Combination of Acupuncture with Medication for Treatment of Hyperplasia of Mammary Glands in 46 Cases

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Hyperplasia of mammary glands is a common disease of the breast in women. The following is a clinical report on treatment of the disease by combination of acupuncture with medication in 46 cases from February 2007 to October 2008.

CLINICAL MATERIALS

Diagnostic Criteria

The Criteria for Diagnosing and Treating Hyperplasia of Mammary Glands: 1) vague pain or distending pain of the breast mostly on both sides or sometimes on one side.[1] The pain may be aggravated before menstruation or when the emotion fluctuates. 2) Breast masses on both sides or on one side vary in size, soft and tenacious or hard and tenacious with unclear border, and with tenderness but no adhesion. 3) Ultrasonic examination may show expanded ducts and thickened mammary glands. Roentgenogram of molybdenum target may show even and denser shadow of the mammary glands.

Exclusive Criteria

1) Pregnancy and lactation period with severe disorder of menstrual cycle; 2) inflammation and tumor of the mammary glands; 3) severe primary diseases of the heart, liver, kidney and blood system, and mental disorder; 4) women who take contraceptives and sexual hormones.

General Data

In this series, 90 patients were randomly divided into a treatment group and a control group. In the treatment group, there were 46 patients, aged 18–56, 34.0±2.5 on the average, with the illness course from 3 months to 10 years, 3.5±1.2 years on the average. The condition was 17 mild in 17 cases, moderate in 19 cases, and severe in 10 cases. In the control group, there were 44 patients, aged 21–58, 35.0±4.1 on the average, with the illness course from 4 months to 11 years, 4.1±1.3 years on the average. The condition was mild in 19 cases, moderate in 17 cases, and severe in 8 cases. There were no obvious differences in age, illness course and disease condition between the two groups (P>0.05).

METHODS

For the Treatment Group

Acupuncture was performed at the main points of Wuyi (ST 15), Rugen (ST 18), Hegu (LI 4), Jianjing (GB 21), Tianzong (SL 11) and Ganshu (BL 18). Taichong (LR 3) was added for exuberant liver-fire. Hegu (LI 4) was removed with Taixi (KI 3) and Shenshu (BL 23) added for *yin*-deficiency of the liver and kidney. Zusanli (ST 36) and Pishu (BL 20) were added for deficiency of both *qi* and blood. Sanyinjiao (SP 6) was added for irregular menstruation. Hegu (LI 4) was removed with Waiguan (TE 5) added for pain in the shoulders and back. The needles were inserted obliquely outward at 150 degrees for 40 mm into Wuyi (ST 15) and Rugen (ST 18). The needle was inserted obliquely outward for 40 mm into Tianzong (SL 11). The needle was vertically inserted for 40 mm into Jianjing (GB 21). Conventional acupuncture was given at the other points. The treatment started on the 10th day of each menstruation and was performed once a day for 15 sessions as one therapeutic course. The curative effects were evaluated after 3 menstrual cycles.

Medication was given with a prescription consisting of Chai Hu (柴胡 Radix Bupleuri) 12g, Yu Jin (郁金 Radix Curcumae) 10g, Yan Hu Suo (延胡索 Rhizoma Corydalis) 10g, Wang Bu Liu Xing (王不留行 Semen Vaccariae) 10g, Chuan Lian Zi (川楝子 Fructus Meliae Toosendan) 10g, Zao Jiao Ci (皂角刺 Spina Gleditsiae) 10g, Tu Bie Chong (土鳖虫 Eupolyphaga seu Steleophaga) 10g, Dan Shen (丹参 Radix Salviae Miltiorrhizae) 15g, and Mu Li (牡蛎 Concha Ostreae) 15g. Xia Ku Cao (夏枯草 Spika Prunellae) 10g was added for patients with exuberant liver-fire. Shan Zhu Yu (山茱萸 Fructus Corni) 15g and Shu Di Huang (熟地黄 Radix Rehmanniae Praeparata) 20g were added for those with *yin*-deficiency of the liver and kidney. Sheng Huang Qi (生黄芪 Radix Astragali seu Hedysari) 30g and Dang Gui (当归 Radix Angelicae Sinensis) 6g were added for those with deficiency of both *qi* and blood. Zi He Che (紫河车 Placenta Hominis) 10g and Nü Zhen Zi (女贞子 Fructus Ligustri Lucidi) 10g were added for those with irregular menstruation. One dose of the decoction was equally divided into two potions to be taken twice a day. The medication should be suspended during menstruation.

For the Control Group

Tamoxifen Citrate Tablets (produced by Jiangsu Yangzi River Pharmaceutical Group Co. Ltd.) was orally taken 5 days after each menstruation, 10 mg a time, twice a day, for 2 weeks. The curative effects were evaluated after 3 menstrual cycles.

Observation of the Curative Effects

1. Scoring Criteria

According to the scoring criteria described in *Xiandai Zhongyi BingXue* (现代中医病学) Modern TCM Mastosis: 1) In terms of breast masses, the score was 0 for disappearance of the breast masses after treatment, 1 for thickened masses, 2 for the masses tenacious as the nose tip, and 3 for the masses hard as the forehead. In terms of tenderness of the masses, the score was 0 for no tenderness, and 2 for having tenderness. In terms of size of the masses (calculated according to the long diameter of the largest mass), the score was 0 for disappearance of the masses after treatment, 1 for the mass ≤2 cm, 2 for the mass >2 cm but ≤5 cm, 3 for the mass >5 cm. In terms of scope of the masses, the score was 0 for disappearance of the masses after treatment, 1 for the masses limited in one or two quadrants of the breasts, 2 for the masses found in 3–4 quadrants, 3 for the masses found in 5–6 quadrants, 4 for the masses found in 7–8 quadrants. 2) Breast pain was calculated by using a 10-point scale. 3) The score was 0 for no mental depression and no irritability, and 1 for having mental depression and irritability. 4) The score was 0 for no anorexia with no fullness sensation in the stomach, and 1 for having anorexia with fullness sensation in the stomach. 5) The score was 0 for no hypochondriac pain, and 1 for having hypochondriac pain. 6) The score was 0 for basically normal menstruation, and 1 for scanty and dark menstrual flow. 7) The score was 0 for no dysmenorrhea, and 1 for having dysmenorrhea. 8) The illness condition was graded: the score 8–14 for mild, the score 15–21 for the moderate, and the score ≥22 for the severe.

2. Criteria for Curative Effect

Clinically cured: The index of curative effect was ≥90%. Markedly relieved: the index of curative effect was 70%–89%. Improved: the index of curative effect was 30%–69%. Failed: the index of curative effect was <30%.

3. Comparison of the Scores between the 2 Groups

In the treatment group of 46 cases, the score was 25.12±1.2 before treatment, and 10.29±3.42 after treatment. In the control group of 44 cases, the score was 24.58±2.4 before treatment, and 18.16±2.86 after treatment. Obvious improvement was achieved in both the groups (P<0.05). However, the curative effect in the treatment group was much better than that in the control group (P<0.05).

4. Comparison of Curative Effects between the Two Groups

In the treatment group of 46 cases, 29 cases were

clinically cured, 6 cases markedly relieved, 6 cases improved and 5 cases failed, with a total effective rate of 89.1%. In the control group of 44 cases, 8 cases were clinically cured, 4 cases markedly relieved, 16 cases improved and 16 cases failed, with a total effective rate of 63.6%. The curative effect in the treatment group was much better than that in the control group ($P<0.05$).

5. Comparison of the Estradiol, Prolactin and Progesterone Levels before and after Treatment

The average levels of Estradiol, Prolactin and Progesterone after treatment were much lower than that before treatment in the treatment group ($P<0.05$); while no obvious decline was found in the control groups ($P>0.05$)

6. Comparison of Relapse Rate between the Two Groups

In a follow-up for half a year, the relapse rate was 6% in the treatment group, and 45% in the control group, with an obvious difference between the two groups ($P<0.01$)

REFERENCES

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2. Lin Y, Tang HJ. Modern TCM Mastosis. Beijing: People's Health Press; 2003: 110-111.

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