

Clinical Exploration on the Treatment of Gynecologic Chronic Pelvic Pain by Traditional Chinese Medicine

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ABSTRACT. *Purpose: This paper analyzes the clinical exploration on the treatment of gynecologic chronic pelvic pain by traditional Chinese medicine. Method: All the 64 patients selected were suffered by gynecologic chronic pelvic pain. These patients, who were treated during February 2018 to February 2019, were divided into two groups in according to the computer. There were 31 patients in the control group and 33 patients in the study group. The patients in the control group were treated by routine western medicine while the ones in the study group were treated by Angelica Wuwei Pulvis together with abdominal massage. The clinical effects of the two groups were compared in the end. Result: ①the total effective rate of the treatment in the study group was 96.9%, which was higher than that in the control group (77.4%), and the data difference was statistically significant ($P < 0.05$). ②There was no difference in pain score between the control group and the study group before treatment ($P > .05$). The pain score of the patients in the study group was lower than the control group, and the data difference had statistically significance ($P < 0.05$). ③The recurrence rate of the study group was 3.0%, which was lower than that of the control group (19.3%), and the data difference was statistically significant ($P < 0.05$). Conclusion: the curative effect of the traditional Chinese medicine on gynecological chronic pelvic pain is better than western medicine, the pain and the recurrence rate being better reduced, which is worth spreading in the clinic.*

KEYWORDS: *Traditional Chinese Medicine; Gynecology; chronic pelvic pain; clinical efficacy*

1. Introduction

In gynecology, gynecologic chronic pelvic pain is a very normal disease. The pathological changes of chronic pelvic pain mainly reflect in the destruction or edema of organic tissues, forming scars and adhesion. The clinical manifestation of chronic pelvic pain lies in pain defecation and dyspareunia, which are especially

serious before and after menstruation as well as after over fatigue. Chronic pelvic pain is characterized by easy recurrence, long-term treatment and so on. However, a large number of studies have confirmed that the short-term effect of western medicine treatment on chronic pelvic pain is effective while its long-term effect is not very ideal. This is because pelvic pain is easy to be recurred. Luckily, traditional Chinese medicine treatment is able to cure the disease. This study aims at analyzing the difference of the clinical efficacy on the treatment of gynecologic chronic pelvic pain between western medicine (routine medicine) and traditional Chinese medicine (Angelica Wuwei Pulvis and abdominal massage). The detailed data are reported as follows.

2. Research Data and Research Method

2.1 Research Data

This study selected 64 patients as the study objects, who were suffered by gynecologic chronic pelvic pain and were treated during February 2018 to February 2019, dividing them into two groups (the control group and the study group) in according to the computer. The Inclusion criteria for selecting study objects: ①the patients and their families were well informed of this study; ②the patients selected in this study were in line with the relevant clinical diagnostic criteria for clinical chronic pelvic pain¹. The exclusion criteria for selecting study objects: ①the patients who were not suitable for the research method in this study; ② The patients who suffered from other types of gynecological diseases. In the control group, there were 31 patients aged from 28 to 53, the mean age being (40.5±4.3). While its disease course ranged from 1.2 years to 5.6 years with a mean value of (3.4±0.7) years. However, in the study group, there were 33 patients aged from 28 to 51, the mean age being (39.5±4.1). And its disease course ranged from 1.5 years to 5.6 years with a mean value of (3.6±0.8) years. This study would compare the patients in these two groups objectively and its comparative analysis ($P > .05$) would be suggested as follows.

2.2 Research Method

(1) The Control Group

The patients in the control group were treated by routine western medicine: they took levofloxacin (a dose of 0.2g) and tinidazole(a dose of 0.5g) for a month.

(2) The Study Group

The patients in the study group were treated by Chinese medicine of Angelica Wuwei Pulvis together with abdominal massage: ①drugs: the drug composition is Prepared Rhubarb, Peach Kernel, Angelica Sinensis, Salvia Miltiorrhiza, Pericarpium Citri Reticulatae Viride and Dandelion at doses of 10g, 15g, 15g, 25g,

15g and 25g respectively; in addition, the patients who had got abdominal pain and abdominal distention would be added with the drugs of *Lindera Aggregate* and *Rhizoma Cyperi* at doses of 10g and 12g; the patients who suffered from lumbago were added with *Radix Achyranthis Bidentatae* and *Caulis Spatholobi*, and both their doses being 10g; the patients with kidney deficiency were added with *Dipsacus Root* and *Eucommia Ulmoides* at doses of 10g and 15g; the patients suffered from blood deficiency were added with *Codonopsis* and *Astragalus* at doses of 12g and 10g; the patients with the syndrome of qi stagnation were added with *Bupleurum Falcatum*, *Finger Citron* and *Fructus Aurantii* at doses of 10g, 12 and 15g respectively. Boil all the above related drugs with 500ml water and take one dose of this medicine daily, taken night and morning. ② Abdominal massage: the patient takes a supine position and the medical staff stands on the right side of the patient. Massage the shenque acupoint of the patient by the hypothenar of the right palm for 3-5 minutes till the abdomen, lower back and both lower extremities have a sense of heat; massage the Guanyuan point, Qihai point and Zhongji point through the thumb till they have a sense of acid bilge; massage the streak sensitive points by the thumb about 0.5 minute for each point; massage the pishu point for 1 minute; massage the baliao point till it is heating. This massage treatment should last for a month.

2.3 The Curative Effect Evaluation and the Observation Item

(1) Effect judgment: obvious effective: after treatment, the sense of pain has completely disappeared. What is more, both the pelvic effusion and the pelvic inflammation blocks disappear through B-ultrasound examination. Effective: after treatment, the pain alleviates significantly, and both the pelvic effusion and the pelvic inflammation blocks are improved well through B-ultrasound examination. Invalid: after treatment, the feeling of pain and the illness condition improve slightly. (2) Observation items: according to the VAS pain score scale, the pain scores of the two groups were compared before and after treatment. Draw a 10cm line on a piece of white paper, indicating 0 to 10 respectively. The "0" represents no pain, the "10" represents severe pain and so on. Follow up the patients of the two groups 18 months and compare their recurrence rate as well.

2.4 Statistical Analysis

All enumeration data are illustrated by the patterns of example (n) and rate (%), and are examined by the method of chi-square (X^2). In addition, taking ($\bar{x} \pm s$) as the representative of enumeration data, this paper also adopted t test method. The statistical software is SPSS19.0 and the data difference will be considered as significant if it is ($P < 0.05$).

3. Results

3.1 Comparison of total therapeutic efficiency between the two groups

Compared with the control group (77.4%), the total therapeutic efficiency of the study group (96.9%) was higher. This data difference was statistically significant ($P < 0.05$), as shown in table 1 for details.

Table 1 Comparison of total therapeutic efficiency of the patients in two groups [n(%)]

| Group | Number needed to treat | Obvious effective | Effective | Invalid | Total efficiency rate |
|-------------------|------------------------|-------------------|-----------|---------|-----------------------|
| The control group | 31 | 15(48.3) | 9(29.1) | 7(22.6) | 24(77.4) |
| The study group | 33 | 27(81.8) | 5(15.1) | 1(3.1) | 32(96.9) |
| χ^2 | | | | | 5.585 |
| P | | | | | <0.05 |

3.2 Comparison of pain scores between the two groups before and after treatment

Before treatment, there was no difference between the control group and the study group about the pain scores ($P > .05$). While after treatment, the data difference between the two groups was statistically significant ($P < 0.05$), as shown in table 2 for details.

Table 2 Comparison of pain scores between the two groups before and after treatment ($\bar{x} \pm s$, scores)

| Group | Number needed to treat | Before treatment | After treatment |
|-------------------|------------------------|------------------|-----------------|
| The control Group | 31 | 6.5 ± 1.3 | 3.4 ± 0.9 |
| The study group | 33 | 6.8 ± 1.3 | 1.3 ± 0.3 |
| T | | 0.787 | 9.899 |
| P | | >0.05 | <0.05 |

3.3 Comparison of the recurrence rate between the two groups

The recurrence rate of the 31 patients in the control group was 19.3% (6 patients), while the recurrence rate of the 33 patients in the study group was 3.0% (1 patient),

the data difference between the two groups was significant ($X^2=4.372$, $P < 0.05$).

4. Discussion

The pathogenic factors of chronic pelvic pain are relatively complex and it usually generates in the non-menstrual period. This disease is easy to recur but difficult to be cured. The studies have found that the disease symptoms of most patients with chronic pelvic pain are not significant, but usually, these patients have a history of abortion or childbirth.

Western medicine treatment on chronic pelvic pain aims at stopping pain and fighting off viruses. Although these western medicines could suppress the generation of viruses and inflammatory cells, they only alleviate the illness temporarily. After treatment, the disease is easy to recur and the pain is not well relieved. In order to alleviate the illness, patients have to take medicines for a long term, but long-term medication will produce some certain side effects, which increases patients' discomfort or even produces drug resistance.

In this study, the patients suffered gynecologic chronic pelvic pain were treated separately with routine western medicine (the control group) and traditional Chinese medicine of Angelica Wuwei Pulvis together with abdominal massage (the research group). As a result, the good rate of the study group was higher than the control group, while the pain score and the disease recurrence rate of the study group were lower than the control group. Hence, Chinese medicine treating chronic pelvic pain syndrome works well than western medicines and it is more helpful to reduce the disease recurrence.

In the cognition of traditional Chinese medicine, the five internal organs are in line with the five elements, and different disease types are caused by different physical factors. Treating the diseases with targeted methods after classifying the disease types could not only cure diseases, but also regulate the body functions and improve the immune capacity of the patient. Traditional Chinese medicinal materials are mainly from plants, so they are usually safer than other medicines. The adverse reactions generated in the treatment process are relatively mild, and the purpose of its treatment is to enhance the body's immunity and its ability to resist diseases. Traditional Chinese medicine considers that the chronic pelvic pain belongs to the range of pain. The patient usually feels uncomfortable and the clinical manifestations of this disease focus on abdominal pain. Traditional Chinese medicine believes that the pain generates from the obstruction of the engine body. Confirmed by a large number of studies, most of the patients with chronic pelvic pain have a history of abortion or childbirth, and they will be easily attacked by this disease when they are in menstrual period. In this period, the engine body is weak and the blood chamber is open, so pathogens will invade the body and stay in the uterus to obstruct the flow of blood because of emotional disorders and irregular life. The pathogenesis of chronic pelvic pain is not so complicated, but it has much to do with stagnation and deficiency. Its occurrence mechanism would be heat toxin, blood deficiency, kidney deficiency and blood stasis.

The female engine body regards the liver as the God, because the blood is stored in the liver. Hence, the treatment of chronic pelvic pain by traditional Chinese medicine mainly focuses on soothing the liver, resolving depression, activating blood circulation and promoting qi. The drug composition of Angelica Wuwei Pulvis is based on Prepared Hubarb, Peach Kernel, Angelica Sinensis, Salvia Miltiorrhiza, Pericarpium Citri Reticulatae Viride and Dandelion. The effect of Prepared Rhubarb is for detoxification, resolving carbuncle, purgating heat and bowels and so on; the effect of Peach Kernel is for activating blood, removing stasis and relaxing bowel; and the effect of Angelica Sinensis is for activating blood, relaxing bowel and regulating menstruation; the effect of Salvia Miltiorrhiza is for cooling blood, removing blood stasis and relieving pain; the effect of Pericarpium Citri Reticulatae Viride is for removing food retention and stasis; and the effect of Dandelion is for detumescence, stagnation elimination and so on. The treatment modified according to syndrome differentiation: the effect of Combined Spicebush Root is for promoting qi circulation, relieving pain, warming the kidney, removing cold; the effect of Rhizome Cyperi is for preventing or arresting vomiting; the effect of the Root of Bidentate Achyranthes is for water retention, muscles and bones reinforcement, blood activation and menstruation promotion; the effect of Caulis Spatholobi is for relaxing tendons, activating collaterals, promoting circulation of blood and enriching the blood; the effect of Dipsacus Root is for reinforcing liver and kidney, promoting blood vessels; the effect of Eucommia is for strengthening the bones and muscles; the effect of Codonopsis Pilosula is for invigorating spleen-stomach, replenishing qi and nourishing blood; the effect of Astragalus is for reflation and hidroschesis; the effect of Chinese Thorowax Root is for improving Yang and Qi and relieving qi stagnancy in liver to dissipate sorrow; the effect of Citrus Chirocarpus is for eliminating dampness and phlegm, dispersing the liver and rectifying qi; and the effect of Fructus Aurantii is for regulating qi to disperse stagnation. Abdominal massage is an important component of traditional Chinese medicine massage therapy. Guided by the science of viscera, channels and collaterals, traditional Chinese medicine implements abdominal massage therapy based on the means of modern medical researches.

In a word, the curative effect of traditional Chinese medicine on gynecological chronic pelvic pain is much better than the western medicines and it could further lower pain and recurrence rate, which could be popularized in clinic.

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