and herbs achieved an 86.7% total effective rate.

In related news, Yang et al. achieved significant positive patient outcome rates in their investigation. Guangdong University of Traditional Chinese Medicine researchers achieved an 89.66% total effective rate for the treatment of chronic pelvic inflammatory disease with acupuncture plus moxibustion. [6] The primary acupuncture points employed in the investigation were based on two pre-selected prescriptions:

Prescription #1

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

- EX-CA1 (Zigong)
- ST36 (Zusanli)
- SP6 (Sanyinjiao)
- LV3 (Taichong)

Prescription #2

- BL20 (Pishu)
- BL23 (Shenshu)
- BL25 (Dachangshu)
- BL30 (Baihuanshu)
- BL32 (Ciliao)

Only one prescription was applied each day; the two prescriptions were used alternately. Treatment commenced with patients in a supine position for prescription #1, and a prone position for prescription #2. 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. After elicitation of a deqi sensation, the needles were manipulated with a moderate reinforcing technique for 1–2 minutes.

Moxibustion was applied to Qihai, Guanyuan, Zhongji, Zigong, Shenshu, Dachangshu, Baihuanshu, and Ciliao. 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 two times per 30 minute needle retention time. One acupuncture and moxibustion session was applied every other day, three times per week, except during menstruation. The treatment was applied for a grand total of three menstrual cycles. An 89.66% total effective rate was achieved using acupuncture plus moxibustion.

Summary

Acupuncture and herbs are effective treatment modalities for the resolution of chronic PID. The aforementioned research produced significant positive patient outcome rates, indicating that consultation with a licensed acupuncturist regarding this condition is an important treatment option. At the Healthcare Medicine Institute (HealthCMi), we offer a variety of acupuncture continuing education courses online featuring the treatment of chronic PID. This includes online ebook and video courses for CEU and PDA credit. Licensed acupuncturists are encouraged to reference two sample courses provided in the following links:

Notes

[1] Wang JL. *Clinical Observation on Chronic Pelvic Inflammatory Disease with Acupuncture plus Chinese Herbal Medicine* [D]. Guangzhou University of Traditional Chinese Medicine, 2011.

[2] cdc.gov/stdtraining/self-study/pid/pid_epidemiology_self_study_from_cdc.html

[3] Mitchell, C; Prabhu, M (December 2013). *Pelvic inflammatory disease: current concepts in pathogenesis, diagnosis and treatment* [J]. *Infectious disease clinics of North America*. 27 (4): 793–809.

[4] Graziottin A, Skaper SD, Fusco M (2013) *Inflammation and Chronic Pelvic Pain: A Biological Trigger for Depression in Women?* [J]. *Depress Anxiety* 3:142.

[5] Fan LL, Yu WH, Liu XQ. *A Meta-analysis on Effectiveness of Acupuncture and Moxibustion for Chronic Pelvic Inflammatory Disease* [J]. *Acupuncture Research*, 2014, 39(2):156-163.

[6] Yang YL. *Clinical Research in Treating Chronic Pelvic Inflammatory Disease by Moxibustion with Warming Needle* [D]. Guangzhou University of Traditional Chinese Medicine, 2011.