Sun Herbal Professional Seminar

Supporting you to achieve outstanding results for your patients

The treatment of common menstrual disorders and gynaecological conditions with Chinese medicine

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Seminar Outline

1. Introduction
2. Biomedical physiology of menstruation
3. Chinese medicine physiology of menstruation
4. Chinese medicine pathology of menstrual disorders
5. Strategies for assessing the menstrual cycle
6. Key China Med and Black Pearl formulas
7. Menstrual disorders and their treatment (including case studies):
   • no periods (amenorrhoea)
   • light and infrequent periods associated with premature/intermittent ovarian failure, (peri) menopause and PCOS
   • short menstrual cycles due to luteal phase dysfunction
   • heavy menstrual bleeding due to fibroids
   • painful menstruation due to endometriosis and unspecified causes
   • pre menstrual syndrome (PMS)
Hypothalamus

- links nervous system with pituitary gland
- receives signals from
  - CNS
  - amygdala (emotional response), visual cortex and olfactory cortex (sense of sight and smell)
  - endocrine factors: testis, ovary and other endocrine glands
- triggers production of Gonadotrophin Releasing Hormone (GnRH) in 60-90 minute intervals during the follicular phase and 4 hour intervals in luteal phase
- GnRH travels via the hypothalamic-pituitary portal capillary plexus to the pituitary gland
Anterior Pituitary Gland

- Receives GnRH signals and initiates production of:
  - TRH (thyroid releasing hormone): thyroid stimulating hormone (AP)
  - CRF (corticotrophin releasing factor): Adrenocorticotropic hormone (ACTH) (AP)
  - GHRH (growth hormone releasing hormone): growth hormone (GH) (AP)

  …..as well as

Follicle Stimulating Hormone (FSH)

- stimulates growth and development of the follicle in the ovary
- initiates oestrogen production in the ovary
- initiates production of activin and inhibin in the ovary
- down-regulated by oestrogen whose production is enhanced with inhibin
- without FSH, no LH surge and therefore no ovulation
- FSH increases prior to menstruation to initiate follicular selection
Luteinising hormone (LH)

• stimulates androgen production in the theca cells of the ovary (which is converted to oestrogens in the granulosa cells)

• stimulates synthesis of progesterone from cholesterol in granulosa and theca cells (after ovulation follicle changes from oestrogen to progesterone)

• has a role in maturing the ‘dominant follicle’ because LH takes over where FSH leaves off in follicular development

• IVF requires LH to be present, but not sufficient to trigger ovulation

Prolactin (PRL)

• protein hormone
• primarily produced in the pituitary but also uterus, brain and placenta in pregnant women
• lactogenic, steroidogenic and immunoregulatory
• down-regulated by dopamine
• inhibits GnRH pulsatility
• should only be present in large amounts in nursing mothers
Ovarian hormone cycle & ovulation

Theca cells

- interna: internal layer of the follicle wall
  - produces the androgen, androstenedione
  - androstenedione supports estradiol production in the Granulosa cells
- externa: outer layer of the follicle wall
  - promotes smooth muscle contraction of the ovary in response to ovulatory progesterone
Granulosa cells

- host the follicle
- responds to FSH (pituitary) to produce aromatase
- aromatase converts androstenedione from Theca interna to estradiol in follicular phase
- forms LH receptors on Granulosa cells to initiate ovulation

Inhibin, activin & follistatin

- respond to FSH in the granulosa cells
- secreted into the follicular fluid
- inhibin:activin ratio has a regulatory effect on the synthesis of FSH in the pituitary
- follistatin:
  - regulates theca and granulosa cell response to FSH and LH
  - down-regulates activin
  - up-regulates inhibin
Inhibin, activin & follistatin

- Inhibin-A
  - lowest in follicular phase
  - peaks mid-luteal phase
  - down-regulates FSH in luteal phase
  - contributes to the luteal-follicular transition (menses)
- Inhibin-B
  - peaks levels in early and mid-follicular phase
  - decreases prior to ovulation
  - spikes post-ovulation (ruptured follicle)
- Activin
  - potentiates FSH activity on the granulosa cells

Oestrogen

- oestrone (E1) - produced in Liver and Kidneys; important in menopause; oestriol (E3) - produced by the placenta and important in pregnancy
- oestradiol (E2) - produced in the theca cells of the ovary
- synthesis triggered by and dovetails with FSH during follicular phase
- rising oestrogen opposes FSH and causes decline of FSH
- rising oestrogen leads to increased libido and increased fertile mucus
Progesterone

• production stimulated by corpus luteum
• triggers thickening of the endometrium after ovulation (secretory stage) for implantation
• thickens cervical mucus to prevent penetration by sperm
• declining progesterone when not pregnant triggers menstruation
• human chorionic hormone (hCG) + pregnancy
• lowers the maternal immune response to prevent rejection of the egg
• decreases contraction of smooth uterine muscles
• placental progesterone

hCG

• human chorionic-gonadotropin hormone
• glycoprotein produced in the early stages of the placenta upon implantation
• interacts with luteinising hormone/chorionic-gonaotrophin receptor (LHCGR) of the ovary
• stimulates early first trimester progesterone production
• potential immuno-protective role for foetus
Endometrial cycle

Uterine Blood Supply

Internal Iliac Artery (L5/S1 nexus)
- Uterine Arteries
  - Endometrium
    - Stratum Basalis
      - Permanent layer
      - Nourishes stratum functionalis each menses
    - Stratum Functionalis
      - Lines uterine cavity
      - Shed during menses

Gonadal Artery (L2)
- Ovarian Artery
  - Ovaries
  - Fallopian tubes
Stage One: Building the menstrual epithelium
- sits between the exfoliative and proliferative phases of the cycle
- lining has shed; basalis component remains
- initial repair of stratum functionalis
- by day 4, two-thirds of the uterine cavity is covered with new epithelium
- epithelial cells lay the foundation of new endometrial lining
- by days 5-6 new epithelial growth is occurring

Stage Two: Proliferative phase
- associated with folliculogenesis and increased oestradiol
- cycle days 8-10: surging oestradiol, engorgement of blood vessels, bulking of lining
- lining grows: 0.5mm to 3.5-5.0mm

Stage Three: Secretory phase
- commences after ovulation
- progesterone stops epithelial proliferation three days after ovulation
- increased glandular secretions during the seven days after ovulation
- dependent on progesterone
- peak secretory level coincides with blastocyst implantation

Stage Four: Implantation Phase
- days 7-13 post ovulation; days 21-27 of menstrual cycle
- glands in the endometrium become dense supporting implantation
- growth factors, cytokines and peptides emerge to support implantation
- days 22-23: decidual cells protect against immune factors
What is a normal menses?

- 50% of menstrual detritus expelled in first 24 hours
- 90% of women menstruate between days 24 and 35; 15% of cycles are 28 days long
- most fertile 5-7 years after menarche due to stabilisation of the cycle
- in the 40s the cycles lengthen and then shorten
- average flow is 4-6 days; 2-8 day range
- normal blood loss is 30ml

Stage Five: Breakdown phase
- final layer of the endometrium formed by day 25
- corpus luteum exhausted
- body detects absence of implantation, hCG nor trophoblast
- estradiol and progesterone withdrawal leads to endometrium and blood vessels shrivelling
- menstruation: shedding of lining
- menstruation stops with vasoconstriction of the radial and spiral arteries in the basalis
- basalis endometrium remains intact

Chinese medicine physiology
BAO GONG - Uterus
• extraordinary fu/broad
• stores and discharges blood, jing-essence & foetus

FIRE - Heart/Pericardium
• Joy - emotion/emotional strain
• unites yin (blood) and yang (fire element)
• controls and distributes blood
• induces downward flow menses

WOOD - Liver/GB
• regular and reliable flow of qi
• stores blood
• qi leads blood
• blood nourishes uterus

EARTH - Spleen/Stomach
• transforms and transports food and water to produce postnatal qi and blood (Liver)
• supplements post-natal jing-essence

WATER - Kidney/UB
• Storehouse of the jing-essence
• jing transforms qi; qi supplements jing
• qi controls tian gui
• origin of libido and sexual desire
• yin: fluids; yang: vitality

METAL - Lung/LI
• source of qi; supplies Kidney with qi for jing-essence

HYPOTHALAMUS & APG

Bao Mai transports blood from the Heart to the Uterus

OVARIES (UTERUS)

Bao Luo transports essence from the Kidneys to the Uterus

ADRENAL GLANDS

Heart

Kidneys

Uterus

Bao Gong

BAO MAI

Bao Luo
Jing-essence
- pre-natal: constitutional
- post-natal: supplementary /acquired
- stored in Kidneys:
  - enables conception
  - strong jing, late life conception

Blood
- material formation of Qi
- anchors Shen
- nourishes and moistens body
- formed in the Spleen; contained in the vessels
- stored in the Liver
- volume regulated by the Liver
- regulates sexual development
- produces the menses
- facilitates pregnancy

Menstrual blood - tian gui
- aspect of the Kidney yin
- menarche
- formation:
  - Spleen: makes blood and sends to Heart
  - Kidneys: sends jing-essence to the Heart (via Chong) to join with blood
  - Heart: Yang and Qi warms and transform blood
- failure: any part of the formative aspect insufficient

Qi
- movement: reproduction; physical and mental movement
- transformation: metabolism, digestion, separating pure from impure
- warming: thermoregulation
- protection: pathogens
- transportation: body fluids, food, waste goods
- stimulation: growth and development
- containment: blood and fluids in the vessels
- lifting: placement of organs

Physiology of the menstrual cycle
- Normal menstruation requires:
  - strong Kidney Jing
  - strong supply of Heart blood
- Heart directs the opening of the uterus:
  - ovulation: to receive the egg
  - sexual intercourse: to receive the sperm
  - menstruation: blood to drain
- Kidneys regulate the closing of the uterus:
  - after ovulation
  - after menstruation
  - after implantation of embryo
**MENSTRUATION**
- emphasis should be on free-flow
- stagnant qi can lead to static blood
  - clotting
- stagnant qi can lead to heat
  - reckless blood

**POST MENSTRUATION**
- as a general principle, supplement blood and yin
- establish if pathological bleeding pattern or “normal” bleeding and treat accordingly

**MID-CYCLE**
- support the transition of yin to yang; follicular phase - mid phase (transition) - luteal phase
- yin forms the basis of yang

**PRE-MENSTRUATION**
- growth of Yang qi between ovulation and menstruation
- Kidney (Yang) Qi: governs the uterus and is the original of the Chong and Ren Mai. Chong and Ren source of menstrual blood
- Liver Qi: stores the blood and guides it to the Chong and Ren prior to menstruation
How it all goes wrong...

**Kidney yin**
- depletion through overwork:
- anovulation: low ovarian reserve
- dry mucus membranes
- no fertile mucus
- thin endometrial lining
- scant menses

**Kidney qi**
- receive qi from the Lungs
- lack of structural competence
- abnormal vaginal discharge

**Kidney yang**
- delayed menstruation, scant blood
- small clots, dark blood
- poor egg implantation
- recurrent miscarriage

**Liver**
- deficiency: when Yin doesn’t support Yang
- stagnation: when Yang doesn’t warm and move Yin
- free movement of ovary through fallopian tube
- blockages of reproductive tract
- pre menstrual disturbance
- menstrual irregularity

**Spleen**
- poor diet impedes T&T; damp and phlegm form causing:
- stasis of fluids and blood
- abnormal vaginal discharge
- ovarian and uterine cysts
- long and irregular cycle with scant bleed

**Heart**
- emotional strain causes the Heart not to communicate with the Kidneys
  - irregular ovulation and menstruation
- over-excitement heats the Heart:
  - Blood-Heat
How it goes wrong…

**Jing**
- natural decline with ageing
- decline through poor lifestyle
- iatrogenic decline via medical procedures, drugs

**Qi**
- deficiency: impairment of the Tai Yin organs; tricking and spotting, breakthrough bleeding
- stagnant: due to emotional impairment and manifests as tightness, spasm and distending pain

**Blood**
- deficiency due to lifestyle and Liver zang dysfunction
  - insufficient nourishment of mucus membranes of uterus and embryo
  - insufficient endometrial lining
  - menstrual period is light due to insufficient menstrual blood in the uterus
  - menstrual cycle is irregular or non existent
- Blood-Heat leading to
  - short cycles
  - mid cycle bleeding
  - gushing or heavy periods
- Static leading to
  - irregular period
  - painful periods with clots
  - no periods

Assessing the cycle
Menstrual flow

• involves an assessment the menses:
  • volume of blood: light, heavy or normal
  • length of flow: long, short or normal
  • regularity of flow: early, late or on time
  • colour of blood: pale, dark or fresh and healthy
  • quality of blood: thin and dilute; thick and clotted or normal
  • pattern of flow: heavy at first; stops and starts
  • associated symptoms: pain, mastalgia, sleep disturbance, bowel and stomach changes etc

Menstrual flow as a guide

• irregular, unpredictable menses indicates:
  • anovulation
  • oligoovulation
• these can be associated with:
  • premature/intermittent ovarian failure
  • true menopause
  • ovarian dysfunction associated with polycystic ovarian syndrome
Serum analysis

- day 1, 2 or 3 of cycle in or random in amenorrhea or oligomenorrhoea

- serum FSH >15 IU/L: poor ovarian activity; >25 IU/L menopause or premature ovarian failure

- elevated LH: polycystic ovarian disease

- progesterone >30 nmol/L: ovulatory

- amenorrhoea + low FSH + low LH (<2 IU/L): primary failure, hypogonadotrophic hypogonadism

- testosterone >5nmol/L: PCOS, congenital adrenal hyperplasia, Cushing’s syndrome, androgen secreting tumours

- mild elevated prolactin (PRL): stress; serious: pituitary tumour

Basal body temperature

Basics
- digital thermometer, 2 decimal places
- vaginal reading is preferable
- same time each day, preceded by 3 hours sleep

Ideal readings
- days 3 to ovulation: 32.2°C
- after ovulation and before menstruation: 36.7°C; highest temp should be 7 days post ovulation
- temperature declining at end of cycle: onset of menstruation
- temperature rising at end of cycle: pregnancy
Fertile mucus

• visual indicator of spiking oestrogen
• visual indicator of fertile period of cycle
• fertile mucus is not abnormal mucus
• produced in cervical crypts
• no mucus = no fertility; even if ovulation occurs
• fertile mucus feeds sperm, neutralises acidity of vagina and cervix and guides sperm to the uterus
• self examination:
  • quality
  • quantity

Urinary LH testing

• LH excreted by urine; always present but more present just prior to ovulation
• presence indicates ovulation within 24-36 hours after the “surge”
• appropriate time to test is based on previous menstrual cycles, but if no clear pattern then day 10 onwards
Treatment

Amenorrhea - no period
Hypothalamic disturbance (61%)

1. Primary infertility, late onset of menses
   • current (>16 years) or previous late onset of menarche
2. Diet and lifestyle
   • poor nutrition, fad dieting, poor protein substitution (vegetarian and vegan) damages Spleen’s capacity to build blood
   • irregular exercise regimes
3. Stress, shock, trauma and emotional upset
   • can lead to small to moderate increases in prolactin which tricks the body into thinking the woman is breast feeding
4. Premature decline
   • premature or intermittent ovarian failure due to deficiency of the Kidney yin and blood
5. Iatrogenic
   • oral and other chemical contraceptives, fertility drugs, other drugs
6. Natural decline
   • peri menopause

Pituitary disturbance (18%)

• poor hypothalamic response to regular neurological triggers
• insufficient GnRH (hypothalamus)
• insufficient FSH, LH (pituitary)
• hypogonadothrophism: pituitary failure
• will lead to ovarian failure
• elevated prolactin
Hyperprolactinaemia

- when produced to excessive levels outside of pregnancy
- key symptoms: galactorrhoea and amenorrhoea
- exclude: microadenoma of the anterior pituitary
- other triggers include: breast feeding while menstruating, stress, high protein diet, venipuncture, hypoglycaemia, excess exercise, sleep, nipple stimulation, Herpes Zoster, chest wall injury and breast augmentation
- breast feeding maintains PRL at significant levels up to 27 weeks post partum
- medications, hypothyroidism, renal failure, cirrhosis and other pituitary lesions

Ovarian disturbance (9%)

1. Structural
   - FSH receptor failure leads to poor ovarian response and failure to produce oestrogen
   - Failure to aromatise testosterone to oestrogen: elevated testosterone
   - blockage through scarring, cysts or tumour
2. Secondary to hypothalamic-pituitary disturbance
   - Ovarian failure due to hypothalamic-pituitary disturbance (premature/intermittent ovarian failure, peri menopause, weight loss/gain, thyroid disease)
3. Primary to hypothalamic-pituitary disturbance
   - Polycystic ovarian syndrome
Ovarian hormone disturbance

- slow to ovulate; long follicular phase, but often normal luteal phase
- failure to ovulate; no luteal phase - irregular cycle (short, long or both)
- ovulation may occur but failure of the corpus luteum to produce sufficient progesterone - short luteal phase (short cycle)
- can lead to endometrial dysfunction

Uterine dysfunction (5%)

- no ovulation means no progesterone
  - infertility, irregular cycles
  - failure of Yin to transition to Yang; blood deficiency
  - amenorrhoea (no blood); anovulatory bleeding (thin dilute blood)
- short follicular phase, ovulation normal, normal luteal phase will mean short but regular cycles
  - sub fertility, egg quality
  - potential heat syndrome shortening follicular phase; Yin xu (with heat), Qi stagnation?
  - short cycles, scant blood which is thin and dilute blood
- long follicular phase, normal luteal phase
  - sub fertility, egg quality
  - Yin slow to engender Yang
  - long, regular cycles
- failure of the corpus luteum means ovulation occurs but the luteal phase fails - early menstruation
  - sub fertility, early miscarriage
  - Insufficient Yang
  - short cycles, scant blood which is thin and dilute
Chinese medicine pathology

• Deficiency: insufficient substances to mature follicle, build lining and thus menstruate
  • age
  • extreme weight loss (hypothalamus)
  • extreme exercise regime (hypothalamus)
  • severe illness
  • hypothyroid
  • HPO Axis failure due to insufficency (post pill)
  • post breast feeding

Chinese medicine pathology

• Excess: menstruation does not occur at all or does not occur easily due to Qi not leading the Blood and/or Blood not engendering the Qi.
• Associated with:
  • stress
  • environmental factors like cold
• Mixed pathology:
  • Deficiency of Qi and Blood, Yin and Yang
  • Stagnation of Qi and Stasis of Blood
• Menstrual Block
Chinese Medicine

• Qi & Blood deficiency: often period existed and then became delayed and scant before finishing. Causes can be childbirth, recurrent miscarriage, oral contraceptive pill or lactation

• Kidney deficiency: late onset of the menses with a history of scant flow; ‘primary’ infertility. Yin or Yang deficiency.

• Qi stagnation: irritability, previous history of hormonal contraception or elevated prolactin due to stress and not micro adenoma.

Chinese Medicine

• Blood stasis: post operative or post partum adhesions causes blood not to move

• Cold: penetrates the uterus from food or exposure to cold elements stagnates blood
<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>AMENORRHOEA</td>
<td><em>(no known cause)</em></td>
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<tr>
<td><strong>BLOOD DEFICIENCY</strong></td>
<td>Nourish the Blood (CM186)/ Dang-gui Su/Dang-gui Angelica (BP060)</td>
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<tr>
<td>Qi deficiency:</td>
<td>Qi &amp; Blood Tonic (CM165)/ Ba Zhen Wan - Ginseng &amp; Dang-gui 8 (BP003)</td>
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<td><strong>KIDNEY YIN DEFICIENCY</strong></td>
<td>Yin tonic (CM118)/ Liu Wei Di Huang Wan - Rehmannia 6 (BP015)</td>
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<tr>
<td>heat:</td>
<td>Empty Heat (CM135)/ Zhi Bai Di Huang Wan - A, R &amp; P (BP038)</td>
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<tr>
<td><strong>QI STAGNATION</strong></td>
<td>Stress Relief 2 (CM130)/ Xiao Yao San - Bupleurum &amp; Dang-gui (BP031)</td>
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<tr>
<td>stagnant heat:</td>
<td>Stress Relief 1 (CM113)/ Jia Wei Xiao Yao San - Bupleurum &amp; Peony (BP013)</td>
</tr>
<tr>
<td><strong>BLOOD STASIS</strong></td>
<td>Wen Jing Tang - Dang-gui &amp; Evodia (BP091)</td>
</tr>
<tr>
<td>full:</td>
<td>Blood Moving (CM131)/ Xue Fu Zhu Yu Tang - Persica &amp; Cnidium (BP034)</td>
</tr>
<tr>
<td>empty:</td>
<td>Blood Moving 2 (CM191)/ Tao Hong Si Wu Tang - Persica, Carthamus &amp; Dang-gui (BP061)</td>
</tr>
<tr>
<td><strong>COLD</strong></td>
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*Oligomenorrhoea - light or infrequent period*
Premature Ovarian Failure

• different to premature menopause
• temporary failure; intermittent ovarian function
• hypergonadotrophic hypogonadism
• amenorrhoea, low oestrogen, elevated FSH

Premature Ovarian Failure: causes/aetiology

• Chromosomal
  • Turner’s syndrome
  • 40-50% of women who do not experience menarche chromosomal deficiency
• Familial
• Autoimmune ovarian damage
  • 20% of women with POF also have AI disorder
Premature Ovarian Failure: causes/aetiology

- Iatrogenic
- Environmental
  - viral infections
  - toxins
  - endocrine disrupters

Chinese Medicine

- Evaluate the Heart. How is the sleep? Is there vexatiousness? Palpitations? Anxiety?
- How is the Heart’s relationship with the Kidneys? Are they communicating? Is there restlessness?
- What is the AMH? Is their elevated FSH? - is this true “menopause”?
**PREMATURE OVARIAN FAILURE**

**LACK OF POST NATAL QI & XUE NOURISHMENT**

1. with Kidney deficiency and qi stagnation:  Motherhood (CM162)
2. with Kidney yang deficiency:  Motherhood 2 (CM184)
3. with Kidney essence deficiency, blood stasis and qi stagnation:  Motherhood-FT1 (CM140)

**Kidney-Heart Not Communicating**
- Calm the Spirit (CM150)/Tian Wang Bu Xin Dan (BP025)
- Qi & blood deficiency with Heart deficiency
  - Restore the Spleen (CM168)/Gui Pi Wan (BP012)

**Kidney yin deficiency**
- Zuo Gui Wan (BP039), Liu Wei Di Huang Wan (BP015)/Yin Tonic (CM118), Zhi Bai Di Huang Wan (BP038)/Empty Heat (CM135)
- Kidney yang deficiency
  - You Gui Wan (BP066), Rehmannia 8 Vitality (CM166)/Fu Gui Ba Wei Wan (BP011)

**Blood stasis**
- Full:  Blood Moving (CM131)/Xue Fu Zhu Yu Tang (BP034)
- Empty:  Blood Moving 2 (CM191)/Tao Hong Si Wu Tang BP061)

**Qi Stagnation + Qi & Blood deficiency**
- Stress Relief 1 (CM113)/Jia Wei Xiao Yao San (BP013)
- Stress Relief 2 (CM130)/Xiao Yao San (BP031)
- Qi Stagnation + He-Liv deficiency
  - PMS (CM104)

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**(Peri) Menopause**

- naturally occurring physiological process in women
- preceded by the peri menopause whose signs and symptoms mimic premature ovarian failure
- defined as:
  - 12 continuous months without menstruation
  - fewer than 1000 ovarian follicles
  - elevated FSH
  - low oestradiol
(Peri) Menopause

- characterised by:
  - change in body shape
  - vaginal atrophy and dryness
  - dyspareunia
  - low libido
  - mood swings
  - hot flushes
  - teariness
  - wisdom

Chinese Medicine

- If weight gain, support the T&T function of the Spleen plus Kidney Yang

- If more anorexia, irritable and hot wired, support the Kidney and Liver Yin

- Additionally, nourish the Heart where increased vexation, palpitation or sleep disorders and

- Smooth the Liver where irritable and frustrated
PERI MENOPAUSAL SUPPORT

**SPLEEN - KIDNEY YANG DEFICIENCY**
Fluid retention, Qi stagnation & Blood stasis

Menopause 1 (CM110)

+ increase weight: Weight Management (CM114) or Weight Management 2 (CM172) or WMT 3 Body Shape (CM189)

**KIDNEY - LIVER YIN DEFICIENCY**
Deficiency Fire, Heart Blood deficiency

Menopause 2 Formula (CM108)
Er Xian Tang/Epimedium & Curculigo (BP041) + Gan Mai Da Zao Tang (Jia Wei)/Wheat & Jujube Combination (BP054)

+ irritability, restlessness, insomnia: Calm the Spirit (CM150)/Tian Wang Bu Xin Dan (BP025)

+ severe hot flushes: Empty Heat (CM135), Zhi Bai Di Huang Wan/A, P & R (BP038), Stress Relief 1 (CM113), Jia Wei Xiao Yao San/Bupleurum & Peony (BP013)

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Diana, 38 years

- diagnosis of oligomenorrhoea over last 8 months; “peri menopausal”
- previously regular menstrual cycles
- blood work reveals elevated FSH, low estradiol
- part time PhD student, full time high school teacher + teaches 8-10 aerobic exercise classes every week
- very, very thing and petite body type
- constant headaches
- tooth grinder at night
- slightly elevated PRL
- eyes encircled by dark rings

- ovarian reserve is below normal for age
- when period does come there are almost no signs and symptoms
- blood flow is very light
- the bowel tends to constipation; with palpation it is cold to touch
- very poor sleeper
- anxious and a worrier
- pulse is deep
- tongue is pale and dry
Syndrome

“a set of medical signs and symptoms which present together and often include a common cause”

Polycystic Ovarian Syndrome (PCOS)

• an endocrine and metabolic disorder which causes ovarian dysfunction

• diagnosis includes ‘cysts’ on USS inspection, hyperandrogenism (acne, male pattern hair), oligo-ovulation/anovulation

• associated with amenorrhoea, oligomenorrhoea, anovulatory infertility and anovulatory menstruation; obesity, insulin resistance, infertility

• elevated risk of myocardial infarction, heart disease and type 2 diabetes
PCO

• polycystic ovaries without the syndrome = no evidence of elevated androgens

• therefore cysts but no weight gain, low body temperature, obesity

PCOS: medical treatment

• Metabolic: weight loss, exercise; Metformin to improve insulin resistance and support reduced body weight and androgen levels

• Reproductive:
  • excess androgens: oral contraceptive pill, antiandrogens (increased risk of feminising the male foetus)
  • irregular menstrual bleeding: OCP
  • anovulation: clomiphene citrate (Clomid) - ovulation induction
Chinese Medicine

• essentially a disorder of the blood and its movement due to stagnation and/or cold, and/or phlegm

• with accompanying obesity and acne: phlegm

• establish +hot or +cold; consider tongue (greasy, yellow/white?) and pulse (slippery, fast/slow?): presence of hot or cold

• are their symptoms to suggest underlying deficiency in the yin, yang or qi?

PCOS

COLD AND STAGNANT:
Gui Zhi Fu Ling Wan (BP055)

HOT AND STAGNANT:
Stress Relief 1 (CM113)/Jia Wei Xiao Yao San (BP013)

BLOOD STASIS
FULL: Blood Moving (CM131) Xue Fu Zhu Yu Tang (BP034)
EMPTY: Blood Moving 2 (CM191)/Tao Hong Si Wu Tang (BP061)

PHLEGM-DAMP
CM114 Weight Management
CM172 Weight Management 2
CM189 WTM3 Body Shape

INSULIN RESISTANCE:
CM115 Glycemic Support
Zelda, 30 years

- 53kg, 167cm
- AMH 98.8 pmol/L
- TTC 18 months unprotected intercourse
- husband low motility in sperm
- had lower abdominal pain - scan Dx polycystic ovaries
- normal testosterone
- irregular cycles - 6-8/year
- irregular BBT patterns - no luteal phase spike
- bleeding very dark and old; blood is thick “gravy like”
- no acne
- no hirsutism
- irregular cervical mucus
- very stressful job
- lies awake at night thinking about work
- thin and wiry body type; clenches jaw
- pre-menstrual irritability
- pre menstrual headaches in the temples and behind the eyes
- feels as though retains fluid
- has attempted Clomid - hyper responder
- bowels are daily, formed
- has tachycardia, no arrhythmia
- Pulse: wiry

Luteal phase dysfunction

- failure of corpus luteum in the luteal phase to either:
  - produce progesterone
  - produce sufficient progesterone
- can lead to:
  - failure of embryo to implant
  - failure of implanted embryo to thrive
  - early miscarriage
  - early bleeding, short menstrual cycles
Observing luteal phase dysfunction

• Basal body temperatures are useful to observe patterns
  • 0.5°C spike post ovulation
  • 12-14 days after ovulation, menstruation
• failure of BBT to spike = probable no ovulation
• BBT spike for a couple of days = probably no ovulation
• BBT spike for 5 or 6 days = ovulation with weak corpus luteum function

Chinese medicine

• Low luteal phase: support Kidney Yang
• Short luteal phase: support Kidney Yin and Yang; support the transition of yin to yang
• Assess whether signs of Blood deficiency and or Qi deficiency
Disorders involving the failure of the corpus luteum

**Failure of yin to transition to Yang**

**Follicular phase:** Yin Tonic (CM118), Liu Wei Di Huang Wan/Rehmannia 6 (BP015) or Zuo Gui Wan/Left Returning (BP039)

**Luteal phase:** Rehmannia 8 Vitality (CM166), Fu Gui Ba Wei Wan/Rehmannia 8 (BP011) or; You Gui Wan/Right Returning Formula (BP066)

**Luteal phase which in short in length**

**Kidney Yang deficiency:** Rehmannia 8 Vitality (CM166), Fu Gui Ba Wei Wan/Rehmannia 8 (BP011) or; You Gui Wan/Right Returning Formula (BP066)

- **Blood deficiency:** Nourish the Blood (CM186), Dang-gui Su/Angelica Dang-gui (BP007)
- **Kidney deficiency with Qi and Blood deficiency:** Motherhood 2 (CM184)
- **Qi & Blood deficiency:** Qi & Blood Tonic 2 (CM165), Ba Zhen Wan/Ginseng Dang-gui 8 (BP003)

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**Breda, 33 years**

- TTC 18 months
- Rx to date includes Clomid + IUI which produced 3 follicles
- One child who is 2.5 years old
- PMH last year of break through bleeding
- short cycles
- BBT charting reveals 14 day follicular phase, 7 day luteal phase
- luteal phase temperature spikes but doesn't sustain
- husband FIFO working
- palpation reveals leg muscles without texture
- oedema below the knee and ankles
- Level I endometriosis in uterus
- 3-5 glasses of wine/week
- 2-3 brewed coffees/day
- OCP for 10 years; stopped in 2010
- 5 days of bleeding; 4-5 sanitary pads during day, 1 at night
- dull pre menstrual pain that stops on day 2
- sometimes has fertile mucus, most often not
- red face
- red tongue tip, dry
- sleep is OK
- tends to heat
Menorrhagia - heavy menstrual bleeding

- menstrual bleeding which is long (>7 days) and heavy (>80mL)
- ‘red flag’ - requires medical investigation
- Functional: no definable pathology caused by changes to the endometrium by:
  - hormonal imbalance
  - dietary habits
  - stress
  - drugs
  - changes in body weight
  - exercise
Menorrhagia

- Organic pathology:
  - uterine fibroids
  - uterine polyps
  - endometriosis
  - adenomyosis
  - pelvic inflammatory disease
  - uterine/endometrial cancers
  - contraception
  - miscarriage
  - non gynaecological

Menorrhagia associated with fibroids

- affect 25% of women over age 35
- associated with lower abdominal pain and heavy bleeding
- fibroids which grow quickly require monitoring
- comprised of twisted muscular tissue with blood supply in the outer layer
- Types:
  - encapsulated
  - pedunculated
Location of fibroids

• intra-uterine or sub-mucosal: situated under or within the endometrium
  • <5-6cm in diameter
  • abnormal bleeding
  • compromise fertility
  • associated with miscarriage
• myometrial or intramural fibroids: situated within the muscle wall of the uterus (myometrium)
• extra-uterine or sub-serous fibroids: attached to the outside of the uterus

Confounding factors

• oestrogen
• pregnancy
• coffee
• alcohol
• hypertension
• obesity
• oral contraceptive pill
• smoking
Symptoms

- menorrhagia/heavy bleeding
- larger fibroids: urinary frequency, downward bearing pressure, abdominal extrusion
- post-partum haemorrhage
- history of miscarriage
- infertility
- pain from fibroids which obstruct blood supply
- constipation from fibroids pressing on the large intestine

Chinese medicine

- menorrhagia/heavy bleeding associated with abdominal mass (Ji syndrome - blood stasis) with Phlegm-binding
- other causes of heavy bleeding include:
  - Qi deficiency not holding the blood
  - Blood-Heat causing blood to boil over
  - Blood stasis
- where fibroids are involved: treat the symptoms
Menorrhagia associated with fibroids

COLD AND STAGNANT WITH PHLEGM:
Gui Zhi Fu Ling Wan (BP055)

HOT AND STAGNANT:
Stress Relief 1 (CM113)/Jia Wei Xiao Yao San (BP013)

BLOOD STASIS
FULL: Blood Moving (CM131) Xue Fu Zhu Yu Tang (BP034)
EMPTY: Blood Moving 2 (CM191)/Tao Hong Si Wu Tang (BP061)

QI DEFICIENCY
Energy Tonic (CM139)/Bu Zhong Yi Qi Tang - Ginseng & Astragalus (BP005)

BLOOD-HEAT
Gyne Function 1 Formula (CM183)

Wilma, 48 years

- recurrent abdominal pain: palpation reveals a large mass; USS several large fibroids:
  - 11 x 7 x 6cm
  - 6 x 4 x 3cm
- mother history of fibroids; hysterectomy, HRT, breast cancer and died
- abdominal pain is constant, sharp and stabbing ("pinching")
- comes and goes from moderate to severe
- history of menstrual gushing
- low iron, low Vit D. Anaemic.
- PMH depression
- PMH ruptured ovarian cyst
- history of constipation - haemorrhoids
- sleeps well
- poor immunity - “always” getting sick
- migraines come and go
- photophobia - can trigger migraine; visual migraine
- history of bad headaches - 2-3/week; worse before period
- mid back pain + nausea; triggered by fatty foods and alcohol makes her vomit
- Pulse is deep
Dysmenorrhoea - painful menstrual bleeding

Dysmenorrhoea

- Primary/functional
  - period pain without evidence of pathology in the uterus and pelvis
- Secondary
  - period pain with evidence of pathology in the uterus and pelvis
    - endometriosis
    - pelvic inflammatory disease (PID)
Primary dysmenorrhoea

- Risk factors
  - menarche <12 years old
  - long menstrual bleed
  - menorrhagia
  - nulliparity
  - PMS
  - smoking
  - family history
  - low BMI
  - depression and anxiety
  - alcohol and drug abuse/misuse
  - sexual abuse

Secondary dysmenorrhoea: endometriosis

- *endo*: within
- *metra*: uterus
- *osis*: disease process

- Oestrogen in the follicular phase responsible for the development of the endometrium
- Oestrogen + progesterone in the luteal phase produces glandular structures
- Menstruation sheds the endometrial lining vaginally and in the pelvis where endometriosis is external to the womb
Endometriosis: incidence

• 10-15% of women; although some studies suggest >35%. Difficult to quantify

• difficulty with treatment is that drugs designed to suppress the growth of endometrial tissue also suppress development healthy endometrium

• 80% of women with endometriosis experience pelvic pain and infertility

• 50% of women with endometriosis develop the condition within 5 years of ablation or children

Endometriosis: causes

• cellular change, coelomic metaplasia
• retrograde flow
• oestrogen excess
• increased local oestrogen production
• inflammation
• impaired cell-mediated immunity
• auto-immunity
Endometriosis: risk factors

- Menstrual characteristics: early menarche, menstruation >7 days and menorrhagia associated with endometriosis
- Family connection; mother and 1st-line relative
- Exercise: intense exercise at menstruation increases retrograde flow; regular moderate exercise reduces risk
- Full term pregnancy reduces future risk
- Contraceptive device: Mirena (no risk); others elevated risk. OCP risk unequivocal.

Endometriosis: risk factors

- Women who have 5-7g of caffeine/month increased risk of infertility due to endometriosis and tubal disease (2 coffees or 4 teas/day)
- Women who have endometriosis drink more alcohol (pain?)
- Abnormal bowel flora associated with inflammatory bowel condition associated with endometriosis
- Sex during menstruation is linked with endometriosis
- Cigarette smoking associated with reduced risk due to lower oestrogen
- Environmental toxins
- Red hair
Endometriosis: signs & symptoms

- pain: varies and changes pre-menstrually, post-menstrually and during the menses
- PMS: anxiety, mood swings, bloating, breast soreness, constipation, food cravings and headache
- cycle length: long or short; heavy bleeding. Cycle slow to start, tarry blood
- ‘chocolate cysts’ on ovaries
- fallopian tubes, ligaments, peritoneum, bowel, bladder
- uterus: adenomyosis
- adhesions: advanced disease.

Chinese Medicine

- the key things to observe in a woman with endometriosis are:
  - is there clotting in the blood flow?
  - is the blood dark or bright?
  - does the pain radiate?
  - is the pain only around menstruation or at other times?
Chinese Medicine

- classified as dysmenorrhoea, but not all endometriosis involves pain

- essentially a disorder of the blood (blood stasis) and/or qi (qi stagnation)

- this may be accompanied by heat (drying and congealing blood) or cold (cooling and congealing blood)

- pathology will probably be mixed deficiency and excess

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**DYSMENORRHOEA & ENDOMETRIOSIS**

**FULL BLOOD STASIS:** Menstrual Relief Formula (Tong Jing Fang), CM127/BP026

**EMPTY BLOOD STASIS:** Blood Moving 2 Formula (Tao Hong Si Wu Tang), CM191/BP061

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**LIVER QI STAGNATION**

Stress Relief 2 (Xiao Yao San), CM130/BP031

Stress Relief (Jia Wei Xiao Yao San), CM113/BP013

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**YANG XU, BLOOD STASIS**

Wen Jing Tang/Dang-gui & evodia BP091

Gui Zhi Fu Ling Wan/Cinnamon & Hoelen BP055
Tanya, 23 years

- diagnosed with Stage IV endometriosis via laparoscopy
- fresh blood in the stool
- debilitating, stabbing pain which she describes like “my uterus is going to fall out”
- history of extremely heavy bleeding with clotting
- initially there was no pain and then after being on the OCP daily headaches, return of endometriosis pain
- Pain now 10/10 and Dr recommending Mirena or Zoladex
- PCO - oligoovulation

- pain can cause vomiting and fainting
- clots are fleshy and chunky
- dyspareunia
- depressed mood
- lethargic
- overweight 130kg
- perfectionist
- stressed, irritable and cranky
- constipated
- all symptoms worse with stress
- diet: pasta, pasta, pasta
- blood flow is very dark
- feels the cold
- pulse is deep and weak

PMS - the syndrome which covers it all
Pre menstrual syndrome

- a collection of symptoms which are confined to the luteal phase of the menstrual cycle and which stop with or just after the commencement of the menses
- pre menstrual dysphoric disorder (PMDD) (3-8%)
- 70-90% of women affected by PMS; 20-40% define it as negatively impacting daily life
- treatment: SSRI, analgesics and hormones

Diagnosis

One each of “Affective” and “Somatic”
- Affective
  - depression
  - angry outbursts
  - irritability
  - anxiety
  - confusion
  - social withdrawal
- Somatic
  - breast tenderness
  - abdominal bloating
  - headache
  - swelling of hands and feet
  - diarrhoea/constipation
  - acne
  - hot or cold sensations
Causes

- not clear
- symptoms often relieved by oophorectomy
  - suggests estradiol and progesterone
- many hypothesised causes including hormone imbalances (eg progesterone:estradiol; prolactin), stress response, neurotransmitter involvement, nutrient deficiency
- most have proven inconclusive

Chinese medicine

- smooth menstruation relies on:
  - adequate blood
  - supple tissue
  - strong qi
  - free passage (no obstruction)
### LIVER

#### Qi Stagnation
- Full qi stagnation: Qi Mover (CM193), Chai Hu Shu Gan Wan/Bupleurum and Cyperus Combination (BP006)
- + blood stasis: PMS (CM104)

#### Blood and Yin Xu
- Yin Tonic (CM118), Rehmannia 6/Liu Wei Di Huang Wan (BP015)

#### Damp-Heat
- Gyne Function 2 (CM134)

#### Fire
- Anti-Inflam (CM119), Long Dan Xie Gan Tang/Gentiana Combination (BP016)

### LIVER-SPLEEN DISHARMONY

#### Deficiency
- Spleen and Blood: Stress Relief 2 (CM130), Xiao Yao San/Bupleurum and Dang-gui (BP013)
- Spleen and Blood; fire due to stagnation: Stress Relief 1 (CM113), Jia Wei Xiao Yao San/ Bupleurum and Peony (BP031)

### SPLEEN-HEART BLOOD XU
- Restore the Spleen (CM168), Gui Pi Wan/Ginseng & Longan (BP012)

### Shelley, 28 years

- Diagnosis of pre menstrual dysphoria
- Explosive moods
- Would become physically abusive towards her partner
- Symptoms would start approximately 8 days before the period and get progressively worse
- Acne - pustular
- Migraine headaches that would require several days of bed rest
- Heavy menstrual blood
- Dark clots which would be difficult to pass
- Pre menstrual odour with discharge
- Mastalgia
- Fibrous breast lumps pre menstrually
- Angry at the world
- Felt abandoned by her mother after her father’s death
- Irritable bowel syndrome
- Heavy coffee drinker
- Moderate smoker - 5 cigs/day
- Daily consumer of alcohol “takes the edge off”
- Sleep pattern gets worse pre menstrually; otherwise broken sleep (tends to thrash)
- P: very rapid and slippery
- T: thick, greasy yellow coat at root
Thank you...

www.sunherbal.com.au

www.conceivehealth.com.au

www.chinabooks.com.au

www.chinabookseducation.com.au