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Blocked Menstruation

Amenorrhea is called *jing bi* or *bi jing* in Chinese medicine. *Bi* means blockage or some-thing that is closed or shut. *Jing* refers to the menses. As a compound term, *bi jing* gives just the opposite impression of flooding and leaking. In blocked menstruation, the door or dam is shut closed or obstructed, while in flooding and leaking, the door or dam is open or leaking. Blocked menstruation is also sometimes referred to as *bu yue* or no moon or monthly flow. The term blocked menstruation in Chinese clearly identifies this as a pathological absence of menstruation as distinct from normal menopause which is not pathological. In other words, it is not merely the absence of menstruation but a pathological absence of menstruation. Therefore, I have chosen to stick to the literal Chinese name for this disease category rather than using the Western medical term amenorrhea which does simply translate from Greek as no monthly flow.

If a woman has not menstruated by the time she is 18 years old, this is defined as primary amenorrhea. Whereas, if a woman's menstrual cycle has become established but then ceases for three months or more, this is called secondary amenorrhea. Primary and secondary amenorrhea are Western medical categories which have been adopted by modern TCM.

Blocked menstruation often evolves from delayed menstruation and/or scanty menstruation. It is essentially a problem of not bleeding or discharging blood when and as one should.

Disease causes, disease mechanisms

Because blocked menstruation is a species of not discharging blood when the woman should, its mechanisms are only two. Either there is not enough blood to fill to overflowing the uterus on a regular basis or something is inhibiting the free flow of blood, thus preventing its discharge.

If there is not enough blood to fill the chalice of the uterus or sea of blood, this can be due to either failure in its engenderment and transformation or consumption and wasting of the blood. If faulty or insufficient blood engenderment and transformation is the cause, one must once again go back to the three viscera which engender and transform the blood — the heart, spleen, and kidneys. Emotional disturbances can cause the heart to fail to perform its function of turning the blood red. Overthinking, worry, lack of exercise, excessive fatigue, insufficient nutrition, and faulty diet, *i.e.*, eating too many sweets, too much chilled, uncooked, or fluid engendering foods, may damage the spleen and hinder the latter heaven root of blood production. Or, due to congenital insufficiency, excessive sex, prolonged and unremitting fatigue, enduring disease, drug abuse, oral contraceptive use, and age, the kidneys may become vacuous and debilitated. Since the kidneys are the former heaven root of blood production and since the essence and blood share a common source, kidney vacuity may also result in insufficient blood production.

It is also possible that, though blood production is unimpaired, the blood that is made is being consumed and wasted. This may be due to excessive fluid loss, since it is said that blood and fluids share a common source. For instance, profuse sweating during a febrile disease may result in consumption of the blood. Not only that, but heat may also damage and consume the blood. If there is chronic fever, even a low-grade one, this may damage the blood as well. Therefore, blocked menstruation may be encountered as the sequela of a *wen bing* or warm disease. In addition, excessive blood loss during birth or following a bout of flooding or leaking or excessive consumption of blood and yin due to numerous pregnancies and prolonged breast-feeding may all also consume the blood and lead to blocked menstruation.

In terms of evil qi blocking or obstructing the free flow of menstrual blood, there are three main types of blockage. The first is damp cold congelation and stagnation resulting in blood stasis. This may be due to exposure to dampness and cold, such as encountered in China where there is no central heating and women may have to work outside, for instance in rice paddies, exposed for long hours to dampness and cold. Cold congeals and constricts the blood and causes stasis. While dampness is a yin evil which obstructs and hinders the free flow of yang qi which is responsible for moving the blood. Evil dampness and cold may also be engendered by overeating fluid-engendering, uncooked, or chilled foods and especially eating cold, frozen, chilled foods and drinks just before the expected onset of the menses such as ice cream, frozen yogurt, and chilled, refrigerated juices. The second cause of blockage and obstruction is due to qi stagnation and blood stasis. Due to emotional upset, stress, and frustration, liver qi may become depressed and bound. The qi moves the blood and the liver rules coursing and discharge. If liver depression qi stagnation arises, it may, over time, result in blood stasis. However, blood stasis may also be caused directly by trauma, iatro-

genesis, and chronic disease. If blood stasis arises before liver qi, because blood is the mother of the qi, eventually the qi will tend to become stagnant as well. Since the emotions are the subjective experience of the flow of qi, this is one reason why blood stasis often also causes emotional disturbances.

The third cause of blockage of the menses is phlegm dampness. As mentioned above, phlegm can obstruct the *jing* and this *jing* can mean both the channels and the menses. Whereas, dampness can obstruct the free flow of qi. Phlegm dampness is mostly due to faulty diet and lack of exercise, although some people are constitutionally predisposed to this condition. Typically, over time, phlegm dampness becomes complicated by stagnant qi and blood stasis.

Therefore, it is said in the *Nei Jing: Su Wen (Inner Classic: Simple Questions)*: “If the menstrual matter does not come, the *bao mai* is blocked.” Zhang Zhong-jing, in the *Jin Gui Yao Lue (Essentials from the Golden Cabinet)*, amplified this when he said: “Women’s diseases caused by vacuity, accumulation chill, or bound qi may result in the menstrual water being cut off.” And Zhu Dan-xi reiterated these same facts when he said:

If the menses are not free-flowing, this may be due to induced abortions and excessive births. Suffering from tidal fever may use up the blood. Emission of night sweats may consume the blood. Or disharmony of the spleen and stomach and diminished intake of food and drink may not engender the blood ... Or the seven affects may damage the heart and heart qi may become stuck and bound. Thus diseased blood cannot move.

Treatment based on pattern discrimination

Han Bai-ling says that treatment of blocked menstruation should be predicated on the four examinations and eight principles, a discrimination of the causes of the disease and also on the place or part that is diseased. In other words, blocked menstruation should be categorized as to viscera or bowels, channel or network vessels, vacuity or repletion, cold or heat. Following this methodology, vacuity should be supplemented, repletion should be drained, cold should be warmed, and heat should be cleared. This is a basic recapitulation of TCM’s treatment based on pattern discrimination methodology.

Vacuity patterns

1. Qi & blood vacuity weakness

Main symptoms: The menses become progressively later and scantier. The color of the blood is pale. This eventually evolves into blocked menstruation. The facial complexion is sallow yellow. There is dizziness and vertigo, heart palpita-

tions, shortness of breath, lassitude of the spirit, weak limbs, lusterless hair, reduced food intake, loose stools, a pale tongue, and a fine, relaxed (retarded), weak; deep, and retarded; or fine, small, forceless pulse.

Treatment principles: Boost the qi and fortify the spleen, nourish the blood and free the flow of the menses

Guiding formulas:

1. Ren Shen Yang Rong Tang Jia Jian (Ginseng Nourish the Constructive Decoction) according to Han Bai-ling

Dang Shen (Radix Codonopsitis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
Fu Ling (Poria), 9-12g
Gan Cao (Radix Glycyrrhizae), 3-9g
Dang Gui (Radix Angelicae Sinensis), 9g
Shu Di (cooked Radix Rehmanniae), 12-15g
Dan Shen (Radix Salviae Miltiorrhizae), 9-15g
Shan Zha (Fructus Craetagi), 9g
Huang Qi (Radix Astragali), 9-18g
Chuan Niu Xi (Radix Cyathulae), 9-15g

2. Ren Shen Yang Rong Tang Jia Jian (Ginseng Nourish the Constructive Decoction) according to Zhang En-qin et al.

Ren Shen (Radix Ginseng), 3-9g
Huang Qi (Radix Astragali), 9-18g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
Fu Ling (Poria), 9-12g
Wu Wei Zi (Fructus Schisandrae), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Shu Di (cooked Radix Rehmanniae), 12-15g
Bai Shao (Radix Paeoniae Albae), 9g
Rou Gui (Cortex Cinnamomi), 3-9g
Zi He Che (Placenta Hominis), 1-3g

Additions: For blocked menstruation due to profuse postpartum bleeding, add *Lu Rong* (Cornu Parvum Cervi).

3. Nu Ke Ba Zhen Wan Jia Jian (Gynecological Eight Pearls Pills with Additions & Subtractions)

stir-fried *Dang Shen* (Radix Codonopsitis), 9g
 stir-fried *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
Huang Qi (Radix Astragali), 9-18g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g

Dang Gui (Radix Angelicae Sinensis), 9g
 stir-fried *Chuan Xiong* (Rhizoma Chuanxiong), 6-9g
Bai Shao (Radix Paeoniae Albae), 9g
Chong Wei Zi (Semen Leonuri), 9-30g
 processed *Xiang Fu* (Rhizoma Cyperi), 9g
Hong Hua (Flos Carthami), 9g

This formula's ingredients presuppose a degree of qi stagnation and blood stasis complicating what otherwise is a predominantly vacuity condition.

4. *Shi Quan Da Bu Tang* (Ten [Ingredients] Completely & Greatly Supplementing Decoction)

Huang Qi (Radix Astragali), 9-18g
Rou Gui (Cortex Cinnamomi), 3-9g
Ren Shen (Radix Ginseng), 3-9g
Shu Di (cooked Radix Rehmanniae), 12-15g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Chuan Xiong (Rhizoma Chuanxiong), 6-9g
Fu Ling (Poria), 9-12g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g

Song and Yu recommend this formula for women whose blood has become vacuous postpartum by excessive breast-feeding.

Additions: Guo Yuan recommends this formula for blocked menstruation due to qi and blood, yin and yang vacuity. In this case, Guo recommends adding *Ba Ji Tian* (Radix Morindae Officinalis) and *Chen Pi* (Pericarpium Citri Reticulatae).

5. *Bu Zhong Yi Qi Tang* (Supplement the Center & Boost the Qi Decoction)

Huang Qi (Radix Astragali), 9-18g
Ren Shen (Radix Ginseng), 3-9g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g
Dang Gui (Radix Angelicae Sinensis), 9g
Chen Pi (Pericarpium Citri Reticulatae), 6g
Sheng Ma (Rhizoma Cimicifugae), 3-6g
Chai Hu (Radix Bupleuri), 3-9g

Song and Yu give this as a guiding formula for blocked menstruation due primarily to spleen and stomach vacuity weakness.

6. *Gui Pi Tang* (Restore the Spleen Decoction)

Ren Shen (Radix Ginseng), 3-9g
Huang Qi (Radix Astragali), 9-18g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
Fu Ling (Poria), 9-12g
Suan Zao Ren (Semen Zizyphi Spinosae), 9-12g
Long Yan Rou (Arillus Longanae), 9g
Mu Xiang (Radix Aucklandiae), 6-9g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g
Dang Gui (Radix Angelicae Sinensis), 9g
Yuan Zhi (Radix Polygalae), 9g

Han Bai-ling gives this as a guiding formula for the treatment of blocked menstruation primarily due to spleen qi-heart blood vacuity. In this case, there is no abdominal distention or pain. The facial complexion is pale white. The tongue is pale and moist. There is dizziness and impaired memory, heart palpitations and sweating, continuous white vaginal discharge, lack of warmth of the four extremities, reduced appetite for food and drink, wasting and emaciation of the muscles and flesh, loose stools, facial edema and swollen extremities, and a vacuous, relaxed (retarded) pulse.

Additions & subtractions: The authors of *Zhong Yi Fu Ke Xue (A Study of Chinese Medical Gynecology)* suggest that if worry has caused vacuity detriment to the spleen, one should remove *Mu Xiang* and *Dang Gui* and add *Huang Qi* (Radix Astragali), *Bu Gu Zhi* (Fructus Psoraleae), *Xiang Fu* (Rhizoma Cyperi), and *Chen Pi* (Pericarpium Citri Reticulatae). Yu Yo-yuan has a very interesting discussion of this formula under women without moon (flow). Based on a quote from the *Nei Jing (Inner Classic)*, Yu says that the heart and spleen may be damaged by unjustifiable desires for the unobtainable. Such desires cause depression in the heart. The heart is not able to engender the blood and the blood is not able to nourish the spleen. The stomach then loses its ability to absorb and receive. Water and grains decline and become scanty, and the finest essence qi is not transformed. The blood vessels, therefore, wither and the menstrual matter is not able to periodically descend. For this, Yu Yo-yuan recommends using *Gui Pi Tang* with *Lu Rong* (Cornu Cervi Parvum) and *Mai Men Dong* (Tuber Ophiopogonis).

Yu then quotes Wu Shu-qing that if a person has hidden feelings and unjustifiable desires, it is difficult for them to relax. This leads to depression and lack of ease. Lack of ease leads to the heart qi not being open and the spleen qi not transforming. Water and grains become scanty and are not able to be transformed into qi and blood. The sea of blood is not filled and thus there is no menstruation. Wu Shu-qing advises that, for this condition, *Gui Pi Tang* should be used plus *Bai Shao* (Radix Paeoniae Albae) and *Chai Hu* (Radix Bupleuri). If there is fever and emaciation, the wasting is due to the

stomach's governing the flesh and muscles. In this case, use *Gui Pi Tang* with *Dan Pi* (Cortex Moutan), *Zhi Zi* (Fructus Gardeniae), *Di Gu Pi* (Cortex Lycii), and *Bai Shao* (Radix Paeoniae Albae).

2. Liver-kidney insufficiency

Main symptoms: If a young woman has reached 18 years of age and her menses have not come, if at the beginning of the tide it is comparatively slow or tardy, or if the menses come but they eventually become later and scantier and evolve into blocked menstruation, this is suggestive of liver-kidney vacuity. Other signs and symptoms include a dark, gloomy facial complexion, dizziness and tinnitus, soreness and weakness of the low back and knees, possibly a dry mouth and throat, tidal fever, night sweats, both cheeks tidally red, heat in the center of the hands, feet, and heart, dry skin, dry, astringent eyelids, constipation, scanty, reddish urination, heart palpitations, either a red or a pale tongue with scant fur, and a deep, bowstring or deep, fine pulse. However, it is also possible to find a floating pulse at the inch and/or cubit positions if yin fails to control yang.

This pattern is a combination of liver blood and kidney yin vacuities. If kidney yin is more vacuous, the tongue will be red and the pulse will be fine. If liver blood is more vacuous, the tongue will be pale with a possible red tip and the pulse will be bowstring. The exact presenting signs and symptoms also depend on how much vacuity heat is present. If there is vacuity heat, the pulse will also be rapid.

Treatment principles: Supplement the kidneys, nourish the liver, and regulate the menses. If there is vacuity heat, the principles are to nourish yin and clear heat.

Guiding formulas:

1. *Liu Wei Di Huang Wan Jia Jian* (Six Flavors Rehmannia Pills with Additions & Subtractions)

Shu Di (cooked Radix Rehmanniae), 12-15g
Shan Zhu Yu (Fructus Corni), 9g
Dan Pi (Cortex Moutan), 6-9g
Fu Ling (Poria), 9-12g
Shan Yao (Radix Dioscoreae), 9-15g
Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
E Jiao (Gelatinum Corii Asini), 9g
Ji Xue Teng (Caulis Spatholobi), 9-15g
Chuan Niu Xi (Radix Cyathulae), 9-15g
Xian Ling Pi/Yin Yang Huo (Herba Epimedii), 9-15g

This formula presupposes a slight element of yang vacuity as well as some blood stasis.

2. *Gui Shen Wan Jia Jian* (Restore the Kidneys Pills with Additions & Subtractions)

Tu Si Zi (Semen Cuscutae), 9-15g
Du Zhong (Cortex Eucommiae), 9-15g
Gou Qi Zi (Fructus Lycii), 9-15g
Nu Zhen Zi (Fructus Ligustri Lucidi), 9-15g
Han Lian Cao (Herba Ecliptae), 9-15g
Shan Zhu Y (Fructus Corni), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Shu Di (cooked Radix Rehmanniae), 12-15g
Shan Yao (Radix Dioscoreae), 9g
Fu Ling (Poria), 9-12g

3. *Zi Lu Xian Zong Tang Jia Wei* (Placenta & Deer [Antler] Immortals Gathering Decoction with Added Flavors)

Zi He Che (Placenta Hominis), 1-3g
Lu Jiao Jiao (Gelatinum Cornu Cervi), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Chuan Xiong (Rhizoma Chuanxiong), 6-9g
Shu Di (cooked Radix Rehmanniae), 12-15g
Bai Shao (Radix Paeoniae Albae), 9g
Fu Pen Zi (Fructus Rubi), 9-15g
Tu Si Zi (Semen Cuscutae), 9-12g
Gou Qi Zi (Fructus Lycii), 9-15g
Wu Wei Zi (Fructus Schisandrae), 9g
Che Qian Zi (Semen Plantaginis), 6-9g
Xian Mao (Rhizoma Curculiginis), 9-15g
Xian Ling Pi/Yin Yang Huo (Herba Epimedii), 9-15g
Chuan Niu Xi (Radix Cyathulae), 9-15g

This formula is given by Sun Jiu-ling for the treatment of kidney yin vacuity so severe that there is kidney essence vacuity as well. Sun gives the cause of this as extreme blood loss during labor. Sun quotes the *Nu Ke She Yao* (*The Essentials for Absorbing Gynecology*) to substantiate the connection between the blood and essence:

Blood is the essence qi of water and grains. It is united with and regulated by the five viscera and shed and displayed by the six bowels. In men, it is transformed into essence. In women, it becomes milk above and menstrual water below.

4. *Yi Guan Jian Jia Wei* (One Link Decoction with Added Flavors)

Bei Sha Shen (Radix Glehniae), 9-12g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Chuan Lian Zi (Fructus Toosendan), 6-9g

Dang Gui (Radix Angelicae Sinensis), 9g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Gan Qi Zi (Fructus Lycii), 9-15g
 scalded *Bie Jia* (Carapax Trionycis), 9-15g
 stir-fried *Zhi Mu* (Rhizoma Anemarrhenae), 9g
 stir-fried *Huang Bai* (Cortex Phellodendri), 9g
 stir-fried *Chi Shao* (Radix Paeoniae Rubrae), 9g
Dan Pi (Cortex Moutan), 9g
Chong Wei Zi (Semen Leonuri), 9-30g

This formula is for yin vacuity with internal heat complicated by liver depression qi stagnation, a very real pattern in clinical practice. Zhu Chenghan lists the signs and symptoms appropriate for the use of this formula as an emaciated, weak bodily constitution, afternoon tidal fever, a dry mouth and throat, enduring blocked menstruation, lumbar soreness, heart vexation, night sweats, cough, withered, dry skin and flesh, insidious lower abdominal pain, a red tongue with scant fur in the center, and a fine, rapid pulse.

5. *Dang Gui Yu Zhu San* (Dang Gui Dispel Stasis Powder)

Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Chi Shao (Radix Paeoniae Rubrae), 9g
Chuan Xiong (Rhizoma Chuanxiong), 6-9g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Da Huang (Radix Et Rhizoma Rhei), 3-9g
Mang Xiao (Natrii Sulfas), 3-6g
Gan Cao (Radix Glycyrrhizae), 3-6g

This formula enriches yin, nourishes the blood, and discharges heat. It treats yin vacuity, blood dryness blocked menstruation. In this case, there is accumulated heat in the stomach and intestines. The stools are dry and bound. Heat damages yin, resulting in scanty and/or delayed menstruation and eventually blocked menstruation. This formula can also be used for blood stasis blocked menstruation accompanied by constipation.

Additions & subtractions: If one does not have dry, bound stools, delete *Da Huang* and *Mang Xiao* and add *Zhi Mu* (Rhizoma Anemarrhenae) and *Gua Lou Ren* (Semen Trichosanthis) to clear and moisten.

3. Lung yin & blood vacuity

Main symptoms: The menses are not free-flowing. There is a dry cough with blood in the spittle, chest pain, shortness of breath, red lips, red cheeks, heat in the center of the hands, feet, and heart, a pale face which is flushed red, a dry, red tongue with no fur, and a fine, rapid pulse.

This pattern specifically describes blocked menstruation due to pulmonary tuberculosis.

Treatment principles: Nourish yin and moisten the lungs, engender fluids and stop cough

Guiding formulas:

1. *Bai He Gu Jin Tang* (Lily Secure Metal Decoction)

Bai He (Bulbus Lillii), 9-15
Shu Di (cooked Radix Rehmanniae), 12-15g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Bai Shao (Radix Paeoniae Albae), 9g
Xuan Shen (Radix Scrophulariae), 9-15g
Chuan Bei Mu (Bulbus Fritillariae Cirrhosae), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Jie Geng (Radix Platycodi), 6-9g
Gan Cao (Radix Glycyrrhizae), 3-9g

Additions: If there is bloody cough, add *Dan Pi* (Cortex Moutan) and *Bai Mao Gen* (Rhizoma Imperatae) to cool the blood and stop bleeding.

2. *Yi Guan Jian* (One Link Decoction)

Sheng Di (uncooked Radix Rehmanniae), 12-15g
Bei Sha Shen (Radix Glehniae), 9-12g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Dang Gui (Radix Angelicae Sinensis), 9g
Gou Qi Zi (Fructus Lycii), 9-15g
Chuan Lian Zi (Fructus Toosendan), 6-9g

Additions: For a dry mouth with a bitter taste, add *Huang Lian* (Rhizoma Coptidis). For constipation, add *Gua Lou* (Fructus Trichosanthis). For profuse night sweats, add *Di Gu Pi* (Cortex Lycii). For relatively more phlegm, add *Zhe Bei Mu* (Bulbus Fritillariae Thunbergii). For vexatious heat and thirst, add *Zhi Mu* (Rhizoma Anemarrhenae) and *Shi Gao* (Gypsum Fibrosum).

4. Heart yin & blood vacuity

Main symptoms: Blocked menstruation after the menses having stopped suddenly in the middle of menstruation, no pain and no distention in the lower abdomen, heart palpitations and timidity or nervousness, heart palpitations when scared or nervous, sweating on movement, loss of sleep, the power to remember diminished, facial complexion pale but flushed red, tongue fur dry and light, and a vacuous, fine pulse

Treatment principles: Enrich yin, engender blood, and nourish the heart

Guiding formula:

Tian Wang Bu Xin Dan (Heavenly Emperor Supplement the Heart Elixir)

Sheng Di (uncooked Radix Rehmanniae), 12-15g
Xuan Shen (Radix Scrophulariae), 9-15g
Ren Shen (Radix Ginseng), 3-9g
Dan Shen (Radix Salviae Miltiorrhizae), 9-15g
Fu Shen (Sclerotium Pararadicis Poriae), 9-15g
Jie Geng (Radix Platycodi), 6g
Yuan Zhi (Radix Polygalae), 6-9g
Suan Zao Ren (Semen Zizyphi Spinosae), 9-12g
Bai Zi Ren (Semen Platycladi), 9-12g
Tian Men Dong (Tuber Asparagi), 9-12g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Dang Gui (Radix Angelicae Sinensis), 9g
Wu Wei Zi (Fructus Schisandrae), 9g

5. Kidney qi insufficiency

Main symptoms: Blocked menstruation, facial complexion dull and dark, lower and upper back soreness and pain, weary limbs, dizziness and tinnitus, a feeling of chilly pain in the lower abdomen which desires warmth and pressure, clear, thin vaginal discharge, a pale, moist tongue with thin fur, and a deep, fine, forceless or deep, weak pulse

Although this pattern is called kidney qi insufficiency by Zhu Cheng-han, the signs and symptoms clearly evidence that this is a yang vacuity. This is confirmed by Han Bai-ling's calling this pattern kidney yang vacuity. Zhu Cheng-han says that, if the kidney qi becomes insufficient, essence and blood will become vacuous and scanty, leading to the *chong mai* not being filled and the *ren mai* not being free-flowing. If the *chong* and *ren* both are vacuous and empty, the menses become stuck and cannot move. Therefore, this pattern describes both an essence blood vacuity and an insufficiency of kidney qi or yang to warm and motivate the menses.

Treatment principles: Warm and supplement kidney yang, regulate and rectify the *chong* and *ren*

Guiding formulas:

1. Unnamed formula from Zhong Yi Fu Ke (Chinese Medical Gynecology)

Xian Ling Pi/Yin Yang Huo (Herba Epimedii), 9-15g
Tu Si Zi (Semen Cuscutae), 9-15g
Rou Gui (Cortex Cinnamomi), 3-9g

Du Zhong Ye (Folium Eucommiae), 9-15g
Ji Xue Teng (Caulis Spatholobi), 9-15g
 stir-fried *Chuan Xiong* (Rhizoma Chuanxiong), 6-9g
Bai Shao (Radix Paeoniae Albae), 9g
 processed *Xiang Fu* (Rhizoma Cyperi), 9g
Chong Wei Zi (Semen Leonuri), 9-30g
Hong Hua (Flos Carthami), 9g
Yue Ji Hua (Flos Rosae Rugosae), 9-15g

As Zhu Cheng-han mentions, due to lack of motivation from kidney yang, cold and damp obstruct the *bao mai*, giving rise to chilly pain in the lower abdomen. This means that if there is such chilly pain, there is complicating blood stasis and this accounts for the inclusion of blood-quickeners ingredients, such as *Chong Wei Zi* and *Hong Hua*.

2. Gu Yin Jian (Secure Yin Decoction)

Ren Shen (Radix Ginseng), 3-9g
Shan Yao (Radix Dioscoreae), 9-15g
Shu Di (cooked Radix Rehmanniae), 12-15g
Shan Zhu Yu (Fructus Corni), 9g
Tu Si Zi (Semen Cuscutae), 9-12g
Yuan Zhi (Radix Polygalae), 9g
Wu Wei Zi (Fructus Schisandrae), 9g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g

Additions: Han Ba-ling says to add *Zhi Fu Zi* (Radix Lateralis Praeparatus Aconiti Carmichaeli), *Rou Gui* (Cortex Cinnamomi), and *Bu Gu Zhi* (Fructus Psoraleae) to the above formula in order to warm the kidneys and invigorate yang.

3. Zuo Gui Yin Jia Jian (Restore the Left [Kidney] Drink with Additions & Subtractions)

Shu Di (cooked Radix Rehmanniae), 12-15g
Lu Jiao Jiao (Gelatinum Cornu Cervi), 9g
Tu Si Zi (Semen Cuscutae), 9-12g
Fu Pen Zi (Fructus Rubi), 9-12g
Gou Ji (Rhizoma Cibotti), 9-15g
Hu Lu Ba (Semen Trigonellae), 9-15g
Xian Ling Pi/Yin Yang Huo (Herba Epimedii), 9-15g
Huang Jing (Rhizoma Polygonati), 9g
Xia Ku Cao (Spica Prunellae), 9-15g

This formula is given by Zhang En-qin *et al.* for the treatment of polycystic ovarian syndrome with amenorrhea or infrequent periods due to kidney vacu-

ity with symptoms of emaciation, hirsutism or pilosity, lumbar soreness, dizziness, fear of cold, loose stools, a pale tongue with thin, white coating, and a deep, fine pulse. This is a mixed yin and yang vacuity pattern as evidenced by the therapeutic principles given: warm the kidneys, boost the essence, and scatter nodulation. Therefore, although it uses as its guiding formula a classic yin-supplementing formula, I have chosen to list it under this kidney yang vacuity section.

Xia Ku Cao is added to this formula based on its ability to scatter nodulation. In modern TCM gynecology, ovarian cysts are typically, at least in part, a type of phlegm nodulation.

Pilosity or excessive hair growth is an interesting symptom in women. According to the *Nei Jing (Inner Classic)*, men have hair on their face because they do not discharge their blood downward each month. This leaves them with relatively more blood and especially more blood in their upper bodies as compared to women. One should remember that hair is the surplus of the blood. Women's blood, on the other hand, at least until menopause, goes downward to nourish their uterus. This leaves their upper body with relatively less blood and so less facial hair. If yang counterflows upward, even if this upward counterflow is due to yang vacuity, this can carry blood upward as well, resulting in increased facial hair. Typically in such cases, yang must be led back downward to its lower source.

Repletion patterns

1. Qi stagnation blood stasis

Main symptoms: The number of menses becomes less and eventually the menses do not move. There is dizziness, heart vexation, easy anger, breast distention and pain, chest and rib-side distention and fullness, hiccups, twitching and spasm of the sinew vessels, and a sore feeling in the extremities and body. The facial complexion is dusky and stagnant. There may also be a bitter mouth and dry throat, constipation, and reddish urine. The tongue is slightly yellowish and may have macules or spots of static blood on its borders. The tongue may also be purplish. The tongue fur is thin and white. The pulse may be small and bowstring; bowstring and forceful; deep and bowstring; fine and choppy; or deep and choppy.

The exact signs and symptoms of this pattern depend upon the relative amounts of stagnant qi and blood stasis as well as on whether or not there is transformative heat.

Treatment principles: Course the liver and rectify the qi, quicken the blood and transform stasis

Guiding formulas:**1. Wu Yao San (Lindera Powder)**

Wu Yao (Radix Linderae), 9g
E Zhu (Rhizoma Curcumae), 9g
Rou Gui (Cortex Cinnamomi), 3-9g
Dang Gui (Radix Angelicae Sinensis), 9g
Tao Ren (Semen Persicae), 9g
Qing Pi (Pericarpium Citri Reticulatae Viride), 6-9g
Mu Xiang (Radix Aucklandiae), 6-9g

This formula is for predominant qi stagnation complicated by blood stasis.

Additions & subtractions: Han Bai-ling says to add *Chuan Xiong* (Rhizoma Chuanxiong) and *Chi Shao* (Radix Paeoniae Rubrae). If there is heat, delete *Rou Gui* and add a small amount of *Da Huang* (Radix Et Rhizoma Rhei).

2. Xiao Yao San Jia Wei (Rambling Powder with Added Flavors)

Chai Hu (Radix Bupleuri), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
Fu Ling (Poria), 9-12g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g
Bo He (Herba Menthae Haplocalycis), 3-9g
Sheng Jiang (uncooked Rhizoma Zingiberis), 2-3 slices
Tao Ren (Semen Persicae), 9g
Hong Hua (Flos Carthami), 9g
Dan Pi (Cortex Moutan), 9g
Niu Xi (Radix Achyranthis Bidentatae), 9-15g

Song and Yu suggest this formula for blocked menstruation due to qi depression resulting in stasis and stagnation. In fact, it treats a liver-spleen disharmony with blood stasis.

3. Xiao Yao San Jia Jian (Rambling Powder with Additions & Subtractions)

Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Chi Shao (Radix Paeoniae Rubrae), 9g
Chai Hu (Radix Bupleuri), 9g
Fu Ling (Poria), 9-12g
 stir-fried *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 9g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Tao Ren (Semen Persicae), 9g

Hong Hua (Flos Carthami), 9g
Pao Jiang (blast-fried Rhizoma Zingiberis), 6-9g
Gan Cao (Radix Glycyrrhizae), 3-9g

This formula also treats a liver-spleen disharmony with stasis and stagnation.

4. *Si Ni San He Gui Zhi Fu Ling Wan Jia Wei* (Four Counterflows Powder plus Cinnamon Twig & Poria Pills with Added Flavors)

stir-fried *Chai Hu* (Radix Bupleuri), 9g
Chi Shao (Radix Paeoniae Rubrae), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Gan Cao (uncooked Radix Glycyrrhizae), 3-6g
stir-fried *Zhi Ke* (Fructus Aurantii), 6-9g
processed *Xiang Fu* (Rhizoma Cyperi), 9g
Tao Ren (Semen Persicae), 9g
Hong Hua (Flos Carthami), 9g
Gui Zhi (Ramulus Cinnamomi), 3-9g
Dan Pi (Cortex Moutan), 9g
Fu Ling Pi (Cortex Sclerotii Poriae Cocos), 9-12g
Wu Yao (Radix Linderae), 9g
Chong Wei Zi (Semen Leonuri), 9-30g

5. *Xue Fu Zhu Yu Tang* (Blood Mansion Dispel Stasis Decoction)

Tao Ren (Semen Persicae), 9g
Hong Hua (Flos Carthami), 9g
Dang Gui (Radix Angelicae Sinensis), 9g
Chi Shao (Radix Paeoniae Rubrae), 9-15g
Niu Xi (Radix Achyranthis Bidentatae), 9-15g
Chai Hu (Radix Bupleuri), 9g
Jie Geng (Radix Platycodi), 6g
Zhi Ke (Fructus Aurantii), 6-9g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
uncooked *Gan Cao* (Radix Glycyrrhizae), 3-6g

If there is more abdominal pain than distention, this is categorized as predominantly blood stasis. In this case, the above formula is more appropriate.

Additions: Han Bai-ling suggests adding *Huang Qin* (Radix Scutellariae) and *Zhi Zi* (Fructus Gardeniae) if there is heat. If there is constipation, add a small amount of *Da Huang* (Radix Et Rhizoma Rhei).

6. *Da Huang Zhe Chong Wan* (Rhubarb & Eupolyphaga Pills)

Da Huang (Radix Et Rhizoma Rhei), 3-9g
Huang Qin (Radix Scutellariae), 9-15g

uncooked *Gan Cao* (Radix Glycyrrhizae), 3-6g
Tao Ren (Semen Persicae), 9g
Xing Ren (Semen Armeniacae), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Gan Qi (Resina Toxicodendri), 0.06-0.1g
Meng Chong (Tabanus), 1.5-3g
Shui Zhi (Hirudo), 3-6g
Qi Cao (Holotrichia Vermiculus), 1-3g
Zhe Chong/Tu Bie Chong/Di Bie Chong (Eupolyphaga/Steleophaga), 3-9g

This formula is for blood stasis with concretions and conglomerations, heat, and constipation. It strongly and aggressively breaks the blood and disperses concretions. Therefore, it should be used with care and only if there is both blood stasis and concretions and conglomerations. *Gan Qi* is only taken as a powdered washed down with the decocted liquid. *Meng Chong*, *Shui Zhi*, *Qi Cao*, and *Zhe Chong* can either be decocted or powdered and swallowed with the decocted liquid. In this case, I recommend administering them in gelatin capsules.

2. Cold damp congelation & stagnation

Main symptoms: Blocked menstruation, chilly pain in the lower abdomen, a heavy, dragging, or bearing down, distended feeling, desire for warmth but resistance to pressure, continuous white vaginal discharge, lack of warmth in the four extremities, chest oppression, hiccups, a greenish-bluish white facial complexion, and a greenish blue, dark tongue with white, glossy fur, and a deep, relaxed (retarded), and forceful or deep and slow pulse

Sun Jiu-ling says that this pattern may be due either to being caught in a down-pour of rain or wading in the water during the menses, affection by wind cold, overeating chilled, uncooked foods, or taking too many cold and cooling medicinals. Cold congeals the blood, the qi mechanism is inhibited, and stasis obstructs the *chong* and *ren*, thus giving rise to blocked menstruation. If this condition is due to external contraction of wind cold, there will also be fear of cold and headache with soreness and distention of the lower and upper back.

Treatment principles: Warm the channels (or menses) and scatter cold, dry dampness and transform stasis

Guiding formulas:

1. *Wen Jing Tang Jia Jian* (Warm the Channels [or Menses] Decoction with Additions & Subtractions)

stir-fried *Gui Zhi* (Ramulus Cinnamomi), 3-15g
Ai Ye (Folium Artemisiae Argyii), 9g
 stir-fried *Dang Gui* (Radix Angelicae Sinensis), 9g

stir-fried *Chuan Xiong* (Rhizoma Chuanxiong), 9-15g
 stir-fried *Chi Shao* (Radix Paeoniae Rubrae), 9-15g
 stir-fried *Bai Shao* (Radix Paeoniae Albae), 9g
 scalded *Wu Zhu Yu* (Fructus Evodiae), 3-9g
 stir-fried *Dan Shen* (Radix Salviae Miltiorrhizae), 9-15g
 processed *Xiang Fu* (Rhizoma Cyperi), 9g
Zi Su Ye (Folium Perillae), 9g

According to Ye Tian-shi, *Zi Su Ye* harmonizes the liver, spleen, and stomach. Therefore, it is an interesting addition to this formula. Zhu Cheng-han says that if there is menstrual pain after the menses come, use *Dang Gui Wan* (Dang Gui Pills) to regulate and rectify the menstrual blood.

2. *Shao Fu Zhu Yu Tang* (Lower Abdomen Dispel Stasis Decoction)

stir-fried *Xiao Hui Xiang* (Fructus Foeniculi), 9-15g
 stir-fried *Gan Jiang* (dry Rhizoma Zingiberis), 3-6g
Yan Hu Suo (Rhizoma Corydalis), 9-15g
Dang Gui (Radix Angelicae Sinensis), 9g
Chuan Xiong (Rhizoma Chuanxiong), 9-15g
Mo Yao (Myrrha), 3-6g
Rou Gui (Cortex Cinnamomi), 3-9g
Chi Shao (Radix Paeoniae Rubrae), 9-15g
Pu Huang (Pollen Typhae), 9g
Wu Ling Zhi (stir-fried Feces Troglodyteris), 9g

3. *He Xue Tong Jing Tang* (Harmonize the Blood & Free the Flow of the Channels [or Menses] Decoction)

Dang Gui (Radix Angelicae Sinensis), 9g
Shu Di (cooked Radix Rehmanniae), 12-15g
San Leng (Rhizoma Sparganii), 9g
E Zhu (Rhizoma Curcumae), 9g
Mu Xiang (Radix Aucklandiae), 6-9g
Rou Gui (Cortex Cinnamomi), 3-9g
Hong Hua (Flos Carthami), 9g
Su Mu (Lignum Sappan), 9g
Xue Jie (Sanguis Draconis), 3-6g

This formula contains ingredients which break the blood, but also medicinals which enter and free the flow of the network vessels. Therefore, it may be used when there is enduring disease entering the network vessels combined with cold congelation.

4. *Wu Zhu Yu Tang* (Evodia Decoction)

Wu Zhu Yu (Fructus Evodiae), 3-9g
Dang Gui (Radix Angelicae Sinensis), 9g
 ginger-processed *Ban Xia* (Rhizoma Pinelliae), 9g

Fang Feng (Radix Saposhnikoviae), 9g
Chuan Xiong (Rhizoma Chuanxiong), 9-15g
Fu Ling (Poria), 9-12g
Rou Gui (Cortex Cinnamomi), 3-9g
Dan Pi (Cortex Moutan), 9g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Xi Xin (Herba Asari), 1-3g
Gan Jiang (dry Rhizoma Zingiberis), 3-6g
Mu Xiang (Radix Aucklandiae), 6-9g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g

Song and Yu suggest this formula if it is mostly an exterior pattern. Like *Zi Su Ye* mentioned above, *Mu Xiang* and *Fang Feng* harmonize the liver and spleen. *Xi Xin* should only be used within the stated dosage guidelines, it must always be decocted, and it should not be administered for prolonged periods of time due to its containing the potential nephrotoxin, aristolochic acid (AA).

3. Phlegm dampness obstruction & stagnation

Main symptoms: Blocked menstruation, a fat, plump body, chest and rib-side fullness and oppression, vomiting and nausea with profuse phlegm, lack of strength, lassitude and fatigue, lumbar soreness, edema and swelling, profuse white colored vaginal discharge, a fat tongue with slimy, white fur, and a slippery, bowstring, deep, and/or small pulse

This is usually a mixed vacuity/repletion pattern. Spleen qi vacuity is usually the root of phlegm engenderment. Once phlegm is produced, it may obstruct the *jing*, meaning both the channels and the menses. Because of spleen vacuity, there may also be concomitant blood vacuity, and, because of phlegm dampness, there may also be concomitant qi stagnation and blood stasis. It is also possible for there to be kidney yang vacuity or spleen-kidney dual vacuity.

Treatment principles: Dry dampness and transform phlegm, quicken the blood and free the flow of the channels or menses. Zhu Cheng-han says to move the qi rather than to quicken the blood. This reflects that this pattern is typically complicated by liver depression qi stagnation.

Guiding formulas:

1. *Cang Fu Dao Tan Wan* (Atractylodes & Cyperus Abduct Phlegm Pills)

Cang Zhu (Rhizoma Atractylodis), 9g
 processed *Xiang Fu* (Rhizoma Cyperi), 9g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Fu Ling (Poria), 9-12g
Zhi Ke (Fructus Aurantii), 6-9g

processed *Ban Xia* (Rhizoma Pinelliae), 9g
Nan Xing (Rhizoma Arisaematis), 3-9g
 mix-fried *Gan Cao* (Radix Glycyrrhizae), 6-9g
Sheng Jiang (uncooked Rhizoma Zingiberis), 2-3 slices

Additions: If qi stagnation is more or there are the beginnings of blood stasis, one can add stir-fried *Chuan Xiong* (Rhizoma Chuanxiong). If there is concomitant food stagnation, add scorched *Shen Qu* (Massa Medica Fermentata). If there are phlegm nodulations, as in polycystic ovarian syndrome (PCOS), add *Kun Bu* (Thallus Algae), *Xia Ku Cao* (Spica Prunellae), *Zhe Bei Mu* (Bulbus Fritillariae Thunbergii), *Chuan Shan Jia* (Squama Manitis), *Shan Ci Gu* (Rhizoma Shancigu), and *Zao Jiao Ci* (Spina Gleditschiae).

2. *Hou Pu Er Chen Tang* (Magnolia Two Aged [Ingredients] Decoction)

Hou Po (Cortex Magnoliae Officinalis), 9g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
 ginger-processed *Ban Xia* (Rhizoma Pinelliae), 9g
Fu Ling (Poria), 9-12g

This formula transforms phlegm and eliminates dampness. It does not quicken the blood or transform stasis. It can be used as a base for creating more complex formulas whenever phlegm, dampness, and turbidity are present.

3. *Jia Wei Si Wu Er Chen Tang* (Added Flavors Four Materials Two Aged [Ingredients] Decoction)

Dang Gui Wei (Extremities Radicis Angelicae Sinensis), 9g
Chi Shao (Radix Paeoniae Rubrae), 9-15g
Chuan Xiong (Rhizoma Chuanxiong), 9-15g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Ban Xia (Rhizoma Pinelliae), 9g
Dan Pi (Cortex Moutan), 9g
Fu Ling (Poria), 9-12g
Hai Zao (Sargassum), 9-15g
Hong Hua (Flos Carthami), 9g
Xiang Fu (Rhizoma Cyperi), 9g

This formula is for the treatment of damp turbidity with blood stasis resulting in blocked menstruation.

4. *Bu Zhong Yi Qi Tang* (Supplement the Center & Boost the Qi Decoction)

Ren Shen (Radix Ginseng), 3-9g
Fu Ling (Poria), 9-12g

Bai Zhu (Rhizoma Atractylodis Macrocephalae), 9g
 processed *Ban Xia* (Rhizoma Pinelliae), 9g
Chen Pi (Pericarpium Citri Reticulatae), 6-9g
Mu Xiang (Radix Aucklandiae), 6-9g
Sha Ren (Fructus Amomi), 3-4.5g
Dang Gui (Radix Angelicae Sinensis), 9g
Chuan Xiong (Rhizoma Chuanxiong), 9-15g

Du Jie-hui recommends this formula for the treatment of phlegm dampness obstruction and stagnation blocked menstruation. It fortifies the spleen, dries dampness, and transforms phlegm, quickens the blood and frees the channels or menses.

4. Fire effulgence

Shen Zhong-li, in *Zhong Yi Fu Ke Lin Chuang Shou Ce (A Clinical Handbook of Chinese Medical Gynecology)*, gives this pattern of blocked menstruation which I have not encountered anywhere else in the Chinese gynecological literature. In my clinical experience, I do believe I have seen this pattern and, therefore, I am including it even though other Chinese gynecological authorities do not. Dr. Shen says that liver depression may transform into fire. Because of the upward counterflow this engenders, the heart qi is thus not able to flow freely downward. The *chong* and *ren* are not free-flowing and hence there is blocked menstruation. This is different from heart yin and blood vacuity. In this case, the heat affecting the heart is depressive heat, a form of replete heat due to liver depression qi stagnation.

Main symptoms: Blocked menstruation does not descend, heart vexation, easy anger, constipated stools, hot, red urination, insomnia, restlessness, a red or crimson tongue with scanty fur, and a fine, bowstring, rapid pulse

Treatment principles: Level or calm the liver and drain fire, clear the heart and free the flow of the channels or menses

Guiding formulas:

1. *San Huang Si Wu Tang Jia Jian (Three Yellows Four Materials Decoction with Additions & Subtractions)*

Huang Qin (Radix Scutellariae), 9-15g
Huang Lian (Rhizoma Coptidis), 3-9g
Huang Bai (Cortex Phellodendri), 9g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
 uncooked *Da Huang* (Radix Et Rhizoma Rhei), 3-9g
Dang Gui (Radix Angelicae Sinensis), 9g
Bai Shao (Radix Paeoniae Albae), 9g
Chuan Xiong (Rhizoma Chuanxiong), 9-15g
Qian Cao (Radix Rubiae), 9-15g

Mu Xiang (Radix Aucklandiae), 6-9g
Yuan Zhi (Radix Polygalae), 9g
Ye Jiao Teng (Caulis Polygoni Multiflori), 9-15g
Bei Sha Shen (Radix Glehniae), 9-12g

2. Unnamed empirical formula

Sheng Di (uncooked Radix Rehmanniae), 12-15g
Yuan Zhi (Radix Polygalae), 9g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Yin Chen Hao (Herba Artemisiae Scopariae), 9-15g
Long Dan Cao (Radix Gentianae), 9g
Zhi Zi (Fructus Gardeniae), 9g
Chi Shao (Radix Paeoniae Rubrae), 9-15g
Tao Ren (Semen Persicae), 9g
Chuan Lian Zi (Fructus Toosendan), 6-9g
Bai Wei (Radix Cynanchi Atrati), 9g

3. Another unnamed empirical formula

Dan Shen (Radix Salviae Miltiorrhizae), 9-15g
Xuan Shen (Radix Scrophulariae), 9-15g
Mai Men Dong (Tuber Ophiopogonis), 9-12g
Tian Men Dong (Tuber Asparagi), 9-12g
Bai Zi Ren (Semen Platycladi), 9-12g
Sheng Di (uncooked Radix Rehmanniae), 12-15g
Dang Gui (Radix Angelicae Sinensis), 9g
Dang Shen (Radix Codonopsitis), 9g
Wu Wei Zi (Fructus Schisandrae), 9g
Tao Ren (Semen Persicae), 9g
He Shou Wu (Radix Polygoni Multiflori), 9-15g
Nu Zhen Zi (Fructus Ligustri Lucidi), 9-15g

Discussion

Before administering precipitating and attacking, blood-quickening and stasis-transforming ingredients for the treatment of supposed blocked menstruation, one must be sure to rule out pregnancy. With the advent of cheap, accurate, home pregnancy tests, this is easily done. One should also not treat a woman for blocked menstruation if, right from menarche, she has regularly only had one or two menses per year. Some women menstruate on a regular cycle of 60, 90, 180, or 360 days. The key here to discriminating such idiosyncratic but nonetheless normal physiological cycles is the fact that the woman's menses have always been like this and that they come at a regular cycle without other complicating signs and symptoms.

If blocked menstruation is accompanied by the presence of concretions and con-

glomerations, *i.e.*, abdominal mass, the patient should be referred to a Western MD for a gynecological exam, including ultrasound and bimanual palpation. It is important to rule out possible malignancy. If blocked menstruation is accompanied by galactorrhea or weeping from the nipples, the woman should also be referred to a Western MD. In this case, blood work and possible x-ray of the sella turcica may be necessary to rule out a pituitary tumor, such as a chromophobe adenoma. Galactorrhea-amenorrhea syndrome is dealt with in the addenda below.

If the woman's blocked menstruation is due to vacuous and insufficient blood, it is important that she be treated with supplementing and nourishing medicinals. If attacking medicinals are used inappropriately, the patient will be iatrogenically injured and will tend to manifest more severe kidney and yin vacuity signs and symptoms.

Western medicine & amenorrhea

Blocked menstruation corresponds to amenorrhea in Western medicine. Amenorrhea is divided into two types: primary and secondary. Primary amenorrhea refers to a lifetime failure to menstruate. Primary amenorrhea is often caused by some developmental defect with dysfunction of the hypothalamic-pituitary-ovarian axis, due to a genetic defect, such as Turner's syndrome, or due to thyroid dysfunction. Secondary amenorrhea means that the patient has had menstrual cycles in the past but secondarily has lost them. Such a disappearance of normal menstruation may be due to malnutrition, excessive exercise, anorexia nervosa, endocrine dysfunction, tumors, the side effects of certain pharmaceuticals, such as antipsychotics, and overpowering stress or PTSD. The way amenorrhea is treated by Western medicine depends on its cause. If amenorrhea is caused by obesity, an exercise program may restore the periods. If stress is the cause, stress management is employed. If it is due to excessive physical exercise, the amount of exercise is reduced to restore menstruation. If there is hormonal imbalance, progesterone for 7-14 days every one or two months may correct the condition. Surgical treatment may be necessary for the removal of tumors or cysts from the ovaries or uterus. If amenorrhea is secondary to the administration of certain Western drugs, those drugs may have to be suspended or their dose decreased.

Prognosis

As with so many of the menstrual diseases, blocked menstruation due to blood stasis in turn due to an historical cause or event is usually relatively easy to treat and there is little recidivism. If due to qi depression leading to blood stasis, it is usually relatively easy to promote menses, but then it may be more difficult to completely and lastingly eliminate all menstrual irregularities.

Both vacuity and replete cold species of blocked menstruation typically respond

well to TCM treatment with vacuity cold sometimes taking longer but often responding surprisingly fast.

Blood and yin vacuity, on the other hand, often do not respond as well. This is especially so if the yin insufficiency is constitutional. In this case, persistence is what is required. If there is vacuity heat as well as blood and yin vacuity, this typically makes the case even more difficult. Most women with yin vacuity and vacuity fire are quite nervous and tend not to stick with any one treatment long enough to get lasting results. Their minds jump around and so they tend to jump around from doctor to doctor, therapy to therapy, when, in fact, the best thing for them would be to do a hundred day rest cure. Many female athletes suffer from yin vacuity with vacuity fire blocked menstruation.

Phlegm dampness obstruction and stasis can also be recalcitrant to treatment. This is often a complicated scenario where there may be simultaneous kidney yin and/or yang vacuity, blood stasis, qi stagnation, and/or qi and blood vacuity. Such cases require very careful pattern discrimination where each element is parsed out and attended to appropriately. If one is not getting any result with women with very stubborn blocked menstruation where there is definite qi stagnation and blood stasis, it is sometimes useful to try adding some phlegm-transforming, nodulation-scattering medicinals to wash away any phlegm. This is based on the idea that phlegm often plays a part in curious or strange diseases and also that, since qi moves and transforms fluids, if there is enduring qi stagnation, phlegm will tend to accumulate. In cases of phlegm dampness obstruction and stagnation, it is usually important for the patient to avoid dairy products, eggs, heavy, greasy meats, or any other foods which would tend to aggravate phlegm dampness. In obviously obese patients, increased exercise is also quite important.

Most women with amenorrhea are anovulatory and typically have a monophasic or flat line BBT graph. Having women suffering from blocked menstruation chart their BBT may, therefore, at first sight seem superfluous. However, charting the BBT in women with blocked menstruation does give both the patient and practitioner some idea of how the treatment is going and may help staging of treatment methods and formulas. If the woman's BBT goes up, then the practitioner can tell the woman that she will be menstruating typically 14 days after this rise in temperature. If this same woman also suffers from some premenstrual complaints or painful menstruation, the practitioner can then know to change their treatment methods and formula in order to deal with such premenstrual symptoms or menstrual pain. In addition, after the menses come, continuing to chart the BBT can tell whether the woman has ovulated on time and can help stage the use of artificial regulation of the menstrual cycle methods. These consist of promoting follicular development in the postmenstruum by primarily nourishing the blood and supplementing the kidneys, promoting ovulation during the intermenstruum by warming and invigorating yang, quickening the blood and freeing the flow of the network vessels. Since growth of yin reaching its apogee during the intermen-

struum also means possible engenderment of dampness, dampness-eliminating, phlegm-transforming medicinals may also be added during this phase if there is a tendency to phlegm damp obstruction and stagnation.

Key patterns to memorize	
Repletion patterns	<ul style="list-style-type: none"> A. Qi stagnation blood stasis B. Phlegm damp obstruction & stagnation C. Cold damp congelation & stagnation D. Liver fire effulgence
Vacuity patterns	<ul style="list-style-type: none"> A. Spleen vacuity B. Lung yin vacuity C. Heart yin vacuity D. Kidney vacuity <ul style="list-style-type: none"> i. Kidney yin vacuity ii. Kidney yang vacuity

Representative Chinese Research

1: From "The Treatment of 15 Cases of Amenorrhea-galactorrhea Syndrome with *Tiao Jing Hui Ru Tang* (Regulate the Menses & Stem Lactation Decoc-tion)," by Ye Tian-zhen, *Zhe Jiang Zhong Yi Za Zhi* (*Zhejiang Journal of Chinese Medicine*), #7, 2001, p. 296

Cohort description:

All 15 women in this study were seen as out-patient and all suffered from amenorrhea, galactorrhea, and infertility. The youngest woman in this study was 19 and the oldest was 43 years old. The shortest course of disease was three months and the longest was four years. All 15 cases had secondary onset amenorrhea. In eight cases, amenorrhea had lasted from three months to one half year, in four cases it had lasted from one half to one year, and in three cases, it had lasted more than one year. Three cases had spontaneous galactorrhea, while, in 12 cases, women were able to express milk from their breasts. In 12 cases, prolactin was in excess of 25ng/mL. In two cases, gynecological and ultrasound examinations revealed smallish uteruses. X-rays and CT scans did not show any pituitary

Treatment method:

All 15 patients received *Tiao Jing Hui Ru Tang* as their basic formula with additions and subtractions following their symptoms. That basic formula consisted of: *Chai Hu* (Radix Bupleuri), *Zhi Ke* (Fructus Aurantii), *Bai Shao* (Radix Paeoniae

Albae), and *Che Qian Zi* (Semen Plantaginis), 10g each, uncooked *Mai Ya* (Fructus Germinatus Hordei), 60g, *Niu Xi* (Radix Achyranthis Bidentatae), 15g, and *Gan Cao* (Radix Glycyrrhizae), 5g. If there was liver depression and blood stasis, 10 grams each of *Xiang Fu* (Rhizoma Cyperi), *Yin Chen Hao* (Herba Artemisiae Scopariae), *Huang Qin* (Radix Scutellariae), *E Zhu* (Rhizoma Curcumae), *Dan Pi* (Cortex Moutan), and *Yu Jin* (Tuber Curcumae) were added. If there was liver-kidney insufficiency, 20 grams each of *Shu Di* (cooked Radix Rehmanniae), *Shan Yao* (Radix Dioscoreae), and *Ji Xue Teng* (Caulis Spatholobi) and 10 grams each of *Dang Gui* (Radix Angelicae Sinensis), *Gou Qi Zi* (Fructus Lycii), and *He Shou Wu* (Radix Polygoni Multiflori) were added. If there was phlegm damp obstruction and stagnation, *Bai Shao* was removed and 10 grams each of *Cang Zhu* (Rhizoma Atractylodis), *Xiang Fu* (Rhizoma Cyperi), *Fu Ling* (Poria), *Ban Xia* (Rhizoma Pinelliae), and *Shi Chang Pu* (Rhizoma Acori Tatari-nowii) and five grams of *Chen Pi* (Pericarpium Citri Reticulatae) were added. One packet of these medicinals was decocted in water per day and administered warm in two divided doses morning and evening. One month equaled one course of treatment and 1-3 courses were administered before assessing outcomes.

Study outcomes:

Ten cases (66.67%) experienced marked effects from this regime. This meant that, after 1-3 courses of treatment, their prolactin was normal, galactorrhea had disappeared, and their menses had returned to normal. Four cases (26.67%) got some effect. This meant that their prolactin had returned to normal and their symptoms had either disappeared or markedly improved. One case (6.67%) got no effect. There was no obvious reduction in this woman's prolactin and no improvement in her symptoms. Thus the total amelioration rate was 93.33%.

2: From "The Treatment of 32 Cases of Postpartum Hyperprolactin-emia with Acupuncture & Moxibustion at San Yin Jiao (Sp 6)" by Wu Su-ling, *Zhe Jiang Zhong Yi Za Zhi* (zhejiang Journal of Chinese Medicine), #11, 2002, p. 75

Cohort Description:

All 32 women included in this clinical trial were postpartum or had a history of abortion or miscarriage. All were without demonstrable pituitary tumors or history of hypothyroidism or medicinal use which might have accounted for their hyperprolactinemia. Serum prolactin levels in these women were 34-126ng/ml. There was amenorrhea in 21 cases and galactorrhea in 18 cases. Twenty-one of these women had previously taken Chinese medicinals and their symptoms had improved. However, they had not completely returned to normal. the other 11 cases had not received any prior treatment for their condition. The youngest of these patients was 23 and the oldest was 38 years old. The shortest course of disease was three months and the longest was 18 months. All the women in this study met the diagnostic criteria for hyperprolactinemia found in *Fu Ke Nei Fen*

Mi Xue (A Study of Gynecological Endocrinology) written by Li Mei-zhi and published by the People's Army Medical Press in 2001.

Treatment method:

All the patients in this study were needled bilaterally at *San Yin Jiao* with even supplementing-even draining technique. The needles were left in place for a half hour. During that time, three cones of moxibustion were burned on the handles of the needles. One treatment was given per day, and one month equaled one course of treatment.

Study outcomes:

Cure was defined as normalization of menstruation, absence of galactorrhea, normal serum PRL levels for three months or more, and no recurrence within one year. Some effect was defined as the return of menstruation, cessation of galactorrhea, and markedly lower serum PRL. No effect meant that there was no improvement in symptoms or PRL levels. Based on these criteria, 24 out of the 32 women in this study were considered cured, Another six got some effect, and only two got no effect. Therefore, the total amelioration rate was 93.75%. Ten patients were cured in one course of treatment and another nine were cured in two courses. The remaining 13 women received three or more courses of treatment.

3: From "The Treatment of 36 Cases of Hypertestosteronemia Menstrual Irregularity with *Jian Pi Li Shui Yin* (Fortify the Spleen & Disinhibit Water Beverage)" by Zhang Lei, *Guang Ming Zhong Yi (Guangming Chinese Medicine)*, #1, 2005, p. 54-55

Cohort Description:

All 36 patients enrolled in this study were seen as out-patients at the Jiang Ming Municipal Chinese Medical Hospital in Jiangsu province. All were tested for their serum testosterone, estradiol, luteinizing hormone, follicle stimulating hormone, prolactin, progesterone, and insulin levels, and all were examined by ultrasound. Twenty-eight of these women were 23-30 years of age, while eight were 31-40 years of age. All suffered from hypertestosteremia menstrual irregularities, such as scanty menstruation, delayed menstruation, and amenorrhea. Other symptoms included acne, overweight, and hirsutism. Further, all these patients presented a pattern of spleen vacuity with damp exuberance. Patients' tongues were pale white and possibly fat with slimy fur. Their pulses were soggy and fine.

Treatment method:

Jian Pi Li Shui Yin (Fortify the Spleen & Disinhibit Water Beverage) consisted of: *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), *Cang Zhu* (Rhizoma Atractylodis), *Ban Xia* (Rhizoma Pinelliae), *Chai Hu* (Radix Bupleuri), *Xiang Fu*

(Rhizoma Cyperi), 10g each, *Bai Shao* (Radix Paeoniae Albae), 20g, *Dang Gui* (Radix Angelicae Sinensis), *Dan Shen* (Radix Salviae Miltiorrhizae), *Fu Ling Pi* (Cortex Sclerotii Poriae), *Che Qian Zi* (Semen Plantaginis), 10g each, *Hua Shi* (Talcum), 30g, and *Gan Cao* (Radix Glycyrrhizae), 5g. If there was facial acne, 30 grams of uncooked *Shan Zha* (Fructus Crataegi) were added. If there was galactorrhea, 10 grams of *Lu Jiao* (Cornu Cervi), 15 grams of uncooked *Mai Ya* (Fructus Germinatus Hordei), and 30 grams of uncooked *Mu Li* (Concha Ostreae) were added. Beginning as soon as the menses had ended, one packet of the above medicinals was decocted in water and administered in two divided doses per day, with 20 days equaling one course of treatment. After three courses of treatment were completed, the patients' blood was analyzed again.

Study outcomes:

Cure was defined as normal serum testosterone, normal menstrual cycles, increase in the amount of menstuate, and no recurrence on follow-up after six months with 3-6 courses of treatment. Some effect was defined as decrease in serum testosterone (but still not within normal parameters), a gradually normalizing menstrual cycle, and marked improvement in clinical symptoms. No effect meant that there was no decrease in serum testosterone and no obvious improvement in clinical symptoms. Based on these criteria, 18 patients were judged cured, 12 got some effect, and six got no effect. Therefore, the total effectiveness rate was published as 83.33%. Among the six who got no effect from the above protocol, four had teratomata, i.e., dermoid cysts, a congenital tumor containing one or more of the three primary embryonic layers. Three of these women later had surgery to remove these cysts and their menstruation afterward became normal.

4: From "The Treatment of Polycystic Ovarian Syndrome by the Methods of Boosting the Kidneys & Fortifying the Spleen, Nourishing the Blood, Freeing the Flow & Disinhibiting – Plus an Analysis of Clinical Data from 32 Cases" by Zhang Zi-Zhong, *Bei Jing Zhong Yi Za Zhi (Beijing Journal of Chinese Medicine)*, #6, 2002, p. 323-326

Cohort Description:

Among the 32 women described in this study, all had been diagnosed with PCOS. This meant that these women had 1) some menstrual irregularity, such as infrequent menstruation or amenorrhea, infertility, hirsutism, and/or obesity, 2) 10 or more unilateral or bilateral ovarian cysts which were 8mm or less in size based on ultrasonography, 3) monophasic basal body temperature (BBT) graphs for three months in a row, and 4) elevated testosterone (T) and luteinizing hormone (LH), an LH/FSH ratio of more than 2-3, and elevated serum estradiol. Eighteen of these had previously been treated with Western hormonal therapy for from six months to six years. However, when they stopped taking these medications, there was no improvement in their symptoms and they were not able to conceive. All these women had stopped taking Western medications for this condition for at

least a half year and all were 18-36 years old, with a median age of 25.8 ± 5.6 years. These patients' course of disease had lasted from 1-20 years, with a mean duration of 8.4 ± 3.6 years. Twenty patients were already married, 16 of these desired to become pregnant, and seven had primary onset infertility. Twenty-one cases had a body mass index (BMI) of more than 25, while 11 had a BMI of less than 25. Sixteen cases exhibited hirsutism. Fifteen cases had an LH/FSH ratio of pattern #1 and 17 had pattern #2.

In terms of Chinese medical diagnosis and pattern discrimination, the two main conditions were infertility after having been married a long time and amenorrhea. The secondary conditions were: 1) dizziness and tinnitus, 2) low back soreness and lower limb limpness, 3) low or absent libido, 4) lack of strength and loose stools, 5) a fat, pale tongue, and 6) a deep, fine, slippery pulse. Patients had to have a minimum of one of the main conditions plus at least three of the secondary conditions to qualify for a pattern discrimination of spleen-kidney yang vacuity.

Treatment method:

All the women in this study were administered the following empirical formula: *Tu Si Zi* (Semen Cuscutae), *Che Qian Zi* (Semen Plantaginis), *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), *Du Zhong* (Cortex Eucommiae), *Dang Gui* (Radix Angelicae Sinensis), *Tao Ren* (Semen Persicae), uncooked *Yi Yi Ren* (Semen Coicis), and *Chuan Xiong* (Rhizoma Chuanxiong), (amounts unspecified). Each day one packet of these medicinals was boiled twice to obtain 200ml of medicinal liquid. This liquid was then administered orally in two divided doses. Continuous treatment for six months equaled one course of treatment, and treatment outcomes were assessed after 1-3 such courses.

Study outcomes:

Cure was defined as conception, normalization of menstrual cycles, and/or normal BBT curves plus a return to normal of serum hormone levels and ratios. Some effect meant that the menstrual cycle improved (each year coming more than six times), improvement in clinical signs and symptoms, and improvement in serum hormone levels and ratios. No effect meant that there was no obvious improvement in clinical symptoms or laboratory analyses. Based on these criteria, 14 cases (43.75%) were judged cured, while the total effectiveness rate was 90.62% or 29 out of 32 cases. Eleven out of the 16 women who wanted to conceive did so. Thus the conception rate in the 16 women who wanted to get pregnant was 68.75%. In addition, there was a statistically significant mean reduction in BMI in those women whose BMI was greater than 25, while there was no statistically significant change in mean BMI in those women with a BMI of less than 25. There was a statistically significant drop in mean testosterone levels as well as in LH levels. There was also a statistically significant improvement in insulin resistance (IR) after treatment as measured by oral glucose tolerance testing (OGTT).

5: From "The Treatment of 30 Cases of Polycystic Ovarian Syndrome by the Methods of Supplementing the Kidneys, Transforming Phlegm & Softening the Hard" by Li Ya-ping, *Zhong Yi Za Zhi (Journal of Chinese Medicine)*, #6, 2001, p. 376-377

Cohort Description:

All 30 women in this study were seen as out-patients. All were 21-30 years of age, with an average age of 25.5 years. Their average age of menarche was 13.7 years. Twelve cases had secondary amenorrhea for 0.5 years or more. Eighteen cases had either sparsely occurring menstruation or scanty menstruation. Ten cases were obese and five cases suffered from hirsutism. Diagnostic criteria included a monophasic basal body temperature, no periodic changes in vaginal mucus, scanty cervical mucus, and poor spin mucus, bilateral ovarian enlargement shown by ultrasound and small ovarian cysts, high luteinizing hormone (LH), normal or low follicle stimulating hormone (FSH), and a LH:FSH ratio equal to or more than 2.5.

Treatment method:

The following Chinese medicinal formula was administered to all patients: *Tu Si Zi* (Semen Cuscutae), 15g, *Fu Pen Zi* (Fructus Rubi), 15g, *Xian Mao* (Rhizoma Curculiginis), 15g, *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), 15g, *Xia Ku Cao* (Spica Prunellae), 15g, *Kun Bu* (Thallus Algae), 15g, *Chuan Shan Jia* (Squama Manitis), 10g, decocted first, *Dan Nan Xing* (bile-processed Rhizoma Arisaematis), 10g, *Tao Ren* (Semen Persicae), 10g, and *Shu Di* (cooked Radix Rehmanniae), 15g. One packet of these medicinals was decocted in water and administered internally per day, with 30 days equaling one course of treatment and treatment lasting 1-3 such courses.

Study outcomes:

Cure was defined as normalization of the menstrual cycle or conception after ovulation as well as normal serum hormone levels. Some effect meant that there was still no ovulation. However, the menstrual cycle was basically normal, the LH:FSH ratio was equal to or less than 1.5, and testosterone was less than 3.47nmol/L. No effect meant that there was no change for the better in either the menstrual cycle or serum hormones. Based on these criteria, 22 cases (73.3%) were deemed cured, with two patient conceiving after two months of treatment. Five cases (16.7%) were judged to have gotten some effect, and three cases (10%) got no effect. Thus the total amelioration rate was 90%.

6: From "The Treatment of 86 Cases of Elevated Serum Prolactin Condition in Females with *Xian Mai Tang* (Epimedium & Barley Decoction)" by Li Xiaoping & Zhang Min-jian, *Fu Jian Zhong Yi Yao (Fujian Chinese Medicine & Medicinals)*, 1996, #5, p. 27-28)

Cohort Description:

All 86 women in this study suffered from menstrual irregularity, amenorrhea, weeping breasts, and infertility. The oldest was 32 years old and the youngest was 23. The median age was 27.3 ± 4.31 years. The longest course of disease was eight years and the shortest was one year. The median duration was 4.73 ± 3.51 years. There was primary infertility in 25 cases and secondary infertility in another 13 cases. Menstruation was sparse in onset in 41 cases, and there was amenorrhea-galactorrhea in 13 cases. The basal body temperature (BBT) was not obviously biphasic or the hyperthermic phase lasted less than 12 days in 80 cases. Serum prolactin (PRL) was tested 7-10 days after menstruation between 8-9 am. In all 86 cases, serum PRL was above $600\mu\text{g/L}$. The normal range of serum PRL is $50\text{-}400\mu\text{g/L}$. Pituitary tumors and thyroid disease was excluded in all 86 cases by x-ray, CT scan, and testing T3 and T4 levels. In 39 cases, PRL was below $1500\mu\text{g/L}$, with a median value of $1934 \pm 421\mu\text{g/L}$. PRL was between $600\text{-}1500\mu\text{g/L}$ in 47 cases, with a median value of $853 \pm 323\mu\text{g/L}$.

Treatment method:

Xian Mai Tang (Epimedium & Barley Decoction) consisted of: *Xian Ling Pi*/*Yin Yang Huo* (Herba Epimedii), uncooked *Mai Ya* (Fructus Germinatus Hordei), uncooked *Shan Zha* (Fructus Crataegi), *Chai Hu* (Radix Bupleuri), *Bai Shao* (Radix Paeoniae Albae), *Dang Gui* (Radix Angelicae Sinensis), *Chuan Shan Jia* (Squama Manitis), *Dan Shen* (Radix Salviae Miltiorrhizae), *San Leng* (Rhizoma Sparganii), and *Kun Bu* (Thallus Algae). Typically, these medicinals were administered after the cessation of menstruation, one packet per day. If there was liver depression transforming heat, *Dan Pi* (Cortex Moutan) and stir-fried *Zhi Zi* (Fructus Gardeniae) were added. If there was kidney debility and blood vacuity, *San Leng* and *Kun Bu* were removed and *Tu Si Zi* (Semen Cuscutae), *Gou Qi Zi* (Fructus Lycii), and *Shu Di* (cooked Radix Rehmanniae) were added. If there was kidney yang debility and vacuity, *Ba Ji Tian* (Radix Morindae Officinalis), *Xian Mao* (Rhizoma Curculiginis), and *Lu Jiao Jiao* (Gelatinum Cornu Cervi) were added. One course of treatment consisted of continuous treatment with the above medicinals for three menstrual cycles.

Study outcomes:

Seventy-nine cases out of 86 experienced a treatment effect for an efficacy rate of 91.86%. Of these, 25 cases or 29.06% saw their serum PRL levels return to nor-

mal levels. In 39 cases, PRL was 1934 ± 421 before treatment and 1156 ± 403 after treatment. In 47 cases, PRL was 910 ± 323 before treatment and 628 ± 262 after treatment. Thus the significance of statistical difference from before to after treatment was ($P < 0.01$), and all patients saw a markedly positive change in their serum PRL. In the 38 cases of infertility, seven had normal pregnancies. In the 41 cases of sparse onset of menstruation, all saw the length of their menstrual cycles shorten to various degrees. In 13 cases of amenorrhea-galactorrhea, two cases had their menstrual cycles normalized, while weeping breasts disappeared in four cases. In the 80 cases with abnormal basal body temperatures, 10 cases saw their bbt become biphasic, while 20 cases of shortened luteal phase saw their hyperthermic phase lengthen out.

7: From "Clinical Observations on the Treatment of Menopausal Syndrome Using Acupuncture Combined with Medicinals" by Sun Yang-ming, *Tian Jin Zhong Yi Yao (Tianjin Chinese Medicine & Medicinals)*, #2, 2005, p. 165

Cohort Description:

There were 115 postmenopausal women enrolled in this study, 45-57 years of age, with a median age of 50.13 ± 3.15 years. Menopause had occurred between 44-55 years of age, with an a median age at menopause of 49.84 ± 3.56 years. The duration of menopausal complaints ranged from one month to three years.

Treatment method:

All the women in this study were internally administered the following Chinese medicinal formula: *Shan Zhu Yu* (Fructus Corni), *Gan Cao* (Radix Glycyrrhizae), *Dan Pi* (Cortex Moutan), *Ze Xie* (Rhizoma Alismatis), *Dang Gui* (Radix Angelicae Sinensis), and *Wu Wei Zi* (Fructus Schisandrae), 10g each, *Fu Ling* (Poria), 20g, *Dan Shen* (Radix Salviae Miltiorrhizae), 12g, *Suan Zao Ren* (Semen Zizyphi Spinosae) and *Yi Mu Cao* (Herba Leonuri), 30g each, uncooked *Long Gu* (Os Draconis), uncooked *Mu Li* (Concha Ostreae), *Dai Zhe Shi* (Haemititum), *Bai Shao* (Radix Paeoniae Albae), *Sheng Di* (uncooked Radix Rehmanniae), *Shu Di* (cooked Radix Rehmanniae), *Shan Yao* (Radix Oppositae), *Chai Hu* (Radix Bupleuri), *Zhi Zi* (Fructus Gardeniae), *Di Gu Pi* (Cortex Lycii), *Huang Qin* (Radix Scutellariae), and *Liu Ji Nu* (Radix Angelicae Anomalaе), 15g each, and *Gui Zhi* (Ramulus Cinnamomi), 5g. One packet of these medicinals was decocted in water per day and administered warm in two doses, morning and night.

Acupuncture consisted of: *Bai Hui* (GV 20), *Nei Guan* (Per 6), *Qi Hai* (CV 6), *Guan Yuan* (CV 4), *Tai Chong* (Liv 3), *Shen Men* (Ht 7), and *San Yin Jiao* (Sp 6). Treatment with acupuncture was given once every other day, with one month of acupuncture and medicinals equaling one course of therapy.

Study outcomes:

The severity of a number of symptoms were given numerical scores, and these scores were used to determine study outcomes. These symptoms included hot flashes and sweating, vexation, agitation, and irritability, heart palpitations, insomnia, chest oppression, high blood pressure, and changes in blood lipids. Cure was defined as a disappearance of symptoms and a decrease in symptom score by 95% or more. Marked effect was defined as basic disappearance of symptoms and a decrease in symptom score by 80% or more. Some effect meant that symptoms decreased and that symptom score had lessened by 40% or more. No effect meant that there had been no change in symptoms and change in symptom score of less than 40%. Based on these criteria, 32 cases (27.83%) were judged cured, 40 cases (34.78%) got a marked effect, 39 cases (33.91%) got some effect, and four cases (3.48%) got no effect. Therefore, the cure and marked effect rate was reported as 62.6% and the total effectiveness rate was 96.52%. The biggest mean changes in symptoms were in chest oppression and insomnia respectively, while the lowest mean change in symptoms was in blood lipids.

8: From "Observations on the Therapeutic Effect of Treating Menopausal Depression with A Combination of Electro-acupuncture and Small Doses of Amitryptiline" by Guo Ya-ming & Liu Cui-feng, *Guang Ming Zhong Yi (Guangming Chinese Medicine)*, #2, 2005, p. 32-33

Cohort Description:

One hundred five in-patients in Henan suffering from menopausal depression were randomly divided into two groups, a treatment group and a comparison group. All these women were 41-65 years of age and all met the diagnostic criteria for depression in the CCMD-2-R. All had a Hamilton depression rating score of more than 18 points. Exclusion criteria included heart, liver, or kidney disease, pregnancy, breast-feeding, or drug allergies. Patients with suicidal ideation were also excluded. Prior to treatment, all patients were screened by EKG, EEG, liver function, blood, and urine tests, and no abnormalities were found. After randomization, there were no significant statistical differences between these two groups in terms of sex, age, disease duration, or disease nature ($P > 0.01$).

Treatment method:

All members of the comparison group were administered 50mg per day of amitryptiline. This dose was raised during the course of the study to a maximum of 100mg per day if necessary. All members of the treatment group were administered the same dose of amitryptiline as the comparison group as well as electro-acupuncture. This consisted of needling *Bai Hui* (GV 20) and *Yin Tang* (M-HN-3) and then stimulating these points with a G6805 electro-acupuncture machine suf-

ficient to make the surrounding tissue twitch slightly at 80-100 cycles per minutes. This was done once per day. Six weeks equaled one course of therapy for both groups, after which outcomes were analyzed.

Study outcomes:

Categories of outcomes included cure, marked improvement, improvement, and no effect. The following table shows these outcomes in the two groups.

Group	No.	Cure	Marked improvement	Improvement	No effect	Marked effect	Total effect.
Treatment	55	34(61.8%)	11(20%)	5(9.1%)	5	81.82%	90.91%
Comparison	50	17(34%)	15(30%)	7(14%)	11	64%	78%

The next table shows the mean Hamilton depression rating scores in the two groups from before to after treatment.

Group	Before treatment	After treatment
Treatment	25.35 ± 1.66	7.25 ± 6.23
Comparison	24.90 ± 1.70	13.15 ± 9.29

These results show that a small dose of amitryptiline with relatively simple electro-acupuncture was more effective than the drug therapy alone. Using electro-acupuncture with such a low dose of amitryptiline, the authors of this study were able to achieve a high rate of therapeutic efficacy with a low rate of side effects.

9: From "Clinical Observations on the Treatment of 50 Cases of Secondary Amenorrhea with Supplementing the Kidneys & Quickening the Blood Granules Prescription" by Tan Cai-qun, *Shi Yong Zhong Yi Nei Ke Za Zhi (Journal of Practical Chinese Medicine Internal Medicine)*, #3, 2005, p. 287-289

Cohort Description:

Altogether, there were 104 patients enrolled in this study who were randomly divided into two groups. In the treatment group, there were 50 women 18-40 years of age, with an average age of 28.4 years. These women had been amenorrheic for from four months to 36 months, with an average disease duration of 7.8 months. Nine of these women were unmarried, and 41 had a history of giving birth or abortion. In the comparison group of 54, the women ranged from 19-40 years of age, with an average age of 28.7 years. These women had been amenorrheic for from 4-35 months, with an average disease duration of 7.3 months.

Eight of these women were unmarried and 46 had either given birth or had abortions. Therefore, it was judged that these two groups were statistically comparable in terms of age and disease duration. They were also comparable in terms of serum FSH, LH, and E2 levels.

Treatment method:

All members of the comparison group received 0.625mg per day orally of estrogen beginning day five of their menstrual cycle and continuing to day 22. Thereafter, they received 6mg of progesterone for five days. All medication was then stopped until day five of the next menstrual cycle. This treatment was continued for three months.

All members of the treatment group received four different Chinese herbal formulas coordinated with the four phases of their menstrual cycle. This treatment was likewise continued for three months. During the follicular phase, the following formula was begun on day five and continued for seven days: *Han Lian Cao* (Herba Ecliptae), *Nu Zhen Zi* (Fructus Ligustri Lucidi), *Sang Shen* (Fructus Mori), *Zhi Fu Zi* (Radix Lateralis Praeparatus Aconiti Carmichaeli), *Dang Gui* (Radix Angelicae Sinensis), and *Bai Shao* (Radix Paeoniae Albae), 15g each, *Tu Si Zi* (Semen Cuscutae) and *He Shou Wu* (Radix Polygoni Multiflori), 30g each. One packet was administered per day taken dissolved in water. During the ovulatory phase, the following medicinals were administered for the next seven days beginning on day 12: *Tu Si Zi* (Semen Cuscutae), 25g, *Ba Ji Tian* (Radix Morindae Officinalis), 20g, *Bu Gu Zhi* (Fructus Psoraleae), *Zhi Fu Zi* (Radix Lateralis Praeparatus Aconiti Carmichaeli), *Dang Gui* (Radix Angelicae Sinensis), and *Dan Shen* (Radix Salviae Miltiorrhizae), 15g each, *Hong Hua* (Flos Carthami) 5g, and *Chi Shao* (Radix Paeoniae Rubrae), 12g. During the corpus luteum development phase, the following medicinals were administered for five days, one packet per day: *Dang Shen* (Radix Codonopsis), *Sheng Di* (uncooked Radix Rehmanniae), and *Shu Di* (cooked Radix Rehmanniae), 20g each, *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), *Suo Yang* (Rhizoma Cynomorii), *Dang Gui* (Radix Angelicae Sinensis), *Gou Qi Zi* (Fructus Lycii), and *Bai Shao* (Radix Paeoniae Albae), 12g each, *Ji Xue Teng* (Caulis Spatholobi) and *Tu Si Zi* (Semen Cuscutae), 30g each, *Chen Pi* (Pericarpium Citri Reticulatae), 6g, and *Gan Cao* (Radix Glycyrrhizae), 9g. Then during the premenstruum, another five days of herbs were given consisting of: *Xiang Fu* (Rhizoma Cyperi), *Yu Jin* (Tuber Curcumae), *Yan Hu Suo* (Rhizoma Corydalis), and *Dan Pi* (Cortex Moutan) 10g each, *Sheng Di* (uncooked Radix Rehmanniae), *Dan Shen* (Radix Salviae Miltiorrhizae), *Han Lian Cao* (Herba Ecliptae), *Nu Zhen Zi* (Fructus Ligustri Lucidi), and *Yi Mu Cao* (Herba Leonuri), 15g each, and *Chi Shao* (Radix Paeoniae Rubrae), 12g.

Study outcomes:

Cure was defined as resumption of normal menstrual cycles and continuance of those cycles for at least three months after discontinuing the medicinals.

Improvement meant that the menses resumed. However, the menstrual cycle was still not normal, the menstruate was scanty, and the patient was not able to continue three cycles in a row. No effect meant that, after a continuous three months or more of treatment, there was no improvement in the patient's symptoms or condition. The following table shows the outcomes based on these criteria.

Group	Cured	Improved	No effect	Total effect.
Treatment	29(58%)	13(26%)	8(16%)	84%
Comparison	14(26%)	18(33%)	22(41%)	59%

Further, in 10 cases in the treatment group FSH, LH, E2, and progesterone (P) were normal before treatment but were all normal in 42 cases after treatment. In 22 cases, FSH and LH were more than normal and E2 and P were less than normal before treatment, but this was only so in six cases after treatment. In 14 cases, FSH, LH, E2, and P were all less than normal before treatment, but this only so in two cases after treatment. And in four cases, FSH and LH were normal but E2 and P were less than normal before treatment, but this was not so in any cases after treatment. In the comparison group, these numbers were respectively 10/32, 28/14, 12/6, and 4/4.

Representative case histories

Case 1⁵²: Female, 25 years of age. The patient had a history of diabetes for five years and amenorrhea for one year. Five years before, for no apparent cause, the patient developed the symptoms of oral thirst, polydipsia, polyphagia, polyuria, emaciation, and loss of strength. Subsequent to glucose tolerance and insulin release tests, the diagnosis was type I diabetes. After continuous insulin treatments, fasting blood sugar stabilized at 7.8 mmol/L. Three years later, her menstruation became irregular with delayed menstrual periods. Typically, it arrived only one time every 2-3 months. The amount of flow was relatively less than before. Amenorrhea continued for one year accompanied by a lusterless facial complexion, dry mouth and throat, dizziness and tinnitus, low back and knee aching and weakness, fatigue and loss of strength, vexatious heat and night sweats, blurred vision, a pale red tongue with scant fur, and a fine, weak pulse. The patient's pattern was categorized as liver-kidney yin vacuity with loss of nourishment of the *chong* and *ren*.

⁵² Xu Yun-sheng & Cheng Yi-chun, "Experiences in Two Cases of the Treatment of Diabetes & Amenorrhea," *Zhong Yi Za Zhi (Journal of Chinese Medicine)*, # 6, 1997, p. 338

The treatment was to enrich and supplement the liver and kidneys, fortify the spleen and engender blood, and moisten and nourish the chong and ren. The formula chosen was *Zuo Gui Wan* (Restore the Left [Kidney] Pills) in combination with *Si Wu Tang* (Four Materials Decoction) with additions and subtractions: *Gou Qi Zi* (Fructus Lycii), 30g, *Sheng Di* (uncooked Radix Rehmanniae), 15g, *Shan Yao* (Radix Dioscoreae), 30g, *Shan Zhu Yu* (Fructus Corni), 15g, prepared *He Shou Wu* (Radix Polygoni Multiflori), 30g, *Nu Zhen Zi* (Fructus Ligustri Lucidi), 30g, *Gui Ban* (Plastrum Testudinis), 15g, *Tu Si Zi* (Semen Cuscutae), 15g, *Rou Cong Rong* (Herba Cistanchis), 15g, *Dang Gui* (Radix Angelicae Sinensis), 12g, *Chuan Xiong* (Rhizoma Chuanxiong), 15g, *Chi Shao* (Radix Paeoniae Rubrae), 15g, and *Huang Qi* (Radix Astragali), 30g. After taking 12 packets, the patient's low back and knee aching and weakness were alleviated and so were her fatigue and loss of strength. After taking 12 more packets, her vision was clearer than before and all the above symptoms markedly improved.

She continued taking another 24 packets and then her condition basically disappeared. The only symptoms remaining were a distended, full feeling in her lower abdomen and a dull pain just before the onset of her menstrual flow. Therefore, *Hong Hua* (Flos Carthami) and *Tao Ren* (Semen Persicae), 12g each, and *Chuan Niu Xi* (Radix Cyathulae), 15g, were added to the original formula. These were in order to quicken the blood and free the flow of the network vessels in order to assist the movement of blood. After the patient had taken five packets, the menstrual flow came like a tide. The color was dull red, the amount was scanty, and the flow lasted one day. With similar variations to the original formula, the patient recuperated within six months. Her menstrual period came monthly with a normal color and amount.

Case 2⁵³: Female, aged 24 years. The patient had a history of diabetes for six years and amenorrhea for one and a half years. Six years ago, after contracting a high fever, she began to suffer from insulin-dependent diabetes. Although the patient used insulin over a long period of time, her fasting blood sugar still fluctuated between 8.3-13.6 mmol/L. Her menses were scanty and their color was pale. Three years later, the menstrual cycle became irregular and the menstrual periods became gradually more delayed, leading to menstrual block or amenorrhea. Examination revealed a somber white facial complexion, lassitude of the spirit, loss of strength, low back and knee aching and weakness, fear of cold, chilled limbs, decreased eating, loose stools, frequent, copious nocturia, a pale yet dark or dull tongue with toothmarks on the edges and scanty fur, and a deep, fine pulse. Therefore, patient's pattern was categorized as spleen-kidney yang vacuity with chong and ren loss of regulation and nourishment.

⁵³ *Ibid.*, p. 338

The treatment principles were to warm the kidneys and fortify the spleen, regulate and supplement the chong and ren. The formula chosen was *You Gui Wan* (Restore the Right [Kidney] Pills) combined with *Si Wu Tang* (Four Materials Decoction) with additions and subtractions: *Gou Qi Zi* (Fructus Lycii), 30g, *Sheng Di* (uncooked Radix Rehmanniae), 15g, *Shan Yao* (Radix Dioscoreae), 30g, *Shan Zhu Yu* (Fructus Corni), 15g, *Lu Jiao Jiao* (Gelatinum Cornu Cervi), 15g, *Tu Si Zi* (Semen Cuscutae), 15g, *Rou Gui* (Cortex Cinnamomi), 9g, *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), 12g, prepared *He Shou Wu* (Radix Polygoni Multiflori), 30g, *Dang Gui* (Radix Angelicae Sinensis), 15g, *Chuan Xiong* (Rhizoma Chuanxiong), 12g, *Huang Qi* (Radix Astragali), 30g, and *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), 15g. After 12 packets of this medicine was taken, the low back and knee aching and weakness, the fear of cold, and chilled limbs had taken an obvious turn for the better.

When another 12 packets were taken, the nocturia was reduced and her strength increased. Fifteen grams each of *Chuan Niu Xi* (Radix Cyathulae) and *Niu Xi* (Radix Achyranthis Bidentatae) were added to the formula. After 24 packets of this modified formula were taken, all the symptoms were greatly reduced. At the same time, the lower abdomen felt slightly distended. After 12 more packets of the same formula were taken, lower abdomen distention and pain were very noticeable, indicating that the menstrual flow was about to arrive. Therefore, 12 grams each of *Tao Ren* (Semen Persicae) and *Hong Hua* (Flos Carthami) were added to the formula. After three packets of this formula were taken, the menstrual flow came like a tide. The color was dull, it was profuse in amount, and ended after half a day. For the next six months, this modified formula was given regularly. All the symptoms recovered, fasting blood sugar stabilized at 7mmol/L, and the menstrual flow came on schedule. After these changes had taken place, *Jin Gui Shen Qi Wan* (Golden Cabinet Kidney Qi Pills) and *Ren Shen Gui Pi Wan* (Ginseng Restore the Spleen Pills) were given in order to consolidate the treatment effect. At a follow-up visit one year later, menstruation was normal.

Case 3⁵⁴: The patient was a 32 year-old female who had given birth in September 1997. In March 1998, this woman had stopped breast-feeding. However, her menses did not resume. In September 1998 she was diagnosed with amenorrhea. Her symptoms included a small amount of milky discharge from the nipples, low back soreness, breast distention, vexation, agitation, and easy anger, insomnia, profuse dreams, a red tongue with thin fur, and a bowstring pulse. Her PRL was 78.4ng/ml. She had already taken 16 packets of modified *Xiao Yao San* (Rambling Powder) to course the liver, supplement the kidneys, and nourish the blood. After this, her menses came, but their amount was

⁵⁴ Wu Su-ling, "The Treatment of 32 Cases of Postpartum Hyperprolactinemia with Acupuncture & Moxibustion at *San Yin Jiao* (Sp 6)," *Zhe Jiang Zhong Yi Za Zhi* (Zhejiang Journal of Chinese Medicine), #11, 2002, p. 75

scanty and their color was dark. The patient continued taking the Chinese medicinals and her menstruation normalized. However, she could still express some milk from her breasts and her PRL was still high at 41.2ng/ml. Therefore, the patient was needled bilaterally at *San Yin Jiao* with even supplementing-even draining technique. The needles were left in place for a half hour. During that time, three cones of moxibustion were burned on the handles of the needles. One treatment was given per day. After one month of daily treatment, no more milk was able to be expressed from her nipples and her PRL was 16.8ng/ml. On follow-up after one year, there was no recurrence.

Case 4⁵⁵: The patient was a 26 year-old female. As of Nov. 13, 1998, her menses had been stopped for one and a half years. Menarche had occurred at 16 years of age and her menses had been regular. However, after she got married, her menstrual cycle had become chaotic. Her menses became sparser and sparser in terms of onset until she gradually developed amenorrhea. After the woman had been married for three years without conceiving and had had amenorrhea for half a year, she was treated for 50 days as an out-patient. The result of this was that the next year she gave birth normally to a baby girl and both mother and child were healthy. After delivery, the amount of her breast milk was normal and her menses returned. However, after ceasing breastfeeding, she again developed amenorrhea. The least time between menses was three months, but mostly there were a half to one year between menstruations. In each case, menstruation was stimulated by intramuscular progesterone injections. At the time the authors of this case examined this woman, she had low back and abdominal aching and pain, a scanty white vaginal discharge, a dark, blackish facial complexion, rough, scaly skin, a tendency to loose stools, a pale red tongue with thin, slimy, white, and a deep, fine pulse. Gynecological examination revealed normal pubic hair and external genitalia, no atrophy of the vaginal tract, a uterus positioned anteriorly which was, however, normal in size, and both adnexa without abnormalities. Ultrasonography showed that the woman's ovaries were normal in size. Endocrine levels were: FSH 2.710mIU/ml, LH 8.927mIU/ml, PR 0.03ng/ml, E2 65.411Pg/ml, T 1.530ng/ml, and P 3.310ng/ml. (Prolactin [PRL] should normally fall between 3-20ng/ml. Anything less than 3ng/ml is considered low.)

Based on the above, the woman's disease diagnosis was amenorrhea due to low serum prolactin. Her Chinese medical pattern was discriminated as liver-kidney insufficiency with congestion and obstruction of the uterine vessels. The treatment principles were to course the liver, supplement the kidneys, and fill the essence, transform stasis and free the flow of the menses. The formula used was *Xiao Yao San Jia Wei* (Rambling Powder with Added

⁵⁵ Guo Yun et al., "One Case of Low Serum Prolactin Treated by Chinese Medicine," *Si Chuan Zhong Yi (Sichuan Chinese Medicine)*, #12, 2000, p. 33

Flavors): *Gou Qi Zi* (Fructus Lycii), *Ji Xue Teng* (Caulis Spatholobi) paste, *Lu Lu Tong* (Fructus Liquidambaris), and *Niu Xi* (Radix Achyranthis Bidentatae), 20g each, processed *He Shou Wu* (Radix Polygoni Multiflori), *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), *Shui Zhi* (Hirudo), *Tao Ren* (Semen Persicae), *Hong Hua* (Flos Carthami), *Chai Hu* (Radix Bupleuri), *Bai Shao* (Radix Paeoniae Albae), and *Fu Ling* (Poria), 15g each, *Dang Gui* (Radix Angelicae Sinensis), 12g, *Bo He* (Herba Menthae Haplocalycis), 10g, and *Gan Cao* (Radix Glycyrrhizae), 5g. After taking three packets of the above medicinals, the menses had still not come. Therefore, *He Shou Wu*, *Niu Xi*, *Tao Ren*, and *Hong Hua* were removed and 15 grams of *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii) and *Xian Mao* (Rhizoma Curculiginis) were added. After taking six packets of this prescription, the patient's menses came. Its amount was scanty, its color was dark red, and the patient experienced vexatious pain throughout her body. After flowing for three days, the menses stopped.

At this point, another 23 packets of the above medicinals were administered, but still her menses did not come again for another half year. Therefore, her tongue and pulse were re-examined more minutely. Her tongue was fat and pale with white fur, and her pulse was deep and moderate (*i.e.*, relaxed or slightly slow). That plus the fact that she had suffered from loose stools and diarrhea for many years suggested that her pattern discrimination be changed to a liver-kidney yang vacuity. This then led to the prescription of *Er Xian Tang* (Two Immortals Decoction) plus *Gan Mai Da Zao Tang* (Licorice, Wheat & Red Dates Decoction) with added flavors: *Huai Xiao Mai* (Fructus Triticum), *Xian Mao* (Rhizoma Curculiginis), *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), *Gan Cao* (Radix Glycyrrhizae), *Da Zao* (Fructus Jujubae), *Cang Zhu* (Rhizoma Atractylodis), *Xiang Fu* (Rhizoma Cyperi), *Tu Bie Chong/Di Bie Chong/Zhe Chong* (Eupolyphaga/Steleophaga), *Yu Piao Jiao* (Fish Glue), *Zhe Bei Mu* (Bulbus Fritillariae Thunbergii), *Tu Si Zi* (Semen Cuscutae), *Nu Zhen Zi* (Fructus Ligustri Lucidi), and *Che Qian Zi* (Semen Plantaginis), 15g each, and *Gou Qi Zi* (Fructus Lycii), 20g. These medicinals were meant to warm and supplement the liver and kidneys, fill the essence to promote the engenderment and growth of yang, fortify the spleen, eliminate dampness, and transform phlegm, dispel stasis and free the flow of the menses. After taking three packets of this formula, her menses came like a tide. Their amount was profuse, their color was red, and they lasted six days. However, the patient's low back was sore and her stools were still somewhat loose. Therefore, to consolidate the treatment effects, the above formula was administered for another half year. During this time, the woman's menses came every 24-40 days and lasted 5-6 days each time. Eventually the woman became pregnant and was still pregnant at the time this case was written.

Case 5⁵⁶: The patient was 27 years old. Her menarche had taken place at 16 years of age, and her menstrual cycles were normal until five months previous when the patient had developed amenorrhea. There was also left-sided lower abdominal insidious pain, low back and knee soreness and limpness, and polyuria at night. Her tongue was red with thin fur, and her pulse was fine. Therefore, seven packets of the following medicinals were prescribed in order to boost the kidneys and nourish the blood and regulate the chong and ren: *Dang Gui* (Radix Angelicae Sinensis), *Bai Shao* (Radix Paeoniae Albae), *Chi Shao* (Radix Paeoniae Rubrae), *Chuan Xiong* (Rhizoma Chuanxiong), *Ze Lan* (Herba Lycopi), *Tu Si Zi* (Semen Cuscutae), *Sheng Di* (uncooked Radix Rehmanniae), and *Shu Di* (cooked Radix Rehmanniae), 9g each, *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), *Niu Xi* (Radix Achyranthis Bidentatae), and processed *Xiang Fu* (Rhizoma Cyperi), 12g, and *Hong Hua* (Flos Carthami) and *Tao Ren* (Semen Persicae), 4.5g each. On the second examination, the patient reported that the low back soreness was eliminated and that here menses had come but its amount was scanty. It had flowed four days and then stopped. Her tongue was red with thin fur and her pulse was fine. Therefore, seven more packets of the following medicinals were prescribed in order to boost the kidneys and nourish the blood, rectify the qi and regulate menstruation: *Dang Gui* (Radix Angelicae Sinensis), *Bai Shao* (Radix Paeoniae Albae), *Chuan Xiong* (Rhizoma Chuanxiong), *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii), *Tu Si Zi* (Semen Cuscutae), and *Rou Cong Rong* (Herba Cistanchis), 9g each, *Yi Mu Cao* (Herba Leonuri), *Niu Xi* (Radix Achyranthis Bidentatae), processed *Xiang Fu* (Rhizoma Cyperi), *Sheng Di* (uncooked Radix Rehmanniae), and *Shu Di* (cooked Radix Rehmanniae), 12g each. After this, the patient's menstrual cycle came normally again.

Case 6⁵⁷: The patient was an 18 year-old female who was first examined by Dr. Huang on June 13, 1985. This young woman's menarche had occurred when she was 11 years old. Since then, her menses had always been late or delayed, coming each 40-50 days. Their amount was scanty and they were accompanied by pain. After menstruation, this pain improved. Eventually, these delayed and scanty menses evolved into amenorrhea. In 1984, based on a pelvic examination at a Beijing hospital, the patient had been diagnosed with polycystic ovarian syndrome (PCOS), and the patient's menses had not come once in the last year. The patient had already been treated with quite a lot of Chinese medicinals. However, these had only resulted in her stools becoming dry and bound and her abdomen distended. The patient's body was thin, her facial complexion was dark or gloomy, and her affect was

⁵⁶ Pang Zhu-chi, *Shag Hai Lao Zhong Yi Jing Yan Xuan Bian (A Selected Compilation of Shanghai Old Chinese Doctors' Case Histories)*, Shanghai Municipal Department of Health, Shanghai Science & Technology Publishing Co., Shanghai, 1984, p. 456

⁵⁷ Huang Sheng-wu, *Huang Sheng Wu Fu Ke Jing Yan Ji (A Collection of Huang Sheng-wu's Gynecological Case Histories)*, compiled & edited by Min Qian-jun, People's Health & Hygiene Press, Beijing, 2004, p. 99-100

depressed. There was also hyperpilosity, especially on both lower limbs. The young woman's urination was frequent and profuse, her mouth was not particularly dry, her tongue tended to be red with white fur, and her pulse was fine and rapid.

Based on the foregoing, Dr. Huang prescribed the following medicinals: *Bie Jia* (Carapax Trionycis), 30g, *Lu Jiao Shuang* (Cornu Degelatium Cervi), *Ji Xue Teng* (Caulis Spatholobi), *Tu Si Zi* (Semen Cuscutae), and *Yi Yi Ren* (Semen Coicis), 15g each, *Xiang Fu* (Rhizoma Cyperi) and *Yi Mu Cao* (Herba Leonuri), 12g each, and *Ji Nei Jin* (Endothelium Corneum Gigeriae Galli), *Bai Zi Ren* (Semen Platycladi), *Ze Lan* (Herba Lycopii), and *Chuan Niu Xi* (Radix Cyathulae), 10g each. The patient came back on July 4th. Her menses had still not come. At night she felt agitated and hot, her mouth was dry, and she desired to drink. Her two excretions were normal and her appetite was ok. Her tongue was red with thin, yellow fur, and her pulse was still fine. Therefore, Dr. Huang continued the same formula with 15 grams of *Zhe Bei Mu* (Bulbus Fritillariae Thunbergii). The patient's third visit took place on July 21st. The patient reported that her menses had begun on July 16th. Their color began black and then turned red. Their amount was scanty, and they stopped on day three. After menstruation, the young woman said that her feelings of heat and vexation had disappeared. Now her tongue was red with thin fur, and her pulse was fine and weak. Dr. Huang continued with the same formula. The patient's fourth and last visit with Dr. Huang occurred on August 16th. The patient's last menses had begun on August 9th and had already stopped. Their amount was more than before and their color was redder. There had been no low back or abdominal pain and the patient's affect was better. Her tongue was red with thin fur, and her pulse was fine. Dr. Huang continued with the same prescription in order to secure the therapeutic effects.

Case 7⁵⁸: The patient was a 17 year-old female who was first seen by Dr. Huang on June 6, 1985. The patient reported that her menarche had occurred at 14 years of age and that she had had menstrual irregularity for two years. What she meant by this was that sometimes her menses had come early and sometimes they had come late. They tended to be profuse in amount. Then for a year, her menstrual cycle had normalized. However, in the last two years, her menses had always been late, coming once every 2-3 months. In addition, her menses had become scanty in amount. Now the patient had not menstruated since March 25th. Three months after ceasing to menstruate, the young woman had been treated with progesterone and this had caused a scanty menstruation which was red in color. But now it had been another 70 days with no menstruation. There was a feeling of pain in the center of the

⁵⁸ *Ibid.*, p. 97-98

woman's lower abdomen as well as low back distention and pain. There was profuse white vaginal discharge, reduced appetite, and a thin body. Gynecological examination showed that the patient's uterus was small. Her tongue was pale with thin, white fur, and her pulse was fine. Based on these signs and symptoms, Dr. Huang categorized her pattern was kidney vacuity and essence debility.

Therefore, Dr. Huang prescribed the following medicinals in order to supplement the kidneys and foster the essence: *Dang Gui* (Radix Angelicae Sinensis) and *Shu Di* (cooked Radix Rehmanniae), 20g each, *Ji Xue Teng* (Caulis Spatholobi), *Tu Si Zi* (Semen Cuscutae), *Bai Zhu* (Rhizoma Atractylodis Macrocephalae), and *Lu Jiao Jiao* (Gelatinum Cornu Cervi), 15g each, *Xiang Fu* (Rhizoma Cyperi) and *Fu Ling* (Poria), 12g each, and *Ze Lan* (Herba Lycopi), and *Xian Ling Pi/Yin Yang Huo* (Herba Epimedii) and *Chuan Niu Xi* (Radix Cyathulae), 10g each. The patient was also prohibited from eating uncooked and chilled foods. The young woman returned to see Dr. Huang a second time on June 27th. After taking the above medicinals, the patient's menstruation had occurred on June 12th and had flowed for six days. Their amount was profuse and their color was dark red. They also contained numerous clots and there was insidious menstrual movement abdominal pain. The vaginal discharge was less than before, but the patient's mouth was dry and she desired to drink. Therefore, Dr. Huang continued the same formula with the addition of 10 grams of *Bai Shao* (Radix Paeoniae Albae). The patient came back a third time on July 25th. The patient's last menses had begun on July 13th and had flowed for five days with a moderate amount. The vaginal discharge was now normal. The patient said that sometimes she still had some insidious lower abdominal pain. Her tongue was pale with thin fur, and her pulse was fine. Thus Dr. Huang continued the above formula with 15 grams of *Gou Qi Zi* (Fructus Lycii) added.

Exercise & Discussion Questions:

1. What are the two fundamental disease mechanisms of blocked menstruation?
2. What should the practitioner check for before assuming the patient is truly suffering from amenorrhea?
3. What are the two main types of amenorrhea according to Western medicine?
4. Besides amenorrhea, what are some of the textbook signs and symptoms of polycystic ovarian syndrome (PCOS)?

5. If a woman experiences both amenorrhea and galactorrhea, what should your first response be?
6. Lung yin vacuity amenorrhea specifically refers to amenorrhea secondary to what Western medical disease?
7. Western anti-psychotic medications may cause secondary amenorrhea. In that case, what do you think the most likely mechanism is and why?
8. Why might charting an amenorrheic woman's BBT be useful?
9. If an obese woman suffers from amenorrhea, what should your initial working hypothesis(es) be concerning the patient's probable presenting pattern(s) and why?

Problem Based Learning case history:

Female, 22 years old, ectomorphic

The patient has been amenorrheic for nine months. She is very thin due to on-going anorexia/bulimia. However, the patient also experienced menarche relatively late at 15 years of age and has always had small breasts and very slim hips. The patient fidgets nervously and talks quite a bit. When asked if she is more hot or more cold, she says she is never cold. When she gets nervous, her face flushes. She sometimes has trouble staying asleep at night. Her tongue is red with scanty fur, while her pulse is surging in the inch positions and fine and floating in the cubits.

- A. What is/are this patient's probable presenting pattern(s) and why?
- B. What are the treatment principles for this/these pattern(s)?
- C. What other considerations are important to this case and why?
- D. What is going to be a probable limiting factor to the success of this case and why?
- E. Please write an acupuncture formula for this case, including treatment frequencies.
- F. Please write a Chinese herbal formula for this case, including doses.

(From *Zhong Yi Zi Xue Cong Shu [The Chinese Medical Self-study Series], Vol II, "Gynecology"*,
Hebei Science & Technology Press, Shijiazhuang, 1987)

**BLOCKED MENSTRUATION:
VACUITY & REPLETION**

		Repletion Patterns	Vacuity Patterns
Chest & Abdomen	Chest oppression, lower abdominal pain or distention, pressure makes worse	No sensation of distention or oppression within the chest or abdomen, or abdominal distention and pain which likes pressure and rubbing	Formal body vacuous and debilitated, or as if withered firewood
Formal Body	Formal body not debilitated or obesity	Pulse fine & weak or fine & choppy. Tongue coating thin or scanty; tongue substance pale or bright red	Pulse wiry with force or deep & choppy. Tongue coating yellow or white and slimy; substance purplish
Pulse & Tongue	Pulse wiry with force or deep & choppy. Tongue coating yellow or white and slimy; substance purplish	Pulse fine & weak or fine & choppy. Tongue coating thin or scanty; tongue substance pale or bright red	Pulse fine & weak or fine & choppy. Tongue coating thin or scanty; tongue substance pale or bright red

(From *Zhong Yi Fu Ke Xue [A Study of Chinese Medical Gynecology]* by Liu Min-ru,
Sichuan Science & Technology Press, Chengdu, 1992)

THE DIFFERENTIATION OF BLOCKED MENSTRUATION FROM EARLY PREGNANCY

Clinical Signs & Symptoms	Blocked Menstruation	Early Pregnancy
	Before developing blocked menstruation, mostly have menstrual irregularity. It suddenly stops & ceases. Usually there will be lower abdominal distention and pain or other such pathological symptoms.	Menses mostly normal and then suddenly stops & ceases. Typically have pregnant reactions.
Pulse Image	mostly deep & choppy or vacuous & fine	slippery & uninhibited
Gynecological Examination	no sign of pregnancy	has signs of pregnancy
Pregnancy test	negative	positive

