

A Case Study of Amenorrhea Treated with Acupuncture

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ABSTRACT

Women with post-pill amenorrhea with no underlying condition are not offered many, if any, treatment options and have to wait until their body returns to normal. A 26-year-old female presented with amenorrhea of three years duration after getting off of birth control which she had been previously taking consistently for seven years, from 17 until the age of 23. Her lab test results were unremarkable, and her primary care physician had not offered her any treatment options. Based on her TCM diagnosis, she started receiving weekly acupuncture treatments, beginning in July 2019, using the combination of Traditional Chinese Medicine acupuncture points and Master Tung's points, chosen for their specific properties. The patient's prognosis was good and the patient's menstrual cycle returned after the third session. Even though our case study represents one patient's experience, the return of her menstrual cycle warrants additional research into the use of Master Tung's points for the treatment of amenorrhea.

Keywords: Acupuncture; Case study; Amenorrhea

INTRODUCTION

Amenorrhea means the absence of a menstrual cycle in females who are of reproductive age. Amenorrhea is classified into primary and secondary amenorrhea. *Primary amenorrhea* is the failure to initiate menses by the age of 14 in the absence of secondary sexual characteristics or the lack of menarche by age 16 regardless of the development of secondary sexual characteristics [1]. According to the American College of Obstetricians and Gynecologists, *secondary amenorrhea* is the cessation of previous menses for more than six months or three consecutive cycles [2]. Although amenorrhea is not categorized as a disease, it can be a symptom of another condition. Amenorrhea is physiologically normal in postmenopausal, prepubertal, or pregnant females. Causes of Primary amenorrhea include congenital anomalies, elevated follicle-stimulating hormone (FSH) levels, hypothalamic amenorrhea, or polycystic ovary syndrome (PCOS). Causes of Secondary amenorrhea include altered hormones due to pregnancy, lactation, thyroid dysfunction, hyperprolactinemia, hyperandrogenism, hypogonadotropic hypogonadism (hypothalamic-pituitary dysfunction), and suppression of the endometrial lining by hormonal birth control [1].

The normal physiological mechanism of menstruation works by balancing hormones and providing feedback between the hypothalamus, pituitary gland, ovaries, and uterus [1]. Any issue affecting this normal physiology in a female can cause amenorrhea.

According to her blood tests, the patient was not pregnant at the time of treatment, and her hormones were within normal limits. She had been off birth control for several years and had not had a menstrual cycle since stopping. Although there is no medical intervention with secondary post-pill amenorrhea, our study shows how acupuncture was a factor in assisting the return of the patient's menstrual cycle.

CASE PATIENT HISTORY

A 26-year-old female presented with symptoms of amenorrhea for over three years before her first visit to the Mineola teaching clinic at New York College of Traditional Chinese Medicine in July of 2019. She had been on birth control pills since the age of 17 and took herself off of birth control pills at the age of 23 because she began to feel anxious. Her diet consisted of no gluten, dairy, or added/processed sugar. Menarche was at age 15, and she had been the same weight since, being on

the thinner side. Her pulse was thready, and her tongue was pale, with slight teeth marks/puffy, with a thin white coating. Her other symptoms included always having cold hands and feet, under emotional stress from being a full-time student, no issues in digestion, urination, or sleeping. Her blood test results were unremarkable.

DIAGNOSIS MADE BY WESTERN MEDICINE

The diagnosis by her primary care physician was secondary amenorrhea due to coming off of the birth control pill. Her lab test results were within normal limits.

HISTORY OF MEDICATION TAKEN

She was not on any medications.

ASSESSMENT BY TRADITIONAL CHINESE MEDICINE

Qi and Blood deficiency.

TONGUE AND PULSE

The patient's tongue presented as pale, indicating blood deficiency, and puffy with slight teeth marks indicating dampness in the lower Jiao due to spleen qi deficiency; her pulse was thready indicating a blood deficiency according to channel theory.

TREATMENT PRINCIPLE

Supplement qi and nourish the blood, regulate the menstruation.

ACUPUNCTURE POINT SELECTION

The acupuncture points were chosen based on the principles of Channel and Meridian Theory and Master Tung theory.

Master Tung's points used:

Ling Gu (22.05, Adroit bone) has the powerful ability to adjust the Qi.

Huan Chao (11.06, Return to the Nest) which can be applied to treat irregular menstruation.

Fu Ke (11.24, Gynecology) is used to treat irregular menstruation, dysmenorrhea, and scanty menstruation. [Maher, J. H. 2005]

Zi Gong Xue (Ex., Uterus Point) raises and regulates the qi for irregular menstruation [3,4].

CHANNEL POINTS

CV 3 (Zhongji) – A Front-Mu point of the Urinary Bladder, can also assist in gynecological disorders like amenorrhea, dysmenorrhea, fibroids, and uterine bleeding. Tonify qi and generate blood, regulate the penetrating and conception vessel.

SP 6 (Sanyinjiao) - Effectively alleviated pain and menstruation distress in young women with menstrual cramps and improved women's general health.

SP 10 (Xuehai) - It is a point of intersection of the Chong meridian, the extraordinary vessel also a blood reservoir. SP 10 can cool heat in the blood, tonify, strengthen and activate the blood.

ST 36 (Zusanli) - Generate qi and blood; filling up a sea of blood is a common point used in gastrointestinal discomfort, nausea, vomiting, stress, and fatigue.

KI 6 (Zhaohai) - It is the primary point of the yin, a vital blood component. It calms the mind, cools the blood, strengthens the adrenal glands, and supports the nervous system.

Zi Gong Xue (Ex., Uterus Point) raises and regulates the qi for irregular menstruation.

NEEDLING TECHNIQUE

The tonifying method was used.

TREATMENT SCHEDULE

The patient received three treatments in total. She routinely came in once a week for three consecutive weeks. The patient reported that her menstrual cycle returned after the third treatment.

OTHER RECOMMENDATIONS

Continue receiving acupuncture treatment for maintenance. Keep following her current diet, excluding gluten, white flour, dairy, and sugar.

Prior to her first acupuncture session, the patient took Bai Feng Wan (also known as 白凤丸), which is a traditional Chinese medicine that has long been used for treating gynecological disorders and improving overall body functions, including gastrointestinal (G.I.) function.

Bai Feng Wan is known to invigorate Qi, nourish the blood, regulate menstruation, and check leukorrhea. The herbal formula is used for deficiency of both Qi and blood, emaciation, weakness and soreness of the loins and knees, irregular menstruation, and leukorrhea [5].

RESULTS

In July of 2019, the patient received three consecutive treatments, one time per week. When she began treatment, she had not had a menstrual cycle for over three years. Her tongue was pale with teeth marks, and her pulse was thready. By the end of her third treatment, her tongue was less pale and pinker. Her pulse was beginning to feel more robust than the previous treatment. She reported to have conceived in February 2021. The patient ceased receiving acupuncture treatments due to the pandemic when she moved from New York to Pennsylvania.

DISCUSSION

1. Persistent amenorrhea, an uncommon aftermath of oral contraceptive (OC) use, would not be a significant problem except that OC's are the most commonly used hormonal method for fertility control and are used by over 922 million women globally [6]. Following OC use, women often experience some delay in returning to a regular menstrual cycle, but according to most studies, less than 1% fail to begin regularly menstruating within six months. There are many different underlying causes and the differential diagnoses of secondary amenorrhea are broad, including vast hormonal imbalances. The use of oral contraceptives is a simple and convenient way for women and couples to reduce pregnancy risk while engaging in sexual intercourse. These oral contraceptives pose a significant health risk to women, known as "side effects," making it difficult for women to conceive once they are discontinued. The resultant condition known as secondary amenorrhea is due to the synthetic hormones contained within the contraceptives, altering the female cycle. Some women are prescribed oral contraceptives when they present to their medical doctor with dysmenorrhea. Returning to "normal" can be difficult since the body's natural feedback mechanism has been significantly transformed. The use of "non-invasive" treatments to restore this function may reduce the risk of other side effects.
2. There are two different types of birth control pills, combination pills containing both estrogen and progestin or progestin-only pills, both containing hormones that prevent pregnancy by either stopping or reducing ovulation, thickening cervical mucus to keep sperm from entering the uterus, or thinning the lining of the uterus so that the fertilized egg is less likely to attach [7]. According to the Cleveland Clinic, a small percentage of women who take the combination (estrogen-containing) birth control pills have been previously associated with deep vein thrombosis, hypertension, stroke, and severe side effects. Although they are known to be safe and effective at a lower dosage, OC's have some side effects, including weight gain, amenorrhea, abdominal swelling, fatigue, and fluid retention; hence some women may discontinue medication due to these side effects [8].
3. Ruling out secondary amenorrhea is done by determining the length of time the menses have been absent in a previously normal menstruating female. The most common cause of secondary amenorrhea is pregnancy and should be ruled out first. Post Pill amenorrhea can be associated with a hypothalamic deficiency, resulting in low levels of gonadotropin and ovarian hormones and mild to moderately elevated prolactin levels. Treatment of this type of amenorrhea, due to hormonal imbalance, is required if it lasts more than six months or lasts more than three months for Post Pill women considering pregnancy [6].
4. In Traditional Chinese Medicine, the absence of period (Amenorrhea) is called Bi Jing. Bi means "shut," "switch off," "closed." Jing means "menstruation," "meridian." There are different etiologies and pathologies of amenorrhea in Traditional Chinese Medicine from an acupuncture viewpoint; some include emotional stress, excessive physical work/exercises, hereditary weakness, poor diet, overwork. The pattern diagnosis is either Qi stagnation, blood stasis, or Qi deficiency, and blood stasis can be either an excessive or a deficient type of amenorrhea. Sustained use of birth control causing secondary amenorrhea, from a Traditional Chinese Medicine perspective, is related either to a state of vacuity or stagnation, which is impeding blood flow. In other words, a follicle does not reach a complete state of maturity due to a deficiency state, or ovulation fails to take place because it is blocked [9].
5. Other causes contributing to secondary amenorrhea in TCM theory include, hereditary weakness can indicate a kidney essence insufficiency; Excessive physical, mental, exercise or work can affect the spleen and kidney qi; Overwork and diet can affect the spleen and stomach qi; Chronic illness, impairment of qi and blood may indicate a sea of blood deficiency; Emotional stress may affect the liver and lead blood stasis; Improper diet and affection by cold can lead to blood stasis; Damp-phlegm obstructing the uterus, secondary amenorrhea, indicates that the Chong and Ren extraordinary channels are blocked, the uterus is obstructed. If the spleen is weak and fails to make qi or blood, this can be primary amenorrhea, like a weakened kidney essence [9].
6. The patient took herself off of OC's when she began to feel anxious at the age of 23. Being a full-time student and working, these factors may have increased her stress levels. Once stopping her birth control, the patient could not recover her regular menstrual cycle on her own. Having not received her menstrual cycle for three years, nor pregnant at the time, and the patient's hormone levels being within normal limits, the primary care physician diagnosed her with Post-Pill amenorrhea after her stoppage. Before the acupuncture treatments, the patient tried taking Bai Feng Wan to regulate her cycle, but to no avail. After three treatments, the patient's menstrual cycle returned. Although this is a case study of one patient's experience, the patient

feels these treatments were the determining factor in regulating her monthly cycle. Women experiencing post-pill amenorrhea resulting from no underlying condition are not offered many treatment options. Master Tung Acupuncture and Traditional Chinese Medicine Acupuncture may affect an idiopathic diagnosis and regulate the patient's menstrual cycle.

CONCLUSION

Amenorrhea, or the lack of a menstrual cycle, affects a multitude of women and can be a detrimental factor for women who seek to get pregnant. The use of birth control pills further complicates matters as synthetic hormones replace the body's natural hormones, and the feedback method that the body uses to control hormone release is essentially "turned off." Restoring regular hormone release is essential to re-establishing a normal menstrual cycle.

While further research is necessary, our case study demonstrates the impact of acupuncture on restoring the menstrual cycle.

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