

Does the difference schedule of acupuncture matter in the efficacy in dysmenorrhea?

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Background & Aim: Acupuncture has been used in dysmenorrhea for its safety and no hormone related side effect and many researches have approved its efficacy. However, whether the different group acupoints stimulation will affect the efficacy is unknown. In clinical, some patients prefer to receive more acupoints stimulation whereas others rather favor less acupoints stimulation. This study aims to evaluate whether the different schedule (12 acupoints vs. 6 acupoints) of acupuncture treatment will affect the outcome in dysmenorrhea.

Method: This is a randomized controlled study; total 41 dysmenorrhea women who fulfill the inclusion criteria were enrolled. They were randomly assigned to low dose (6 acupoints group: SP10, SP6, SP4, RN6, RN4, PC6) and high dose (12 acupoints: SP10, SP6, SP4, RN6, RN4, PC6, LI4, LR3, ST36, EX-CA1, RN3, LR3). The primary outcome VAS (Visual Analogue Scale) and VMSS (Verbal Multidimensional Scoring System) assessment and secondary outcome is SF12 quality of life score. SPSS 22.0 was used for statistical analysis.

Results: Participants in both groups benefit of pain relief and VAS improvement significantly (VAS: low dose group: $p < 0.001$; high dose: $p = 0.001$; VMSS: low dose: $p = 0.002$; high dose: $p = 0.039$). No meaningful difference was noted in two groups (VAS: $p = 0.663$; VMSS: $p = 0.699$). All patients have improvements in quality of life and no significant difference compared the low dose and high dose group ($p = 0.282$ in PCS; $p = 0.741$ in MCS).

Conclusion: The study concludes that the efficacy of acupuncture in dysmenorrhea is not directly proportional to the number (dose) of acupoints. A concise acupuncture schedule will help the treatment be more cost-effective; yet further large-scale study is encouraged.

Biography

Tsai-Ju Chien is a Hematologist and an Oncologist. She also possesses Traditional Chinese Medicine and has applied TCM in cancer patients for years, devoting herself in integrating TCM in cancer care. She spends a lot of time in evidence-based-TCM research and clinical practice. She is willing to cooperate with more physicians who have an interest in this field and willing to do something meaningful and beneficial to patients.

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