

ACUPUNCTURE AND MENOPAUSE

What is it?

The menopause is the medical term for the end of a woman's periods; it usually happens between the ages of 45 and 60.

As a woman ages, ovulation decreases in frequency and eventually stops, causing a drop in oestrogen levels and leading to periods getting less frequent and eventually ceasing. These hormonal changes often lead to various physical and psychological effects

- 20% of women have marked symptoms and 60% have mild symptoms.
- 70–80% of women have hot flushes and vaginal atrophy.
- Other associated symptoms are palpitations, joint pain, headaches, insomnia, psychological problems (anxiety, irritability, nervousness, moodiness)
- 25% of women suffer from osteoporosis.

TCM Understanding

In Traditional Chinese Medicine (TCM) the kidneys are associated with the ovaries and the skeleton (bones). The age of 49 marks the end of a woman's natural reproductive life and the kidney energy begins to decline. It no longer feeds the channels that bring blood and energy to the uterus for the periods, leading to irregular erratic periods.

Emotional frustrations may overwhelm the liver, reducing its support for the kidneys and leading to the psychological symptoms often seen with the menopause.

Treatment may also involve strengthening the stomach and spleen so as to nourish the kidneys and blood and improve the absorption of calcium.

Lifestyle, diet and herbs

Women under 40 should follow a lifestyle that nurtures and conserves kidney energy and secondarily the spleen/stomach. Take plenty of exercise but avoid heavy lifting, overwork and excessive sex. They should eat a diet rich in calcium

Older women usually benefit from kidney strengthening herbs. Diet as above but also foods that specifically nourish the bones (meat soups, oxtail soup, root vegetables) and blood (meat, pulses, soy products, green vegetables)

Exercise – some Qigong routines are particularly beneficial.

How acupuncture works in Western physiological terms

The reduced levels of oestrogen at menopause are associated with diminished functioning of the whole hypothalamus–pituitary–gonadal axis and with changes in the balance of neuropeptides in the central nervous system. TCM kidney deficiency patterns are likewise characterised by reduced serum oestradiol.

Acupuncture is known to affect neuropeptide levels especially increasing endorphins. This is probably the primary route, via the autonomic nervous system, for affecting vasomotor symptoms (hot flushes, night sweats).

Many Chinese research studies in the last 20 years both with humans and laboratory animals have demonstrated that appropriate acupuncture and moxibustion increase serum oestrogen, potentially benefiting the whole range of menopausal symptoms.

Osteoporosis

Similar studies, largely from China, have described the effects of acupuncture on various parameters of bone metabolism. The urinary calcium to creatinine ratio (a standard measure of bone metabolism) is decreased whilst bone proteins and associated enzymes increase. The effect is to stimulate the activity of osteoblasts to promote bone function, to improve the level of bone resorption and hence to reduce loss of bone mass.

Acupuncture may also enhance the functions of various bodily systems so as to increase the degree of utilization of calcium. The end results of these changes are to increase bone mineral density and the load and rigidity of bones and to decrease the size of the cavity area within long bones.

Note: nearly all of the clinical studies (see below) demonstrating such effects have used substantial numbers of treatments at frequent intervals. In practice, patients should expect to receive regular treatment for a long period of time, for progress is likely to be very slow. It may be speeded up by using Chinese herbs as well.

Recent clinical trials

a) Menopausal symptoms

N.B. A summary of the evidence up to 1998/9 was provided in ARRC's Briefing Paper No 5

Doerfler et al (1997) Germany – 30 women with menopausal symptoms acupuncture and herbs over six months. Marked improvement in symptoms within first eight weeks

Tukumachi (2000) UK – 22 breast cancer patients with menopausal hot flushes had two treatments a week for up to seven weeks.

Significant improvement in the frequency of flushes. 80% had effective relief

De Valois (2003) UK – 50 breast cancer patients with menopausal hot flushes and night sweats from Tamoxifen use had 8 weekly treatments with traditional acupuncture. Significant improvements in frequency, with 89% getting relief. Also significant improvement in associated mental symptoms.

Sandberg et al (2002) Sweden – 30 women in a RCT, acupuncture vs sham, 14 sessions in 12 weeks. An improved mood with true acupuncture but not sham – though this did not show up until 12 weeks. Menopausal symptoms better in both groups, more so for true acupuncture (though not statistically significant).

Other studies – have positive results but are very small (<20 subjects): Kraft and Coulson (2000), Dong et al (2001), Porzio et al (2002).

b) Osteoporosis

There have been very few papers published in English but Zhao (2002) provides a review of the Chinese work, and cites:

Liu Yan et al – 51 women with postmenopausal osteoporosis; 30 acupuncture sessions over 70 days. General improvement in menopausal symptoms and serum oestrogen as well as calcium:creatinine ratio.

Wang Changhai et al – 50 subjects with a TCM diagnosis of kidney deficiency had acupuncture for 30 days. They showed increased bone mineral density in the forearm.

Ouyang Gang et al – a RCT: 17 patients with postmenopausal osteoporosis were given calcium alone, 25 had calcium plus acupuncture. Treatment every other day for 6 months! In the acupuncture group bone mineral density increased from .907 to .923

g/cm² – significantly better than the non-acupuncture group (.908 up to .913).

Moxibustion plus herbs – two papers reported trials in which moxa mixed with Chinese herbs was burnt on acupuncture points. This apparently produced more marked effects on bone metabolism than acupuncture/moxibustion alone, though still with substantial numbers of treatments. For example, after 48 treatments the bone mineral density changed from .697 to .793 g/cm² (normal value for this bone is .784).

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