

Acupuncture Plus Herbal Medicine PCOS Finding

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Acupuncture plus herbal medicine increase the clinical effective rate of drug therapy for the treatment of polycystic ovary syndrome (PCOS). In research conducted at the Hubei Maternal and Child Care Service Center, drug therapy using cyproterone acetate/ethinylestradiol and letrozole produced an 72.5% total effective rate. Using both drugs and herbal medicine produced an 85.0% total effective rate, and the rate increased to 95.0% when acupuncture was added to the treatment regimen.

Cyproterone acetate/ethinylestradiol is a commonly used medicine for the treatment of PCOS. Letrozole is an aromatase inhibitor used to stimulate ovulation in women with PCOS.

The following parameters were used to evaluate treatment efficacy: menstruation improvements, body weight, body mass index (BMI), luteal hormone (LH), follicle stimulating hormone (FSH), LH/FSH ratio, total testosterone (T), and estradiol (E2)]. An enzyme linked immunosorbent assay was adopted to determine the content of anti-Mullerian hormone (AMH) and inhibin B (IHNB).

In Traditional Chinese Medicine, PCOS falls under the Yue Jing Hou Qi (delayed menstruation), Bi Jing (amenorrhea), or the Bu Yun (infertility) class of disorders. Kidney deficiency is one primary cause. Binding of qi, phlegm, and stasis is a secondary cause. The treatment principle is to supplement the kidney essence, boost the liver and spleen, promote blood circulation, and dispel phlegm. Let's take a look at the treatment protocols that achieved clinical success in the study.

A total of 120 patients from Hubei Maternal and Child Care Service Center participated in the study. They were diagnosed with PCOS between January 2012 and December 2016. The following selection criteria were applied:

- Patients meeting the diagnostic criteria of PCOS acknowledged by Rotterdam (2003) conference [2]
- Age between 20 – 40
- No organic disease of the genital tract
- Patent bilateral fallopian tubes detected via radiography
- A normal semen analysis of male partners

The following exclusion criteria were applied:

- Genital tract malformations, uterine amenorrhea, and other organic diseases
- Severe primary and concomitant cardiovascular, liver, kidney, digestive, or hematopoietic diseases
- Premature ovarian failure, insensitive ovary syndrome and other disorders with high gonadotropin levels
- Adrenal disease, thyroid disease, diabetes, and other endocrine disorders
- Infertility of male partners

Participants were randomly divided into three groups: group A, group B, and group C. All three groups were equivalent in all relevant demographics ($P>0.05$), setting the basis for a fair comparison of results. Group A had 40 patients, mean age 28 ± 3 years, mean course of disease 2.0 ± 1.5 years, mean height 1.62 ± 0.04 m. Group B had 40 patients, mean age 28 ± 3 years, mean course of disease 1.8 ± 1.1 years, mean height 1.61 ± 0.04 m. Group C had 40 patients, mean age 28 ± 4 years, mean course of disease 1.9 ± 1.1 years, mean height 1.62 ± 0.03 m.

For group A patients, one cyproterone acetate 2.00 mg with ethinylestradiol 0.035 mg coated tablet and one letrozole 2.5 mg tablet were given. Group B and C received identical drugs plus herbal medicines (Tiao Jing Qu Tan Fang). Group C also received acupuncture treatment. The herbal formula used in this study (Tiao Jing Qu Tan Fang) contains the following ingredients:

- Yin Yang Huo 15 g
- Tu Si Zi 15 g
- Zi Shi Ying 10 g
- Cang Zhu 15 g
- Chen Pi 12 g
- Fa Ban Xia 12 g
- Yi Yi Ren 15 g
- Fu Ling 15 g
- Dang Gui 15 g
- Bai Shao 15 g
- Chuan Xiong 10 g
- Xiang Fu 12 g
- Zhi Zhi Ke 15 g

The researchers note that the ingredients help the body to sooth the kidney and liver, promote blood circulation, transform stasis and phlegm, and remove dampness. The herbal formula was decocted and brewed once per day. Patients consumed 200 ml of the decoction, twice per day. The primary acupoints selected for group C patients were the following:

- CV6 (Qihai)
- CV4 (Guanyuan)
- Ex-CA-1 (Zigong)
- ST25 (Tianshu)
- ST36 (Zusanli)
- ST40 (Fenglong)
- SP6 (Sanyinjiao)
- SP9 (Yinlingquan)
- SP10 (Xuehai)

Patients were treated in the supine position. Size 0.30 mm x 40 mm acupuncture needles were used. After disinfection, needles were perpendicularly inserted into each acupoint, reaching a depth of 1.0 – 1.5 cm. Manipulation techniques differed among acupoints. For Qihai, Guanyuan, Zigong, Tianshu, and Zusanli, the mild attenuating and tonifying (Ping Bu Ping Xie) manipulation technique was applied.

For Sanyinjiao, Yinlingquan, Xuehai, and Fenglong, rotating with attenuation (xie) was used. Upon achieving deqi, an electroacupuncture device was used. Tianshu and Zusanli were respectively connected to the positive and negative electrodes. A dense-disperse wave was used for 20 min at 10 Hz with a 0.5 ms pulse width. One acupuncture session was conducted every two days. Treatment was paused during menstruation. Each treatment course spanned 3 months. All patients received 2 treatment courses in total.

Like the herbs, local acupoint selections are implemented to regulate the meridians, expel phlegm, and supplement the kidney and spleen. The Ren meridian is also called the Sea of the Yin Meridians, which governs the Bao Tai (uterus and fetus). Needling the acupoints Qihai and Guanyuan, which are located on this meridian, supplements original qi and regulates the qi flow of the lower jiao. Zigong is an extra acupoint and enhances fertility in women. Tianshu, Zusanli, Fenglong, Sanyinjiao, Yinlingquan, and Xuehai strengthen the stomach and spleen. According to the Rotterdam's Consensus on the Efficacy Assessment of PCOS Treatments, the treatment efficacy for each patient was categorized into 1 of 3 tiers: [2]

- Recovery: Absence of symptoms. Normal menstrual cycle. Normal serum hormone levels. Mature follicles and discharge of the ovum for three consecutive months detected via B-scan ultrasonography, or pregnancy during treatment.
- Effective: Symptoms, menstrual cycle, and serum hormone levels showed improvement. B-scan ultrasonography detected at least one time of the dominant follicle within three consecutive months.
- Not effective: Symptoms, menstrual cycle, and serum hormone levels showed no improvement. B-scan ultrasonography detected no dominant follicle within three consecutive months.

The results indicate that acupuncture plus herbs are effective for increasing the efficacy of the medication treatment regimen. Researchers from the study conclude that acupuncture plus herbs cause no significant adverse effects and that the TCM protocol is safe and effective for the treatment of PCOS.

References

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