Aetiology and Treatment of Qi and Blood Stagnation in Primary Dysmenorrhoea

Damian Carey

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Introduction

Primary dysmenorrhoea (PD) is defined as cramping pain in the lower abdomen occurring just before or during menstruation, in the absence of other diseases such as endometriosis. (Coco, 1999) PD affects the large majority of menstruating women, from 60-90%, depending on the measurement method used. As such, it is commonly regarded as a normal outcome of menstruation rather than a resolvable detriment.

Western Medicine Aetiology and Pathogenesis

PD is understood to be caused by the release of prostaglandins in menstrual fluid. In the 4-24 hours preceding menstruation, coiled blood vessels of the endometrium contract, restricting blood flow and effectively starving the endometrium. As menstruation begins, the endometrial layer of the uterus disintegrates and prostaglandins are released. These prostaglandins stimulate contractions of the uterine muscles which, in the context of ischaemic conditions of the remaining uterine wall and sensitization of newly exposed nerve endings, initiate pain. Women with more severe dysmenorrhoea have higher levels of prostaglandins in their menstrual fluid, particularly during the first two days of menses when symptoms peak. More intense and more frequent uterine contractions lead to increasing severity of pain. (Coco, 1999; French, 2005; Lyttleton, 2004)

A number of risk factors for PD have been identified. These are summarised in Table 1. below:

![Table 1: Risk Factors for Dysmenorrhoea](French, 2005)

<table>
<thead>
<tr>
<th>Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &lt; 20 years</td>
</tr>
<tr>
<td>Attempts to lose weight</td>
</tr>
<tr>
<td>Depression/anxiety</td>
</tr>
<tr>
<td>Disruption of social networks</td>
</tr>
<tr>
<td>Heavy menses</td>
</tr>
<tr>
<td>Nulliparity</td>
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<tr>
<td>Smoking</td>
</tr>
</tbody>
</table>

Chinese Medicine Aetiology and Pathogenesis

CM views the menstrual cycle as a function of the interrelationship of the Chong Mai, or Penetrating Vessel, and the Liver. For menstruation to occur without pain there must be: 1) an abundance of Liver Blood (the reservoir which fills the Chong Mai and enables a smooth unfolding of the menstrual cycle) and 2) an uninhibited flow of Liver Qi.

Liver Qi Stagnation, leading to Blood Stasis, is the primary mechanism for dysmenorrhoea. “Stagnation is...the most important pathological condition causing painful periods. (Maciocia, 1998) Other mechanisms behind PD which will be discussed later in this paper, however in all cases of PD there is some level of Qi stagnation with consequent Blood Stasis. Qi and Blood operate synergistically. They are regarded in CM as two aspects of the one continuum: Qi is the commander of Blood and Blood is the Mother of Qi. If the flow of Qi is interrupted, weakened or made erratic, it will fail to move Blood in the Uterus. If Blood is deficient it will fail to nourish Qi, which then stagnates.

Liver rules the free flow of Qi. If Liver Qi is flowing harmoniously there will be an orderly and graceful unfolding of the menstrual cycle involving the preparation of the
lining of the womb, the release of the follicle at ovulation, the shedding of the endometrium and menstruation. In contrast, Liver Qi stagnation involves forceful, erratic or weak Qi, disruption of natural rhythm and pain.

The aetiology of Stagnant Liver Qi is anger, irritation, frustration, resentment or stress. Any one of these mental-emotional states will increase heart rate and muscular tension and thereby disrupt Liver Qi. Indeed, any intense, prolonged or unresolved emotional state will disrupt the smooth flow of Liver Qi.

### Social Factors in Primary Dysmenorrhoea

The prevalence of dysmenorrhoea is highest amongst adolescent women. A study of Swedish women found a prevalence of dysmenorrhoea of 90 percent in women 19 years of age and 67 percent in women 24 years of age. (Sundell, Milsom, & Andersch, 1990) 15% of adolescent girls report severe dysmenorrhoea. (French, 2005) It appears that female adolescence is very stressful.

One reason for this could be the high incidence of sexual abuse. Statistics demonstrate adolescents have the highest rates of rape and other sexual assaults of any age group. (Committee on Adolescence, American Academy of Pediatrics, 2001) A large survey of middle and high school students indicated that “18% of females ... reported having had an unwanted sexual experience.” (Erickson & Rapkin, 1991)

Several studies have drawn significant links between sexual abuse and gynaecological dysfunction: “Sexual assault was associated with excessive menstrual bleeding, painful intercourse, medically unexplained dysmenorrhoea, menstrual irregularity, and lack of sexual pleasure.” (Golding, 1996) “Sexual abuse that occurs during childhood ... is strongly associated with pelvic pain complaints. (Jamieson & Steege, 1997) “Women in the general population with common gynaecologic complaints [including dysmenorrhoea] are at a substantially increased risk of having a history of sexual assault.” (Golding, Wilsnack & Learman, 1998)

Another cause of adolescent psychological distress is marriage breakdown. In 2000 there were 12.0 divorces per 1,000 married men or women. (Australian Bureau of Statistics, 2003) Children are now much more likely to experience the break-up of their parents' marriage. (Cherlin, 1988)

Marriage separation and divorce are well known to be stressful events for children and particularly, it appears, for females. In a study of depressive symptoms among 550 females and males raised in divorced and non-divorced families, “... females experienced a greater number of depressive symptoms in adolescence and early adulthood.” (Ge, Natsuaki & Conger, 2006)

The links to PD are easy to draw: “Family disruption in early childhood increases the long-term risk for major depression. (Gilman, Kawachi, Fitzmaurice & Buka, 2003) “Psychological symptoms, have been shown to be associated with dysmenorrhoea.” (Latthe, Mignini, Gray, Hills, & Khan, 2006)
Western Medicine Management of Primary Dysmenorrhoea

WM has two established medication strategies for the treatment of PD: nonsteroidal anti-inflammatory drugs (NSAIDs) and the oral contraceptive pill (OCP). Both of these have well documented efficacy.

The most common NSAIDs are naproxen, aspirin and ibuprofen. They achieve an analgesic effect through inhibition of prostaglandin synthesis. (Coco, 1999) This decreases the volume of menstrual flow and slows down uterine contractions.

The use of OCP’s has been advocated as a treatment for primary dysmenorrhoea since their introduction for general use in 1960 (Proctor, Roberts, & Farquhar, 2001) and has been consistently observed to be up to 90% effective. (Dawood, 1985; Hendrix & Alexander, 2002) The proposed mechanism of action is, again, reduced prostaglandin release during menstruation. The synthetic hormones in the OCP act by suppressing ovulation and lessening the endometrial lining of the uterus. Menstrual fluid volume consequently decreases along with the amount of prostaglandins produced, in turn reducing uterine motility and thus uterine cramping. (Proctor, Roberts, & Farquhar, 2001)

Chinese Medicine Research in Primary Dysmenorrhoea

Acupuncture treatment of dysmenorrhoea is described throughout standard CM texts. (Deadman, & Al-Khafaji, 2000; Yin, & Liu, 2000; Maciocia, 1998; Flaws, 1998; Wiseman, & Ellis, 1996; Kaptchuk, 1983; Cheng, 1980; Essentials of Chinese Acupuncture, 1980) Yet some authors suggest “... no matter what the TCM textbooks say [dysmenorrhoea] is notoriously hard to treat ... in a way that it never re-emerges.” (Cochrane, 2006)

A wide variety of RCTs, clinical and case studies suggest that acupuncture and acupressure appear to be highly effective for the treatment of PD. A preliminary trial reported that 86% of women treated with acupuncture for dysmenorrhoea had complete cessation of pain for three consecutive menstrual periods. (Yuqin, 1984)

Two recent studies investigated the use of acupuncture at Sanyinjiao (SP 6) in treatment of primary dysmenorrhoea. Both reported significant benefits in reduction of pain and associated anxiety. (Chen & Chen, 2004; Gong, et.al., 2006)

A study of acupressure at a point on the hand found pain relief similar to that in patients who took ibuprofen. (Pouresmail & Ibrahimzadeh, 2002)

A 1981 study of 48 women with PD treated with a standard acupuncture point prescription reported satisfactory results in more than 80% of the cases. (Steinberger, 1981)

In a 1987 RCT comparing acupuncture to sham acupuncture, 91% of patients in the treatment group had pain relief compared with 36% of control patients. Patients in the treatment group had a 41% reduction in use of pain medication, while no difference was noted in control patients. (Helms, 1987)

A 2003 RCT of women with PD treated 30 women with a standard acupuncture point prescription. The success rate of acupuncture for the treatment of PD symptoms within 1 year after treatment was 93.3% in the first group and 3.7% in the placebo group. (Habek, Cerkez, Habek, Bobic-Vukovic & Vujic, 2003)

A systematic review of controlled trials of acupuncture or acupressure for gynaecological conditions was conducted in 2003. The author concluded: “Acupuncture and acupressure appear promising for dysmenorrhoea ... and further studies are justified”. (White, 2003)
Comparison of WM & CM Management and Outcomes

Both WM and CM protocols for PD are highly effective, yet significant differences exist between them, particularly with regard to sustainability of treatment benefits and side effects.

Both NSAIDs and OCPs are effective only while they are continuously taken. NSAIDs vary in their potency and duration of action, often having a sustained analgesic effect of only a matter of hours; anti-inflammatory effects may take from a few days to three weeks to come on. Similarly, OCPs must be taken daily over a 28 cycle.

In comparison, claims have been made for a limited series of acupuncture treatments leading to long term sustained benefits. (Yuqin, 1984) Maciocia says “Both acupuncture and Chinese Herbs, singly or in combination, give excellent results in painful periods and the overwhelming majority of cases can be cured”. (Maciocia, 1998)

Both NSAIDs and OCPs have a broad range of moderate to potentially serious side effects. The more effective a NSAID is at reducing inflammation, the more likely it is to cause indigestion. (Omudhome, 2005) NSAIDs can lead to increased blood clotting time, diminished kidney function and gastro-intestinal discomfort. (Houglum, 1998) Common side effects are nausea, vomiting, diarrhoea, constipation, decreased appetite, rash, dizziness, headache, and drowsiness. NSAIDs may also cause fluid retention, leading to oedema. The most serious side effects are kidney failure, liver failure, ulcers and prolonged bleeding after an injury or surgery. (Omudhome, 2005)

OCPs are widely used and are generally regarded as safe, however they can result in reduction of libido, vaginal discharge and menstrual flow. Other common side effects include changes of weight and mood, breakthrough bleeding, nausea, headaches, depression, vaginitis, urinary tract infection, breast tenderness, changes in blood pressure, skin problems and gum inflammation. More serious side effects include increased risk of breast and cervical cancer, heart disease and deep vein thrombosis. In addition, many women have a delay in menstruation after stopping the pill. (Cerel-Suhl, & Yeager, 1999; McLennan, 2006)

In stark contrast, apart from occasional and temporary local tenderness or bruising, side effects of acupuncture treatment are rare (see Appendix 1).

Acupuncture Treatment of Primary Dysmenorrhoea

Three significant patterns of disharmony appear in PD: Stagnation of Qi and Blood, Deficiency of Qi and Blood and Cold Obstructing the Uterus. (Kaptchuk, 1983; Essentials of Chinese Acupuncture, 1980) Other authors include additional patterns, yet all cases of painful menstruation involve Stagnation of Qi and Blood. When Liver Qi stagnates it leads to pain before menstruation; when Liver Blood stagnates it leads to pain during menstruation.

Treatment of Liver Qi stagnation should include two key principles. The first is to find the points of tension/tenderness on the relevant channels including the Liver, Gall Bladder, Bladder, Stomach and Spleen channels. In particular, Liver Qi Stagnation will manifest along the Gall Bladder channel, specifically the ilio-tibial band, the anterior and lateral hip, the lateral costal region, the neck and the jaw. Tender points should be identified and needled with reduction. The other key treatment principle for Liver Qi stagnation is to calm the spirit. Few, if any, authors acknowledge this; yet relaxation of the mind leads immediately to total body relaxation and therefore to re-establishment of Qi flow.

Fundamental to these approaches is the necessity to work within the framework of the presenting patterns of disharmony. It is rarely enough to only disperse excesses; underlying deficiencies must also be tonified.
Discussion

In order to deepen our understanding of the mechanism of PD and Liver Qi stagnation it is worth delving further into the mental-emotional links to disease, arguably the root of all illness and the key to all medicine.

Why do 60-90% of women (and men) experience significant levels of anger, resentment and frustration? The answer takes us beyond CM, back to its Taoist roots and the realm of Oriental Philosophy. Lao Tsu said “... the sage goes about doing nothing ... creating, yet not possessing, working, yet not taking credit. Work is done and then forgotten.” (Feng & English, 1972) This passage points to levels of freedom, detachment and selflessness rarely achieved. The average human mind has a tendency towards desire and aversion; humans react with stress when they don’t get what they want ... or do get what they don’t want.

To quote one of my patients: “The times I get really stressed are when I resist what is in front of me. When I accept things as they truly are, I can be calm and allow my wisdom to guide my actions.” (Clinch, 2006) The modern expression ‘going with the flow’ is a good way of expressing this. While Liver Qi is allowed to flow freely, human physiology remains healthy. When we react to our world with unnecessary tension, dis-ease arises.

The value of this philosophical exploration lies in understanding tension: knowing where tension is held in the body and understanding its relationship to the mind. This second factor requires the CM practitioner to be a counsellor, providing psychological support, pertinent lifestyle advice, inspiration and encouragement.

Stagnation of Qi and Blood is arguably the most common condition CM practitioners are called upon to treat. However, successful results cannot be guaranteed in all cases of PD. Many women present with complex patterns involving serious deficiencies and extremely stressful life circumstances; such women will continue to challenge the CM practitioner.

Better results may be achieved by incorporating a ‘body tension’ approach to acupuncture treatment, backed up by the skilful use of acupressure and other hands-on techniques. Ideally these will include fascial release, stretching and joint mobilisation to encourage the skeletal frame to realign and the soft tissues to regain their natural freedom.[2] These basic mechanics are essential to maximise the free flow of Qi and Blood yet are seldom given due emphasis in standard CM education or texts and likely to be ignored by busy practitioners.

Conclusion

CM has well established acupuncture and herbal medicine protocols for PD which are highly effective and compare favourably to WM treatment, especially in terms of side effects and duration of therapeutic benefit. The addition of massage and acupressure techniques as standard treatment for CM treatment of PD is highly recommended.
Notes

[1] Stress: ‘A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability and depression.’ (American Heritage Dictionary of the English Language, 2000)

[2] It is worth noting that Chinese Medicine has a traditional branch known as Dit-da or bone setting (Wikipedia Website, 2006), which refers not only to the healing of bone fractures and breaks but also to the adjustment of joints. (Zhang, 1995)

Appendix 1 - Side Effects of Acupuncture Treatment

<table>
<thead>
<tr>
<th>Effect</th>
<th>Description</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>De Qi</td>
<td>a normal sensation of warmth, tightness, soreness, or tingling when the needle reaches the acupuncture point</td>
<td>common</td>
</tr>
<tr>
<td>bruising and bleeding</td>
<td>needles can cause bruising or minor bleeding due to piercing of small blood vessels</td>
<td>occasional</td>
</tr>
<tr>
<td>fainting or fatigue</td>
<td>temporary lowered blood pressure can cause fatigue, or even fainting immediately after a treatment</td>
<td>rare</td>
</tr>
<tr>
<td>rashes</td>
<td>some people are allergic to metals in contact with their skin, even stainless steel needles</td>
<td>rare</td>
</tr>
<tr>
<td>infection</td>
<td>improperly sterilized needles or lack of hygenic procedure can cause infection</td>
<td>rare</td>
</tr>
<tr>
<td>perforation of vital organs</td>
<td>improperly inserted needles can preforate lungs or other organs</td>
<td>rare</td>
</tr>
</tbody>
</table>

(Council of Acupuncture and Oriental Medicine Associations, 2006)
Appendix 2 - Principles, Methodology and Point Selection in the Treatment of Qi and Blood Stagnation

Stagnation of Qi and Blood

Treatment Principle

Disperse Stagnation; Invigorate Liver Qi; Regulate Blood: Calm the Shen

Methodology

There are two keys to treatment of Liver Qi stagnation. The first is to find the points of tension/tenderness on the relevant channels. The Liver channel itself will always be involved, as will the Gall Bladder, Bladder, Stomach and Spleen channels. Points on the leg, lower abdomen and lower back should be identified and needled with reduction. In particular, Liver Qi Stagnation will manifest along the line of the Gall Bladder channel, specifically the ilio-tibial band, the anterior and lateral hip, the lateral costal region, the neck and the jaw.

The other key treatment principle for Liver Qi stagnation which should always be included is to calm the spirit. Few, if any, authors acknowledge this; yet relaxation of the mind leads immediately to total body relaxation and therefore to re-establishment of Qi flow.

Point Selection

Liver: Taichong (Liv 3) and Ligou (Liv 5) are the main distal points for regulating menstruation and spreading Liver Qi. Ligou should be needled until a distinct sensation can be felt moving up the leg. Zhongdu (Liv 6) is also very effective at spreading Liver Qi and regulating Blood. Check also for tenderness at Yinbao (Liv 9), Zuwuli (Liv 10), Yinlian (Liv 11) and Jimai (Liv 12). Yinbao is often involved when there is significant tenderness at the anterior hip.

Gall Bladder: Linqi (GB 41) and Yanglingquan (GB 34) are both excellent distal points for dispersing stagnant Liver Qi. Gall Bladder points on the upper leg and hip can reduce lower back tension. Check for tension at Xiyangguan (GB 33), Fengshi (GB 31), Huantiao (GB 30), Juliao (GB 29), Weidao (GB 28) and Wushu (GB 27). Check also for tender ashi points at the insertion of the quadriceps muscle, below the anterior hip, 1-3 cun below Weidao and Wushu. Check for tenderness in the lateral costal region, specifically Riyue (GB 24) and Qimen (Liv 14). Fengchi (GB 20) and Tinghui (GB 2) are classic points for head and neck tension.

Bladder: Weizhong (Bl 40) and Weiyang (Bl 39) both act as distal points for low back tension. Weiyang will more likely be involved when the tension is lateral rather than central. Any Bladder points on the sacrum or adjacent the lumbar spine are subject to referred pain in cases of PD. Check in particular Pangguangshu (Bl 28), Xiaochangshu (Bl 27) and Guanyuanshu (Bl 26). Geshu (Bl 17) invigorates blood and dispels stasis.
Stomach: The main points on the Stomach channel are Qichong (St 30), Guilai (St 29) and Shuidao (St 28) on the lower abdomen; all of these disperse stagnation and regulate menstruation. Qichong (St 30) regulates Qi in the lower jiao and regulates the Chong Mai.

Spleen: Sanyinjiao (Sp 6), Diji (Sp 8) and Xuehai (Sp 10) regulate menstruation and invigorate Blood. Check for tenderness at Chongmen (Sp 12). Chongmen, or Penetrating (Vessel) Gateway, invigorates Blood.

Heart: Shenmen (He 7), Tongli (He 5) and Shaohai (He 3) can all be used to calm the Shen.

Governor Vessel: Changqiang (GV 1) activates Yang Qi in the Governor Vessel, calms the Shen and alleviates pain; Baihui (GV 20) calms the Shen.

Conception Vessel: Zhongji (CV 3) benefits the uterus, regulates menstruation and dispels stagnation. Guanyuan (CV 4) also benefits the uterus.

Extra Points: Taiyang, Yingtang and Sishencong calm the Shen. Tituo is indicated for abdominal pain and dysmenorrhea. The Huatuo paravertebral points of the lumbar spine are used in the same way as Bladder Channel points. Shiqizhuixue invigorates Yang Qi in the spine.

Deficiency of Qi and Blood

Treatment Principle

Nourish Blood; Tonify Spleen Qi; for Yang Deficiency Tonify and Warm Spleen and Kidney Yang; for Yin Deficiency tonify Kidney and Liver Yin

Methodology

The presentation of signs and symptoms in Qi and Blood Deficiency needs to be carefully differentiated to determine the fundamental deficiency. Treatment must be directed to tonifying Spleen Qi to make Blood. When signs of Yang deficiency are present, points of the Spleen and Kidney can be gently needled and then warmed with needle head moxibustion, or with mild direct or indirect moxibustion alone. When signs of Yin deficiency are present, points of the Kidney and Liver can be tonified.

Although this is a deficiency pattern, there will always be some Qi and Blood Stagnation present as well. Points of local tenderness can be gently dispersed with needles or direct moxibustion.

Point Selection

Spleen: Taibai (Sp 3) tonifies the Spleen. Gongsun (Sp 4) tonifies Spleen and regulates the Chongmai. Sanyinjiao (Sp 6) tonifies Spleen and Kidney, harmonises Liver and regulates menstruation. Xuehai (Sp 10) harmonises menstruation and invigorates Blood.

Kidney: Taixi (Kid 3) nourishes Kidney Yin and, with moxa, tonifies Kidney Yang. Zhiaohai (Kid 6) nourishes Kidney Yin. Fuliu (Kid 7) and Yingu (Kid 10) tonify Kidney Qi. Dahe (Kid 12), the Meeting point of the Kidney channel and Chongmai, supports Kidney Qi and regulates the Chongmai.
Liver: Taichong (Liv 3) nourishes Liver Blood and Liver Yin and regulates menstruation. Ququan (Liv 8) also nourishes Blood and Yin and benefits the Uterus.

Stomach: Xiajuxu (St 39) and Shangjuxu (St 37) are Sea of Blood points and can be used to nourish Blood. Zusanli (St 36) fortifies the Spleen, tonifies Qi and nourishes Blood and Yin. Qichong (St 30) harmonises Blood and regulates the Chong Mai.

Bladder: Geshu (Bl 17), the meeting Point for Blood, nourishes and harmonises Blood. Ganshu (Bl 18) regulates and nourishes Liver Blood. Pishu (Bl 20) tonifies Spleen Qi. Shenshu (Bl 23) tonifies Kidney Qi, fortifies Kidney Yang (with moxa) and nourishes Kidney Yin.

Conception Vessel: Guanyuan (Ren 4) tonifies and nourishes the Kidneys, warms and fortifies the Spleen (with moxa) and benefits the uterus. Qihai (Ren 6) tonifies Qi, tonifies the Kidney and supports Yang. Zhongwan (Ren 12) fortifies the Spleen.

Governor Vessel: Mingmen (Du 4) tonifies Kidney Yang (with moxa). Jizhong (GV 6) fortifies the Spleen. Dazhui (GV 14) tonifies Qi deficiency. Baihui (Du 20) benefits the Spleen by raising Yang Qi and countering prolapse.

Cold Obstructing the Uterus

Treatment Principle
Warm the Uterus; Invigorate Blood; Invigorate Qi to Expel Cold

Methodology
Cold Obstructing the Uterus is a pattern of stagnation. Points of the Liver, Spleen, Stomach and Conception Vessel can be needled and/or warmed with moxibustion.

Point Selection
Spleen: Sanyinjiao (Sp6) and Xuehai (Sp 10), with moxibustion, will both invigorate Blood and disperse Cold. Chongmen (Sp 12) also invigorates Blood.
Liver: Taichong (Liv 3) invigorates Blood and, with moxibustion, disperses Cold in the Liver channel. Ququan (Liv 8) invigorates Blood. Jimai (Liv 12) eliminates cold from the Liver channel either by needling or, cautiously, with moxibustion.
Stomach: Zusanli (St 36) with moxibustion tonifies Qi and Blood and warms the Spleen. Guilai (St 29) and Shuidao (St 28) can both be used with moxibustion to disperse Cold in the Uterus.
Bladder: Shenshu (Bl 23) with moxibustion warms the uterus. Pangguangshu (Bl 28) dispels stagnation and, with moxibustion, disperses Cold in the lower jiao.
Conception Vessel: Zhongji (CV 3), Guanyuan (Ren 4) and Qihai (Ren 6) can all be used with moxibustion to warm the Uterus and expel Cold.
Governor Vessel: Mingmen (Du 4) invigorates Yang Qi.
Extra Points: Shiqizhuixue invigorates Yang Qi.
## Appendix 3 - Common Herbal Formulas for Treatment of Qi and Blood Stagnation

<table>
<thead>
<tr>
<th>Formula</th>
<th>TCM Actions</th>
</tr>
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<tbody>
<tr>
<td>Xiao Yoa Wan</td>
<td>Softens the Liver; regulates Liver Qi; nourishes Blood</td>
</tr>
<tr>
<td>Chai Hu Shu Gan Wan</td>
<td>Spreads Liver Qi; quickens Blood</td>
</tr>
<tr>
<td>Si Ni San Wan</td>
<td>Spreads Liver Qi; softens the Liver</td>
</tr>
<tr>
<td>Xue Fu Zhu Yu Wan</td>
<td>Invigorates circulation of Qi and Blood; disperses Stagnant Blood</td>
</tr>
<tr>
<td>Shi Shao Wan</td>
<td>Quickens Blood; disperses Stagnant Blood</td>
</tr>
<tr>
<td>Tao Hong Si Wu Wan</td>
<td>Supplements and quickens Blood; gently disperses Stagnant Blood</td>
</tr>
<tr>
<td>Si Wu Wan</td>
<td>Supplements Blood; regulates menstruation</td>
</tr>
<tr>
<td>Dang Gui Su</td>
<td>Supplements Blood; regulates menstruation</td>
</tr>
<tr>
<td>Dang Gui Shao Yao Wan</td>
<td>Supplements and quickens Liver Blood; course Liver Qi</td>
</tr>
<tr>
<td>Ba Zhen Wan</td>
<td>Supplements Qi and Blood; regulates menstruation</td>
</tr>
<tr>
<td>Wen Jing Tang Wan</td>
<td>Supplements Qi and Blood; warms the Uterus; quickens Blood and disperses Stagnant Blood</td>
</tr>
<tr>
<td>Gui Zhi Fu Ling Wan</td>
<td>Quickens Blood; transforms stasis; reduces masses</td>
</tr>
<tr>
<td>Tao He Cheng Qi Wan</td>
<td>Quickens Blood; purges stagnation; clears Heat</td>
</tr>
<tr>
<td>Shao Yao Gan Cao Wan</td>
<td>Resolves spasm; stops pain; harmonises the Liver</td>
</tr>
</tbody>
</table>

(Maclean & Taylor, 2003)
References


http://en.wikipedia.org/wiki/Contraceptive_pill

Author unknown (2006) Non-Steroidal Anti-Inflammatory Drugs
http://www.medinfo.co.uk/drugs/nsaids.html

Burnett, M. , Antao, V., Black, A., Feldman, K., Grenville, A., Lea, R., Lefebvre, G., Pinsonneault, O., & Robert, M. Prevalence of primary dysmenorrhea in Canada

Canberra: Life Gate Publications

Masters of Acupuncture/TCM - Mental Health in Chinese Medicine - University of Western Sydney

American Family Physician Nov, 1999, Vol. 60, No. 7


Beijing: Foreign Language Press

Family Planning Perspective Nov-Dec, 1988 vol. 20, no. 6, pgs. 302-306


Masters of Acupuncture/TCM - Women's Health 1 - University of Western Sydney


Committee on Adolescence, American Academy of Pediatrics (2001)
Care of the Adolescent Sexual Assault Victim
Council of Acupuncture and Oriental Medicine Associations
http://www.acucouncil.org/aom_risks.htm  downloaded 15/4/06


http://www.medic8.com/healthguide/articles/ocp.html

Omudhome, O. (2005) Nonsteroidal Antiinflammatory Drugs (NSAIDs)
http://www.medicinenet.com/nonsteroidal_antiinflammatory_drugs/article.htm
downloaded 9th April, 2006


Cochrane Database Systemic Review 2001(3):CD002120

American Journal of Chinese Medicine Spring, 1981, vol. 9, no. 1, pgs. 57-60

Sexuality, Reproduction & Menopause Vol. 2, No. 3, September 2004


Sundell, G., Milsom, I. & Andersch, B. (1990) Factors influencing the prevalence and severity of dysmenorrhoea in young women


Akush Ginekol (Sofiia) 1996, vol. 35, no. 3, pgs. 24-25

Edinburgh: Churchill Livingstone

Journal of Family Planning and Reproductive Health Care Oct. 2003 vol. 29, no. 4, pgs. 233-236


Beijing: New World Press
