

A Combined Use of Acupuncture, Moxibustion and Long Dan Xie Gan Tang for Treatment of 36 Cases of Chronic Pelvic Inflammation

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Objective: To observe the therapeutic effect of acupuncture and moxibustion on chronic pelvic inflammation. **Method:** Thirty-six cases of chronic pelvic inflammation were treated with acupuncture, the ancient recipe of Long Dan Xie Gan Tang (龙胆泻肝汤 Decoction of Radix Gentianae for Purging the Pathogenic Fire of the Liver) and medicinal cake moxibustion. **Result:** The treatment resulted in cure in 9 cases, obvious effect in 16 cases, effect in 7 cases and no effect in 4 cases. **Conclusion:** Acupuncture, moxibustion and the ancient recipe Long Dan Xie Gan Tang used together can enhance the therapeutic effects on chronic pelvic inflammation.

Chronic pelvic inflammation, one of the commonly seen and frequently encountered diseases among Chinese women of childbearing age, seriously influences their work and life because of its hidden onset, long illness duration and lingering symptoms. The therapeutic effects of the Chinese and western drugs, though quite much in number and kind, are not satisfactory in clinic. In recent years, we have mainly used acupuncture plus modified Long Dan Xie Gan Tang (龙胆泻肝汤 Decoction of Radix Gentianae for Purging the Pathogenic Fire of the Liver) and moxibustion with medicated cake to treat this disease with satisfactory therapeutic effect. Chronic pelvic inflammation is pathologically characterized by dampness, heat, stasis and involvement of the liver, spleen and kidney in a lingering disease. Reasonable use of acupuncture and Long Dan Xie Gan Tang can achieve the therapeutic effect in eliminating dampness without depleting *yin*, removing blood stasis without damaging healthy energy, mild moxibustion without assisting heat, and replenishing *qi* without retaining stasis. This kind of therapy fully embodies the TCM therapeutic characteristics of treating disease according to its cause and strengthening the body resistance to eliminate the pathogenic factors.

Clinical Data

All the 36 cases were outpatients who had been treated with western anti-inflammatory agents and Chinese drugs for promoting blood circulation, removing blood stasis, clearing away heat, regulating the flow of *qi* and clearing channels to stop pain. However, those treatments gave little relief. The patients came to visit this hospital for treatment. All the patients ranged in age 18-56 years and illness duration of 5 months to 25 years. Symptoms includes chronic dropping and distending pain in the lower abdomen, aching pain in lumbosacral portion, and dropping distention in the anus, which were aggravated after hard work or sexual intercourse as well as before and after menstruation, profuse leukorrhea with yellow or light green color, dry stool or constipation, vexation, irritability, or depression, taciturnity, headache, dizziness, red tongue or purplish red edge and tip of tongue, thin and yellow or yellow and greasy fur, thready and taut or thready, taut and rapid pulse. Gynecological examination revealed normal or slightly enlarged uterus with poor activity in 12 cases, retroversion of uterus in 7 cases, patchy thickening of appendages on both sides in 20 cases, appendicular tenderness on one or two sides in

35 cases and appendicular lump in one or two sides in 10 cases. B-ultrasonic examination revealed inflammatory lump of appendages in 14 cases.

Therapeutic Method

Acupuncture: Reducing method was applied at Zhongji (CV 3), Guanyuan (CV 4) and Zigong (EX-CA1) and reinforcing method at Zusanli (ST 36), Sanyinjiao (SP 6) and Diji (SP 8). A G6805-2 electric stimulator was connected to Zigong (EX-CA 1) points on both sides with sparse-dense wave and weak intensity, and retaining needle for 30 minutes. Indirect moxibustion with 3 medicated cakes was performed at Shenque (CV 8). The treatment was given once every other day, 10 times as a course of treatment, for consecutive 3 courses with an interval of 5 days between courses.

Recipe of Chinese drug: According to the chief complaints, history of the illness, present symptoms, history of menstruation, marriage and childbirth, and comprehensive analysis of the data gained by the four methods of diagnosis, modified Long Dan Xie Gan Tang was prescribed.

Therapeutic Effect

Cure was achieved in 9 cases (25%) with disappearance of all symptoms and no relapse in 1-year follow-up visit. Obvious effect was achieved in 16 cases (44.4%) with remarkable alleviation of symptoms and signs and significant reduction in times of onset. Effect was obtained in 7 cases (19.4%) with reduction in times of onset. No effect was found in 4 cases (11%) with unimproved symptoms and signs. The total effective rate was 89%.

Case Example

Ms Dong, 42 years old, paid her first visit on March 8, 2002 with chief complaints of unceasingly dripping leukorrhea of reddish yellow color with foul smell for 3 years. She had been treated with both Chinese and western medicine but without obvious therapeutic effect. Ms. Dong has had 6 abortions ever since she was 30 years old. During the periods,

she had had profuse menstruation. Symptoms during her first visit included dropping and distending pain in the lower abdomen, lassitude in the loins, burning heat in the mouth and nose, headache and vexation.

Gynecological examination showed a normal size of the uterus and an egg-sized appendicular lump on the right side. B-ultrasonic examination revealed the inflammatory lump of right appendages. The tongue proper was red with greasy and yellowish fur and pulse was thready and uneven. Based on the comprehensive analysis of the data gained by the four methods of diagnosis, her illness was caused by excessive pregnancy and abortion, leading to deficiency of Eight Extra-channels and obstructed circulation of *qi* and blood; her pain resulted from accumulated heat in the liver channel and interweaving dampness with heat to block channels and collaterals and her yellow and foul leukorrhea was due to stagnation of dampness, heat and stasis in the Belt Channel.

The therapeutic principle was to promote blood circulation, remove blood stasis, clear away heat, resolve dampness and regulate the Eight Extra-channels. The recipe consisted of Long Dan Cao (龙胆草 *Radix Gentianae*) 6g, Chai Hu (柴胡 *Radix Bupleuri*) 9g, Huang Qin (黄芩 *Radix Scutellariae*) 9g, Dan Shen (丹参 *Radix Salviae Miltiorrhizae*) 9g, Dang Gui (当归 *Radix Angelicae Sinensis*) 6g, Di Huang (地黄 *Radix Rehmanniae*) 9g, Chuan Lian Zi (川楝子 *Fructus Toosendan*) 12g, Yuan Hu (元胡 *Rhizoma Corydalis*) 9g, Shan Zha (山楂 *Fructus Crataegi*) 12g, Zhi Bie Jia (炙鳖甲 *Carapax Trionycis*) 6g and Zao Jiao Ci (皂角刺 *Spina Gleditsiae*) 12g. Five doses were made up of a course.

Points selected in acupuncture were Zhongji (CV 3), Guanyuan (CV 4), Zigong (EX-CA1), Zusanli (ST 36), Sanyinjiao (SP 6) and Diji (SP 8). During the treatment, reducing method was manipulated at Zhongji (CV 3), Guanyuan (CV 4) and Zigong (EX-CA1) and reinforcing method at Zusanli (ST 36), Sanyinjiao (SP 6) and Diji (SP 8). A G6805-2 electric stimulator was connected to bilateral Zigong

(EX-CA1) with sparse-dense wave and weak intensity and the needles were retained for 30 minutes. Acupuncture was practiced once every other day.

During her return visit on March 15, the patient reported that on the first day after treatment, her pain in the lower abdomen was aggravated but the abdominal distension was alleviated, and the foul smell and heat could still be felt from her mouth and nose, and her leukorrhea was discharged as yellow water. Those phenomena indicated gradual coordination of *qi* and blood and gradual elimination of lump but there was still damp-heat and unceasing yellow leukorrhea. The therapeutic method was then altered to clear away heat from the liver, to eliminate dampness and to promote blood circulation to remove blood stasis. Seven doses of modified Long Dan Xie Gan Tang were prescribed with adding Jin Ling Zi San (金铃子散), in which Long Dan Cao (龙胆草 *Radix Gentianae*) was reduced to 3g. Then acupuncture with electric needle and mild moxibustion at Shenque (CV 8) were performed for 3 courses of treatment before the disease was cured completely. B-ultrasonic re-examination showed that inflammatory lump on her right appendages was completely removed.

Discussion

Chronic pelvic inflammation is mainly caused by accumulated heat in the Liver Channel, stagnation of the liver-*qi* affecting the spleen, failure of the spleen to resolve dampness and dampness interweaving with heat. A long-standing illness may lead to obstructed circulation of *qi* and blood and blockage of blood vessels to form lumps. TCM decoction has an immediate effect on those mild cases with short courses. However, it is appropriate to use acupuncture and moxibustion for those with serious and a lingering illness.¹ Chronic pelvic inflammation with a longer illness duration is chiefly manifested in simultaneous occurrence of deficiency, excess, cold and heat syndromes. In differentiating the syndromes, attention should be paid to the constitution of the patient, status of *yin* and *yang* as well as status of

deficiency and excess. Purgation should not be used indiscriminately. Acupuncture at Zhongji (CV 3), Guanyuan (CV 4) and Zigong (EX-CA1) can help promote blood circulation, adjust Chong and Ren Channels and regulate the flow of *qi* to stop pain. Acupuncture at Zusanli (ST 36), Sanyinjiao (SP 6) and Diji (SP 8) can strengthen the spleen to eliminate dampness and regulate the flow of *qi* and blood.² Long Dan Xie Gan Tang plus Jin Ling Zi San can take effect of eliminating dampness without impairing *yin*, promoting *qi* circulation without forming dryness, nourishing blood without hindering the spleen and stopping pain without leaving blood stasis. Mild moxibustion at Shenque (CV 8) can fully dilate capillaries at the points in the lower abdomen, accelerate the blood circulation and make the active ingredients of the drug directly reach the focus along the channels and collaterals to remove blood stasis and eliminate lump. When electric needle is applied, sparse-dense wave selected can give better stimulation than continuous wave. The sparse-dense wave with low frequency of 2Hz and high frequency of 15Hz or 100Hz alternatively used for 3 seconds gives the best analgesic effect.³ In the treatment of chronic inflammatory pain, multiple electric stimulation with weaker intensity will take better curative effect.⁴ This is because roles of point, acupuncture, electroacupuncture, mild moxibustion and Chinese drug are made into full play. In spite of its multiple effects, the therapy with convenient manipulation and exact therapeutic effect is worth applying.

References

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