

Dubravko Habek · Jasna Čerkez Habek · Ante Barbir

Using acupuncture to treat premenstrual syndrome

Received: 23 July 2001 / Accepted: 8 October 2001

Abstract More than 60% of the women in both groups suffered from premenstrual syndrome (PMS) symptoms, such as anxiety, mastalgia, insomnia, nausea and gastrointestinal disorders, whereas a smaller number of women suffered from phobic disorders, premenstrual headaches and migraines. There were three women from the first group and seven women from the second group who continued the medication treatment with progestins, whereas one woman from the first group and nine women from the second group continued to take fluoxetine. In the first group, nine women stopped having PMS symptoms after two AP treatments, eight women stopped having them after three treatments and one woman stopped having them after four treatments. In four women from the first group and 16 women from the second group, PMS symptoms appeared during the following period (cycle) or continued even after four treatments, so the medication was continued. In the first group, one woman had a smaller subcutaneous hematoma after the AP acupoint Ren 6. There was a statistical and relevant reduction in PMS symptoms with the AP treatments in the first group ($P < 0.001$), whereas their reduction was irrelevant in the placebo AP group ($P > 0.05$). The success rate of AP in treating PMS symptoms was 77.8%, whereas it was 5.9% in the placebo group. The positive influence of AP in treating PMS symptoms can be ascribed to its effects on the serotonergic and opioidergic neurotransmission that modulates various psychosomatic

functions. The initial positive results of PMS symptoms with a holistic approach are encouraging and AP should be suggested to the patients as a method of treatment.

Keywords Acupuncture · Premenstrual syndrome

Introduction

The menstrual cycle is the result of a carefully orchestrated sequence of interactions between the hypothalamus, pituitary, ovary and endometrium, in which the sex hormones act as modulators and effectors at each level. Estrogen and progestins have potent effects on central serotonergic and opioid neurons, modulating both neuronal activity and receptor density [9].

Premenstrual syndrome (PMS) refers to a group of menstrually related disorders that are estimated to affect up to 40% of women of childbearing age. Approximately 5% of women with PMS suffer from premenstrual dysphoric disorder (PMDD), a more disabling and severe form of PMS, in which mood symptoms predominate. PMDD appears in the appendix of the DSM-IV under the heading, “depressive disorder not otherwise specified” [5, 9, 13]. After diagnosing PMS, the first line of treatment for these symptom clusters continues to be lifestyle changes, including stress management, healthy diet, regular aerobic exercise, cognitive-behavioral therapy and fortified coping strategies. Women whose symptoms are not controlled adequately with lifestyle modifications may benefit from medications, including benzodiazepine (alprazolam), oral progestins or contraceptives (desogestrel), diuretics (spironolactone), magnesium, piridoxin, and antidepressants-selective serotonin re-uptake inhibitors (SSRIs: paroxetine, fluoxetine) [5, 9, 11].

PMS and PMDD are increasingly recognized as medical entities that adversely affect the quality of life for a subset of women. Complementary, alternative therapies (acupuncture and massage) are popular with women who have PMS. Currently, no hard data exist yet concerning

D. Habek (✉)
Zelena polje 9/I, 31000 Osijek, Croatia
e-mail: dubravko.habek@bj.hinet.hr
Tel.: +385-31-501092

D. Habek
Department of Gynecology and Obstetrics, Health Centre,
Bjelovar, Croatia

J. Čerkez Habek
Department of Internal Medicine, General Hospital,
Bjelovar, Croatia

A. Barbir
Ministry of Health, Croatia