

The Healthcare Medicine Institute presents

# Menopause

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# Menopause

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## Biomedicine

### Definitions

#### Definition (NIH)

The National Institutes of Health (NIH) states the following:

Menopause is the time when a woman's menstrual periods stop permanently. It usually occurs naturally, at an average age of 51, but surgery or the use of certain medications can make it happen earlier. During the years around menopause (a time called perimenopause or menopausal transition), some women have hot flashes, night sweats, difficulty sleeping, or other troublesome symptoms.<sup>1</sup>

#### Definition (US National Library of Medicine)

Menopause is the time in a woman's life when her periods (menstruation) stop. Most often, it is a natural, normal body change that most often occurs between ages 45 to 55. After menopause, a woman can no longer become pregnant.

During menopause, a woman's ovaries stop making eggs. The body produces less of the female hormones estrogen and progesterone. Lower levels of these hormones cause menopause symptoms.

<sup>1</sup> [ncih.nih.gov/health/menopause/menopausesymptoms](https://www.ncbi.nlm.nih.gov/health/menopause/menopausesymptoms). 11-12-2016. NIH, US Dept. Health and Human Services.

Periods occur less often and eventually stop. Sometimes this happens suddenly. But most of the time, periods slowly stop over time.

Menopause is complete when you have not had a period for 1 year. This is called **postmenopause**. Surgical menopause takes place when surgical treatments cause a drop in estrogen. This can happen if your ovaries are removed.

Menopause can also sometimes be caused by drugs used for chemotherapy or hormone therapy (HT) for breast cancer. <sup>2</sup>

## Definition (Office of Women's Health)

The Office of Women's Health (US Department of Health and Human Services) notes the following: <sup>3</sup>

Menopause is the point in time when a woman's menstrual periods stop. Some people call the years leading up to a woman's last period "menopause," but that time actually is **perimenopause**.

Periods can stop for a while and then start again, so a woman is considered to have been through menopause only after a full year without periods. (There also can't be some other reason for the periods stopping like being sick or pregnant.) After menopause, a woman no longer can get pregnant. It is common to experience symptoms such as hot flashes in the time around menopause.

The average age of menopause is 51, but for some women it happens in their 40s or later in their 50s. Sometimes called "the change of life," menopause is a normal part of life.

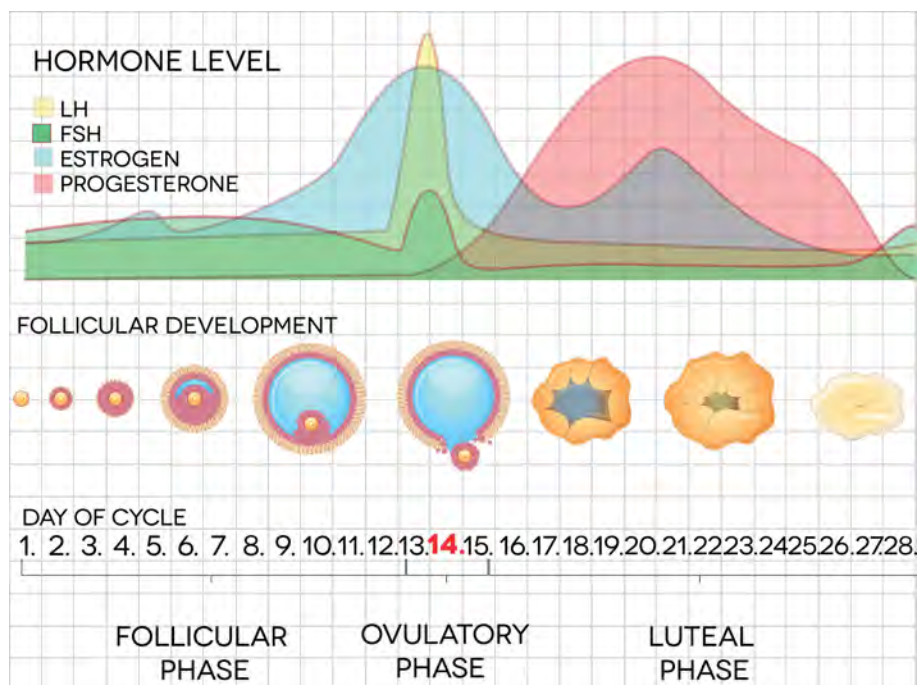
### *What is perimenopause?*

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<sup>2</sup> [medlineplus.gov/ency/article/000894.htm](https://medlineplus.gov/ency/article/000894.htm). US National Library of Medicine, MedlinePlus, 11-13-2016.

<sup>3</sup> [womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#](https://womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#). Office of Women's Health, US Department of Health and Human Services. 11-12-2016.

**Perimenopause**, which is sometimes called "the menopausal transition," is the time leading up to a woman's last period. During this time a woman will have changes in her levels of the hormones estrogen and progesterone. These changes may cause symptoms like hot flashes. Some symptoms can last for months or years after a woman's period stops. After menopause, a woman is in postmenopause, which lasts the rest of her life.



*Menstrual Cycle*

## Early Menopause

Although menopause is a natural part of life, early menopause may be triggered by the following:

- Chemotherapy or pelvic radiation treatments for cancer
- Surgical removal of the ovaries, especially surgical removal of both ovaries (bilateral oophorectomy).

- Surgical removal of the uterus (hysterectomy)
- Chromosome defects
- Genetics (family history of early menopause)
- Autoimmune diseases (including thyroid disease and rheumatoid arthritis)

If menopause occurs in the 30s or earlier, it is termed premature menopause. If caused by chemotherapy, radiation, anorexia, or other medical factors, it is termed medical menopause. Surgical menopause is the term given to menopause induced by surgery.

## Symptoms

### Office of Women's Health

The Office of Women's Health (US Department of Health and Human Services) notes the following about symptoms:

*What symptoms might I have before and after menopause?*

The hormone changes that happen around menopause affect every woman differently. <sup>4</sup>

The following list of symptoms for perimenopause, menopause, and postmenopause is from the Office of Women's Health (US Department of Health and Human Services):

#### *Irregular periods*

- More often or less often
- Last more days or fewer
- Lighter or heavier

#### *Hot flashes*

<sup>4</sup> [womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#](http://womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#). Office of Women's Health, US Department of Health and Human Services. 11-12-2016.



- Sudden feelings of heat
- Flushing of the face and neck
- Red blotches on the chest, back, or arms
- Heavy sweating and cold shivering after the flash

### *Trouble sleeping*

- Trouble sleeping through the night
- Night sweats

### *Vaginal and urinary—changing hormone levels can lead to:*

- Drier and thinner vaginal tissue, which can make sex uncomfortable
- More infections in the vagina
- More urinary tract infections
- Urinary incontinence

### *Mood changes*

- Mood swings

### *Changing feelings about sex*

- Less interested in sex
- More comfortable with sexuality

### *Other changes (either from lower levels of hormones or from aging):*

- Forgetfulness or trouble focusing
- Losing muscle, gaining fat, and having a larger waist
- Feeling stiff or achy <sup>5</sup>

## **Symptoms (US National Library of Medicine)**

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<sup>5</sup> [womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#](https://www.womenshealth.gov/publications/our-publications/fact-sheet/menopause-treatment.html#). Office of Women's Health, US Department of Health and Human Services. 11-12-2016.

The US National Library of Medicine provides a similar official list of symptoms:

Symptoms vary from woman to woman. They may last 5 or more years. Symptoms may be worse for some women than others. Symptoms of surgical menopause can be more severe and start more suddenly.

The first thing you may notice is that periods start to change. They might occur more often or less often. Some women might get their period every 3 weeks before starting to skip periods. You may have irregular periods for 1 to 3 years before they stop completely.

Common symptoms of menopause include:

- Menstrual periods that occur less often and eventually stop
- Heart pounding or racing
- Hot flashes, usually worst during the first 1 to 2 years
- Night sweats
- Skin flushing
- Sleeping problems (insomnia)

Other symptoms of menopause may include:

- Decreased interest in sex or changes in sexual response
- Forgetfulness (in some women)
- Headaches
- Mood swings including irritability, depression, and anxiety
- Urine leakage
- Vaginal dryness and painful sexual intercourse
- Vaginal infections
- Joint aches and pains
- Irregular heartbeat (palpitations) <sup>6</sup>

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<sup>6</sup> [medlineplus.gov/ency/article/000894.htm](https://medlineplus.gov/ency/article/000894.htm). MedlinePlus. 11-13-2016. US National Library of Medicine.

The US National Library of Medicine adds that “Less hair on head, more on face” is another symptom of reaching menopause.<sup>7</sup>

## Bone Loss & Cardiovascular Disease

The Office of Women’s Health (US Department of Health and Human Services) notes the following about bone loss and cardiovascular disease for the general public:

*Does menopause cause bone loss?*

Lower estrogen around the time of menopause leads to bone loss in women. Bone loss can cause bones to weaken, which can cause bones to break more easily. When bones weaken a lot, the condition is called osteoporosis.

To keep your bones strong, women need weight-bearing exercise, such as walking, climbing stairs, or using weights. You can also protect bone health by eating foods rich in calcium and vitamin D, or if needed, taking calcium and vitamin D supplements.

*Does menopause raise my chances of getting cardiovascular disease?*

Yes. After menopause, women are more likely to have cardiovascular problems, like heart attacks and strokes. Changes in estrogen levels may be part of the cause, but so is getting older.

Extended periods of time with low estrogen levels have been linked to several pathologies including cardiovascular disease, heart disease, stroke, hypertension, and osteoporosis.

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<sup>7</sup> [medlineplus.gov/menopause.htm#summary](https://medlineplus.gov/menopause.htm#summary). Medline Plus, US National Library of Medicine, 11-12-2016.

# Treatment

## Pharmaceuticals (NIH)

The official recommendation listed for menopause related hot flashes by the NIH is the following:

- Hormone therapy, using either estrogen alone or estrogen and progestin, is the most effective therapy for menopausal hot flashes. However, hormone therapy may increase the risk of breast cancer, blood clots, and other serious medical problems. Therefore, if it's used at all, it should be used at the lowest dose and for the shortest period that will control symptoms. Women with certain medical conditions (such as breast cancer, liver disease, or a history of blood clots) shouldn't use hormone therapy.
- Non-hormonal medicines may also be used to treat menopause symptoms. In 2013, the U.S. Food and Drug Administration (FDA) approved a non-hormonal treatment for hot flashes and a treatment for vaginal symptoms associated with menopause.<sup>8</sup>

The following is from a web publication of the Women's Health Initiative (National Institutes of Health):

**Q. Can you summarize the results of the estrogen-plus-progestin and estrogen-alone studies?**

**A.** Summaries of the findings are given below. However, be aware that the findings for the two studies should not be compared directly because of differences in the women's characteristics at the time of their enrollment in the studies. For example, those in the estrogen-alone study had a higher risk of cardiovascular disease than those in the estrogen-plus-progestin study. Women in the estrogen-alone study were more

<sup>8</sup> [ncch.nih.gov/health/menopause/menopausesymptoms](http://ncch.nih.gov/health/menopause/menopausesymptoms). 11-12-2016. NIH, US Dept. Health and Human Services.

likely to have such heart disease risk factors as high blood pressure, high blood cholesterol, diabetes, and obesity.

*Compared with the placebo, estrogen plus progestin resulted in:*

- Increased risk of heart attack
- Increased risk of stroke
- Increased risk of blood clots
- Increased risk of breast cancer
- Reduced risk of colorectal cancer
- Fewer fractures
- No protection against mild cognitive impairment and increased risk of dementia (study included only women 65 and older)

*Compared with the placebo, estrogen alone resulted in:*

- No difference in risk for heart attack
- Increased risk of stroke
- Increased risk of blood clots
- Uncertain effect for breast cancer
- No difference in risk for colorectal cancer
- Reduced risk of fracture

(Findings about memory and cognitive function are not yet available.)

**Q. What advice can you give to women about taking estrogen-alone and estrogen-plus-progestin therapy?**

**A.** We recommend that women follow the FDA advice on hormone (estrogen-alone or estrogen-plus-progestin) therapy. It states that hormone therapy should not be taken to prevent heart disease. These products are approved therapies for relief from moderate to severe hot flashes and symptoms of vulvar and vaginal atrophy. Although hormone therapy is effective for the prevention of postmenopausal osteoporosis, it should only be considered for women at significant risk of osteoporosis who

cannot take non-estrogen medications. The FDA recommends that hormone therapy be used at the lowest doses for the shortest duration needed to achieve treatment goals. Postmenopausal women who use or are considering using hormone therapy should discuss the possible benefits and risks to them with their physicians.

**Q. Are there alternatives for postmenopausal hormone therapy?**

**A.** Alternatives exist for treating heart disease, osteoporosis, and the symptoms of menopause. Here's a quick rundown:

With increasing age, a woman's risk for heart disease begins to rise. Risk factors for heart disease include smoking, high blood pressure, high blood cholesterol, physical inactivity, overweight/obesity, and diabetes. It's important to follow a heart-healthy lifestyle--this means not smoking, eating a variety of foods low in saturated fat and cholesterol and moderate in total fat, limiting salt and alcohol intake, maintaining a healthy weight, and being physically active. Sometimes, drugs also are needed to control high blood pressure, high blood cholesterol, or diabetes. For those who already have heart disease, the same lifestyle measures can help keep the condition from worsening. In addition, drugs also may be needed to treat heart disease.

The risk of osteoporosis increases as women get older. To help prevent osteoporosis, one key step is to follow an eating plan that's rich in calcium and vitamin D. Further, moderate exposure to sunlight helps the body make vitamin D. Another key step is to engage in regular weight-bearing exercises. It's also important not to smoke and to limit alcohol--smoking causes the body to make less estrogen, which protects bones, and too many alcoholic beverages can increase the risk for falls. Osteoporosis is treated by stopping bone loss through lifestyle changes and medication. The drugs used include bisphosphonates, such as alendronate (Fosamax) or

risedronate (Actonel), and selective estrogen receptor modulators such as raloxifene (Evista).

Alternatives to hormone therapy exist for treating menopausal symptoms. For hot flashes, these include botanical products that contain or act like estrogens. Examples of botanicals are soy and herbs, such as black cohosh. However, limited research has yielded conflicting results on the safety and effectiveness of botanical products. Some antidepressants also are used for relief of hot flashes. They have not been approved for this use, but clinical trials have shown them to be a moderately effective treatment. Lifestyle changes can offer some relief from hot flashes and other menopausal symptoms, especially those that are mildly to moderately bad. For instance, dress to avoid being too warm; reduce stress; avoid spicy foods, alcohol, and caffeine; get enough sleep; and be physically active.<sup>9</sup>

The following is published by the National Institutes of Health:

New analyses from the Women's Health Initiative (WHI) confirm that combination hormone therapy increases the risk of heart disease in healthy postmenopausal women. Researchers report a trend toward an increased risk of heart disease during the first two years of hormone therapy among women who began therapy within 10 years of menopause, and a more marked elevation of risk among women who began hormone therapy more than 10 years after menopause. Analyses indicate that overall a woman's risk of heart disease more than doubles within the first two years of taking combination HT.

The difference in the initial level of risk does not appear related to age, based on findings that the increased risk of heart disease was similar between women in their 50s on combination hormone therapy and women in their 60s.

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<sup>9</sup> Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Women's Health Initiative, 10-7-2016: [nhlbi.nih.gov/whi/whi\\_faq.htm](http://nhlbi.nih.gov/whi/whi_faq.htm).

The study is in the Feb. 16, 2010, *Annals of Internal Medicine*. The WHI is sponsored by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH).

"Today, most women who take hormone therapy for menopausal symptoms begin therapy shortly after menopause. Based on today's report, even these women appear to be at increased risk of heart disease for several years after starting combination hormone therapy," noted Susan B. Shurin, M.D., NHLBI acting director. "It is clearer than ever that women who are considering postmenopausal hormone therapy for menopausal symptoms should discuss their risk of heart disease and other risks – such as breast cancer, stroke, and dangerous blood clots – with their doctors before starting therapy."

Jacques E. Rossouw, M.D., chief of the NHLBI Women's Health Initiative Branch and a coauthor of the paper, added, **"Although the number of recently menopausal women who would be expected to suffer a heart attack during the first years of combination hormone therapy is small, the risk is likely to be real. Our findings continue to support FDA recommendations that postmenopausal hormone therapy should not be used for the prevention of heart disease."**

Combination hormone therapy includes progestin in combination with estrogen. Adding progestin is known to prevent endometrial cancer in women with a uterus. Today's findings do not apply to women who have had a hysterectomy and take estrogen-only hormone therapy. Similar analyses on the results of the clinical trial of estrogen only therapy are planned.<sup>10</sup>

## Acupuncture (NIH)

The NIH is part of the US Department of Health and Human Services. One branch of the NIH is the National Center for Complementary and

<sup>10</sup> WHI Study Data Confirm Short-Term Heart Disease Risks of Combination Hormone Therapy for Postmenopausal Women. 2-15-2010. National Institutes of Health. [nih.gov/news-events/news-releases/whi-study-data-confirm-short-term-heart-disease-risks-combination-hormone-therapy-postmenopausal-women](http://nih.gov/news-events/news-releases/whi-study-data-confirm-short-term-heart-disease-risks-combination-hormone-therapy-postmenopausal-women).



Integrative Health. There are some important comments made by this organization regarding acupuncture. We have provided the following article from the National Center for Complementary and Integrative Health to give the official US government perspective on the topic:

**Acupuncture, as Practiced in Clinical Settings, May Significantly Improve Menopause-related Symptoms**

When compared with usual care, acupuncture treatments may significantly reduce hot flashes and other vasomotor symptoms and improve some quality-of-life measures associated with menopause. These findings, the results of a year-long NCCIH-funded study, conducted by researchers from Wake Forest School of Medicine and Duke University School of Medicine, were published in the journal *Menopause*.

The study population included 209 women age 45–60 who had at least four vasomotor symptoms per day and had not had a menstrual period for at least 3 months. The researchers' major goal was to compare true acupuncture to no acupuncture for short- and medium-term clinical effects and for safety (thus, sham acupuncture was not included). The primary outcome was the number and severity of daily vasomotor symptoms. Multiple secondary outcomes pertained to health-related quality of life, such as hot flash interference with daily activities, sleep quality, and mood or memory symptoms.

After initial assessment, each participant was randomized to one of two groups. The first group received individualized acupuncture treatments during the first 6 months and usual care for the second 6 months. In the second group (the control group), that order was switched: they had usual care for the first 6 months and acupuncture for the second 6. Acupuncture care consisted of up to 20 treatments (the specific number was determined by the participant and practitioner); was given by licensed, experienced acupuncturists in a “real world” clinical setting; and included diagnoses from traditional Chinese

medicine, a history, a physical examination, and an individualized treatment plan. All participants kept a daily diary on the frequency and severity of their vasomotor symptoms. They underwent study assessments at 2, 4, 6, 9, and 12 months after group assignment.

The researchers found that acupuncture significantly reduced vasomotor symptoms by as much as 36.7 percent and improved several quality-of-life measures, such as hot flash interference, sleep quality, physical symptoms, memory symptoms, and anxiety. All these benefits persisted at least 6 months beyond the end of acupuncture treatment. The researchers also gained insights about “dosing”; they began to see significant benefits after three acupuncture treatments, and they saw maximum clinical benefits after a mean of eight treatments. Three women reported adverse effects: two reported pain during treatment and a third reported numbness.

The authors offer some cautions when interpreting these results. For example, it isn't clear whether benefits on sleep and other symptoms were directly from acupuncture or from reduced vasomotor symptoms; self-reporting has limitations; and there could be, as in clinical practice, bias from potential confounders. The authors noted that it is possible that some, or even all, of the benefits observed by the participants who received acupuncture relative to those in the control group are attributable to participants' expectation of benefit, or the care and attention they received from the health care providers, or other factors not directly related to the insertion of acupuncture needles. However, the authors conclude that their results ultimately support a significant and persistent benefit of acupuncture on menopausal vasomotor symptoms. Future explorations may include mechanisms and the role of nonspecific effects (such as receiving care and attention from a practitioner) in the observed clinical responses.<sup>11</sup>

### *Reference*

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<sup>11</sup> [nccih.nih.gov/research/results/spotlight/acupuncture-menopause-symptoms\\_2016](https://www.ncbi.nlm.nih.gov/research/results/spotlight/acupuncture-menopause-symptoms_2016). NIH, National Center for Complementary and Integrative Health. 11-09-2016.

Avis NE, Coeytaux RR, Isom S, et al. Acupuncture in Menopause (AIM) study: a pragmatic, randomized controlled trial. *Menopause*. 2016;23(6):626-637.

## Phytoestrogens

Phytoestrogens are plant derived compounds with estrogenic effects. Two major types of phytoestrogens are isoflavones and lignans. The following abstract is from research published by the Mayo Clinic:

In October 1999, the US Food and Drug Administration authorized the use on food labels of health claims associated with soy protein and the reduced risk of coronary heart disease. Several studies have indicated that a total daily intake of 25 g of soy protein paired with a low-fat diet resulted in clinically important reductions of total cholesterol and low-density lipoprotein (LDL) cholesterol levels. Soybeans are a rich source of isoflavones, a class of phytoestrogens found predominantly in legumes and beans. Soy isoflavones are heterocyclic phenols with structural similarity to estradiol-17beta and selective estrogen receptor modulators. Actions at the cellular level depend on the target tissue, receptor status of the tissue, and the level of endogenous estrogen.

Studies of soy-based diets evaluating the relation between soy consumption and serum lipid concentrations revealed that soy consumption significantly decreased total cholesterol, LDL cholesterol, and triglyceride levels. However, the soy isoflavones do not increase high-density lipoprotein cholesterol or triglyceride levels. The effects of soy protein on other target tissues reflect estrogenlike agonist and antagonist effects. Epidemiological studies suggest a protective effect of soy protein on breast tissue as evidenced by the lower rates of breast cancer in East Asian countries where soy is a predominant part of the diet.

Data available from human studies on the effect of isoflavones on osteoporosis are limited, and additional studies are needed to support a role in osteoporosis prevention. Thus far, there is no evidence for a stimulatory effect of isoflavones on the endometrium. A few studies reveal a minimal effect of soy on hot flashes, with soy reducing hot flashes 45% and placebo causing a 30% reduction compared with an approximate 70% reduction in hot flashes with estrogen replacement therapy. Evidence from laboratory studies reveals neither a positive nor a negative effect of soy isoflavones on cognition.

To date, no adverse effects of short- or long-term use of soy proteins are known in humans. The only adverse effects known are those reported in animals (infertility in sheep and quails grazing on phytoestrogen-rich pastures). In conclusion, soy isoflavones are biologically active compounds. Current data are insufficient to draw definitive conclusions regarding the use of isoflavones as an alternative to estrogen for hormone replacement in postmenopausal women. Although epidemiological and basic laboratory studies allude to the possible protective effects of soy isoflavones at specific target tissues, randomized, placebo-controlled clinical trials are necessary to address these important issues.<sup>12</sup>

There exists conflicting information suggesting that phytoestrogens may be helpful or harmful.<sup>13</sup> The pros and cons must be weighed based on the available science. Unfortunately, science presents us with conflicting medical conclusions. Here are a few excerpts from "The pros and cons of phytoestrogens" published in *Frontiers in neuroendocrinology*:<sup>14</sup>

Phytoestrogens are plant derived compounds found in a wide variety of foods, most notably soy. A litany of health benefits

<sup>12</sup> Vincent, Ann, and Lorraine A. Fitzpatrick. "Soy isoflavones: are they useful in menopause?." In Mayo Clinic Proceedings, vol. 75, no. 11, pp. 1174-1184. Elsevier, 2000.

<sup>13</sup> Patisaul, Heather B., and Wendy Jefferson. "The pros and cons of phytoestrogens." *Frontiers in neuroendocrinology* 31.4 (2010): 400-419.

<sup>14</sup> Patisaul, Heather B., and Wendy Jefferson. "The pros and cons of phytoestrogens." *Frontiers in neuroendocrinology* 31.4 (2010): 400-419.

including a lowered risk of osteoporosis, heart disease, breast cancer, and menopausal symptoms, are frequently attributed to phytoestrogens but many are also considered endocrine disruptors, indicating that they have the potential to cause adverse health effects as well. Consequently, the question of whether or not phytoestrogens are beneficial or harmful to human health remains unresolved. The answer is likely complex and may depend on age, health status, and even the presence or absence of specific gut microflora. Clarity on this issue is needed because global consumption is rapidly increasing. Phytoestrogens are present in numerous dietary supplements and widely marketed as a natural alternative to estrogen replacement therapy. Soy infant formula now constitutes up to a third of the US market, and soy protein is now added to many processed foods. As weak estrogen agonists/antagonists with molecular and cellular properties similar to synthetic endocrine disruptors such as Bisphenol A (BPA), the phytoestrogens provide a useful model to comprehensively investigate the biological impact of endocrine disruptors in general. This review weighs the evidence for and against the purported health benefits and adverse effects of phytoestrogens.

#### 4.1. Menopausal symptoms

The first widely attributed health benefit of phytoestrogen consumption was relief from vasomotor perimenopausal symptoms, including hot flashes and night sweats. For some women, the severity of these symptoms can markedly diminish their quality of life and interfere with daily activities. Although pharmaceutical hormone replacement therapy is effective in most cases, this option has fallen out of favor because of fears that its use increases the risk of developing breast cancer risk. Incidence of vasomotor symptoms is higher in Western countries (70–80% of women) than in Asian countries (10–20%), an observation which has led to the now popularly held belief that soy phytoestrogens may bring relief. Unfortunately, demonstrable evidence for such an association is weak at best, with most clinical trials showing no or minimal relief. One feature

that stands out in nearly all studies is a large placebo effect. In 2004 the North American Menopause Society issued a position statement which read, in part, “Among nonprescription remedies, clinical trial results are insufficient to either support or refute efficacy for soy foods and isoflavone supplements (from either soy or red clover), black cohosh, or vitamin E.” Despite this uncertainty, dietary supplements continue to be popular, particularly among women seeking a “natural” alternative to hormone replacement therapy.

#### 4.2. Prevention of osteoporosis

Another consequence of aging is the progressive loss of bone-mineral density, a process that accelerates during perimenopause and increases fracture risk. Estrogens help maintain normal bone density, and it has been hypothesized that phytoestrogens may confer similar benefits. Results from animal studies, although inconsistent and negative in some cases, are nonetheless encouraging. Numerous phytoestrogens including coumestrol, genistein, daidzein and others have been reported to have bone sparing effects in the rat but efficacy appears to depend on dose, route and duration of administration, and, to some degree, the animal model employed.

#### 5. Breast cancer: pro or con?

Determining if phytoestrogens increase or reduce the risk of developing breast cancer has proven to be one of the most challenging human health impacts to address. It is well established that estrogens promote breast tumorigenesis, and that parameters which increase lifetime estrogen exposure (such as early menarche, short duration breastfeeding, and low parity) are associated with elevated breast cancer risk. Because they bind ERs with relatively high affinity, some researchers and clinicians are concerned that high phytoestrogen intake may increase the risk of carcinogenesis and put breast cancer survivors at risk for reoccurrence. Others have proposed that the opposite is true, citing traditionally low cancer rates in Asia as evidence. Depending on the assay used, levels of

endogenous estrogen present, life stage, and tumor type, genistein can act as both a proliferative and an antiproliferative agent. For example, in vitro, genistein can inhibit proliferation of ER-positive and ER-negative breast cancer cells at high doses (>10 M), but, paradoxically, promote tumor growth at lower, more physiological doses. Tamoxifen and other selective estrogen receptor modulators (SERMs) used for breast cancer therapy can also have mixed effects depending on dose and tissue type. The SERM-like activity of soy phytoestrogens makes dietary guidelines particularly difficult to issue with confidence.

A relatively large number of studies have taken an epidemiological approach to address these concerns, but the results have differed by region and patient population. A Dutch study comparing plasma isoflavone levels in women with and without breast cancer found that high plasma levels of genistein were associated with a 32% reduction in breast cancer risk. Most studies, however, have failed to corroborate such a profoundly beneficial effect of genistein. A meta-analysis, supported in part by the Susan G Koman Breast Cancer Foundation, concluded that, for Asian women, the risk of developing breast cancer drops as soy intake rises. As little as 10 mg of soy per day was sufficient to decrease breast cancer risk by 12%. This association was not found for Caucasian women, but average daily isoflavone intake in this group was considerably lower (under 1 mg per day). Thus, it is unclear, if higher intake levels would have been beneficial for Caucasian as well as Asian women. Paradoxically, a different meta-analysis of 18 studies published between 1978 and 2004 found a protective effect of soy in pre-menopausal Caucasian women, but not women of Asian descent.

Dietary intervention studies have generally produced negative results. One of the largest found that consumption of 50–100 mg isoflavones per day for 1–2 years did not reduce mammographic density, a biomarker of increased risk. Administration of a dietary supplement containing red clover

derived isoflavones also failed to alter mammographic breast density after 1 year. The impact of soy on breast cancer survivors is also unclear and appears to differ by ethnicity.

The most recent study on breast cancer survivors examined 5042 Chinese women aged 20–75, and found that soy intake was significantly associated with a decreased risk of death and/or recurrence. These results are consistent with a prior study, also done in Chinese women, which found chemopreventive effects of soy consumption, particularly among pre-menopausal women. As described previously, equol production has emerged as an important variable for achieving bone sparing effects and it may also prove to be an important predictor of cancer protection. An association between equol production and reduced breast cancer risk has been observed in at least one study of Caucasian women. Additional studies are needed to further explore the relationship between equol production and breast cancer risk.

Phytoestrogens may have the biggest impact on lifetime risk when exposure occurs prior to puberty and possibly before birth. Although not an initial goal of the study, a Hawaiian research group found an association between high soy intake during early life and increased breast density, a risk factor for breast cancer. The study consisted of 220 pre-menopausal women and was designed to determine if consumption of approximately 50 mg of isoflavones over 2 years in adulthood could reduce breast density. This intervention failed but life history data obtained during the process led the authors to conclude that Caucasian women who ate more soy over their lifetime had denser breast tissue than those who did not. This observation is not consistent with an earlier study, which found that, in Chinese women, high intake over a lifetime is directly correlated with reduced risk of cancer.

Results from perinatal exposure in animals have also been mixed. For example, one early study of this hypothesis found that rat pups born to mothers that consumed genistein (25 or



250 mg/kg diet) during gestation and lactation developed fewer breast tumors. A more recent study, however, found that neonatal, subcutaneous administration of 5 or 50 mg/kg genistein stunted mammary gland development and the animals, particularly those given the higher dose, exhibited abnormal ductal morphology including reduced lobular alveolar development, and focal areas of “beaded” ducts lined with hyperplastic ductal epithelium. Subcutaneous administration of a lower dose (0.5 mg/kg genistein), produced the opposite effect. In these animals mammary gland development was advanced and no significant ductal malformations were observed in adulthood suggesting that accelerated differentiation might reduce cancer risk. This biphasic effect of genistein on breast tissue development and differentiation indicates that dose may be an important factor when considering risk.

The hypothesis that exposure to soy phytoestrogens early in life can alter the timing and character of breast development is supported by a 2008 cross-sectional study of 694 girls in Israel, which found increased prevalence of breast buds in 2-year old girls fed soy formula as infants. It is unclear how this may impact their lifetime risk of developing breast cancer but argues for a more thorough investigation of the possible relationship between early life phytoestrogen exposure, premature thelarche, and breast cancer risk.

Overall, although research in this area has been intense over the past two decades, results from both in vivo and in vitro studies have been frustratingly incongruous. Recent, comprehensive reviews of the human studies suggest a modest inverse association between risk and high soy intake but this trend is generally not supported by data from the animal literature. To date, no clear consensus has been reached on whether or not phytoestrogens are helpful or harmful, or when they might be contraindicated for some groups. Unfortunately, despite the need for guidance, in many published reviews of the topic too many authors shy away from making definitive

recommendations and instead suggest that women “discuss the issue with their health care provider.” This directive is unhelpful because it abdicates responsibility to clinicians, who are no more capable of giving informed opinions on the subject than research scientists.

Although a myriad of factors such as patient age, hormone receptor status of breast tumors, ethnicity, alcohol consumption, and other dietary habits likely all interact and complicate the potential impact of soy consumption on breast tumor proliferation, movement towards a clear consensus-based set of guidelines is badly needed. Given the evidence that adding soy foods to an already healthy diet may have modest but measurable benefits on bone and cardiovascular health, women without serious risk factors for breast cancer or a family history of breast cancer could likely incorporate soy into their diet without significant concern.<sup>15</sup>

## Bioidentical Hormones

The following is an excerpt from [health.harvard.edu](http://health.harvard.edu), a web publication from Harvard Medical School:

The interest in a more natural approach to hormone therapy has focused attention on bioidentical hormones — hormones that are identical in molecular structure to the hormones women make in their bodies. They're not found in this form in nature but are made, or synthesized, from a plant chemical extracted from yams and soy. Bioidentical estrogens are 17 beta-estradiol, estrone, and estriol. (Estradiol is the form of estrogen that decreases at menopause.) Bioidentical progesterone is simply progesterone. It's micronized (finely ground) in the laboratory for better absorption in the body.

Bioidentical hormone therapy is often called "natural hormone therapy" because bioidentical hormones act in the body just like

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<sup>15</sup> Patisaul, Heather B., and Wendy Jefferson. "The pros and cons of phytoestrogens." *Frontiers in neuroendocrinology* 31.4 (2010): 400-419.

the hormones we produce. But here again, that tricky word natural muddies the waters. Pregnant mares' urine is natural, but Premarin is not bioidentical, at least not to human estrogen. The same goes for Cenestin, which is made from plants but is not bioidentical.

Technically, the body can't distinguish bioidentical hormones from the ones your ovaries produce. On a blood test, your total estradiol reflects the bioidentical estradiol you've taken as well as the estradiol your body makes. On the other hand, Premarin is metabolized into various forms of estrogen that aren't measured by standard laboratory tests. Proponents of bioidentical hormones say that one advantage of bioidentical estrogen over Premarin is that estrogen levels can be monitored more precisely and treatment individualized accordingly. Skeptics counter that it hardly matters, because no one knows exactly what hormone levels to aim for, and symptoms, not levels, should be treated and monitored.<sup>16</sup>

## Dang Gui (NIH)

The National Institutes of Health (NIH) states the following of Dang Gui (Radix Angelicae Sinensis):

### Dong Quai

- In traditional Chinese medicine, the herb dong quai is often used for women's health problems, including menopause. However, very little research has been done on dong quai, so no conclusions can be reached about its effects.
- Dong quai may interact with the anticoagulant (blood-thinning) drug warfarin (Coumadin).<sup>17</sup>

<sup>16</sup> [health.harvard.edu/womens-health/what-are-bioidentical-hormones](http://health.harvard.edu/womens-health/what-are-bioidentical-hormones). 10-7-2016.

<sup>17</sup> [nccih.nih.gov/health/menopause/menopausesymptoms](http://nccih.nih.gov/health/menopause/menopausesymptoms). 11-12-2016. NIH, US Dept. Health and Human Services.

# Chinese Medicine

## Fertility Cycle

**The arrival of Tian Gui is the beginning of reproductive years for women marked by menarche.** Tian Gui arrives at approximately at 14 years of age when the kidney qi, Chong, and Ren channels are abundant. Tian Gui is often translated as heavenly water, heavenly dew, or celestial water. According to the Neijing Suwen:

At the age of fourteen the Kidney Qi is full, Tian Gui arrives, the Ren vessel courses, and the Chong vessel becomes rich and full. When the menstrual cycle becomes regular, she is fertile.

At approximately age 49, kidney qi, Chong, Ren, and jing (essence) are in decline as part of the normal life cycle. At this time, Tian Gui becomes exhausted, which is the arrival of menopause and the end of the reproductive years. Menopause occurs 12 months after the end of menstrual cycles. The Neijing Suwen notes:

- At age 35, the Yangming channel weakens. Consequently, the complexion starts to wither and the hair starts to fall out.
- At the age of 42, the three Yang channels weaken in the top portion of the body. The complexion withers and the hair begins to turn white.
- At the age of 49, the Ren vessel is deficient, the Chong vessel dwindles, Tian Gui stops, the body starts to weaken, and fertility ceases.

Kidney qi governs both the Ren and Chong channels. **The Ren (Conception Vessel) is the Sea of Yin while the Chong**

**(Penetrating Vessel) is the Sea of Blood.** When they are abundant, there is fertility. This also implies that menstruation and fertility disorders may be treated by addressing the kidneys, Chong, and Ren.

## Menopause

Menopause is, absent complicating pathologies, the normal time period of a woman's life wherein the menstrual periods have ceased. This usually occurs between the ages of 40 and 55. The kidneys store and are the source of congenital essence (jing). The kidney jing governs reproduction and is therefore a main organ regulating menopause. The natural decline of reproduction energy is concomitant with kidney and yin and yang deficiency and reduced function of the Penetrating (Chong) and Conception (Ren) vessels.

## Perimenopause

Perimenopause, the period of time shortly before menopause, may occur as part of the normal life cycle or may be prematurely triggered by prolonged illness, chemotherapy, oophorectomy (surgical removal of one or more ovaries), autoimmune disorders, depleting lifestyle choices, excess intake of cold foods, or malnourishment. According to Traditional Chinese Medicine principles, several patterns may trigger perimenopause:

- Kidney qi, yin, or yang deficiency
- Chong and Ren channel deficiency
- Blood deficiency
- Jing deficiency
- Yin deficiency causes yang uprising or internal heat

- Heart and liver yin deficiency causes heart and liver fire
- Yang deficiency depletes the heart, liver, and spleen
- Tian Gui depletion (exhaustion of reproductive heavenly dew)

There are various indications for perimenopause that may also occur during menopause or in the postmenopausal years. Perimenopause, however, may be asymptomatic. In perimenopause and menopause, lab tests are often marked by elevation of FSH (follicle-stimulating hormone) and LH (luteinizing hormone), while estradiol (E2) levels are low.

## Postmenopause

In postmenopausal years, there is often the following:

- Kidney yin deficiency and subsequent liver and heart yin deficiency with internal heat
- Kidney qi and yang deficiency leading to blood stasis

The kidneys nourish the bones and the Sea of Marrow (brain). Given the relationship between kidney deficiency and its effects on bones, bone scans are particularly helpful in postmenopausal years to determine if there is osteoporosis. Poor memory may result due to lack of nourishment of the Sea of Marrow.

## Perimenopause, Menopause, and Postmenopause

### Indications

In biomedicine, many of the following indications are related to changes or decreases in estrogen levels during perimenopause,

menopause, or postmenopause. In TCM, the following indications are associated with kidney qi, yin, or yang deficiency:

- sweating
- hot flashes
- insomnia
- irregular menstruation or dysmenorrhea
- anxiety, irritability, depression, or mood swings
- dry or itching skin
- vaginal dryness
- redness of the cheeks
- feeling chilled or overheating
- headaches
- palpitations
- reduced libido
- chest oppression
- tidal fever
- dizziness or vertigo
- memory loss
- frequent or urgent urination
- loss of breast fullness
- thinning hair
- blurry vision
- edema
- feeling cold or chills

## **Pattern Differentiation**

In this section, we will take a look at menopause in relation to the following diagnostic patterns:

- **Kidney and Heart Yin Deficiency**
- **Kidney and Liver Yin Deficiency**
- **Kidney Yang Deficiency**

- **Kidney Yin and Yang Deficiency**
- **Liver Qi Stagnation**
- **Heart and Spleen Deficiency**

### ***1. Kidney and Heart Yin Deficiency***

This is a pattern wherein kidney water and heart fire do not communicate properly. If there is kidney yin deficiency, this may cause excess heart fire. Yin deficiency results in internal heat thereby causing the shen (spirit) to become unsettled.

#### ***Indications***

- insomnia
- night sweats
- feels hot at night or five palms heat (feet, hands, chest)
- hot flashes
- burning heel pain
- palpitations
- mental restlessness
- dream disturbed sleep
- cognitive impairment, including poor memory
- dry mouth at night or thirsty
- irregular menstruation or dysmenorrhea

#### ***Tongue***

red, little or no coating, possible ulcerations

#### ***Pulse***

rapid, deep, thin (thready)

#### ***Treatment Principles***

Nourish and harmonize the heart and kidneys  
Settle the shen (spirit)



## Acupuncture Points

### **BL23 (Shenshu)**

This point is located 1.5 cun lateral to L-2, at the level of the lower border of the spinous process. This is the kidney back shu point (Beishu). BL23 regulates kidney qi, benefits the lumbar vertebrae, and benefits the eyes and ears. Common indications for use include irregular menstruation, tinnitus, edema, low back pain, and weak knees.

### **BL15 (Xinshu)**

This point is located 1.5 cun lateral to T-5, at the level of the lower border of the spinous process. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax. BL15 is the heart back shu point. BL15 benefits the heart, calms the spirit, and regulates qi and blood. Common indications for use include cardiac or chest pain, cognitive disorders, mental illness, and night sweats.

### **CV14 (Juque)**

Located on the midline of the abdomen, 6 cun above the umbilicus and 2 cun below the sternocostal angle. Deep insertion is contraindicated because this may damage the liver or heart in some patients. Never needle towards the heart. Perpendicular or oblique insertion inferiorly is recommended. This is the front mu point of the heart. CV14 regulates the heart, opens the chest, stops heart pain, calms the shen (spirit), benefits the stomach, and descends rebellious lung and stomach qi.

### **KD3 (Taixi)**

This point is located between the medial malleolus and the tendocalcaneus. KD3 is a shu stream, earth, and source (Yuan)

point. K3 benefits the kidneys, cools heat, and strengthens the lower back and knees. Common indications for use include irregular menstruation, enuresis, toothache, sore throat, tinnitus, deafness, emphysema, asthma, sore throat, and thirst.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.



SP6 is notable for appearing in a wide array of Chinese medicine literature, both ancient and modern, for the treatment of many perimenopause and menopause concerns. Later in this course in the *Acupuncture Research* section under the *Acupuncture Perimenopause Relief* subsection, we'll examine modern findings on the use of this acupoint. One finding was by Qin et al., who conclude that electroacupuncture applied to acupoint SP6 (Sanyinjiao) effectively modulates reproductive endocrine system functions in perimenopausal women.<sup>18</sup>

### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a shu stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels. Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures, hypochondriac region pain, icteric sclera, five palms heat, and jaundice.

### **PC6 (Neiguan)**

This point is 2 cun above the transverse wrist crease, on the line connecting PC3 and PC7, between the tendons of the palmaris longus and flexor carpi radialis. PC6 is the luo (connecting) point of the pericardium channel. It is the confluent point of the Yinwei vessel (Yin Linking Vessel). PC6 regulates the heart, calms the spirit, regulates qi, suppresses pain, and harmonizes the stomach. Common indications for use include: nausea, vomiting, hiccups, pain (cardiac, chest, elbow, upper arm, head, neck, stomach), mental

<sup>18</sup> Qin ZY, Ling H, Xia XH, Meng L, Wu ZJ. Effects of electroacupuncture of Sanyinjiao (SP 6) on genito- endocrine in patients with perimenopausal syndrome. *Zhen Ci Yan Jiu*, 2007, 32(4): 255-259.

illness, seizures due to epilepsy, insomnia, fever, palpitations, irregular menstruation, dysuria, postpartum dizziness. As a confluent point of the Yinwei vessel, this point is paired with the confluent point of the Chong (Thoroughfare) vessel (SP4). Together, PC6 and SP4 are indicated for the treatment of heart, chest, and stomach disorders.

### LV3 (Taichong)

This point is located on the dorsum of the foot in the depression distal to the junction of the first and second metatarsal bones. LV3 is a shu stream, earth, and source point. LV3 pacifies the liver, regulates blood, and opens the channels. Common indications for use include: headache, vertigo, insomnia, irregular menstruation, abnormal uterine bleeding, extremity and joint pain, eye pain, rib pain, retention of urine or enuresis.

### Supplementary Acupuncture Points

- For night sweating, use **SI3 (Houxi)** with **HT6 (Yinxin)**.
- For cognitive impairment, dizziness, or tinnitus add the Sea of Marrow points: **GV20 (Baihui)**, **GV16 (Fengfu)**. Alternately, choose **Sishencong (M-HN-1)**.

### Herbal Formula

#### Tian Wang Bu Xin Dan (Ginseng and Zizyphus Formula)

##### Ingredients

Sheng Di Huang	(Rehmannia Root)	9 – 30 grams
Xuan Shen	(Scrophularia Root)	9 g
Dang Gui	(Chinese Angelica Root)	9 g
Ren Shen	(Ginseng)	9 g
Fu Ling	(Poria)	9 – 15 g
Dan Shen	(Chinese Salvia Root)	6 – 9 g

Yuan Zhi	(Polygala Root)	6 g
Wu Wei Zi	(Schisandra Fruit)	6 g
Tian Men Dong	(Chinese Asparagus Root)	6 – 9 g
Mai Men Dong	(Ophiopogon Root Tuber)	6 – 9 g
Bai Zi Ren	(Arborvitae Seed)	6 – 9 g
Suan Zao Ren	(Jujube/Zizyphus Seed)	6 – 9 g
Jie Geng	(Platycodon Root)	3 – 6 g

Zhu Sha (Cinnabaris) is predominantly not included in modern formulations to avoid toxicity. Standard herb dosages apply when making decoctions or when pilled with honey from a powder. The suggested dosages above are for a decoction.

This herbal formula nourishes yin and blood, tonifies the heart and kidneys, and calms the shen (spirit). This shen calming formula nourishes kidney yin and tonifies heart yin and blood thereby calming excess flaring of heart yang. In summary, Tian Wang Bu Xin Dan nourishes the heart, sedates shen, tonifies heart and kidney yin, and clears yin deficiency heat.

Tian Wang Bu Xin Dan is commonly used for the treatment of insomnia and night sweating due to yin deficiency. Additional indications include palpitations, fatigue, difficulty falling asleep, irritability, cognitive impairment including difficulty concentrating and poor memory, dry stool, constipation, oral ulcerations, hypertension, skin rashes, and angina. Note that this formula may be difficult to digest and may cause loose stool or indigestion.

- Sheng Di Huang nourishes yin, promotes the generation of body fluids, clears heat, cools the blood, and clears heart fire.



*Sheng Di Huang*

- Xuan Shen nourishes yin, cools the blood, and clears heat and toxins.
- Dang Gui tonifies and invigorates the blood, regulates menstruation, and moistens the intestines.
- Ren Shen strongly tonifies yuan, spleen, stomach, lung, and heart qi.
- Fu Ling tonifies spleen qi and promotes urination to expel dampness.
- Dan Shen invigorates the blood, clears heat from the ying and blood levels, and calms the spirit.



### *Dan Shen*

- Yuan Zhi nourishes the heart, calms the spirit, and dissolves phlegm.
- Wu Wei Zi tonifies the kidneys, astringes heart qi to calm the spirit, and astringes lung qi.
- Tian Men Dong nourishes kidney and lung yin, moistens dryness, and clears lung heat.
- Mai Men Dong nourishes stomach and lung yin, clears heat from the heart by nourishing yin, and moistens the intestines.
- Bai Zi Ren nourishes heart yin, calms the spirit, and moistens the intestines.
- Suan Zao Ren nourishes heart yin, calms the spirit, and stops sweating.
- Jie Geng guides herbs to the upper burner (jiao) and dissolves lung phlegm.



*Jie Geng*

## **2. Kidney and Liver Yin Deficiency**

According to Five Element theory, the mother nourishes the son. Normally, kidney water nourishes liver wood. For kidney yin deficiency patients, kidney water does not nourish liver wood. As a result, the liver qi stagnates and may transform into fire, which may further injure yin and cause yang uprising. The generating cycle process is disrupted by deficiency and internal heat may arise as a consequence of deficient yin.

The liver stores blood and the kidneys store jing (essence). Blood and jing mutually transform each other; therefore, nourishing kidney yin is an effective means to cool liver deficiency fire.

The liver opens to the eyes, benefits the tendons and nails, and stores the blood. In addition, the liver circulates qi throughout the



hypochondrium. The kidneys are connected with the health of the ears, bones, teeth, hair, lower back, and knees.

### **Indications**

insomnia

sweating

hot flashes

five palms heat (chest, hands, feet)

hair loss

tinnitus

blurry vision or night blindness

dizziness

muscle or tendon spasms

fragile fingernails or toenails

hypochondrium pain

red checks

dry or itching skin

dry mouth

dry stool

scant yellow urine

light menstrual flow with light colored flow (perimenopause)

irregular menstruation (perimenopause)

abnormal uterine bleeding

soreness of the lower back, weakness of the legs and knees

loosening of the teeth

### **Tongue**

red, thin or no coat

### **Pulse**

thin (thready), rapid, deep or wiry

### **Treatment Principles**

Nourish kidney and liver yin  
Nourish yin to reduce internal heat and quell uprising yang

### **Acupuncture Points**

#### **CV4 (Guanyuan)**

This point is located on the midline of the abdomen, 3 cun below the umbilicus. CV4 is the front mu point of the small intestine. CV4 nourishes and stabilizes the kidneys, moves and builds qi, and restores yang. CV4 is the intersection of the three leg yin channels deeply. Common indications for use include abdominal pain, diarrhea, irregular menstruation, dysmenorrhea, leukorrhea, and enuresis.

#### **BL23 (Shenshu)**

This point is located 1.5 cun lateral to L-2, at the level of the lower border of the spinous process. This is the kidney back shu point (Beishu). BL23 regulates kidney qi, benefits the lumbar vertebrae, and benefits the eyes and ears. Common indications for use include irregular menstruation, tinnitus, edema, low back pain, and weak knees.

#### **BL18 (Ganshu)**

This point is located 1.5 cun lateral to T9, at the level of the lower border of the spinous process of the vertebra. BL18 is the liver back shu (beishu) point. BL18 benefits the liver, gallbladder, and eyes. BL18 cools damp-heat and moves stagnant qi. Common indications for usage include eye disorders, pain of the hypochondrium, irritability, mental disorders, epistaxis, and liver yang uprising related pain of the neck and shoulders.



### **KD3 (Taixi)**

This point is located between the medial malleolus and the tendocalcaneus. KD3 is a shu stream, earth, and source (Yuan) point. KD3 benefits the kidneys, cools heat, and strengthens the lower back and knees. Common indications for use include irregular menstruation, enuresis, toothache, sore throat, tinnitus, deafness, emphysema, asthma, sore throat, and thirst.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important

acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **SP10 (Xuehai)**

Xuehai is translated as the Sea of Blood. SP10 harmonizes and nourishing qi, cools heat in the blood, invigorates the blood, benefits the skin, and harmonizes menstruation. Common indications for usage include irregular menstruation, amenorrhea, abnormal uterine bleeding, skin disorders (e.g., urticaria, eczema, neurodermatitis, pruritus), and dysuria.

### **LV3 (Taichong)**

This point is located on the dorsum of the foot in the depression distal to the junction of the first and second metatarsal bones. LV3 is a shu stream, earth, and source point. LV3 pacifies the liver, regulates blood, and opens the channels. Common indications for use include: headache, vertigo, insomnia, irregular menstruation, abnormal uterine bleeding, extremity and joint pain, eye pain, rib pain, retention of urine or enuresis.

### **Herbal Formulas**

A variety of formulas are useful to benefit liver and kidney yin. The following are commonly used formulas:

- **Zuo Gui Wan** powerfully tonifies kidney yin and jing. As a result, it is useful for the treatment of premature ovarian failure.

- **Zuo Gui Yin** is a less tonifying variation of Zuo Gui Wan. Its more gentle tonification properties are more suitable for long-term intake.
- **Zhi Bai Di Huang Wan** nourishes liver and kidney yin and clears yin deficiency heat. This formula is helpful for patients with steaming bone syndrome and excess sweating due to internal heat.
- **Qi Ju Di Huang Wan** nourishes liver and kidney yin and benefits the eyes. Patients with eye related symptoms, dizziness, and tinnitus often benefit from this formula.

The following is more detailed look at **Zuo Gui Yin (Left Restoring Drink)**:

*Ingredients*

Shu Di Huang	(Rheumana)	9 – 12 grams
Shan Yao	(Dioscorea)	9 – 12 g
Shan Zhu Yu (Shan Yu Rou)	(Cornus fruit)	6 – 9 g
Gou Qi Zi	(Lycium berry)	3 – 9 g
Fu Ling	(Poria)	6 – 9 g
Zhi Gan Cao	(Licorice)	3 g

Dosages are adjusted for a decoction from the original drink preparation method. This formula is slightly difficult to digest, especially with the inclusion of Shu Di Huang; therefore, use care with patients with spleen and stomach qi deficiency. This formula tonifies yin and is only appropriate for presentations with heat when modified with cooling herbs.

For liver yin deficiency with yang uprising or internal heat including insomnia, dizziness, vertigo, irritability, depression, sweating, and hot flashes add:

Zhi Mu	(Anemarrhena Rhizome)	9 – 12 g
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Shi Jue Ming	(Abalone Shell)	9 – 12 g
Nu Zhen Zi	(Ligustri Cortex)	9 g
Han Lian Cao	(Ecliptae Herba)	9 g
Mu Dan Pi	(Moutan Cortex)	6 – 9 g

- Shu Di Huang is sweet, slightly warm and enters the liver, kidney, and heart channels. Shu Di Huang tonifies blood and nourishes yin.



*Shu Di Huang*

- Shan Yao is sweet, neutral, and enters the spleen, lung, and kidney meridians. Shan Yao tonifies and benefits the spleen and stomach. It also benefits the lungs and nourishes the kidneys.



### *Shan Yao*

- Shan Zhu Yu is sour, slightly warm, and enters the liver and kidney channels. It stabilizes the kidneys and contains the essence. It also stabilizes menstruation and stops bleeding.
- Gou Qi Zi is sweet, neutral, and enters the liver and kidney channels. It nourishes and tonifies the liver and kidneys. Gou Zi Zi benefits the essence and brightens the eyes.
- Fu Ling is sweet, bland, neutral, and enters the heart, spleen, and lung channels. Fu Ling promotes urination and leeches out dampness. It strengthens the spleen, harmonizes the middle burner (jiao), transforms phlegm, quiets the heart, and calms the spirit.
- Zhi Gan Cao is sweet, warm, and enters all 12 primary channels, especially the spleen and lung channels. It moderates and harmonizes the characteristics of other herbs, tonifies the spleen qi, moistens the lungs, stops coughing, clears heat and detoxifies fire poisons, and soothes spasms. It is use for cases of deficient qi or blood patterns with an irregular or intermittent pulse or palpitations.

- Zhi Mu is bitter, cold, and enters the lung, stomach, and kidney channels. It clears heat and quells fire, nurtures yin and moistens dry conditions, drains lower jiao (burner) heat, and generates fluids.
- Shi Jue Ming is salty, slightly cold, and enters the liver and kidney channels. This herb quells fire, descends the yang, brightens the eyes, and is used for the treatment of visual obstructions.
- Nu Zhen Zi is bitter, sweet, neutral, and enters the liver and kidney channels. Nu Zhen Zi nourishes and tonifies the liver and kidneys.
- Han Lian Cao is cool, sweet, sour, and enters the liver and kidney channels. It tonifies the liver and kidney yin, cools heat in the blood, and stops bleeding.
- Mu Dan Pi is acrid, bitter, cool, and enters the heart, liver, and kidney channels. Mu Dan Pi clears heat, cools blood, clears yin deficiency fire, invigorates the blood, dispels blood stasis, clears ascending liver fire, and drains pus and reduces swelling.



Mu Dan Pi



### **3. Kidney Yang Deficiency**

Kidney yang is unable to warm the body due to deficiency. Deficiency of qi and yang leads to lack of thirst, low energy, and sometimes urinary incontinence. If there is concomitant spleen yang deficiency, there may be loose stool, diarrhea before dawn, abdominal distention, or dull abdominal pain that is relieved by warmth and pressure.

#### **Indications**

- coldness – limbs, whole body, aversion to cold, chilled, pallor
- lower back pain
- weakness of the knees
- loose stool, abdominal distention, abdominal pain
- intermittent heavy menstruation, pale menstrual flow
- edema
- clear vaginal discharge
- clear, frequent urination
- urinary incontinence
- diminished or absence of thirst
- low energy

#### **Tongue**

pale, teethmarks, thin-white coating

#### **Pulse**

deep, thready

#### **Treatment Principle**

Tonify kidney yang

#### **Acupuncture Points**

**CV6 (Qihai)**

CV6 is on the midline of the abdomen, 1.5 cun below the umbilicus. CV6 regulates and tonifies qi, strengthens the kidneys, harmonizes blood, regulates the Chong and Ren (Conception) channels, and dispels dampness. Common indications for usage include abdominal pain, irregular menstruation, dysmenorrhea, leukorrhea, uterine bleeding, and urinary disorders. Qihai is translated as the Sea of Qi and reflects the powerful ability of this acupoint to strengthen Dantian and to tonify kidney yang and qi. Avoid deep insertion that may penetrate the peritoneal cavity.

### **CV4 (Guanyuan)**

CV4 is on the midline of the abdomen, 3 cun below the umbilicus. This point is located on the midline of the abdomen, 3 cun below the umbilicus. CV4 is the front mu point of the small intestine. CV4 nourishes and stabilizes the kidneys, moves and builds qi, and restores yang. CV4 is the intersection of the three leg yin channels deeply. Common indications for use include abdominal pain, diarrhea, irregular menstruation, dysmenorrhea, leukorrhea, and enuresis.

### **CV3 (Zhongji)**

CV3 is on the midline of the abdomen, 4 cun below the umbilicus. This acupoint is the front mu point of the bladder and intersection point of the 3 leg yin channels. CV3 tonifies the kidneys, assists the transforming function of qi, regulates the uterus and menstruation, alleviates damp-heat (especially urogenital), and benefits the urinary bladder. Common indications for usage include enuresis, urinary retention, frequent urine, leukorrhea, irregular menstruation, dysmenorrhea, vaginitis, prolapsed uterus, and infertility.

### **ST36 (Zusanli)**

This acupoint is 3 cun below ST35, one finger-breadth from the anterior crest of the tibia, in tibialis anterior. This point is lateral to a notch that is palpable on the tibia. Zusanli (leg three measures)

(related to li10) is a He Sea, earth, lower He Sea of the Stomach, and Sea of Nourishment point. ST36 is a Gao Wu command point and a Ma Dan-Yang heavenly star point. ST36 orders the spleen and stomach, regulates qi and blood, and tonifies qi. Common indications for usage include gastric pain, vomiting, abdominal distention, diarrhea, constipation, mastitis, breast abscesses, enteritis, gastritis, edema, asthma, general weakness, emaciation, anemia, indigestion, hemiplegia, neurasthenia, and mental disorders.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **KD3 (Taixi)**

This point is located between the medial malleolus and the tendocalcaneus. KD3 is a shu stream, earth, and source (Yuan) point. KD3 benefits the kidneys, cools heat, and strengthens the lower back and knees. Common indications for use include irregular menstruation, enuresis, toothache, sore throat, tinnitus, deafness, emphysema, asthma, sore throat, and thirst.

### **BL23 (Shenshu)**

This point is located 1.5 cun lateral to L-2, at the level of the lower border of the spinous process. This is the kidney back shu point (Beishu). BL23 regulates kidney qi, benefits the lumbar vertebrae, and benefits the eyes and ears. Common indications for use include irregular menstruation, tinnitus, edema, low back pain, and weak knees.

### **GV4 (Mingmen)**

This point is located below the spinous process of L2. GV4 nourishes yuan (source) qi, strengthens the kidneys, and benefits the lumbar vertebrae. GV4 tonifies kidney and spleen qi and yang. Common indications for usage include lower back pain, leukorrhea, and diarrhea.

### **Herbal Formula**

#### **You Gui Wan (Restore the Right Pills)**

Shu Di Huang	(Prepared Radix Rehmanniae)	12 - 24 g
Fu Zi	(Radix Lateralis Praeparatus Aconiti)	4 - 6 g
Shan Yao	(Radix Dioscoreae Oppositae)	9 - 12 g
Shan Zhu Yu	(Fructus Corni Officinalis)	9 - 12 g
Gou Qi Zi	(Fructus Lycii Chinensis)	9 - 12 g
Lu Jiao Jiao	(Gelatinum Cornu Cervi)	9 - 12 g
Tu Si Zi	(Semen Cuscutae Chinensis)	6 - 12 g
Du Zhong	(Cortex Eucommiae Ulmoidis)	9 - 12 g
Dang Gui	(Radix Angelicae Sinensis)	9 g
Rou Gui	(Cortex Cinnamomi Cassiae)	6 g

Doses are adjusted to standard decoction doses. This formula warms and tonifies kidney qi and yang, tonifies blood, and nourishes kidney jing (essence). Care must be used with Fu Zi because it is toxic and because it is also contraindicated during pregnancy.

- Shu Di Huang is sweet, slightly warm and enters the liver, kidney, and heart channels. Shu Di Huang tonifies the blood and nourishes yin.
- Fu Zi is acrid, sweet, hot, toxic and enters the heart, spleen, and kidney channels. Fu Zi restores devastated yang, warms kidney fire, and strengthens yang. Fu Zi warms the kidneys and spleen, expels cold, warms the channels, and alleviates pain.
- Shan Yao is sweet, neutral and enters the spleen, lung, and kidney channels. Shan Yao tonifies and benefits the spleen and stomach, benefits the lungs, and nourishes the kidneys.
- Shan Zhu Yu is sour, slightly warm, and enters the liver and kidney channels. Shan Zhu Yu stabilizes the kidneys, contains the essence, stabilizes menstruation, and stops bleeding.
- Gou Qi Zi is sweet, neutral, and enters the liver and kidney channels. Gou Qi Zi nourishes and tonifies the liver and kidneys, benefits the essence, and brightens the eyes.
- Lu Jiao Jiao is sweet, salty, slightly warm, and enters the liver and kidney channels. Lu Jiao Jiao nourishes and tonifies jing (essence) and blood, stops bleeding, and tonifies the liver and kidneys.
- Tu Si Zi is acrid, sweet, neutral, and enters the liver and kidney channels. Tu Si Zi tonifies the kidney yin and yang, benefits the essence, pacifies the fetus, benefits vision, nourishes liver yin, tonifies spleen yang, and stops diarrhea. Common indications for usage include dizziness, tinnitus, blurred vision, and spots in front of the eyes. This herb calms the fetus and is an important herb for the treatment of habitual or threatened miscarriage.



*Tu Si Zi*

- Du Zhong is sweet, slightly acrid, warm and enters the liver and kidney channels. Du Zhong tonifies the liver and kidneys, strengthens the sinews and bones, aids in the smooth flow of qi and blood, pacifies the fetus, and calms the womb. Common indications for usage include weak, sore, or painful lower back and knees, fatigue, and frequent urination.
- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.
- Rou Gui is acrid, sweet, hot, and enters the kidney, spleen, liver, and bladder channels. Rou Gui warms the kidneys, fortifies yang, warms the middle, disperses cold, warms the channels, promotes menstruation, alleviates pain, leads the fire back to its source, and generates qi and blood.

#### ***4. Kidney Yin and Yang Deficiency***

For this combination pattern, both cold and hot symptoms may alternate. Indications for kidney yin or kidney yang deficiency apply. The following indications particularly reflect this combination pattern.

## **Indications**

Yin deficiency:

- hot flashes, night sweating or easily sweating
- feels hot (especially at night), burning heel pain, red cheeks
- five palms heat (hands, feet, chest)
- palpitations, difficulty falling asleep, mental restlessness
- vaginal dryness

Yang deficiency:

- chills, feels cold
- loss of appetite, fatigue, loose stools
- urinary incontinence or nocturia (frequent need to urinate at night)

## **Tongue**

thin, white coat

## **Pulse**

thready, deep

## **Treatment Principles**

Tonify kidney yin, clear deficiency heat from the kidneys

Tonify kidney yang

Regulate the Chong and Ren channels

## **Acupuncture Points**

Select acupoints from the kidney yin or kidney yang section dependent on presentation of symptoms. The following acupoint prescription is an example taken from acupoints in the prior sections for this condition:

**CV6, CV4, CV3**

**K3**

**HT7**

**SP6****Herbal Formula****Er Xian Tang (Two Immortal Decoction)**

Xian Mao	(Curculiginis Rhizoma)	9 – 12 grams
Yin Yang Huo	(Epimedii Herba)	9 – 12 g
Ba Ji Tian	(Morindae Radix Officinalis)	9 g
Huang Bai	(Phellodendri Cortex)	6 – 9 g
Zhi Mu	(Anemarrhenae Rhizoma)	6 – 9 g
Dang Gui	(Angelicae Sinensis)	9 g

This is an especially helpful formula for perimenopause, menopause, and postmenopause because it tonifies kidney yin, yang, and jing. This formula also clears deficiency heat from the kidneys and regulates the Chong and Ren channels. Dosages can be adjusted relative to the presence of cold and heat symptoms.

- Xian Mao is toxic and not for long term use. This herb is acrid, warm, toxic, and enters the kidney and liver channels. Xian Mao tonifies the kidneys, fortifies the yang, and expels cold and dampness. This herb is used for cold damp painful obstruction (bi pain) with generalized pain, a sense of weakness in the bones and sinews, and lower back and knee pain.
- Yin Yang Huo is acrid, sweet, warm and enters the liver and kidney channels. Yin Yang Huo tonifies the kidneys, expels wind cold dampness, tonifies both yin and yang, and subdues ascendant liver yang
- Ba Ji Tian is acrid, sweet, warm, and enters the liver and kidney channels. Ba Ji Tian tonifies the kidneys, fortifies the yang, strengthens the sinews and bones, disperses wind and expels



- cold dampness. This herb is useful for the treatment of cold damp painful obstruction and leg qi pain in the back and legs.
- Huang Bai is bitter, cold, and enters the kidney and bladder channels. Huang Bai quells kidney deficiency fire from yin deficiency. Huang Bai drains damp-heat, particularly in the lower burner. This herb is useful for the treatment of damp-heat leukorrhea, jaundice, diarrhea, or dysentery. Huang Bai treats damp-heat pouring downward or hot leg qi with symptoms including red, swollen, and painful knees, legs, or feet. Huang Bai drains fire and detoxifies fire poisons including the treatment of sores and damp lesions of the skin.



*Huang Bai*

- Zhi Mu is bitter, cold, and enters the lung, stomach, and kidney channels. Zhi Mu clears heat, quells fire, nurtures yin, moistens dry conditions, drains heat in the lower burner, and generates fluids.



*Zhi Mu*

- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.

### **5. Liver Qi Stagnation**

In perimenopause, menopause, and postmenopause, qi stagnation often combines with yin or yang deficiency.

#### **Indications**

- mental depression, irritability, anxiety, sighing
- irregular menstruation, dysmenorrhea
- profuse, dark menstrual bleeding with clots
- pain of the hypochondrium
- chest oppression, bitter taste in the mouth, dizziness

- waking at night, especially between 1 – 3 am

### **Tongue**

red, thin white or yellow coating

### **Pulse**

wiry, rapid

### **Treatment Principle**

Soothe the liver and regulate qi

Nourish yin and/or yang

### **Acupuncture Points**

#### **BL18 (Ganshu)**

This point is located 1.5 cun lateral to T9, at the level of the lower border of the spinous process of the vertebra. BL18 is the liver back shu (beishu) point. BL18 benefits the liver, gallbladder, and eyes. BL18 cools damp-heat and moves stagnant qi. Common indications for usage include eye disorders, pain of the hypochondrium, irritability, mental disorders, epistaxis, and liver yang uprising related pain of the neck and shoulders.

#### **LV3 (Taichong)**

This point is located on the dorsum of the foot in the depression distal to the junction of the first and second metatarsal bones. LV3 is a shu stream, earth, and source point. LV3 pacifies the liver, regulates blood, and opens the channels. Common indications for use include: headache, vertigo, insomnia, irregular menstruation, abnormal uterine bleeding, extremity and joint pain, eye pain, rib pain, retention of urine or enuresis.

#### **CV17 (Shanzhong)**

This acupoint is located on the midline of the sternum, in a depression level with the junction of the fourth intercostal space and the sternum (midway between the nipples). CV17 is the front mu point of the pericardium, Sea of Qi point, and the influential point of qi. The spleen, kidney, small intestine, and sanjiao (three burners) meet at this acupoint. CV17 regulates and suppresses rebellious qi, expands the chest, and benefits the diaphragm. Common indications for usage include chest oppression, shortness of breath, breast disorders, asthma, chest pain, insufficient lactation, difficulty swallowing, and palpitations.

### **ST36 (Zusanli)**

This acupoint is 3 cun below ST35, one finger-breadth from the anterior crest of the tibia, in tibialis anterior. This point is lateral to a notch that is palpable on the tibia. Zusanli (leg three measures) (related to li10) is a He Sea, earth, lower He Sea of the Stomach, and Sea of Nourishment point. ST36 is a Gao Wu command point and a Ma Dan-Yang heavenly star point. ST36 orders the spleen and stomach, regulates qi and blood, and tonifies qi. Common indications for usage include gastric pain, vomiting, abdominal distention, diarrhea, constipation, mastitis, breast abscesses, enteritis, gastritis, edema, asthma, general weakness, emaciation, anemia, indigestion, hemiplegia, neurasthenia, and mental disorders.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed

labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **KD3 (Taixi)**

This point is located between the medial malleolus and the tendocalcaneus. KD3 is a shu stream, earth, and source (Yuan) point. KD3 benefits the kidneys, cools heat, and strengthens the lower back and knees. Common indications for use include irregular menstruation, enuresis, toothache, sore throat, tinnitus, deafness, emphysema, asthma, sore throat, and thirst.

### **Sishencong (M-HN-1)**

This is a set of four points that are 1 cun anterior, posterior, and lateral to GV20 on the scalp. This combination calms the spirit, quells internal wind, and benefits the ears and eyes. Common indications for usage include headaches, poor memory, eye twitches, dizziness, tinnitus, mental restlessness, irritability, depression, and insomnia.

### ***Herbal Formulas***

**Xiao Yao San** (Rambling Powder) and two variations of this formula (i.e., **Dan Zhi Xiao Yao San**, **Hei Xiao Yao San**) are appropriate for this condition. Use Xiao Yao San for the treatment of liver qi stagnation with blood deficiency and spleen deficiency. Use **Dan Zhi Xiao Yao San** (also known as **Jia Wei Xiao Yao San**) if there is internal heat. Use **Hei Xiao Yao San** if there is a predominance of blood deficiency.

### ***Xiao Yao San (Rambling Powder)***

#### ***Ingredients***

Chai Hu	(Radix Bupleuri)	9 g
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Bai Shao	(Radix Paeoniae)	9 g
Zhi Gan Cao	(Glycyrrhizae Radix Preparata)	6 g
Dang Gui	(Radix Angelicae Sinensis)	9 g
Bai Zhu	(Rhizoma Atractylodis Macrocephalae)	9 g
Fu Ling	(Poria)	12 g
Bo He	(Herba Menthae)	3 – 6 g
Sheng Jiang	(Rhizoma Zingiberis)	2 slices
Da Zao	(Jujubae Fructus)	4 pieces

This is a decoction version of the original. Use Fu Shen instead of Fu Ling to increase the calm the spirit function. Add Bo He last five minutes to soak when preparing the decoction.

***Dan Zhi Xiao Yao San (Mu Dan Pi and Zhi Zi Rambling Powder)***

Add Mu Dan Pi (Cortex Moutan) and Zhi Zi (Fructus Cardeniae) to create the formula Dan Zhi Xiao Yao San when there is internal heat. Indications include irritability, mental restlessness, feeling excessively warm, excess sweating, night sweats, insomnia, vertigo, dry mouth and eyes, red cheeks.

***Hei Xiao Yao San (Black Rambling Powder)***

Add Sheng Di Huang (Radix Rehmanniae) or Shu Di Huang (Radix Rehmanniae Praeparata) to create the formula Hei Xiao Yao San when there is blood deficiency or internal heat. Use Sheng Di Huang for internal heat and Shu Di Huang for blood deficiency.

- Chai Hu is bitter, slightly acrid, cooling and enters the liver and gall bladder channels. Chai Hu resolves lesser yang (Shaoyang) heat patterns, relaxes constrained liver qi, and raises the yang qi in patterns of spleen or stomach deficiency.



### *Chai Hu*

- Bai Shao is bitter, sour, cooling and enters the liver and spleen channels. Bai Shao nourishes the blood, pacifies the liver, and alleviates pain. Bai Shao restrains the yin and adjusts the nutritive and protective levels (ying and wei).
- Zhi Gan Cao is sweet, warm, and enters all 12 primary channels, especially the spleen and lung channels. It moderates and harmonizes the characteristics of other herbs, tonifies the spleen qi, moistens the lungs, stops coughing, clears heat and detoxifies fire poisons, and soothes spasms. It is used for cases of deficient qi or blood patterns with an irregular or intermittent pulse or palpitations.
- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.

- Bai Zhu is bitter, sweet, warming and enters the spleen and stomach channels. Bai Zhu tonifies the spleen, benefits the qi, dries dampness, stabilizes the exterior, and stops sweating.
- Fu Ling is sweet, bland, neutral, and enters the heart, spleen, and lung channels. Fu Ling promotes urination and leeches out dampness. It strengthens the spleen, harmonizes the middle burner (jiao), transforms phlegm, quiets the heart, and calms the spirit.
- Bo He is acrid, aromatic, cooling and enters the lung and liver channels. Bo He disperses wind heat, clears the head and eyes, benefits the throat, encourages rashes to surface, and allows constrained liver qi to flow freely.
- Sheng Jiang is acrid, hot, and enters the lung and stomach channels. Sheng Jiang releases the exterior, disperses cold, warms the middle burner, alleviates vomiting, alleviates coughing, reduces the poisonous effect of other herbs, and adjusts the nutritive and protective qi (ying and wei).
- Da Zao is sweet, neutral, and enters the spleen and stomach channels. Da Zao tonifies the spleen and stomach, nourishes the nutritive qi, moistens dryness, calms the spirit, and moderates and harmonizes other herbs.

## **6. Heart and Spleen Deficiency**

This presentation is heart qi and spleen qi deficiency combined with heart blood deficiency.

### **Indications**

- insomnia, too easily wakes from sleep (light sleeper)
- dream disturbed sleep
- poor memory, forgetfulness
- palpitations, shortness of breath



- excess sweating
- poor appetite, low energy, loose stools
- excessive vaginal bleeding or spotting

### **Tongue**

pale, teethmarks, white coating

### **Pulse**

deep, weak, thready

### **Treatment Principle**

Tonify the heart and spleen

### **Acupuncture Points**

#### **BL15 (Xinshu)**

This point is located 1.5 cun lateral to T-5, at the level of the lower border of the spinous process. Oblique or transverse-oblique insertion towards the spine is indicated. Avoid perpendicular or oblique needling away from the spine to avoid pneumothorax. BL15 is the heart back shu point. BL15 benefits the heart, calms the spirit, and regulates qi and blood. Common indications for use include cardiac or chest pain, cognitive disorders, mental illness, and night sweats.

#### **HT7 (Shenmen)**

HT7 is located at the ulnar end of the transverse crease of the wrist, in the depression on the radial side of the tendon of the flexor carpi ulnaris. Use caution when needling this point to avoid the ulnar artery and ulnar nerve. HT7 is a shu stream, earth, son, and source point. HT7 calms the spirit, pacifies the heart, and the clears channels. Common indications for use include insomnia, mental illness, irritability, cognitive impairment, palpitations, epilepsy or seizures,

hypochondriac region pain, icteric sclera, five palms heat, and jaundice.

### **ST36 (Zusanli)**

This acupoint is 3 cun below ST35, one finger-breadth from the anterior crest of the tibia, in tibialis anterior. This point is lateral to a notch that is palpable on the tibia. Zusanli (leg three measures) (related to li10) is a He Sea, earth, lower He Sea of the Stomach, and Sea of Nourishment point. ST36 is a Gao Wu command point and a Ma Dan-Yang heavenly star point. ST36 orders the spleen and stomach, regulates qi and blood, and tonifies qi. Common indications for usage include gastric pain, vomiting, abdominal distention, diarrhea, constipation, mastitis, breast abscesses, enteritis, gastritis, edema, asthma, general weakness, emaciation, anemia, indigestion, hemiplegia, neurasthenia, and mental disorders.

### **SP6 (Sanyinjiao)**

SP6 is 3 cun directly above the tip of the medial malleolus, on the posterior border of the medial aspect of the tibia. Sanyinjiao is translated as 3 yin junction; this point is the meeting of the 3 lower yin meridians. SP6 strengthens the spleen, transforms dampness, spreads liver qi, and benefits the kidneys. SP6 is an important acupuncture point in obstetrics and gynecology. Indications for use include: dysmenorrhea, irregular menstruation, abnormal uterine bleeding, leukorrhea, prolapse of uterus, infertility, difficult or delayed labor. Other common indications for use include: abdominal pain and distention, diarrhea, nocturnal emissions, enuresis, dysuria, lower limb atrophy, lower limb motor impairment or hemiplegia, vertigo from blood deficiency (xue xu), insomnia.

### **BL20 (Pishu)**

This acupoint is 1.5 cun lateral to T-11, at the level of the lower border of the spinous process. BL20 is the spleen back shu point. BL20

regulates spleen qi and assists the spleen's transportive and transformative functions. BL20 eliminates dampness, harmonizes blood and nourishes qi. Common indications for usage include digestive disturbances, vomiting, edema, excessive menstruation, and jaundice.

### **BL17 (Geshu)**

This acupoint is 1.5 cun lateral to T-7, at the level of the lower border of the spinous process. BL17 is the diaphragm back shu (beishu) point and the influential point of blood (Hui meeting point of blood). BL17 regulates blood, transforms congealed blood, cools heat in the blood, expands the chest and diaphragm, and strengthens deficient conditions. Common indications for usage include chest oppression, night sweating, steaming bone disorder, tidal fever, vomiting, mania, depression, afternoon fevers, night sweats, coughing with blood, epigastric pain, and hiccups.

### **Herbal Formula**

#### **Gui Pi Tang (Restore the Spleen Decoction)**

##### *Ingredients*

Ren Shen	(Ginseng)	3 – 9 grams
Huang Qi	(Astragalus)	15 g
Bai Zhu	(White Atractylodes)	9 g
Fu Shen	(Poria Pararadicis)	9 – 12 g
Dang Gui	(Angelicae Sinensis)	9 g
Long Yan Rou	(Arillus Longan)	9 g
Suan Zao Ren	(Semen Zizyphi Spinosae)	9 g
Yuan Zhi	(Radix Polygalae)	6 g
Mu Xiang	(Radix Aucklandiae)	3 g
Sheng Jiang	(Rhizoma Zingiberis)	2 slices
Da Zao	(Jujubae Fructus)	4 pieces

Zhi Gan Cao (Glycyrrhizae Radix Preparata) 3 – 6 g

This is a decoction version made from the raw herbs. Grind the Suan Zao Ren prior to boiling. Zhi Huang Qi (honey-fried) and Chao Bai Zhu (dry-fried) are often used. Dry-frying Bai Zhu enhances its warming and transforming dampness properties. Honey-frying Huang Qi focuses the herb's functions towards the treatment of spleen, lung, and yang deficiency. It is more common to use the honey-fried version for chronic cases of deficiency whereas raw Huang Qi is more often used for exterior conditions, including tonifying and hardening wei qi. Fu Shen is more for calming the spirit but Fu Ling may replace it to increase the transformation of dampness effect.

- Ren Shen is sweet, slightly bitter, slightly warm and enters the spleen and lung channels. Ren Shen tonifies source qi, spleen and stomach qi, lung qi, and heart qi. Ren Shen calms the spirit. Ren Shen benefits yin and generates fluids. It is used to treat wasting and thirsting syndrome and other cases when the qi and fluids have been injured by high fever and profuse sweating.
- Huang Qi is sweet, slightly warm and enters the spleen and lung channels. Huang Qi tonifies the spleen qi and raises the yang qi of the spleen and stomach. Huang Qi stabilizes the exterior and stops sweating (hardens wei qi). Huang Qi promotes urination, removes edema, promotes the discharge of pus and healing. tonifies qi and blood, and is used for the treatment of wasting and thirsting syndrome
- Bai Zhu is bitter, sweet, warming and enters the spleen and stomach channels. Bai Zhu tonifies the spleen, benefits the qi, dries dampness, stabilizes the exterior, and stops sweating.
- Fu Shen is neutral, sweet, and bland. Fu Shen calms the spirit and promotes urination. Common indications for usage include insomnia, poor memory, palpitations, irritability.

- Dang Gui is sweet, acrid, bitter, warm, and enters the heart, liver, and spleen channels. Dang Gui tonifies the blood, regulates menstruation, invigorates and harmonizes blood, moistens the intestines, and moves the stool.
- Long Yan Rou is sweet, warm, and enters the heart and spleen channels. Long Yan Rou tonifies the heart and spleen, nourishes the blood, and calms the spirit.
- Suan Zao Ren is sweet, sour, neutral, and enters the heart, spleen, liver, and gallbladder channels. Suan Zao Ren nourishes the heart and liver, calms the spirit, and nourishes blood and yin. Suan Zao Ren treats excess sweating including both spontaneous and night sweating.
- Yuan Zhi is bitter, acrid, warm, and enters the heart, kidney, and lung channels. Yuan Zhi calms the spirit, facilitates the flow of qi in the heart, expels phlegm and clears the orifices, and expels phlegm from the lungs.
- Mu Xiang is acrid, bitter, warm, and enters the spleen, stomach, large intestine, and gallbladder channels. Mu Xiang moves qi, alleviates pain, regulates stagnant qi in the intestines, strengthens the spleen, and prevents stagnation. Common indications for usage include diarrhea and abdominal pain.
- Sheng Jiang is acrid, hot, and enters the lung and stomach channels. Sheng Jiang releases the exterior, disperses cold, warms the middle burner, alleviates vomiting, alleviates coughing, reduces the poisonous effect of other herbs, and adjusts the nutritive and protective qi (ying and wei).
- Da Zao is sweet, neutral, and enters the spleen and stomach channels. Da Zao tonifies the spleen and stomach, nourishes the nutritive qi, moistens dryness, calms the spirit, and moderates and harmonizes other herbs.
- Zhi Gan Cao is sweet, warm, and enters all 12 primary channels, especially the spleen and lung channels. It

moderates and harmonizes the characteristics of other herbs, tonifies the spleen qi, moistens the lungs, stops coughing, clears heat and detoxifies fire poisons, and soothes spasms. It is use for cases of deficient qi or blood patterns with an irregular or intermittent pulse or palpitations.

## Acupuncture Research

The following are taken from the HealthCMi online news department. HealthCMi translates and publishes research on acupuncture, herbs, tuina, cupping, moxibustion, and more.

### 1. Acupuncture Perimenopause Relief

Acupuncture is safe and effective for the treatment of perimenopause. Researchers from Heilongjiang University of Chinese Medicine and Henan University of Chinese Medicine investigated the effects of acupuncture on perimenopausal syndrome as it relates to metabolism, reproductive endocrinology, and the immune system. Clinical and laboratory findings reveal important biochemical benefits induced by acupuncture and electroacupuncture.

Onset of perimenopause may occur years prior to menopause. It may occur in the 40s, 30s, or earlier and is related to a decrease in estrogen production by the ovaries. Perimenopause typically lasts approximately four years. Indications of perimenopause include hot flashes, fatigue, increased premenstrual syndrome (PMS), irregular menstrual cycles, insomnia, vaginal dryness, decreased libido, mood swings, anxiety, and breast tenderness. Conventional treatments include hormone replacement therapy, antidepressants, and vaginal lubricants.

The researchers note that a reduction of serum estradiol in perimenopausal women leads to changes in the hypothalamic-pituitary-ovarian (HPOA) axis thereby causing pathologies. Citing several investigations in their meta-analysis, the researchers note that acupuncture regulates the HPOA and levels of serum estradiol, follicle stimulating hormone (FSH), and luteinizing hormone (LH).

Additionally, they document the clinical success of acupuncture for the treatment of hot flashes.

The meta-analysis covered a large body of research. Jin et al. compared acupuncture with Premarin oral intake. Premarin is a brand name for conjugated estrogens. The acupuncture group received the administration of Back-Shu acupoints. The acupuncture group demonstrated superior patient outcomes over the group taking oral conjugated estrogens.

Shang et al. document that Yuan-Primary and Back-Shu acupoints are effective for the regulation of estradiol, FSH and LH in perimenopausal women. Qin et al. conclude that electroacupuncture applied to acupoint SP6 (Sanyinjiao) effectively modulates reproductive endocrine system functions in perimenopausal women. Li et al. measured significant beneficial increases of estradiol levels in perimenopausal women after the application of either of two acupuncture point prescriptions.

Prescription #1 was:

***Guanyuan (CV4)***

***Sanyinjiao (SP6)***

Prescription # 2 was:

***Neiguan (PC6)***

***Zusanli (ST36)***

Human clinical trials are augmented by laboratory research. Chen et al. conducted an experiment entitled “Effects of electroacupuncture on the expression of estrogen receptor protein and mRNA in rat brain.” Electroacupuncture increased estradiol levels while downregulating other factors thereby normalizing “the function of



hypothalamic-pituitary-ovarian axis.” The work of Yao et al. confirms that electroacupuncture can increase estradiol levels and expression of prolactin releasing peptide in the medulla oblongata. The researchers cited several other studies demonstrating that acupuncture increases estradiol levels by transforming androgen into estrogen and by “promoting aromatase activity and mRNA expression in adipose and liver tissues.”

The above findings are but a few covered by the researchers. They examined the regulatory effects of acupuncture on the immune and neuroendocrine systems plus the regulatory effects of acupuncture on metabolism. This broad body of research confirms acupuncture’s ability to regulate bodily systems.

The researchers conclude that acupuncture is effective in the treatment of perimenopause “by improving clinical symptoms such as menstrual disorders, hot flashes, sweating, insomnia, and mood disorders.” They add that acupuncture benefits perimenopausal women by:

- **increasing estrogen levels**
- **decreasing levels of FSH and LH**
- **increasing estrogen receptor protein expression**
- **inhibiting GnRH**
- **transforming androgen into estrogen**

Immunity system benefits of acupuncture include increasing E-selectin and L-selectin and also by regulating immune cell estrogen receptor expression. Neuroendocrine benefits of acupuncture include:

- **increasing dopamine and GABA**
- **decreasing aspartate and glutamate**

- **free radical regulation via nitric oxide and superoxide dismutase**
- **blood lipid regulation**
- **oxidative stress suppression**
- **bone metabolism regulation of alkaline phosphatase and DPD**

The researchers note that the goal of their study was to investigate and summarize the mechanisms by which acupuncture affects perimenopausal women. They document clinical benefits and important biological regulatory effects induced by acupuncture and electroacupuncture. Given the large body of supportive research, the investigators recommend a multicenter study to further evaluate the effects of acupuncture on perimenopause.

In related research, Tan et al. concluded that acupuncture combined with Chinese herbal medicine is effective in the relief of insomnia due to perimenopause. The researchers combined administration of the herbal formula Zi Shen Tiao Gan Tang with acupuncture. The total effective rate of the combined therapy increased significantly over using acupuncture as a standalone therapy. Acupuncture achieved a total effective rate of 74.60% but the combined therapy achieved a 96.83% total effective rate.

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## 2. Acupuncture Plus Herbs Alleviate Perimenopause

*Researchers find acupuncture and herbal medicine effective for alleviating perimenopausal symptoms.*

Heilongjiang University of Chinese Medicine researchers find acupuncture and herbs a potent combination for relieving insomnia, hot flashes, mood swings, and fatigue in perimenopause patients. In a protocolized investigation, researchers developed a prescription of acupuncture points and herbs that synergistically improve positive patient outcomes. The combination of Chinese medicine treatment modalities provided significant relief to the patients in the controlled investigation.

Acupuncture and herbs alleviate perimenopausal symptoms. Researchers from Heilongjiang University of Chinese Medicine determined that a combination of acupuncture and herbs successfully relieve insomnia, hot flashes, mood swings, fatigue, and excess perspiration in perimenopausal women (Cong et al.). Although acupuncture and herbs were effective as standalone therapies, the combination therapy produced increased positive patient outcomes.

Acupuncture and herbal medicine therapy improved the Blatt/Kupperman scores in the test subjects. The Blatt/Kupperman index measures the severity of eleven menopausal symptoms: vasomotor conditions, paresthesia, insomnia, nervousness, melancholia, vertigo, weakness or fatigue, arthralgia and myalgia, headaches, palpitations, formication. This includes symptoms such as night sweating, cold hands and feet, hot flashes, shortness of breath, tingling in the extremities, depression, dizziness, joint pain, skin-crawling sensations, and exhaustion.

The acupuncture points used in the treatment protocol included the following acupoints:

- ***Tianshu (ST25)***
- ***Zhaohai (KD6)***
- ***Neiguan (PC6)***
- ***Sanyinjiao (SP6)***
- ***Wushu (GB27)***

Mild reinforcing and reducing manual acupuncture techniques were applied with patients resting in a supine position. Lifting, thrusting, and rotating were applied for thirty to sixty seconds after the arrival of deqi. Next, the needles were retained for thirty minutes and one more application of manual acupuncture techniques were applied during the needle retention time. Acupuncture was administered once per

day for six days followed by a one day break to finish the week to comprise once course of care. In total, twelve courses of care were administered.

Herbal medicine was administered for ninety days. A decoction of the formula He Shu Geng Nian was prepared once daily and served in two portions, once in the morning and the other portion at night. The ingredients of He Shu Geng Nian are:

- ***Chai Hu 10g***
- ***Huang Qin 10 g***
- ***Ban Xia 10 g***
- ***Gui Zhi 10 g***
- ***Long Gu 20 g***
- ***Mu Li 20 g***
- ***Bai Shao 15 g***
- ***Huang Bai 10 g***
- ***Bai He 15 g***
- ***Fu Xiao Mai 15 g***
- ***Tu Si Zi 30 g***
- ***Wu Wei Zi 15 g***

Individually, acupuncture and herbs improved the Blatt/Kupperman scores. Together, acupuncture and herbs had an even greater effect—producing superior patient outcomes. Based on the data, the researchers conclude that acupuncture and herbal medicine are effective for the treatment of perimenopause related disorders.

Tan et al. had similar findings noting that acupuncture combined with herbal medicine “is a simple and effective clinical intervention for the patients with perimenopausal insomnia....” Acupuncture plus herbs produced a 96.83% total effective rate. Herbal medicine as a

standalone therapy produced a 74.60% total effective rate. The acupuncture points used in the investigation were

- **Taixi (KD3)**
- **Sanyinjiao (SP6)**
- **Baihui (DU20)**
- **Sishencong (EX-HN1)**
- **Shenmen (HT7)**
- **Shenmai (BL62)**
- **Zhaohai (KD6)**

The herbal formula used in the investigation was Zi Shen Tiao Gan Tang, prepared in a standard decoction. The ingredients of the formula are:

- **Shu Di Huang 24 g**
- **Huang Jing 9 g**
- **Bai Shao 15 g**
- **Gou Qi Zi 15 g**
- **Tu Si Zi 15 g**
- **Shan Zhu Yu 12 g**
- **Bai Zi Ren 12 g**
- **Fu Xiao Mai 20 g**
- **Xiang Fu 12 g**
- **Di Gu Pi 12 g**
- **Zhi Gan Cao 9 g**

The work of Tan et al. and Cong et al. are similar in that both research teams conclude that a combination of acupuncture plus herbs is clinically superior to using either modality as a standalone protocol. In a related study, Li et al. find acupuncture effective for relieving hot flashes during perimenopause. Citing several investigations in their meta-analysis, Li et al. note that acupuncture

regulates the hypothalamic-pituitary-ovarian axis and levels of serum estradiol, follicle stimulating hormone, and luteinizing hormone. In addition, the researchers document that acupuncture is effective for the treatment of hot flashes.

The meta-analysis of Li et al. documents that yuan and back-shu (beishu) acupuncture points effectively regulate estradiol, FSH, and LH in perimenopausal patients (Shang et al.). Li et al. also cite the work of Qin et al. noting that electroacupuncture applied to SP6 regulates reproductive endocrine system functions in perimenopausal women.

Research quantifies the successes of acupuncture and herbs for the treatment of perimenopausal symptoms. Given the prevalence of patients with perimenopausal symptoms, it is reasonable that access to Chinese medicine therapy is an available treatment option. From symptoms ranging from hot flashes to insomnia, acupuncture and herbal medicine is a scientifically validated protocol for patient care.

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