

Kuzu Capstone

Does acupuncture, Chinese herbal medicine and nutrition provide an effective modality to reducing fibroids?

By

Elif Kuzu

A capstone project Presented in partial fulfillment of the requirements for the Doctor of Acupuncture and Oriental Medicine Degree

Yo San University

Los Angeles, California

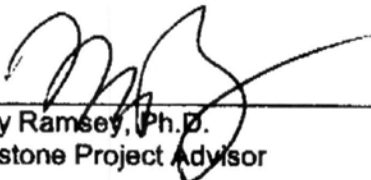
April 2017

## **Acknowledgements**

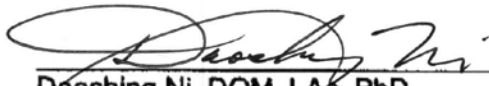
The author would like to express her gratitude to the following people, without whose guidance and support this capstone would not have been possible: Dr. Harly Ramsey, Dr. Laraine Crampton, Dr. Andrea Murchison, Dr. Julie Hong, and Dr. Qian. Thank you for putting up with me!

**Approval Signatures Page**

This Capstone Project has been reviewed and approved for acceptance in fulfillment of  
DAOM Research Reporting by:

  
\_\_\_\_\_  
Harty Ramsey, Ph.D.  
Capstone Project Advisor

*April 30, 2017*

  
\_\_\_\_\_  
Daoshing Ni, DOM, LAC, PhD  
Integrative Reproductive Medicine Specialty Chair

*April 30, 2017*

  
\_\_\_\_\_  
Laraine Crampton, DAOM, LAC,  
Doctoral Program Dean

*April 30, 2017*

## **Abstract**

Uterine fibroids are the most widely recognized gynecologic tumors in women of conceptive age yet the etiology and pathogenesis of these injuries remain inadequately understood. Age, African ancestry, nulliparity and obesity have been recognized as inclining elements for uterine fibroids. Symptomatic tumors can bring about over the top uterine bleeding, heavy menstrual cycles and pelvic agony, and in addition related reproductive disorders, for example, infertility, miscarriage and other unfriendly pregnancy outcomes. Presently, there are restricted noninvasive and invasive treatments for fibroids and no early mediation or counteractive action techniques are promptly accessible. This literature review abridges the advances in translational uterine fibroid examine, not with standing present and proposed ways to deal with clinical administration but also to examine diet, acupuncture, Chinese herbal medicine as a modality to reduce or even dissolve the fibroid completely. As a result we find that diet, acupuncture and Chinese herbal medicine can significantly reduce and sometimes completely resolve the uterine fibroids depending on the size and time frame the patient had been diagnosed.

Due to limited research on alternative modalities, it is hard to prove these nutrition therapies, acupuncture and Chinese herbal formulas work consistently, as the research needs to be broadens and the length of time for the research also need to be further evaluated. The longer and larger trails of woman presenting with uterine

fibroids on a combination diet control, acupuncture and Chinese herbal formulas can give us further advancements and insight on preventing and even completely eliminating this condition.

## Table of Contents

<b>CHAPTER 1: Introduction</b> .....	8
What are Uterine Fibroids.....	8
Where Fibroids can develop.....	9
Signs and Symptoms of Fibroids.....	10
Definition of terms.....	12
<b>CHAPTER 2: Review of Literature</b> .....	15
Chinese Medicine Interpretation of The Uterus.....	15
Chinese Medical Theory of Abdominal Masses, such as Fibroids.....	15
TCM Etiology and Pathogenesis.....	18
TCM Differentiation and Treatment.....	20
TCM Ju Syndrome (Qi Masses).....	21
TCM Liver Qi Stagnation.....	21
TCM Retention of Food and Phlegm.....	22
TCM Ji Syndromes (Blood-Stasis Masses).....	23
TCM Beginning Stage: Qi and Blood Stagnation.....	23
TCM Center Stage: Retention of Stagnant Blood.....	24
TCM Last Stage: Anti-Pathogenic Qi Deficiency and Blood Stasis.....	25
TCM Herbs and Herbal Formulas.....	27
TCM Acupuncture Points.....	33
Diet and Nutrition.....	35

**CHAPTER 3: Methodology**.....40

    General Statement of Methodology.....40

    Sampling Procedures.....40

    Data Analysis.....41

    Human Research Ethical Considerations.....42

**CHAPTER 4: Results**.....43

    Chinese Herbal Formulas Studies.....43

    Acupuncture Point Studies.....47

    Studies on Diet and Nutrition.....48

**CHAPTER 5: Discussion**.....50

**REFERENCES**.....53

**APPENDICES**

IRB Approval Letter

## Ch.1 Introduction

Although uterine fibroids are typically treated by western medicine, the benefits of eastern medicine have started to arise. New developing research to therapy is allowing women to examine their treatment options. There are many resources that prove the positive effects of Chinese medicine treatment dealing with uterine fibroids. The holistic practice in Oriental medicine allows the patient to not only be examined by one method but by several different methods. The interconnectedness of evaluating the whole body instead of symptom or disease is not only offering various answers to the causes of uterine fibroids but also treating the fibroids effectively. In this research paper, I will begin by briefly discussing the western medicine symptoms and treatments, and then thoroughly examining eastern medicine therapies and approaches such as acupuncture, acupuncture points, Chinese herbal medicine, and nutrition.

Uterine fibroids also known as myoma, leiomyoma, and fibromyoma are one of the most common pelvic tumors. The cause is unknown according to several sources such as Oxford Journal of Human Reproduction and Harvard Women's Health Watch. Although, no one really knows what causes fibroids, genes that accelerate the growth of uterine muscle cells may have a part and/or abnormalities of the uterine vessels may be involved as well. Estrogen and progesterone might be an important tool in the presence of fibroids because fibroids seldom occur before first menstrual period, pregnancy can spur their growth, and the fibroids usually shrink after menopause (Harvard Health Publication, 2008).



Most women develop uterine fibroids after the age of 30 or during their childbearing years according to Medline Plus. Uterine Fibroids can develop in early age although it is rare (Yi and Li-xing, 2008).

African American women are three times more likely to develop symptomatic fibroids than women of other ethnic groups, and typically at an earlier age (Harvard Health Publication, 2008), (African Health Science, 2011).

### **Where fibroids develop:**

Fibroids can develop in several different areas of the uterus. According to “Gynecology in Practice” there are four different areas uterine fibroids can develop. One area is myometrial; this is located in the muscle wall of the uterus. Myometrial leiomyoma’s can be further divided into intramural fibroids (which occupy approximately 60-70% of all uterine fibroids) (Yi and Li-xing, 2008). Another area is submucosal which is underneath the uterine lining. The submucosal fibroids occupy roughly 10% (Yi and Li-xing, 2008). The last two areas that can be affected are subserosal which is under the outside covering of the uterus and occupy about 20-30% and lastly the pedunculated which is located either on a long stalk on the outside of the uterus or inside the cavity of the uterus (Warshowsky, 2010). Uterine fibroids can show up singular, but most often are of multiple types (Yi and Li-xing, 2008). Yi and Li-xing in their book “The Clinical Practice of Chinese Medicine Endometriosis & Uterine Fibroids” also add that Uterine Fibroids sometimes can be detected in the uterine cervix called cervix leiomyoma’s.

## **Signs and Symptoms of Fibroids:**

Although cervix fibroids are benign they do cause several different symptoms that may affect one's everyday health and life. "However a large number of patients are asymptomatic and not only till one has a pelvic exam do patient realize that they may have a uterine fibroid. The clinical manifestations of uterine fibroids vary in regards to location, size, rate of growth and the number of complications due to secondary degeneration" (Yi and Li-xing, 2008). Medline Plus states that, the most common symptoms are gas, abdominal fullness, constipation, bleeding between periods, menorrhagia, periods that may last longer, pressure in the lower abdomen, increase in urinary frequency and pain during intercourse" (Medline Plus, 2010). Fibroids can radically modify a woman's personal satisfaction. For instance, a substantial fibroid can grow the uterus to the span of a trimester pregnancy and press against the gut or bladder, bringing about clogging or incessant pee. Fibroids are likewise once in a while connected with barrenness, unnatural birth cycle, and untimely work. Be that as it may, the most well-known grumbling is substantial, frequently cluster studded menstrual dying, called menorrhagia (if a cushion or tampon is drenched as the hour progressed) or hypermenorrhagia (if at least two tampons or cushions are splashed as the hour progressed), which can make a lady a virtual detainee in her home amid her periods. Such substantial draining can likewise bring about iron-inadequacy weakness (PubMed Health, 2014).

Hard Uterine masses in Chinese Medicine are referred to as concretions and conglomerations (Yi and Li-xing, 2008). "The etiologies of these conditions are generally

associated with the invasion of wind-cold evil, the improper intake of uncooked food during menstruation and after delivery, or external contractions of dampness, heat, or damp-heat evils ” (Yi and Li-xing, 2008). As blood and qi fight against these pathogenic factors, the resulting obstructed movement of blood and qi leads to the formation of concretions and conglomerations (Yi and Li-xing, 2008).

Depending on the area and the size of the fibroid, western medicine recommends surgical removal of the fibroids including hysterectomy, or pharmaceutical medicine. In the United States, every year over 550,000 American women undergo hysterectomy, the majority for benign non-life threatening conditions. In 33% of all hysterectomies, the reason for surgery is problems related to fibroid tumors (Harvard Health Publication, 2008).

Treatment approaches in western medicine also use over-the-counter analgesics, gonadotropin-releasing hormone agonists such as leuprolide (Lupron), hormonal agents such as birth control, androgen drug danazol (Danocrine), or Depo-Provera, Mifepristone (RU-486) to block progesterone, selective progesterone receptor modulators, or SPRMs. Raloxifene (Evista) to help shrink fibroids but is only prescribed to premenopausal women and lastly using a progestin-releasing intrauterine device (Minera) (Harvard Health Publication, 2008). Other treatments in western approach besides hysterectomy (which is the complete removal of the uterus with the fibroids), myomectomy is an operation that is less invasive and allows the women to keep her uterus and continue to reproduce. Although some patients that have this procedure may be advised to have a cesarean delivery. Uterine artery embolization (UAE), also known as uterine fibroid embolization is another procedure that is minimally invasive where the

blood supply to the fibroid is cut off. Magnetic resonance-guided ultrasound surgery (MRgFUS) is another western procedure that is non-invasive that works by heating and shrinking the fibroid (Harvard Health Publication, 2008).

Chinese Medicine has an entirely different way of looking at this particular disease. First, I will talk about the history of the uterus according to Chinese Medicine and the theory of Uterine Fibroids in Chinese medicine. Then what researchers presents about uterine fibroids, how they occur, what are the causes, how acupuncture, Chinese herbs and nutrition affect Uterine Fibroids, and treatment protocols from literature reviews. Do Acupuncture, Chinese herbs and eastern/western nutrition reduce uterine fibroids?

Definition of terms:

- Acupuncture: an originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease, relieve pain, or promote healing (Rothfeld & Levert, 2002).
- Nutrition: the act or process of nourishing or being nourished; *specifically* : the sum of the processes by which an animal or plant takes in and utilizes food substances (Whitney & Rolfes, 2016).
- Uterine Myoma: are noncancerous growths of the uterus that often appear during childbearing years (Stewart, 2007).
- Uterine Leiomyoma: are noncancerous growths of the uterus that often appear during childbearing years (Stewart, 2007).
- Uterine Fibromyoma: are noncancerous growths of the uterus that often appear during childbearing years (Stewart, 2007).

- Uterine Fibroids: are noncancerous growths of the uterus that often appear during childbearing years (Stewart, 2007).
- Hysterectomy: surgical removal of the uterus (Stewart, 2007).
- Myomectomy: surgical excision of a myoma or fibroid (Stewart, 2007).
- Lupron: a synthetic analog of gonadotropin-releasing hormone administered by injection in the form of its acetate  $C_{59}H_{84}N_{16}O_{12} \cdot C_2H_4O_2$  to treat cancer of the prostate gland, endometriosis, uterine fibroids, and precocious puberty  
<Androgen-deprivation therapy by either bilateral orchiectomy or administration of a gonadotropin-releasing hormone agonist such as *leuprolide* is the mainstay of treatment for advanced or metastatic prostate cancer (Kaufman, 2011)
- Mifepristone (RU-486): a synthetic steroid that inhibits the action of progesterone, given orally in early pregnancy to induce abortion (Medlineplus, 2016).
- Selective Progesterone Receptor Modulators (SPRMs): Selective progesterone receptor modulators with mild or potent antiprogestin activity are a class of progesterone receptor ligands that may exert their contraceptive activity through different mechanisms, including the blocking of ovulation and endometrial desynchronization (Szamatowicz, 2013).
- Evista: a drug used orally in the form of its hydrochloride  $C_{28}H_{27}NO_4S \cdot HCl$  to prevent and treat osteoporosis after menopause and to reduce the risk of developing invasive breast cancer (Mark & Annussek, 1999)

- Uterine artery embolization (UAE): Uterine artery embolization (UAE) is a procedure where an interventional radiologist uses a catheter to deliver small particles that block the blood supply to the uterine body (Spies & Pelage, 2001).
- Magnetic resonance-guided ultrasound surgery (MRgFUS): a noninvasive thermal ablation method that uses magnetic resonance imaging (MRI) for target definition, treatment planning, and closed-loop control of energy deposition.

## **Ch. 2 Review of Literature**

In this chapter I will discuss the theory of the uterus and medical theory of fibroids according to Chinese medicine. I will also present the etiologies and pathogens of how uterine fibroids form in Chinese medicine. The treatment modalities such as acupuncture, Chinese herbs and nutrition will also be conducted in this chapter with literature review as the main point.

### **Chinese Medicine Interpretation of The Uterus**

In his book, “Obstetrics and gynecology in Chinese Medicine” Giovanni, Maciocia describes the Uterus in many different words, the “Zi Bao, Bao Gong, Zi Zang, Zi Chu, Xue Zang (Baby’ Bao, Bao Palace, Baby’s Zang, Baby’s Abode, and Blood Zang)” (Maciocia, 1998). Women’s physiology is commanded by blood as the lower burner houses the uterus, which stores the blood. In women, blood is the wellspring of the periods as well as of richness, origination, pregnancy and labor (Maciocia, 1998).

### **Chinese medical theory of abdominal masses, such as fibroids**

The primary portrayal of uterine fibroids in the Chinese writing was in the Ling Shu (ca. 100 B.C.), which characterized shijia, a stony tumor (shi = stone; jia = mass). From this content emerged the general idea of stomach masses as zhengjia, which means two sorts

of masses: zheng alludes to one in settled position that is agonizing, and jia is a mass that can be moved, and just damages when weight is connected. These masses were portrayed in the Ling Shu scroll on water swellings, zheng relates to uterine masses and jia comparing to intestinal masses (sectioned articulations are embedded to help clarification of the content): Cold qi is a visitor (that is, it takes living arrangement there) in the external wall of the digestion systems, and fights with the defensive qi. The qi does not get support, and in light of the fact that cold qi and defensive qi are entwined in battle, acid reflux originates from inward perplexity. The wiped out qi then ascents (e.g., upward flux of stomach qi), and wiped out substance is conceived below. At the initiation of its introduction to the world, the mass is as huge as a chicken's egg. Gradually, it increases its sized until it reaches the its conclusion with a shape like carrying a child. "For a long time, that is, with years intervening, if the hand is then used to press (on the abdomen), it will feel solid, but if it is pushed, it will move (hence, it is due to an accumulation of stagnated qi)." The menstrual period will be as per the tides (i.e., will be regular). These are the manifestations when the guts are influenced alternatively; the stomach masses start amidst the womb. Cold qi is a guest at the mouth of the womb. The mouth of the womb is blocked and hindered. Qi can't infiltrate. Debilitated blood ought to spill out however does not spill. The seeping now and again is confined and stops, step by step, the womb will increment in size so that the appearance will resemble pregnancy. The menses don't react to the tides they are irregular.

In the current textbook, "Practical Therapeutics of Traditional Chinese Medicine", the qualification of the two mass sorts as seen today is introduced:



*Zheng* depicts strong masses (solidifications) with characterized physical shape and settled area, joined by pain in a particular area. In these cases, obsessive changes have occurred in the instinctive organs; in this manner, these examples more often than not include the blood. *Jia*, then again, portrays masses without an unmistakable physical frame (mixtures), showing and scattering without obvious pattern. And the ongoing pain is not settled in one area. In these cases, pathological changes have occurred in the bowel organs. Thus, these examples include qi. In spite of the contrasts amongst *zheng* and *jia*, the two are firmly related as far as pathogenesis and are hard to separate, subsequently the utilization of the compound term *zhengjia* (Dharmananda, 2003).

An extensive review of the hypothetical reason for the etiology and treatment of stomach masses, including fibroids, is found in the “Advanced Textbook of Traditional Chinese Medicine and Pharmacology”; it is replicated here with just slight altering. Gynecological examinations were not a practice in China until the late presentation of cutting edge procedures, so fibroids couldn't be particularly distinguished and separated amid the improvement of the hypotheses sketched out here. Fibroids are presently much of the time analyzed before they achieve a size that causes pain, which had been one of the main indications of an issue for individuals lacking current routine examinations and a vital part of the old depiction of the masses (Dharmananda, 2003).

The masses are here divided into two broad groups: qi masses (called *ju*; these are like the ones referred to as *jia*) and blood stasis masses (called *ji*; like those referred to as *zheng*) (Dharmananda, 2003).

### **TCM Etiology and Pathogenesis**

Among the reasons for stomach masses are mental discouragement, an inappropriate/improper eating routine, and assaults by pathogenic cold-dampness or toxic heat. The (basic) inward reason for stomach masses is an insufficiency in the body's hostile to pathogenic qi (normal qi). Works of art on customary Chinese solution hold that, individuals with solid resistance (those with solid qi) don't have stomach masses just feeble individuals (those with powerless/weak qi) are probably going to experience the ill effects of them. Abdominal masses progressively are created when the body's anti-pathogenic qi fails in its battle against the assaulting pathogenic components. This sickness is primarily identified with the liver and spleen. The stagnation of the qi and the blood and mucus maintenance assume a noteworthy part in the pathogenesis of stomach masses (Dharmananda, 2003).

The three basic causes are:

1.) “Mental Depression and Qi and Blood Stagnation.

Mental sadness causes the stagnation of liver qi, which produces *ju* lumps”

(Dharmananda, 2003). This prompts to blood stagnation, which over a long stretch structures masses, in this manner delivering *ji* masses.

2.) Improper Diet and Production of Turbid Phlegm.

A despicable eating routine alludes to unquenchable eating or overindulgence in liquor.

This harms the spleen and stomach, delivering turbid dampness whose collection shapes mucus; this further outcomes in qi and blood stagnation. These join with mucus to bring about stomach masses (Dharmananda, 2003).

3.) Assault by and Retention of Pathogenic Factors.

At the point when pathogenic cold, dampness, heat, or toxins attack, they may stay for quite a while. This weakens the elements of the influenced zangfu organs, bringing about qi and blood stagnation and turbid mucus. Over quite a while, stomach masses are formed (Dharmananda, 2003).

Any one or blend of these causes may deliver stomach masses. For instance, stomach masses can be brought on by pathogenic wind-cold consolidated with mucus because of unclean diet routine, or by mental sorrow combined with wind-cold and mucus/phlegm (Dharmananda, 2003).

## **TCM Differentiation and Treatment**

The changes that happen with ji and ju are distinctive. In the ju disorder, the ailment is situated in the qi framework and the fundamental rule of treatment is to calm the liver, control and circle qi, and scatter aggregation, with the real concentrate on controlling qi. In the ji disorder, the blood framework is influenced and treatment looks to initiate blood dissemination and expel stasis, mollify hardness and scatter the masses, with the major spotlights on treating the blood.

On the off chance that ju disorder is dealt with appropriately in its underlying stages, then the side effects will improve and the sickness may even be cured. A delayed ju disorder produces blood stagnation, in this way changing itself into a ji disorder. As per the length of the sickness and its obsessive indications, ji disorder is isolated into introductory, center, and late stages. Since the stomach masses are little and delicate amid the underlying stage, and the resistance (qi) is still solid, treatment goes for disposing of pathogenic components. The masses increment in size and get to be distinctly harder amid the center stage in light of the fact that the body's resistance is weaker than the pathogenic variables; disposal of the masses should hence be consolidated with fortifying the resistance. At the late stage, the stomach mass turns out to be hard and the resistance is significantly harmed. Treatment then spotlights on reinforcing resistance; solid

medications for dispensing with pathogenic elements ought not be utilized (as they may additionally debilitate the qi) (Dharmananda, 2003).

### **TCM Ju Syndromes (Qi Masses)**

“*Ju* usually involves liver qi stagnation and/or retention of food and accumulation of phlegm” (Dharmananda, 2003).

### **TCM Liver Qi Stagnation:**

Qi collects and streams to the mid-section, hypochondrium, epigastrium, and lower guts, bringing on agony in these ranges. This condition changes as per the patient's enthusiastic state. Different indications incorporate mental gloom, a thin and sticky tongue coating, and a taut pulse. Mental melancholy prompts to liver qi stagnation, which causes gathering of qi and its development every which way, bringing about distensive pain. Qi gathers taking after mental sorrow and scatters when the patient is free of enthusiastic anxiety. A taut pulse proposes liver issue (Dharmananda, 2003).

Dharmananda explains, a case of herbal treatment is Mu xiang Shen qi San (Saussurea Qi-Soothing Powder). In the formula, citrus, blue citrus, chih-ko, saussurea, melia, lindera, cardamom, atractylodes, cnidium, and cyperus help the qi to course and calm the liver; cinnamon bark, bitter and warm in nature, scatters cold and helps the qi to flow; licorice, sweet and mellow, eases torment in the center burner. On the off chance that there are any signs of heat, for example, a bitter taste in the mouth and a red tongue, then cinnamon bark ought not be utilized and Zuo jin Wan (included coptis and evodia) ought

to be added to disseminate any liver heat. The nearness of melancholy, sobbing, and obliviousness is because of liver qi stagnation and heart inadequacy; for this situation, the decoction of licorice, wheat, and jujube can be endorsed to sustain the heart, mollusk the psyche, and calm qi stagnation (Dharmananda, 2003).

### **TCM Retention of Food and Phlegm**

Dharmananda explains that held sustenance in the intestinal tract debilitates transportation and transformation, and in this way delivers mucus clamminess, which, joined with held nourishment, obstructs the qi flow, along these lines bringing about stomach agony, clogging, and a poor appetite. At the point when this condition is joined with stagnant qi, string like masses happen in the stomach area; these vanish when the qi of the fu organs flows openly and held sustenance is sent downward. A case of treatment is Liu Me Tang (Decoction of Six Ground Herbs). In this formula, rhubarb, chih-shih (or chih-ko), and areca seed isolate held nourishment from stagnant qi by soothing constipation; aquilaria, saussurea, and lindera circulate qi. In the event that liver qi joins with mucus to obstruct the throat, Ban Xia Hou Po Tang (Pinellia and Magnolia Combination) can be added to circulate qi and resolve mucus. In spite of the fact that much of the time ju disorder is brought on by an overabundance of pathogenic variables, rehashed assaults may harm the spleen qi. For this situation, Xiang Sha Liu Jun zi Tang (Saussurea and Cardamom Combination) can be endorsed in the meantime as alternate herbs to recharge qi and strengthen the spleen (Dharmananda, 2003).

### **TCM Ji Syndromes (Blood-Stasis Masses)**

Dharmananda explains, that ji syndromes are divided into three stages: qi and blood stagnation; retention of stagnant blood; and qi deficiency with accumulation of blood stasis (Dharmananda, 2003).

### **TCM Beginning Stage:**

#### **Qi and Blood Stagnation.**

Stagnant qi and blood shape stomach masses. At the underlying stage, pathogenic components move to the blood framework from the qi framework. The masses have just formed thus they are still delicate or soft to the touch. Distensive agony, a blue tongue, and a taut pulse indicate stagnant blood brought about by liver qi stagnation. A case of herb treatment is Da Qi qi Tang (Major Decoction of Seven Qi-Regulating Herbs) consolidated with Shi xiao San (Powder for Dissipating Blood Stasis). In the previous, citrus, blue citrus, platycodon, and pogostemon flow qi and scatter masses; cinnamon twig, sparganium, zedoaria, and cyperus expel vascular hindrance by giving warmth. In the last recipe, typha and pteropus dynamic blood flow, expel stasis, and calm pain (Dharmananda, 2003).

## **TCM Center Stage:**

### **Retention of Stagnant Blood**

The protracted presence of stomach masses and progressive disturbance of blood stagnation clarify the hard augmented masses and fixed pain. The stagnation of qi and blood hinders the capacity of the spleen and stomach to transport and transform, offering ascend to a dim dark appearance, emaciation, fatigue, and a poor appetite. The collection of stagnant qi and blood causes disharmony between the nutrient qi (ying qi) and the defensive qi (wei qi) in turn brings fever (or hot feeling) and an inversion to cold. Amenorrhea, a purple tongue, and a choppy pulse are altogether brought about by the inner aggregation of stagnant blood. A tight and smooth pulse recommends liver hyperactivity (Dharmananda, 2003).

A case of treatment is Shao fu Zhu yu Tang (Decoction of Lower Palace). In the equation, persica, carthamus, tang-kuei, cnidium, pteropus, and red peony actuate blood dissemination and expel stasis; cyperus, lindera, and corydalis circulate qi, ease pain, and help with the evacuation of stasis; and licorice renews qi and mitigates torment in the center burner. Melia, sparganium, and zedoaria can be added to circulate qi and blood. On the off chance that stomach masses are hard and create torment that is exasperated by weight, Bie jia jian Wan (Turtle Shell Pills; an expansive recipe including numerous creature materials, demonstrated for masses with poor appetite, anorexia, and stomach pain) can be controlled to evacuate blood stasis, mellow the masses, and alleviate pain. Keeping in mind the end goal to dispose of pathogenic variables and strengthen



resistance, the above two Chinese formulas can be brought on the other hand with Liu Jun zi Tang (Six Major Herbs Combination). On the off chance that the stomach masses increment in size and feel hard and excruciating, eupolyphaga (and other solid operators for scattering blood stasis) and sargassum ought to be added to resolve stasis, diminish aggregation, and mollify the masses (Dharmananda, 2003).

### **TCM Last Stage:**

#### **Anti-Pathogenic Qi Deficiency and Accumulation of Blood Stasis**

Chronic blood stasis in the vessels continues to give rise to hard masses and extreme sharp pain. This likewise harms the spleen and stomach qi and debilitates transport and transform; therefore the appetite is significantly diminished and emaciation comes about. Aggregation of blood stasis likewise keeps the generation of fresh blood from producing, prompting to outrageous lack of nutrient qi; its side effects incorporate sallow or dim yellow appearance. A purple tongue is the after effect of blood stasis; a gray and coarse tongue covering or a red and polished tongue without covering, a thready and fast or rigid and thready pulse indicate liquid exhaustion and consumption of qi and blood (Dharmananda, 2003).

For instance for the treatment, Ba zhen Tang (Tang-kuei and Ginseng Eight Combination) joined with Pill for Relieving Masses can be utilized. In the previous, the elements of Si Jun zi Tang and Si wu Tang enormously replenish qi and blood. In instances of outrageous yin liquid insufficiency with indications of a lustrous red tongue

without a coating, rehmannia, adenophora, and dendrobium are recommended to sustain yin and deliver liquids. Xiao Liu Wan (The Pill for Relieving Masses; with sparganium, zedoaria, cyperus, areca seed, sappan, arca shell, pteropus, and so on.) diminishes the masses, resolves stasis, and enacts blood circulation. This treatment step by step accomplishes remedial outcomes. In the treatment of ji disorders at any stage, outside utilization of herbs can likewise be embraced (Dharmananda, 2003).

### Summary of Concepts Presented by the Advanced Textbook Chapter on Abdominal Masses

Characteristic	<i>Ju</i> (Qi Masses)	<i>Ji</i> (Blood Stasis Masses)
Origin	Qi stagnation, such as emotion-caused liver-qi disorder or retention of food and phlegm due to overeating and weak spleen. External factors, such as wind-cold, can contribute.	Develops from prolonged <i>ju</i> , as blood stasis occurs secondary to qi stagnation. Exposure to heat-toxins (e.g., viruses, poisonous substances) that are retained for a long time may contribute to transformation of <i>ju</i> to <i>ji</i> .
Nature	Develops and enlarges with stress; may retreat with calmness. Pain, or mild aching, does not have a fixed site. Involves disorder of fu organs (e.g., gallbladder, stomach)	Develops over a long period, progressing from soft to hard mass, with fixed site of pain. Involves disorder of zang organs (e.g., liver, spleen), and with the pathologic influence gradually weakening the normal qi.
Examples	Bloating and distention after eating; swelling of the liver and spleen (modern medicine designation); intestinal obstruction with constipation, early stage fibroids (small uterine swellings).	Ovarian cysts, uterine fibroids, tumors of the cervix, uterus, bladder, colon, etc; advanced liver cirrhosis and fibrosis; endometriosis; surgical adhesions.
Therapy	Aromatic-spicy herbs (e.g., citrus, chih-shih, blue citrus, saussurea,	Strong blood-vitalizing herbs that remove stasis of qi and blood, such

	<p>lindera, aquilaria, cardamom, cyperus) that regulate qi and soothe the liver are used as the main therapy. Digestive aids, such as shen-chu, atractylodes, and ginger, may be added.</p>	<p>as sparganium, zedoaria, and insects; also, softening agents (such as seashells and seaweeds) are used as part of the therapy. Tonification becomes important for hard, painful masses in weakened patients.</p>
Adjustments	<p>Qi dispersing therapies are usually warm in nature; watch for heat symptoms and, if necessary, add cold-natured herbs such as melia and coptis. Observe cases of weakness of spleen and treat qi deficiency that is complicated by stagnation.</p>	<p>As the disease progresses, the patient's normal qi weakens; use formulas to reinvigorate the qi, while vitalizing blood and dispersing masses. For larger masses, more emphasis must be placed on strong stasis-resolving herbs, usually along with animal materials; regulate qi as necessary to halt progression.</p>
Prognosis	<p>Qi regulating therapies should have quick effects; success depends on regulating diet and learning to control emotions. Failure to treat successfully can lead to development of ji-type mass.</p>	<p>Ji are difficult to treat, especially as they progress to form harder masses with weaker resistance from the patient. Therapy must be aggressive and may be prolonged. Failure to treat successfully can lead to life-threatening conditions and may require surgery and/or toxic treatments.</p>

### TCM Herbs and Herbal Formulas

One of the most important strategies for herb treatment for the uterine mass was to utilize the five fixing plan called Gui zhi Fu ling Wan (Cinnamon and Hoelen Formula), initially

depicted in the *Jingui Yaolue* (ca. 220 A.D.). Utilizing cinnamon twig disperses the cold qi; the water stagnation is scattered by hoelen (poria); the blockage and deterrent of blood stream is dealt with by the blend of persica, red peony, and moutan. In the *Jingui Yaolue*, the circumstance was portrayed whereby menstrual draining would stop for three months, trailed by relentless draining showing that a mass had shaped. This situation is reliable with the idea that the womb is blocked and impeded (thus the absence of bleeding) yet then it builds up a mass, which causes the relentless bleeding. The condition was recognized from pregnancy, where menstrual draining would stop, and a mass would start to frame in the guts, however perpetual draining would not take after. *Gui zhi Fu ling Wan* ends the ceaseless seeping by evacuating the mass (Dharmananda, 2003).

In the article, “Uterine Fibroids: An Integrative Approach” Nicholas R. LeRoy describes in TCM that uterine fibroids are considered to be “blood stasis in origin”(LeRoy, 2004). And in his practice he uses a “Kampo product containing Cinnamon and Hoelon (Keishi-bukuryo-gan; *Gui Zhi Fu Ling Wan*). This formula is standardized to contain 18.9-35.3mg/day of Amygdalin, 67.3-125.2 mg/day of Paeoniflorin, and 1.02-2.39 mg/day of Cinnamic acid. Cinnamon (*Gui Zhi*), the chief herb, unblocks the blood vessels and reduces blood stasis by promoting circulation. Peach pit (*Tao Ren*), Peony Root (*Shao Yao*), and Mountain Bark (*Mu Dan Pi*) invigorate blood, break up or dispel blood stasis, and disperse accumulation. *Mu Dan Pi* helps to disperse heat that can transform out of stagnation. It is excess heat that can cause metrorrhagia and menorrhagia. Dampness may also contribute to the formation of masses and/or blood stasis, so Hoelen (*Fu ling*) is included to notify the spleen to resolve

dampness. Another study in the *American journal of Chinese Medicine* demonstrated a decrease in Leiomyoma size in about 60% of patients after using Gui Zhi Fu Ling Wan formula” (LeRoy, 2004).

Bob Flaws has compiled several different treatment methods in several case studies that conclude how effective herbs/acupuncture can be if diagnosed right and treated with these systems. The case study that he actually researched and translated was from a previous article titled, “The treatment of 98 Cases of Uterine Myoma with Internally Administered & Eternally Seeped Chinese Medicinals”, this article appeared on pages 38-39 of issue #8, 2002 of *Hu Bei Yi Za Zhi* (Hubei Journal of Chinese Medicine). A short description of the case study consisted of “all 98 women were either as in-or out-patients as the author’s hospital between February 1996 and December 1999. All had been diagnosed with uterine myomas via gynecological examination and CT scan. Three cases were less than 30 years old, eight cases were 30-40 years old, 62 cases were 40-50 years old, and 25 cases were over 50 years old. Eight cases had subserous myomas, six had submucosal myomas, forty had intramuscular myomas, and forty-four had multiple myomas. In addition, twelve also had adenomas, eight also had ovarian cysts, and six also suffered from fibrocystic breast disease. Internal treatment consisted of: Radix Angelicae Sinesis (Dang gui), Radix Ligustici Wallichii (Chuan Xiong), Resina Olibani (Ru Xiang), Resina Myrrhae (Mo Yao), and Feces Trogopteroni Seu Pteromi (Wu Ling Zhi), 1000g each, Semen Pruni Persicae (Tao Ren), Cortex Tubiformis Cinnamomi Cassiae (Guan Gui), Rhizoma Sparganii (San Leng), Rhizoma Curcumae Zedoariae (E Zhu), and Sanguis Draconis (Xue Jie), 1200g each, Flos Carthami Tinctorii (Hong hua),

Fructus Foeniculi Vulguris (Xiao Hui Xiang), and Hirudo Seu Whitmania (Shui Zhi), 600g each, and Radix Astragali Membranacei (Huang Qi), 1500g.”

On the off chance that there was plentiful monthly cycle which spilled and trickled without stop and which was pale in shading however contained clumps, if there was lower stomach torment when the menses came and the torment was settled in area and if the tongue had static spots or static macules and the beat was fine and bowstring, this was categorized as qi stagnation and blood stasis pattern and twice the San Leng and E Zhu were used and 500g each of Radix Aucklandiae Lappae (Mu Xiang), Rhizoma Cyperi Rotundi (Xiang Fu), and Radix Linderæ Strychnifoliae (Wu Yao) were added.(Flaws, 2003). If menses was profuse and red with clots, if there was abdominal pain, premenstrual breast distention or headache, vexation and agitation, or easy anger with a dark tongue, static spots or static macules, and bowstring, slippery pulse, that would be liver depression with blood stasis. “ In that case 1000 grams of Radix Bupleuri (Chai Hu) and 500 grams of Ramulus Cinnamomi Cassiae (Gui Zhi) were added.” On the off chance that the menses were bountiful with clusters, there was treacherous lower menstrual development stomach torment, absence of warmth in the four appendages, low back and knee soreness and flabbiness, clear pee, languor of the soul, absence of quality, dread of chilly or vexatious warmth, a dull tongue with static spots and additionally macules, and a fine heartbeat pulse, this was categorized as kidney vacuity plus blood stasis. In that case, 500 grams each of Radix Lateralis Praeparatus Aconiti Carmichaeli (Fu Zi) and Fructus Corni Officinalis (Shan Zhu Yu) and 1000 grams of cooked Radix Rehmanniae (Shu Di Huang) were added. All these Chinese herbs were grinded into powder and placed into gelatin capsules (of unmentioned size). Then six capsules were

administered each time, three times per day. During menstruation, these medicinals were suspended, and two months equaled one course of treatment.

“External treatment consisted of 500 grams of *Rhizoma Sparganii* (Sang Leng), *Rhizoma Curcumae Zedoariae* (E Zhu), *Sanguis Draconis* (Xue Jie), *Resina Olibani* (Ru Xiang), *Resina Myrrhae* (Mo Yao), *Herba Leonuri Heterophylli* (Yi Mu Cao), *Radix Salviae Miltiorrhizae* (Dan Shen), and *Spica Prunellae Vulgaris* (Xia Ku Cao) and 400 grams each of *Radix Pseudoginseng* (San Qi) and *Euployphaga Seu Ophistholpatia* (Tu Bie Chong). This was soaked in 75% alcohol for one month. Then a 10cm x 10cm piece of cotton gauze was soaked in this tincture and applied over the lower abdomen on top of the uterus” (Flaws, 2003). In addition, they used a heat lamp, which was used for 30 minutes to warm the area as hot as the patient could bear. One week of treatment equals one course of treatment with this protocol, and three days rest was permitted between progressive courses.

Internal Chinese medicinals were administered for one course and the external medicinals were applied for six courses before assessing outcomes with ultrasonography. The treatment results were basically defined as cure for the disappearance of the uterine fibroids. Marked effect for decreased of symptoms/shrinkage 50% or more. 33% or more defined some effect. No effect meant, no change. Based on all this information, eight women were cured, 54 marked effect, 31 some effect, and five no effect. But after two courses of the treatment, ten patients were cured, 62 marked effect, 23 some effect, and three no effect, for a total amelioration rate of 97%.

In terms of Chinese medical disease causes and mechanisms, Dr. Li says that uterine myomas are for the most part because of liver qi stagnation and restricting

bringing about loss of congruity of the viscera, bowels, obstruction and stagnation of the qi mechanism. Subsequently the vessels and system vessels endure obstacle, the blood does not stream easily, and there is qi stagnation and blood stasis. Thusly, Dr. Li has picked an inside equation and outer treatment which mostly move the qi, animates the blood, and breaks the blood keeping in mind the end goal is to disperse accumulation (Flaws, 2003). Dr. Li says, “that liver depression causes loss of harmony in the viscera and bowels and obstruction to the qi mechanism, he or she understands that most uterine myomas are accompanied by an element of spleen vacuity, thus the inclusion of large amounts of Huang Qi. Further, Dr. Li’s modifications show that he or she is well aware that many patients with uterine myomas exhibit spleen-kidney dual vacuities along with qi stagnation and blood stasis” (Flaws, 2006).

In Flaws experience and especially with older women who might be the majority of myomas patients, women with myomas present a combination of deficiency and excess, with deficiency symptoms and signs often being predominant. Although, Dr. Li does not say exactly the total women that exhibited these difficult patterns, the age of these women, or how many of which patterns got what results. But when it comes to size, Dr. Li says, that myomas under 5cm in size react generally well to Chinese restorative treatment, while those bigger than 5cm ought to be dealt with surgically. Deciding the reactions to Chinese therapeutic treatment in light of size is genuinely regular inside the Chinese restorative writing on uterine myomas, and Dr. Li's conclusion about reaction and size is genuinely standard. Realizing that uterine myomas bigger then 5cm don't commonly react to just 2-4 months of Chinese restorative treatment is likewise a vital thought for patients and practitioners alike (Flaws, 2006).



Dr. Lewis, on her website, “The Fertile Soul Method” presents a case study with Chinese herbs, 223 cases of uterine fibroids. “All patients had measurable such as heavy menstrual bleeding and were diagnosed clinically by pelvic examination confirmed by ultrasounds. Treatment involved invigorating the blood and eliminating blood stasis, clearing heat, and soften the indurations, hardening of surrounding tissue caused by new growth such as fibroids” (Lewis, 2004). The basic herbal formula used in this study contained herbs to “resolve blood stasis and move liver qi stagnation. Additional specific herbs were added based on the different pattern- yin xu (deficiency), qi stagnation, or heat- diagnosed as contributing to the formation of the fibroids. The appropriate herbal combinations were administered after menstruation. Following treatment, most patients’ symptoms like heavy blood flow, abnormal vaginal discharge and backache improved or ceased. The presence of the fibroids themselves were either diminished or disappeared completely in 72 percent of patients” (Lewis, 2004).

### **TCM Acupuncture Points**

Acupuncture is useful to balance the meridians and organs. Points that LeRoy uses in his treatments, usually depends upon the presenting clinical picture. “For blood stagnation the following prescription can be employed: Ren 4, ST 29, SP 10 and LV 3. Ren 4 helps to regulate the chong, ren meridians and unblock the lower jiao. St 29 is a local point to remove blood stasis from the uterus. Spleen 10 and Liver 3 together

regulate liver qi to relieve stasis and stagnation” (LeRoy, 2004). He also found that Liver 14 is tender to palpation and he will use it to aid in getting rid of liver qi stagnation.

Dr. Lewis, on her website, “The Fertile Soul Method” also gives some symptoms of Uterine Fibroids such as “menstrual pain, heavy menstrual bleeding and fertility problems” (Lewis, 2004). “Fibroids on the back wall of the uterus can contribute to constipation, urinary tract problems and heavy menstrual periods. Larger fibroids can cause pain with intercourse and pelvic pressure” (Lewis, 2004). For treatment proposes she uses “local stimulation provided by acupuncture near the site of the growth which has been found to reduce pathological profolifering cells through local stimulation. “Stimulating points like spleen 10, urinary bladder 17, which invigorate the blood throughout the body, which can help the body shrink fibroids” (Lewis, 2004). A case study she presents with Chinese herbs, 223 cases of uterine fibroids. “All patients had measurable such as heavy menstrual bleeding and were diagnosed clinically by pelvic examination confirmed by ultrasounds. Treatment involved invigorating the blood and eliminating blood stasis, clearing heat, and soften the indurations, hardening of surrounding tissue caused by new growth such as fibroids” (Lewis, 2004). The basic herbal formula used in this study contained herbs to “resolve blood stasis and move liver qi stagnation. Additional specific herbs were added based on the different pattern- yin xu (deficiency), qi stagnation, or heat- diagnosed as contributing to the formation of the fibroids. The appropriate herbal combinations were administered after menstruation. Following treatment, most patients’ symptoms like heavy blood flow, abnormal vaginal discharge and backache improved or ceased. The presence of the fibroids themselves

were either diminished or disappeared completely in 72 percent of patients” (Lewis, 2004).

## **Diet and Nutrition**

Iuliano Diana, Lic. Ac., explains in Chinese medicine, any condition or disharmony in the body, whether it is physical, emotional, spiritual ailment is the consequence of an interruption in the stream of vitality in the diverts or meridians of the body. These channels might be considered as a system of funnels in a structure (the body). The reason for illness is thought to be a lot of or too little of something, or something that is trapped, in at least one of the channels (Iuliano, 2004).

After an intake with the patient, Iuliano recommends, abstain from food assumes a vital part in the treatment of fibroids, and also caffeine, sugar and liquor admission. Stress is likewise considered. The way of life, rest and work propensity's the patient has are vital data. The treatment is not a one-time methodology. Keeping in mind the end goal to gage how compelling the acupuncture therapy is, the patient is typically required to come once every week through a couple cycles. It is essential to perceive how the side effects change amid the movement of treatment (Iuliano, 2004).

A large Italian study found that women who eat ham, beef, and other red meats tends to get more fibroids than those that consumed less meats. The same study found that women who developed tumors tended to have lower fish, fresh greens vegetable and fruits consumption in their diet. Although many studies show the benefits of having a

wholefood diet but no particular diet can prevent or treat fibroids, according to Dr. Ginni Mansberg (Mansberg, 2005). However, a supplement in vegetables and fruits called Lycopene has shown to decrease fibroids in Japanese quails (a species prone to leiomyomas of the oviduct). The study was on Japanese quails that had fibroids and the control group. The author has called for a pilot study investigating the efficacy of lycopene supplementation in prevention and treatment of uterine fibroids in humans (Mansberg, 2005).

Oxford journal of Human Reproduction, a new research study on Green tea extract, Epigallocatechin gallate (EGCG) the key ingredient extract from green tea, was injected into mice that had tumor-derived uterine leiomyoma. Catechol-O-methyltransferase (COMT) is included in metabolizing estrogens, by methylation of the catechol-estrogens 2-and 4-hydroxyestradiol. The catechol estrogens are against estrogenic, however change to the methoxy partners builds the estrogenic milieu. Assessment of leiomyoma tissues demonstrated that COMT RNA and protein levels are expanded in leiomyomas when contrasted and myometrial tissues (Al-Hendy and Salama, 2006). The EGCG treatment decreased tumor size when compared to water. EGCG also arrested growth and decreased uterine leiomyoma size in Eker rats as early as 2 weeks after treatment initiation. Clinical trials have been started to assess the impacts of EGCG in women with symptomatic uterine leiomyomas (Roshdy et al., 2013).

The Black Women's Health Study (BWHS) is a US forthcoming investigation study of right around 60, 000 black women matured 21–69 years in 1995 (Wise et al., 2005a, b). An initial questionnaire was gathered in 1995 and has been updated like clockwork every 2 years. The associate degree of consistency has been >80%. Fibroids

were analyzed by ultrasound or surgery, and the associate was confined to premenopausal women at gauge. Distributed outcomes demonstrated that age, early menarche, years since last birth, being overweight, weight gain, polycystic ovary disorder, liquor and perceived racial segregation were emphatically connected with fibroid advancement (Wise et al., 2004, 2005a, b, 2007).

Concerning dietary hazard components and fibroids, in the BWHS a 30% decreased danger of fibroids was seen in women that ate at least four dairy items for every day contrasted and women that expended short of what one item for every day. A backwards affiliation was noted in connection to admission of bioavailable calcium (communicated as a proportion: calcium: phosphorous) (Wise et al., 2010). Comes about assessing the relationships of soy admission with fibroid advancement were constrained because of low utilization rates and vast confidence intervals. Foods grown from the ground allow additionally was connected with diminished hazard, with the pattern more prominent for fruits than vegetables. Lycopene and different carotenoids (e.g. beta-carotene) and vitamins (e.g. vitamin C) were not connected with diminished fibroid hazard in the BWHS (Wise et al., 2011).

A vegetarian diet for uterine fibroids was studied in Nanjing, China as a case-control. Their aim was to investigate whether a vegetarian diet correlates with a potential reduced risk of uterine fibroids. They utilized information from a case-control study in Southeast University Zhongda Hospital between February 2010 and December 2014. Cases included 600 Chinese Han women with uterine fibroids (case gather) whose clinical conclusion dated back close to 1 year. Controls were 600 patients without uterine fibroids and in addition solid volunteers (control aggregate). The majority of the data

accumulated through the questionnaire overview was broke down for the hazard variables of the uterine fibroids pathogenesis. The multifaceted investigation demonstrated that women with uterine fibroids reported a less continuous utilization of broccoli (chances proportion [OR]: 0.552; 95% certainty interim [CI]: 0.316–0.964), cabbage (OR: 0.446; 95%CI: 0.211–0.943), Chinese cabbage (OR: 0.311; 95%CI: 0.102–0.946), tomato (OR: 0.453; 95%CI: 0.241–0.853), and apple (OR: 0.416; 95%CI: 0.213–0.814) ( $P < 0.05$ ). The results basically showed that consumption of these vegetables and fruits have a protective factor to uterine fibroids. They propose that more noteworthy admission of crisp leafy foods vegetables might have the capacity to lessen the frequency of uterine fibroids.

Despite the fact that the reasons for uterine fibroids are not by any means clear, there is an agreement that they are estrogen subordinate tumors. At present, it is recommended that specific dietary segments that could alter endogenous hormone digestion system and apply or mirror estrogen impacts may have suggestions in the etiology of uterine fibroids. A few reviews have considered the relationship amongst eating routine and uterine fibroid chance, yet the issue is to a great extent unsettled. Our past reviews indicated out that introduction admission of phytoestrogens, for example, soybean drain, nourishment added substances, and sweetener, and additionally presentation to natural estrogens, for example, plastic items and preserved foods, might be hazard variables for uterine fibroids. To distinguish potential modifiable hazard elements for fibroid development, they have in this methodically explored regular admission of vegan eating regimen, primarily including vegetables and natural products, by Chinese individuals. Strikingly, the eating methodologies they have explored have

broadly been accounted for to show considerable potential as against tumor operators (Shen, Y., Wu, Y., Lu, Q., & Ren, M. 2016).

According to these several sources we can conclude that Acupuncture, Chinese medicine, and nutrition can give a greater insight to this particular condition. There are many more sources that can be researched and included but as limitation process has been implemented to this paper.

## **Chapter 3: Methodology**

The purpose of this research synthesis was to ascertain whether Acupuncture, Chinese Herbal Medicine, and nutrition would help decreased or completely resolve uterine fibroids and/or symptoms accompanied by fibroids. This chapter highlights the research methods used to determine those points and the clinical procedures utilized to accomplish the objective.

### **General Statement of Methodology**

This study was a qualitative systematic literature synthesis. This kind of study centers the purpose of the research around orchestrating the greater part of the exploration utilized as a part of research question to test this particular hypothesis. It was vital to play out a subjective review as opposed to a quantitative review in light of the subjective way of portraying the force of side effects and its distinctive qualities (e.g., substantial bleeding, spotting amid menopause, stabbing, dull, sharp, throbbing,), and the trouble of translating change in pain.

### **Sampling Procedures**

In the 2016 research process the terms “Uterine Fibroids” was searched with “acupuncture” on the search engine PubMed, from which 16 articles were found. Using the search term just “Uterine Fibroids” 21,732 articles were found. “Uterine Fibroids Nutrition” which yielded 49 articles. “Uterine Fibroids” and “Chinese Herbal Medicine” were searched together and yielded 20 studies. These peer-reviewed medical journal articles were accessed via PubMed, EBSCO, Google Scholar, or the Wiley Online



Library. Of these articles, two were dismissed from the “acupuncture” results because the year of publication was under 2000. Another three “Uterine Fibroids” studies were eliminated because they involved the use of different hormones used in the treatment protocol by Western medicine, which do not pertain to the research question. This was necessary to keep the focus on Acupuncture, Chinese Herbs and Nutrition. Certain medical books pertaining to uterine fibroids were also incorporated into the literature review.

Inclusion criteria. Only studies that met all of the following criteria were used: studies published in peer reviewed journals, studies of women of reproductive age, studies of women with uterine fibroids, animal studies and studies with either manual acupuncture, Chinese herbs or nutrition.

Exclusion criteria. Studies meeting any of the following criteria were excluded: studies under than the year 2000. Non-peer-reviewed studies, studies involving women who were not suffering from uterine fibroids, studies with auricular acupuncture, and studies with electro-stimulation. Other studies were excluded because they lacked essential documentation such as acupuncture methodology.

### **Data Analysis**

Qualitative research was used to analyze the data. The analysis included frequency of treatment and the measurements of improvement of pain relief reported in collected studies, and the size/amount of the fibroids reduction, the most common acupuncture points used in collected studies. Lastly, the most common Chinese herbal formula and

signal herbs were also concluded in the research. Data were collected and analyzed according to the researcher's finding, with predetermined inclusion and exclusion criteria.

### **Human Research Ethical Considerations**

No educated assent was required for this literature review. Furthermore, no hazard to protection either in light of the fact that the reviews' as of now anonym zed the inquired about people.

## **CHAPTER 4: Results**

This chapter collates the results of the studies discussed in the literature review. It focuses on summarizing the efficacy of acupuncture, Chinese herbal formula and nutrition and the reduction of size of the fibroids. It also discusses the guidelines nutrition provides for patients with fibroids that have been tested.

**Chinese herbal formulas studies:**

According to Dharmananda, there are three different causes and a few different diagnosis that result in uterine fibroids with the addition to herbal formulas used during each diagnosis, the tables below organizes the structure:

Mental Depression and Qi and Blood Stagnation	Long stretch prompts blood stagnation, which in turn creates structures of masses.
Improper Diet and Production of Turbid Phlegm	Overconsumption and indulgence in food, alcohol destroys the Spleen and Stomach qi resulting in excess dampness, which collects into a mucus shape then results in qi and blood stagnation bringing about masses.
Assault by and Retention of Pathogenic Factors	When pathogenic cold, dampness, heat, and or other toxins attack stay for a while this weakens the zangfu organs causing qi and blood stagnation with turbid mucus. Over some time masses start to develop.

**Diagnosis****Herbal Treatment**

Liver Qi Stagnation	Mu Xiang Shen Qi San
Liver Heat	Zuo Jin Wan
Retention of Food and Phlegm	Liu Me Tang
Retention of Food and Phlegm with Liver Qi stagnation	Ban Xia Hou Po Tang
Retention of Food and Phlegm with Liver Qi stagnation and Pathogenic toxins effecting Sp qi	Xiang Sha Liu Jun Zi Tang
Qi and Blood Stagnation	Da Qi Qi Tang, Shi Xiao San
Retention of Stagnant Blood	Shao Fu Zhu Yu Tang, Bie Jia Jian Wan, Liu Jun Zi Tang
Anti-Pathogenic Qi Deficiency and Accumulation of Blood Stasis.	Ba Zheng Tang, Xiao Liu Wan

Depending on the case and of symptoms presented one can use these formulas to start the treatment process. In the article, “Uterine Fibroids: An Integrative Approach” Nicholas R. LeRoy proves that using the formula Gui Zhi Fu Ling Wan unblocks the blood vessels and reduces blood stasis by promoting circulation. The herbs in this formula are as follows: Tao Ren, Shao Yao, Mu Dan Pi, which invigorate blood, break up blood stasis, and disperse accumulation. Mu Dan Pi especially helps to get rid of heat that can transform out of stagnation. It is excess heat that causes metrorrhagia and menorrhagia.

(LeRoy, 2004) Dampness may contribute to the formation of masses and/or blood stasis so we use Fu Ling to resolve spleen dampness. Another study, *American Journal of Chinese Medicine* indicated that after using Gui Zi Fu Ling Wan, 60% of patients had decreased Leiomyoma size.

Bob Flaws translated a study called, “The treatment of 98 Cases of Uterine Myoma with Internally and Externally Seeped Chinese Medicinals” by Hubei Journal of Chinese Medicine, included 98 women which were in or out patients between February 1996 and December 1999 that were all diagnosed with uterine myomas through gynecological examination and CT scan (Flaws, 2003). During this study they had three cases of women that were less than 30 years old, eight cases were between 30-40 years old, 62 cases were between 40-50 years old, and 25 cases were over 50 years old. Eight cases had subserous myomas, six had submucosal myomas, forty had intramuscular myomas and forty-four had multiple myomas. In addition to this twelve also had adenomas, eight also had ovarian cysts, and six had fibrocystic breast disease (Flaws, 2003). The internal treatment consisted of Dang gui, Chuan xiong, Ru xiang, Mo yao, Wu ling zhi, 1000g each, Tao ren, Guan gui, San leng, E zhu, Xue jie, 1200g each, Hong hua, Xiao hui xiang, and Shui zhi, 600g each and Huang qi, 1500g. If there was excessive menstrual cycle without stopping that was pale in color and contained clots, pain in the lower part of the stomach with tongue color purple spots and a bowstring pulse then this was categorized as qi stagnation and blood stasis pattern which then double the San leng, E Zhu and Mu xiang, Xiang fu and Wu yao were added (Flaws, 2003).

But if the menses was red in color and excessive in flow, abdominal pain was still present, premenstrual breast pain also was present with an headache, agitation with a dark tongue color, purple spots, wiry and slippery pulse then this indicated the diagnosis of liver depression with blood stasis. In this case 1000 grams of Chai Hu and 500 grams of Gui zhi were added. Another presentation was heavy menses with clots, extreme lower menstrual pain, coldness in the appendages, low back pain and knee soreness, clear urination, chills, pale tongue with static spots and additionally macules, and fine pulse, this was diagnosed as kidney deficiency with blood stasis. Then 500g of Fu zi, Shan zhu yu, and 1000g of cooked Shu di huang were added. All the herbs were grinded into powder and placed in gelatin capsules (of unmentioned size) then six capsules were given each time, three times a day. But during the menstruation these medicinal were stopped and two months of dosing equaled one course of treatment. Then the external treatment consisted of 500 grams of Sang leng, E zhu, Xue Jie, Ru Xiang, Mo yao, Yi mu cao, and 400g of San qi, Tu bie chong. This was soaked in this tincture and applied over the lower abdomen for one month (Flaws, 2003). They also had heat lamp for 30 minutes. One week broke even with one course of treatment with this treatment and three days rest was permitted between progressive courses. Internal Chinese medicinals were given for one course and external medicinals were applied for six courses before assessing outcomes with ultrasonography. The treatment results basically defined as cure for the disappearance of the uterine fibroids. Marked effect of decreased symptoms/shrinkage was 50% or more. 33% or more defined some effect. The conclusion to this study showed after two courses of treatment, ten patients were cured, 62 marked effect, 23 some effect, and three no effect, for a total amelioration rate of 97%. Dr. Li indicates that patients will

present with excess and deficiency at the same time with this condition but if the uterine fibroid is under 5cm in size then generally Chinese restorative treatment will work but if it is larger than 5cm then it should be dealt with surgery (Flaws, 2003).

“The Fertile Soul Method” written by Dr. Lewis also performed a study on 223 cases of uterine fibroids. All patients had heavy bleeding and were monitored by ultrasound results. Using the appropriate Chinese herbal formulas the presence of fibroids either diminished or disappeared completely in 72 percent of patients (Lewis, 2004).

### **Acupuncture Point studies**

The results on Acupuncture points were used to balance the meridians and organs. The points that made an effect on the patient were: Ren 4, ST29, SP10, and LV3. Ren 4 helps to regulate Chong, Ren meridians and unblock the lower jiao. ST29 and SP10 help move blood stasis and move qi with LV3 (LeRoy, 2004). Local stimulation provided by acupuncture near the site of the growth, which has been found to reduce pathological proliferating cells. Stimulating points like spleen 10, urinary bladder 17, which invigorate the blood throughout the body, which can help the body shrink fibroids. (Lewis, 2004)

Symptoms such as heavy blood flow, abnormal vaginal discharge and backache improved or ceased with continued treatment with these points.

## **Studies on Diet and Nutrition**

Juliano studies suggest that caffeine, sugar, alcohol with a stressful lifestyle can cause fibroid growth. A large Italian study found that women who ate ham, and other red meats tends to get more fibroids then does who consumed less meat. The same study also found that women who developed tumors tended to have lower fish, fresh green vegetable and fruits consumption in their diet. Although many studies show the benefits of having a wholefood diet but no particular diet can prevent or treat fibroids, according to Dr. Ginni Mansberg (Mansberg, 2005). Two studies showed that Lycopene in vegetable and fruits have shown to decrease fibroids one in Japanese quails that had fibroids and the control group and the other study in the Black Women's Health Study (BWHS) of African American Women (Wise et al., 2010). The author has called for a pilot study to investigate the efficacy of the lycopene supplementation in prevention and treatment of uterine fibroids in humans (Mansberg, 2005).

Dairy also seemed to decrease fibroids in the BWHS, a 30% decreased danger of fibroids was seen in woman that ate at least four dairy items for every day contrasted and woman that expended short of what one item for every day.

A vegetarian diet studied in Nanjing, China as a case control, 600 Chinese Han women with uterine fibroids and 600 without uterine fibroids. The women who consumed less broccoli, cabbage, Chinese cabbage, tomato, and apple had P value of  $<0.05$ . The results basically showed that consumption of these vegetables and fruits have protective factor to uterine fibroids. They propose that more leafy foods and vegetables might have the capacity to decrease or lessen the frequency of uterine fibroids.



Another study in the Oxford journal of Human Reproduction showed that having green tea instead of water reduced the size of fibroids in a two-week study because of the Epigallocatechin gallate (EGCG) the key ingredient extract from green tea (Roshdy et al., 2013).

It is important to note that these studies show effectiveness through Chinese herbal formula, Acupuncture points and Nutrition. Depending on the case, different formulas will give different results. So one must diagnose correctly. Also one must monitor the case for a time frame indicated to each patient. Acupuncture can help with symptoms and Chinese herbal formula show reduction in uterine fibroids. Then according to several of the nutrition studies if one incorporates the diet into the treatment plan, the outcome is predicted to decrease uterine fibroids much more. But if the uterine fibroid is larger than 5 cm then sources suggest surgery as treatment option. Overall prevention is key and informing patients with this condition is achievable.

## Chapter 5: Discussion

Uterine fibroids, the most widely recognized smooth muscle tumors of the uterus, are the main sign for hysterectomy in Western medicine. They are very pervasive, with 70–80% of women troubled before the end of their regenerative years. Uterine fibroid related costs reach \$5.9–34.4bn every year in the USA. This confounded illness prepare additionally applies a gigantic weight on social insurance assets in Australia, European nations and China.

On account of the different etiologic reviews and epidemio-rationale examinations, specialists have found that the reason for uterine fibroids couldn't be clarified by an adjustment in the patient's insusceptible framework capacity, or continuous presentation to exogenous hazard factors. Meanwhile, the pervasiveness of uterine leiomyoma in a populace with training past secondary school is higher than that in those with a secondary school instruction or less. As far as anyone is concerned, training levels decide societal position, for example, occupation segment, financial salary levels, social foundation and even levels of stress or contrasts in levels of medicinal services acquired, which could be impacted by the quality-control deviation of the reports, however would have a perplexing association with the advancement of uterine fibroids (Shen, Wu, Lu, & Ren, 2016).

Chinese specialists trust that uterine myomas up to the extent of a goose egg can be effectively treated with herbs to decrease the size to an agreeable level and, as a rule, to dispose of them. Bigger myomas are generally regarded with surgery in China, as they

are somewhere else, however pre-treatment with Chinese herbs may decrease the difficulties of surgery. To better comprehend the estimating of uterine myomas, the accompanying table is given; most gynecologists rank the size in centimeters; this table demonstrates the estimation of some outstanding items. A "goose egg," as assigned in the Chinese writing, is around 6.5 cm; a "clench hand measured" mass is about the 10 cm. In a lady who has never had children, the normal uterus is around 8 cm x 5 cm (and 2.5 cm thick); women who have had kids will have a marginally bigger uterus. Shrinkage of "grapefruit estimated" fibroids is not typically anticipated that and endeavoring would do as such may be a superfluous weight for the patient.

<b>Item</b>	<b>Size</b>	<b>Item</b>	<b>Item</b>
Pea	1 cm	Apple/Pear	7.5 cm
Walnut	3 cm	Orange	9 cm
Lemon	5.5 cm	Grapefruit	11.5 cm

The adequacy of the Chinese home grown medications for little to medium size fibroids has been shown by clinical trials led in China and Japan. American experts of Chinese medicine have as often as possible reported achievement in treating fibroids, in any event to the degree of mitigating basic indications and along these lines keeping away from surgery for their patients (Dharmananda, 2003).

After researching this topic and understanding that it is complex process because Chinese medicine has several different methods to treat myomas, I believe that women suffering from this condition can have hope because they have alternative holistic choices.

Knowing that it is an extensive process should help individuals decide on what method they would like to pursue. I found that the earlier one becomes aware of their symptoms, the more effective and easier it is for the patient and the practitioner of acupuncture, Chinese herbal medicine and nutrition to correct the aliment.

## References

- Yi, S. & Li-Xing, C. (2008). *The clinical Practice of Chinese Medicine Endometriosis & Uterine Fibroids*. China. The Peoples Republic of China.
- Takeda, T., Keigo, O., Asako, M., Atsuko, W., Ken-Ichirou, M., & Tadashi, K. (2008). Elevated level of plasma vascular endothelial growth factor after gonadotropin-releasing hormone agonist treatment for leiomyomata. *Gynecological Endocrinology*, 24(12): 724-726.
- Mansberg, G. (2005). Uterine Fibroids. *Complementary Medicine*: 87-92.
- Weed, S. (2002). Help for women with Fibriods. *Menopause Metamorphosis*.
- Tashel, C. (2014). Menopausal Years...Hysterectomy Hysteria. *Weed Wandering with Susan Weed Montly*, 4(12).
- Flaws, B. (2002). *Famous Doctors' Treatment of Disease*. Guangzhou, China: The Guangdong Science & Technology Press.
- Peng, Z. (2010.) Acupuncture for uterine fibroids (Review). *The Cochrane Collaboration*, (1): 1-18.

Levy, B. (2008). Modern management of uterine fibroids. *Acta Obstetrica et Gynecologica*, 87: 812-823.

Brewer, N. (2016). The Role of Complementary and Alternative Medicine for the Management of Fibroids and Associated Symptomatology. *Curr Obstet Gynecol Rep*, 5:110-118.

Lui, J., Yang, H., Xia, Y., & Cardini, F. (2011). Herbal preparations for uterine fibroids. *Cochrane Database Syst Rev*, 4: CD005292.

Zhou, J. & Qu, F. (2009). Treating Gynaecological Disorders with Traditional Chinese Medicine: A Review. *African Journal of Traditional, Complementary and Alternative Medicine (AJTCAM)*, 6(4): 494-517.

Medline Plus. (2010, June). Retrieved June 25, 2010, from

<http://www.nlm.nih.gov/medlineplus/ency/article/000914.htm#Definition>

Agnihotri, S. (2016). Assessment and treatment of uterine fibroids. *Prescriber*, 27(6): 28-33.

Shen, Y., Wu, Y., Lu, Q., & Ren, M. (2016). Vegetarian diet and reduced uterine fibroids risk: A case-control study in Nanjing, China. *Journal of Obstetrics and Gynaecology Research*, 42(1): 87-94.

Okogbo, F. O., Ezechi, OC., Loto, OM. (2011) Uterine Leiomyomata in South Western Nigeria: a clinical study of presentations and management outcome. *African Health Sciences*, 11(2):271-278.

Ukwenya, V., Maduemezia, N., Afolayan, O., Alese, O., Thomas, W. (2015) Prevalence of uterine fibroids in a South-Western Nigerian population: A sonographic study. *Journal of Experimental & Clinical Anatomy*, 14(1): 24-29.

Warshowsky, A. (2002). *Healing Fibroids: A Doctor's Guide to a Natural Cure*. New York, NY: Simon & Schuster, Inc.

PubMed Health, (2014) Uterine Fibroids: Overview.

<https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0072719/#i2622.sources>

Segars, H. J., Parrott, C. E., Nagel, D. J., Guo, C. X., Guo, X., Birnbaum, S. L., et al. (2014). Proceedings from the Third National Institutes of Health International Congress on Advances in review, conference summary and future recommendations. *Oxford Journals Human Reproduction Update*, 20(3):309-333.

Wise LA, Palmer JR, Spiegelman D, Harlow BL, Stewart EA, Adams-Campbell LL, Rosenberg L. (2005) Influence of body size and body fat distribution on risk of uterine leiomyomata in U.S. black women. *Epidemiology*. a;16: 346–354.

Wise LA, Palmer JR, Cozier YC, Hunt MO, Stewart EA, Rosenberg L.(2007) Perceived racial discrimination and risk of uterine leiomyomata. *Epidemiology*. 18:747–757.

Wise LA, Radin RG, Palmer JR, Kumanyika SK, Rosenberg L. (2010) A prospective study of dairy intake and risk of uterine leiomyomata. *Am J Epidemiol*. 171:221–232.

Maciocia, G. & Kaptchuk, T. (1998). *Obstetrics & Gynecology in Chinese Medicine*. United Kingdom: Churchill Livingstone.

Wise LA, Radin RG, Palmer JR, Kumanyika SK, Boggs DA, Rosenberg L. (2011) Intake of fruit, vegetables, and carotenoids in relation to risk of uterine leiomyomata. *Am J Clin Nutr*. 94:1620–1631.

Wise LA, Palmer JR, Stewart EA, Rosenberg L. (2005) Age-specific incidence rates for self-reported uterine leiomyomata in the Black Women's Health Study. *Obstet Gynecol*. 105:563–568.

D'Aloisio AA, Baird DD, DeRoo LA, Sandler DP. (2010) Association of intrauterine and early-life exposures with diagnosis of uterine leiomyomata by 35 years of age in the Sister Study. *Environ Health Perspect*. 118:375–381.



Al-Hendy A, Salama SA. (2006) Catechol-O-methyltransferase polymorphism is associated with increased uterine leiomyoma risk in different ethnic groups. *J Soc Gynecol Invest.* 13:136–144.

Roshdy E, Rajaratnam V, Maitra S, Sabry M, Allah AS, Al-Hendy A. (2013) Treatment of symptomatic uterine fibroids with green tea extract: a pilot randomized controlled clinical study. *Int J Womens Health.* 5:477–486.

Dharmananda, S., (2003). Chinese Herbal Therapy For Uterine Fibroids. *Institute for Traditional Medicine.* <http://www.itmonline.org/arts/fibroids.htm>

Iuiano, D. (2004). Acupuncture as an alternative Treatment for Fibroids. *Fibriods1.com* Retrieved October 07, 2004, from <http://www.fibriods1.com/news/Fibriodsmainstory.cfm/28/6>

LeRoy R. N. (2004) Uterine Fibroids: An Integrative Approach. *Journal of Chiropractic Medicine.* 3, Article 18. Retrieved September 10, 2003

Dr. Lewis. (2004). Uterine Fibroids. *The Fertile Soul Method.* Retrieved from [http://www.thefertilesoul.com/pages/Diagnostic\\_pgs/UTERINE-FIBROSIS.php](http://www.thefertilesoul.com/pages/Diagnostic_pgs/UTERINE-FIBROSIS.php)

Flaws, B. (2006). A combination External-Internal Treatment of Uterine Myomas.  
*Blue Poppy Press.*

[http://www.bluepoppy.com/cfwebstorefb/index.cfm?fuseaction=feature.display&feature\\_id=926.](http://www.bluepoppy.com/cfwebstorefb/index.cfm?fuseaction=feature.display&feature_id=926)

President and Fellows of Harvard College (2008, July). What to do about fibroids.  
*Harvard Women's Health Watch.* [www.health.harvard.edu/womens-health/what\\_to\\_do\\_about\\_fibroids](http://www.health.harvard.edu/womens-health/what_to_do_about_fibroids)

Yoon, S. C., Lee, S., Cha, J., Yu, Y., Na, K., Kim, et al. (2008). Patient selection guidelines in MR-guided focused ultrasound surgery of uterine fibroids: a pictorial guide to relevant findings in screening pelvic MRI. *European Society of Radiology*, 18: 2997-3006.