

Acupuncture Found Effective For Chronic PID

Published by [HealthCMI](#) on 22 February 2018.



Acupuncture, tuina, and Chinese herbal medicine are found effective for the resolution of chronic pelvic inflammatory disease (PID). Zhuji No. 3 People's Hospital researchers confirm that a Traditional Chinese Medicine (TCM) modality combining acupuncture, tuina, and acupuncture herbal plasters outperforms the drug combination of 0.9% sodium chloride, penicillin, and metronidazole for the treatment of chronic PID.

Additionally, investigators confirm that acupuncture increases the effectiveness of herbs for patients with chronic PID.

Acute PID is often a medical emergency requiring hospitalization and the administration of antibiotics. However, long-term chronic PID patients are often insufficiently responsive to surgery and drug therapy. Traditional Chinese Medicine (TCM) has a long track record of success using herbal medicine and acupuncture for the treatment of chronic PID. At the Healthcare Medicine Institute (HealthCMI), we offer a wide variety of written and video acupuncture continuing education online courses for the treatment of PID.

The following research indicates that acupuncture greatly benefits patients with chronic PID. HealthCMI professors provide online courses covering acupuncture and herbs on this topic, but the primary medicine within TCM is usually herbal medicine. Here, the researchers indicate a more prominent role for acupuncture.

Zhuji No. 3 People's Hospital researchers determined that acupuncture combined with tuina, and acupoint herbal plaster therapy produces a 91.7% total effective rate for the treatment of chronic PID. A group receiving intravenous drug therapy (0.9% sodium chloride, penicillin, and metronidazole) achieved a 77.1% total effective rate. The TCM group outperformed the drug group by 14.6%. The data shows a significant difference between two groups ($P < 0.05$).

In an independent investigation, Shenzhen Hospital (Affiliated Hospital of Guangzhou TCM University) researchers determined that acupuncture plus an herbal formula is more effective than acupuncture as a standalone therapy. This is the standard observed at the Healthcare Medicine Institute. Our professors indicate that subacute and long-term infections are often at the root of the etiology and that herbal medicine is an essential part of PID treatment. In addition, our professors document that the addition of acupuncture significantly increases the number positive patient outcomes and the rate of improvement.

In the Shenzhen Hospital research, patients receiving both acupuncture and herbal medicine had an 85.3% total effective rate. Another group of patients receiving only herbal medicine had a 76.5% total effective rate. Both groups had effective relief, but the group receiving acupuncture plus herbs outperformed the group receiving only herbs by 8.8%. The effective rates show significant differences between these treatment methods. Now, let's take a closer look at both investigations.

Zhuji No. 3 People's Hospital

A total of 142 patients with chronic pelvic inflammatory disease participated in the clinical trial. They were randomly divided into two groups: 72 patients in the TCM treatment group and 70 patients in the drug control group. There were no significant statistical differences in terms of age, course of disease, and other factors relevant to patient outcome measures.

The TCM treatment group received acupuncture, tuina, and acupoint herbal plaster therapy. The following primary acupoints were selected for acupuncture treatments:

- CV4 (Guanyuan)
- CV3 (Zhongji)
- ST29 (Guilai)
- GB26 (Daimai)
- ST28 (Shuidao)
- EX-CA-1 (Zigong)
- SP6 (Sanyinjiao)
- ST36 (Zusanli)
- LV3 (Taichong)

After disinfection of the acupoint sites, a 40 mm disposable filiform needle was inserted into each acupoint with a high needle entry speed. Manual acupuncture stimulation techniques were applied to elicit a deqi sensation including lifting, thrusting, and rotating. Once a deqi sensation was obtained, the needles were connected to an electroacupuncture device with a continuous wave and a 6–8 Hz frequency. The intensity was maintained to patient tolerance levels. Needles were retained for 30 minutes. One acupuncture session was conducted per day. Each treatment course consisted of 10 acupuncture treatments followed by a 2–3 day break before the next course. All patients received 2 treatment courses in total. Treatment was ceased during menstruation. Throughout the treatment timeframe, patients were advised to avoid spicy and other foods that might exacerbate PID flare-ups according to TCM dietetic protocols.

Next, a 5-step Chinese tuina massage therapy protocol was administered. Patients were instructed to rest in a supine position. The specific protocol is as follows:

- The therapist used the palm to gently massage the abdomen in clockwise, circular motions around the navel. The manipulation lasted for 3 minutes.
- The therapist overlapped the left thumb on top of the right one, and then conducted pressing-kneading manipulation to stimulate the points from CV13 (Shangwan) to CV2 (Qugu) on the Ren meridian. The manipulation was repeated for 3 times.
- The therapist used both thumb pads and applied pressing-kneading manipulation to stimulate the points from ST21 (Liangmen) to ST30 (Qichong) on the stomach meridian bilaterally. The manipulation was repeated 3 times.

- The therapist used both thumb pads and applied press-point techniques on CV12 (Zhongwan), ST21 (Liangmen), CV10 (Xiawan), CV8 (Shenque), ST25 (Tianshu, bilateral), CV4 (Guanyuan), CV6 (Qihai), ST27 (Daju, bilateral), CV2 (Qugu). For the points superior to CV8 (Shenque), a mild to moderate force was applied. For the points inferior to CV8, a strong force was applied. Each point was pressed for 2 minutes.
- The therapist overlapped the left palm on top of the right one, and then kneaded the palm root on the abdomen. The manipulation started from CV4 (Guanyuan) in circular clockwise motions around CV8 (Shenque), with a persistent, slow, and penetrating force.

Next, acupoint herbal plaster therapy was used. The following acupoints were selected for treatment:

- CV4 (Guanyuan)
- CV3 (Zhongji)
- ST29 (Guilai)
- GB26 (Daimai)
- ST28 (Shuidao)
- EX-CA-1 (Zigong)
- Ashi points

The medications used for the drug control group were as follows:

- 0.9% Sodium Chloride, 250 mL
- Penicillin G Sodium, 6.4 million units
- Metronidazole Injection, 0.2×100 mL

The medications were given once daily, through intravenous (IV) drips. Every 10 days of injections consisted of one treatment course. A total of 2 courses were administered.

Shenzhen Hospital

Shenzhen Hospital researchers compared two groups of patients taking an herbal formula for the treatment of chronic PID; one group also received acupuncture. The patients were randomly divided into two groups of 34, the herbal medicine group and the acupuncture plus herbal medicine group. The age, duration of illness, and other factors for both groups at the inception of the study were equivalent ($P>0.05$). The following primary acupoints were selected for acupuncture treatments:

- BL23 (Shenshu)
- BL20 (Pishu)
- CV4 (Guanyuan)
- CV7 (Yinjiao)
- ST30 (Qichong)
- GB26 (Daimai)
- SP10 (Xuehai)
- SP6 (Sanyinjiao)
- SP9 (Yinlingquan)

Upon disinfection, a 0.30 mm x 40 mm disposable filiform needle was inserted into each acupoint, reaching a depth of 25–35 mm. After achieving a deqi sensation, the needle was twisted, lifted, and thrust for one minute. A 30-minute needle retention time was observed. One acupuncture session was conducted

once daily. Each treatment course consisted of 6 acupuncture treatments followed by a one day break before the next course began. All patients received 2 treatment courses in total. The herbal formula was comprised the following primary ingredients:

- Pugongying 30 g
- Baijiangcao 15 g
- Yiyiren 30 g
- Chishao 15 g
- Cangzhu 10 g
- Danggui 15 g
- Chuanxiong 10 g
- Xiangfu 10 g
- Yanhusuo 15 g
- Zexie 15 g
- Baihuasheshecao 30 g

The ingredients were decocted in water. The herbal medicine was ingested two times per day. Each treatment course spanned 6 days, followed by a one day break before the next course began. All patients received 2 treatment courses in total. During the treatment period, all patients were restricted from consuming raw, cold, greasy, and spicy foods.

Summary

The independent investigations indicate that acupuncture is an important treatment option for patients with chronic PID. The researchers note that “acupuncture improves local blood circulation, reduces inflammation, accelerates tissue repair and regeneration, and relieves smooth muscle spasms.” Patients are encouraged to contact local licensed acupuncturists for consultation about treatment options.

References

1. Zhou YS, Chen M. Therapeutic Observation on Electroacupuncture plus Tuina and Acupoint Sticking for Chronic Pelvic Inflammation [J]. *Shanghai Journal of Acupuncture and Moxibustion*, 2012, 31(6):387-388.
2. Cui SY, Yuan SS, Tan CJ, Yang RD, Fang LQ, Ma WJ, Xu MZ, Lai XS, Wang SH. Clinical Observation of Acupuncture plus Medication in Treating Chronic Pelvic Inflammatory Disease [J]. *Shanghai Journal of Acupuncture and Moxibustion*, Feb 2018, Vol 37, No 2.