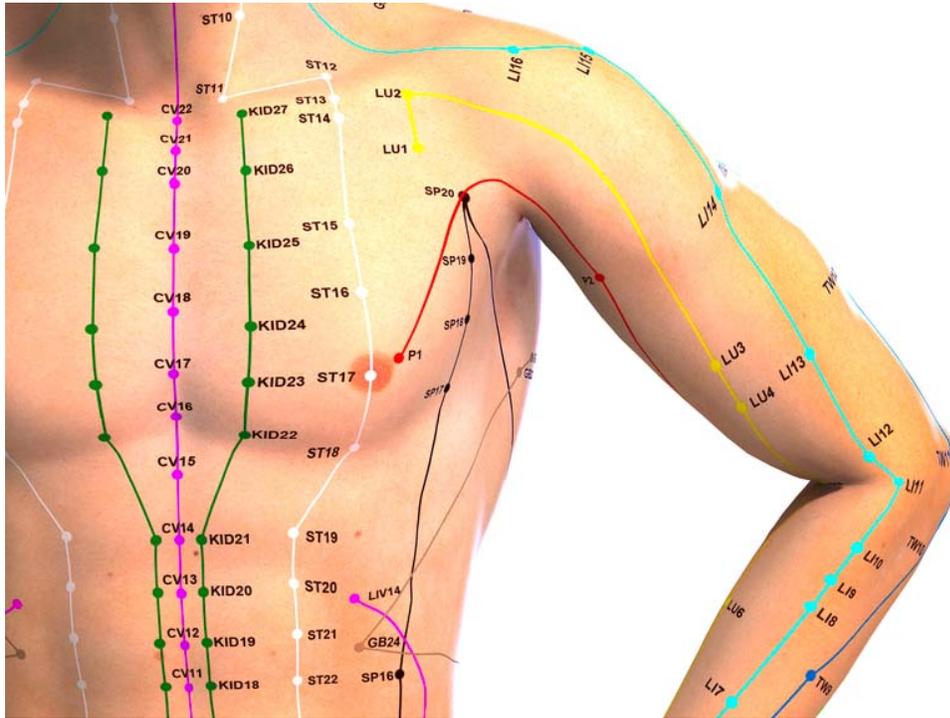


Acupuncture Restores Fertility With Herbs Confirmed

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Acupuncture restores ovulation in women presenting with anovulatory infertility. Affiliated Hospital of Henan Tuina Vocational College (Luoyang, China) researchers compared two treatment protocols. One group received acupuncture plus and herbal medicine (Bu Shen Tiao Zhou herbal protocol), another received herbal medicine monotherapy. The group receiving both acupuncture and herbs had a total effective rate of 89.13%, compared with 65.22% in the herbal monotherapy group. [1] Based on the evidence, the hospital researchers conclude that acupuncture improves hormone levels, promotes ovulation, and is worthy of clinical application.

A total of 92 women with anovulatory infertility were recruited for the study and were assigned by random number table to the acupuncture plus herbs group or the herbal monotherapy group. Exclusion criteria were anovulation due to genetic, immune, or congenital factors, or physical issues of the uterus. Women with concurrent endocrine disorders, liver or kidney dysfunction, hemopoietic disorders, or cardiovascular disease were also excluded from the study. The women underwent fasting blood tests to confirm normal hormonal levels, including LH (luteinizing hormone), FSH (follicle stimulating hormone), PRL (prolactin), E2 (estrogen), and T (testosterone).

Following randomization, the acupuncture plus herbs group was comprised of 46 women, ages 22–43 years (mean age 31.54 years). The participants had a history of anovulation between 1–16 years (mean duration 5.63 years) and follicle diameters between 0.3–2 cm (mean diameter 1.24 cm). The herbal monotherapy group was comprised of 46 women, ages 23–42 years (mean age 30.79 years). The participants had a history of anovulation between 1–15 years (mean duration 5.57 years) and follicle diameters between 0.2–2 cm (mean diameter 1.26 cm). An assessment of the randomization reveals that there were no statistically significant differences in baseline characteristics at the outset of the investigation ($p>0.05$).

Herbs And Acupuncture Treatment

All participants were treated with the Bu Shen Tiao Zhou herbal protocol, which was comprised of three distinct formulas:

Premenstrual Formula

Chao Bai Zhu 10g

Xian Ling Pi 10g

Zi Shi Ying 10g

Chuan Duan 10g

Bai Shao 10g

Lu Jiao Pian 10g

Dan Pi 10g

Fu Ling 10g

Shu Di 10g

Shan Yu Rou 10g

Chai Hu 10g

He Huan Pi 12g

Huai Shan Yao 15g

Tu Si Zi 10g

Bai Bian Dou 15g

Dang Shen 15g

Ze Lan Ye 15g

Postmenstrual Formula

Dan Pi 10g

Chao Bai Zhu 10g

Shan Yu Rou 10g

Shu di 10g

Bai Shao 10g

Fu Ling 10g

Chuan Duan 10g

Huai Shan Yao 15g

Dang Shen 15g

Bai Bian Dou 15g

Tu Si Zi 15g

Bu Shen Promotion Formula

Shan Yu Rou 10g

Chai Hu 6g

Chi Shao 10g

Dang Gui 10g

Chuan Xiong 10g

Gui Zhi 10g

Lu Jiao Pian 10g

Dan Pi 10g

Shu Di 10g

Chuan Duan 10g

Dan Shen 10g

Lu Lu Tong 15g

Huan Shan Yao 15g

Ji Xue Teng 20g

Tu Si Zi 15g

The herbs were soaked in 300ml of water and simmered until the decoction reduced to 100ml. The liquid was strained and set aside and the process was repeated once more with the remaining herbal residue. Both decoctions were mixed together and split into two doses to be taken morning and evening.

The Bu Shen promotion formula was administered when the women had a follicle diameter of ≥ 16 mm. Following successful ovulation, the premenstrual formula was administered. On day 5 of the menstrual cycle, when the follicle was < 16 mm, the postmenstrual formula was administered. Treatment was continued for a total of three menstrual cycles. During the treatment period, women were advised to maintain a positive attitude, balance rest and activity, and eat a nutritious diet.

Acupuncture

The participants assigned to the acupuncture plus herbs group also received acupuncture, according to the following protocol:

Starting on day 5 of the menstrual cycle, suspended moxibustion was applied to Sanyinjiao (SP6) and Shenque (CV8). Moxibustion was applied for 30 minutes each time, until local flushing occurred. When the dominant follicle reached a diameter of 10 x 10 mm, acupuncture was administered at the following acupoints:

Zigong (MCA18)

Qihai (CV6)

Zusanli (ST36)

Guanyuan (CV4)

Sanyinjiao (SP6)

Needle depth was adjusted according to each patient's body size and stimulation was applied using a lifting-thrusting, twisting-rotating technique to elicit needle sensation. Once deqi was achieved, warm needle acupuncture was applied to Zusanli and Zigong for 30 minutes each time. Treatment was administered daily. When a woman's dominant follicle reached a diameter of ≥ 18 mm, acupuncture was administered at the following acupoints:

Qihai (CV6)

Sanyinjiao (SP6)

Zigong (MCA18)

Guanyuan (CV4)

Extra point, 2 cun superior to Zigong

Needles were manipulated to elicit needle sensation radiating toward Huiyin (CV1). Electroacupuncture was applied to Zigong and the point 2 cun superior, utilizing continuous wave stimulation for 30 minutes, with the aim of inducing ovulation.

If ovulation was successful (confirmed with B-scan ultrasonography), the women were advised to have sexual intercourse that day. If ovulation was unsuccessful, the treatment was repeated on the following day. If the second treatment was unsuccessful, treatment was discontinued until the next cycle.

Acupuncture And Herbs Results

Outcome measures for the study included LH, FSH, and E2 levels, and the total clinical effective rate.

Following treatment, mean LH levels were 18.96 mIU/mL in the acupuncture plus herbs group and 13.92 mIU/mL in the herbal monotherapy group. Mean FSH levels were 5.87 mIU/mL in the acupuncture plus herbs group and 5.52 mIU/mL in the herbal monotherapy group. Mean E2 levels were 502.14 ng/L and 531.64 ng/L, respectively. LH levels were significantly higher in the acupuncture plus herbs group ($p < 0.05$), and E2 levels were significantly lower ($p < 0.05$). There was no statistically significant difference in FSH levels between the two groups ($p > 0.05$).

The clinical effective rate was calculated according to follicle size and the presence or absence of ovulation. Women with a follicle diameter of 18–25 mm, which was maintained for three consecutive cycles, were classified as cured. For women whose follicles matured but did not ovulate, the treatment was classified as effective. For women showing no changes in follicle size, the treatment was classified as ineffective.

In the acupuncture plus herbs group, there were 29 cured, 12 effective, and 5 ineffective cases, yielding a total effective rate of 89.13%. In the herbal monotherapy group, there were 9 cured, 21 effective, and 16 ineffective cases, yielding a total effective rate of 65.22%. The difference in effective rates between the two groups was statistically significant ($p < 0.05$). The results of this study indicate that acupuncture has the ability to improve hormone levels and aid follicle maturation, thus improving the chance of ovulation.

Reference:

Li Huixin, Wang Yugang (2019) "Clinical Evaluation of 46 Cases of Ovulation Disorder Infertility Treated by Bushen Tiaozhou Method Combined with Acupuncture" *Clinical Research* Vol.27 (9) pp. 130,131.