

Clinical Research

Comparative observation of the effect of electroacupuncture combined with heat-sensitive moxibustion and western medicine for premature ovarian failure *

电针合热敏灸与西药治疗卵巢早衰疗效对照观察*

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ABSTRACT

Objective To compare the clinical efficacy between electroacupuncture combined with heat-sensitive moxibustion and western medicine for treatment of premature ovarian failure. **Methods** Eighty patients were randomly divided into an electroacupuncture combined with heat-sensitive moxibustion group (group A, $n=40$) and a western medicine group (group B, $n=40$). Zīgōng (子宫 EX-CA 1), Xuèhǎi (血海 SP 10), Gānshū (肝俞 BL 18) and Shènsū (肾俞 BL 23) were selected in group A, and acupuncture combined with heat-sensitive moxibustion were carried out. Climen was taken orally in group B. The score changes of menstrual cycle, tidal fever and sweatiness, emotional excitement, soreness and weakness of waist and knees, dizziness and tinnitus, as well as the cured and markedly effective rate of the patients in the two groups before and after two courses of treatment were compared. **Results** The cured and markedly effective rate of group A was 72.5% (29/40), which was superior to that of group B (37.5%, 15/40) ($P<0.05$). The symptom scores were improved significantly in the two groups after treatment (all $P<0.05$), and the improvement in group A was superior to that in group B (all $P<0.05$). **Conclusion** The efficacy of electroacupuncture combined with heat-sensitive moxibustion is superior to that of conventional western medicine in treatment of premature ovarian failure.

KEY WORDS: premature ovarian failure (kidney deficiency and liver constraint); electroacupuncture; heat-sensitive moxibustion; randomized controlled trial (RCT)

Premature ovarian failure is a kind of syndrome manifesting as persistent amenorrhea and sexual organs atrophy, concomitantly with elevation of follicle-stimulating hormone and luteinizing hormone and decrease in estrogen in women with normal secondary sex characteristic development before 40 years old^[1]. In western medicine, the most used treatment method for premature ovarian failure is hormone replacement therapy with good efficacy but long-term administration, great side effect and high recurrence rate, and this method is not suitable for the patients with hysteromyoma, diabetes mellitus, and other diseases. However, electroacupuncture combined

with heat-sensitive moxibustion for treatment of premature ovarian failure is characterized by rapid effect onset, short treatment period and small adverse effect. The authors adopted electroacupuncture combined with heat-sensitive moxibustion for treatment of premature ovarian failure, and the details are reported as below.

CLINICAL DATA

General data

All the 80 patients were selected from the outpatients of obstetrics and gynecology department of

the Third Affiliated Hospital of Nanchang University from August 2015 to February 2017. Eighty-eight patients who conformed to the inclusion criteria were selected and then randomly divided into an electroacupuncture combined with heat-sensitive moxibustion group (group A, $n=46$) and western medicine group (group B, $n=42$) according to the visiting sequence and random number table^[2]. At the end of observation, 6 patients were eliminated, and 2 dropped out from the study. The actual number of cases was 80 with 40 patients in each group. In group A, the youngest patient was 22 years old, and the oldest was 38 years old; the shortest course of disease was 96 days, and the longest was 120 days. In group B, the youngest patient was 24 years old, and the oldest was 39 years old; the shortest course of disease was 100 days, and the longest was 130 days. According to statistical analysis of age and course of disease in the two groups, the differences were not statistically significant (all $P>0.05$), and the results were comparable. This study was approved ethically. The details can be seen in Table 1.

Diagnostic criteria

The diagnostic criteria were developed by reference to the *Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine*^[3] formulated by the State Administration of Traditional Chinese Medicine of the People's Republic of China in 1994 and the contents related to premature ovarian failure in the amenorrhea chapter of *Chinese Obstetrics and Gynecology*^[4]: with the symptoms of amenorrhea for at least 3 months and oligomenorrhea, concomitantly with tidal fever, night sweat, vexation and agitation and irascibility, poor sleep and other clinical perimenopausal symptoms, as well as soreness and weakness of waist and knees, dizziness and tinnitus and other symptoms of kidney deficiency and liver constraint before 40 years old. Serum FSH >40 U/L, LH >30 U/L, $E_2 < 73.2$ pmol/L.

Inclusion criteria

① With the age of 18–40 years old; ② conforming to the diagnostic criteria in western medicine and the pattern of kidney deficiency and liver constraint in traditional Chinese medicine; ③ discontinuing treatment for premature ovarian failure for more than 3 months, and the efficacy evaluation result will not be

affected; ④ signing the informed consent form by the patient oneself or family members.

Exclusion criteria

① Amenorrhea patients not caused by premature ovarian failure according to ultrasonic examination or other examinations; ② concomitantly with severe primary diseases such as cardiovascular, liver, kidney and hematopoietic system diseases, as well as mental disorders; ③ with premature ovarian failure not belonging to the pattern of kidney deficiency and liver constraint according to TCM diagnosis; ④ patients with organic diseases (such as hysteromyoma, etc.) and breast disorders.

Elimination criteria

① The patients who conformed to the inclusion criteria but didn't accept treatment, or who accepted treatment but didn't complete the courses; ② the patients who took medicine independently after inclusion.

Drop-out criteria

① The patients who suffered from adverse event and complication, and who was not suitable for further treatment; ② the patients who dropped out from the study voluntarily; ③ the patients who quit from the study due to other reasons; ④ the patients with incomplete data record which may affect the efficacy evaluation.

METHODS

Electroacupuncture combined with heat-sensitive moxibustion group (group A)

Acupoint selection was conducted as the following two groups: one group: Zǐgōng (子宫 EX-CA1), Xuèhǎi (血海 SP 10), Guānyuán (关元 CV 4), Sānyīnjiāo (三阴交 SP 6), Tàichōng (太冲 LR 3), all points were selected bilaterally. Another group: Gānshū (肝俞 BL 18), Shènsū (肾俞 BL 23), Píshū (脾俞 BL 20), Géshū (膈俞 BL 17), and Ciliáo (次髎 BL 32), all points were selected bilaterally too. The two group of acupoints were punctured alternately. Manipulations: 0.30 mm \times 25 mm filiform needles were adopted for inserting for 20 mm at EX-CA1, SP 10, BL 18 and BL 23, and HANS-100A electroacupuncture device was connected. In group one, a group of electrodes were

Table 1 Comparison of general information on the patients with premature ovarian failure in the two groups

Groups	Patients	Age ($\bar{x} \pm s$, year)	Course of disease ($\bar{x} \pm s$, d)	FSH ($\bar{x} \pm s$, U/L)	LH ($\bar{x} \pm s$, U/L)	E_2 ($\bar{x} \pm s$, pmol/L)
A	40	30.1 \pm 4.5	108.2 \pm 7.2	52.5 \pm 3.4	35.6 \pm 7.7	57.3 \pm 5.6
B	40	30.2 \pm 4.8	114.1 \pm 9.2	53.1 \pm 2.8	41.1 \pm 8.2	48.9 \pm 7.9

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