Session 12

Miscellaneous disorders

Abdominal mass and Myoma (Ji Ju and Zhang Jia)

PCOS
Endometriosis

Chinese Medicine Department
Session Contents

- Discuss the TCM aetiology and pathology of each disorder in this session

- Discuss TCM patterns and the treatments accordingly.
Learning Outcomes

After this session study, students should be able to:

- Outline the aetiology and pathology factors.
- Outline TCM treatments accordingly.
Abdominal Masses (JI ju & Zheng Jia)

Ji: actual abdominal masses which are immovable, can be associated with pain and location is fixed; due to blood stasis

Ju: Abdominal masses which come and go, do not have a fixed abdominal location and are movable, due to stagnation of qi

Zheng: substantial, fixed Blood stasis abdominal masses (Blood masses)

Jia: insubstantial Qi stagnation masses (Qi masses)
Disorders include:

- Myoma (Leiomyoma, leiomyomata and fibromyoma)
- Ovarian cysts
- Polycystic Ovary Syndrome (PCOS)
- Carcinoma: cervix, endometrial, ovarian
- Endometriosis
Aetiology & Pathogenesis of abdominal masses
Abdominal Masses

Two types

1. Blood Masses
   - Immovable
   - Pain
   - Fixed location

2. Qi Masses
   - Pain comes and goes
   - No fixed location
   - Moveable
Abdominal Masses
Aetiology

- Emotional Strain

This is the most common cause for the formation of abdominal masses.

Anger, especially when repressed, frustration, resentment and hatred can all lead to stagnation of Liver Qi and in the long term Stagnation of Liver Blood.
Abdominal Masses
Aetiology

- Diet

Irregular eating or excessive consumption of cold and raw foods may cause cold in the lower abdomen. Cold contracts and interferes with the flow of Qi and Blood and may lead to Blood Stasis in the lower abdomen.

Excessive consumption of greasy foods impairs the Spleen and may lead to Dampness and Phlegm which can settle in the lower abdomen and form masses.
Abdominal Masses
Aetiology

- **External pathogenic factors**

  Less important in the aetiology of abdominal masses.

*External Cold* can invade the lower abdomen and impair the circulation of Blood.

*External Damp* may invade the channels of the leg and then creep up the channels and settle in the lower abdomen.
# Abdominal Masses Qi masses

<table>
<thead>
<tr>
<th>Liver Qi Stagnation</th>
<th>Retention of Food and Phlegm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Movable abdominal masses which come and go, abdo distension &amp; pain which comes and goes, feeling discomfort in the hypochondrium, depression, moodiness, irritability T: normal or slight red on the sides P:Wiry</td>
<td>Soft abdominal masses which may be striplike in shape, abdominal distension, constipation or diarrhoea, poor appetite, nausea and feeling of fullness. T:Swollen, with sticky coating thicker at the root P:Slippery</td>
</tr>
<tr>
<td>Pacify the liver, eliminate the stagnation, move qi and dissolve masses</td>
<td>Resolve food retention, regulate the bowels, move qi, resolve phlegm</td>
</tr>
<tr>
<td>GB34, CV6, LR3, PC6, TE6, SP6, LU7, KI6 Shu Gan Wan (Bupleurum &amp; Zhi Shi)</td>
<td>CV12, BL20, CV10, CV6, LI4, ST40,ST36ST37,BL21,ST34,ST6 Bao He Wan (Citrus &amp; Crategus) &amp; Nei Xiao Luo Li Wan</td>
</tr>
</tbody>
</table>
Abdominal Masses
Blood Masses
<table>
<thead>
<tr>
<th>Stagnation of Qi and Blood</th>
<th>Stasis of Blood knotted in the interior</th>
<th>Deficiency of upright qi and stasis of Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Move Qi, Invigorate blood, remove obstruction form connecting channels, dissolve masses</td>
<td>Break blood, eliminate stasis, soften hardness, dissolve masses, regulate Sp &amp; St</td>
<td>Strongly tonify qi &amp; blood, move blood &amp; eliminate stasis</td>
</tr>
<tr>
<td>GB34, LR3, PC6, TB6, SP6, LU7, KI6, SP10, BL17 Shi Xiao Wan (Pteropus &amp; Bulrush)</td>
<td>GB34, CV6, SP4, PC6, SP10, BL17, ST29, LR3, SP6, LR 8, ST36, BL20 Tong Jing Wan (Dang Gui &amp; Notoginseng)</td>
<td>CV4,6,8, BL17,20,23, ST36, SP6,10, LU7,KI6</td>
</tr>
</tbody>
</table>
Abdominal Masses

Western Differentiation

- For Western Differentiation on abdominal masses information is found in Set text pg 804 on the following

1. Ovarian cyst
2. Myoma
3. Polycystic Ovary Disease
4. Cervical Dysplasia
5. Endometriosis
6. Cervical & Endometrial Carcinoma
Abdominal Masses

**Ovarian Cysts**

The *aetiology* of ovarian cyst is attributed to invasion by external pathogenic factors suffered during the period or soon after child birth.

- This combines with emotional stress & leads to Qi & Blood stagnation or combines with dietary irregularity & leads to Spleen Qi deficiency & Phlegm.

The *pathology* is characterized by Phlegm, dampness and Blood stasis.
MYOMA

Uterine myomas (also referred to as myoma, leiomyoma, leiomyomata and fibromyoma) are benign tumours that grow within the muscle tissue of the uterus. They are commonly called ‘fibroids’. Between 20% and 50% of women of childbearing age have uterine myomas. While many women do not experience any problems, symptoms can be severe enough to require treatment.

Myomas range in size from very small to larger than a melon. A very large uterine myoma can cause the uterus to expand to the size of a six- or seven-month pregnancy. There can either be one dominant myoma or a cluster of many small myomas.
Types of myoma

- **Sub-serous** myomas develop in the outer wall of the uterus and continue to grow outward.
- **Intramural (or interstitial)** myomas develop within the uterine wall and expand, making the uterus feel larger than normal. This is the most common type of myoma.
- **Sub-mucous** myomas develop just under the lining of the uterine cavity. These are the myomas that, more than others, tend to cause heavy menstrual bleeding and the ones that can cause problems with infertility and miscarriage.

*Figure 67.1* Types of myoma.
## Western Medicine treatment

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>DESCRIPTION</th>
<th>ADVANTAGES</th>
<th>DISADVANTAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysterectomy</td>
<td>Surgical removal of the uterus&lt;br&gt;Hospital stay and a recovery period</td>
<td>Myomas never come back because the uterus is removed</td>
<td>Reproductive potential is lost&lt;br&gt;Recovery time is typically 4-6 weeks&lt;br&gt;Other complications possible</td>
</tr>
<tr>
<td>Abdominal myomectomy</td>
<td>Removal of one or more of the myomas with open abdominal surgery</td>
<td>Preserves the uterus and cervix and allows pregnancy</td>
<td>A recurrence of the myoma symptoms is possible if new myomas grow&lt;br&gt;Recovery time is typically 2-4 weeks&lt;br&gt;Some complications possible</td>
</tr>
<tr>
<td>Laparoscopic myomectomy or hysteroscopic myomectomy</td>
<td>One or more of the myomas are removed using laparoscopic or endoscopic techniques</td>
<td>Less invasive than open abdominal myomectomy, myomas can be removed via abdominal endoscope or the cervix/vagina</td>
<td>Not suitable for larger, multiple, or deep fibroids&lt;br&gt;Recovery time is typically 1-4 weeks&lt;br&gt;Some complications possible</td>
</tr>
<tr>
<td>Hormone therapy</td>
<td>Gonadotropin-releasing hormone drug treatment causes myoma shrinkage</td>
<td>Non-surgical conservative method of myoma treatment</td>
<td>Treatment is only effective for 6-12 months&lt;br&gt;Causes menopausal symptoms&lt;br&gt;May result in rapid return of symptoms after stopping treatment</td>
</tr>
<tr>
<td>Uterine artery embolization</td>
<td>The uterine artery is injected with polyvinyl alcohol beads, with a catheter, which blocks the flow of blood to the myomas and cause necrosis</td>
<td>Symptom relief with shorter hospital stay than hysterectomy or myomectomy</td>
<td>Risks include premature menopause, serious infection, bleeding and embolization of other than the myoma(s)&lt;br&gt;Strong pain during first 2 days often experienced</td>
</tr>
<tr>
<td>Watchful waiting</td>
<td>No treatment&lt;br&gt;Monitoring for any progression of symptoms</td>
<td>Sometimes myoma symptoms diminish with menopause</td>
<td>Myomas can continue to grow with an increase in symptoms&lt;br&gt;Myomas beyond a certain size may not be treatable with minimally invasive techniques</td>
</tr>
<tr>
<td>Magnetic resonance-guided, focused ultrasound surgery</td>
<td>Non-invasive outpatient treatment to reduce the size of the myomas</td>
<td>Requires no hospital stay or general anaesthesia, with quick return to normal activities&lt;br&gt;Preserves uterus and cervix</td>
<td>Untreated myoma tissue or new myomas may grow</td>
</tr>
</tbody>
</table>
Myoma Aetiology in TCM

- External cold
- Emotional stress
- Irregular diet
- Excessive physical exercise
- Overwork
Pathology of Myoma
(Giovanni Maciocia)

Blood stasis is major factor for myoma
<table>
<thead>
<tr>
<th>Blood stasis from Qi stagnation</th>
<th>Blood stasis from Cold</th>
<th>Blood stasis from phlegm</th>
<th>Blood stasis with Qi and blood deficiency</th>
<th>Blood stasis with kidney – yang deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myoma that feels hard on palpation, painful period with dark menstrual blood and clots, abdominal distension, irregular periods, and PMS.</td>
<td>Hard myomas, painful periods with crampy, spastic pain and desire for hot water, menstrual blood bright red but with small, dark clots, feeling cold during period</td>
<td>Relative soft myoma, feeling of heaviness of the abdomen, vaginal discharge, obesity, painful periods</td>
<td>Chronic, multiple, small, hard myomas, painful and heavy periods, irregular periods, tiredness, blurred vision, dizziness</td>
<td>Chronic, multiple, small, hard myomas, heavy periods, tiredness, backache, frequent urination, feeling cold, cold limbs, dizziness, tinnitus</td>
</tr>
<tr>
<td>T: Purpule in general or purpul sides P: wiry</td>
<td>T: Pale-bluish or Bluish-purple P: Tight or wiry</td>
<td>T: Purple all over or Purple sides, swollen P: Slippery -Wiry</td>
<td>T: Pale with purple sides P: weak-choppy</td>
<td>T: Pale with slightly bluish sides P: weak-choppy</td>
</tr>
<tr>
<td>Move Qi, invigorate and break blood , soften masses</td>
<td>Invigorate and break blood, expel cold and soften masses</td>
<td>Invigorate and break blood, resolve phlegm , move qi</td>
<td>Invigorate and break blood, tonify qi and blood</td>
<td>Invigorate and break blood, tonify yang, strengthen Kidneys</td>
</tr>
<tr>
<td>SP-4,6,10; PC-6, LR-3, KI-14,GB-13</td>
<td>LU-7,KI-6,14;CV-3,LR-S, SP-10, Zigong</td>
<td>LU-7, KI-6, CV3,9; KI-14, ST 28,40; BL-22,SP-6,10; LR-3</td>
<td>LU-7, KI-6,CV-3,KI-14,SP-10,LR-3,BL-20,23;ST-36,KI-3</td>
<td>LU-7,KI-6,CV-3,KI-14,SP-10,LR-3,BL-23,CV-4,KI-3</td>
</tr>
</tbody>
</table>
Polycystic Ovary Syndrome (PCOS)

- Western medicine perspective
  - Aetiology and pathology?
  - Diagnosis?
  - Clinical manifestations?
  - Clarify: PCOS differs from Polycystic Ovary Disease
  - Risks associated with PCOS?
  - Treatment?

https://www.youtube.com/watch?v=Az9lWdqebaU
Brigham and women's hospital, 2015
https://www.youtube.com/watch?v=LPkfYh8MjNQ
Medical clinic, 2018
Polycystic Ovary Disease

❖ Chinese Medicine perspectives:
The *aetiology* of *ovarian cyst* is attributed to invasion by external pathogenic factors suffered during the period or soon after child birth

➢ This combines with emotional stress & leads to Qi & Blood stagnation or combines with dietary irregularity & leads to Spleen Qi deficiency & Phlegm

❖ The *pathology* is characterized by *Phlegm, dampness and Blood stasis*
TCM Perspectives (cont.)

- Most Chinese scholars attribute the development to a deficiency of *Kidney Yang & to Phlegm Damp*

- The pathogenic factors causing polycystic ovary disease are the same as those causing ovarian cyst;

  - The main *difference* is that *Polycystic ovary disease* is characterized by a *constitutional deficiency of the Kidney* which is at the basis of its development
TCM Perspective for PCOS

- PCOS may correspond several different TCM gynaecological diseases:
  - Infertility
  - Scanty periods
  - No periods
  - Flooding and trickling periods
  - Irregular periods
TCM Perspective for PCOS

- The main patterns appearing PCOS are as follows:
  - Damp-phlegm
  - Kidney deficiency
  - Blood-stasis
  - Damp-heat
  - Blood deficiency
  - Liver-fire

- The 2 most important patterns in PCOS are:
  - damp-phlegm &
  - kidney deficiency
TCM Perspective for PCOS

❖ Root (Ben) of PCOS are:
  ✓ Kidney deficiency
  ✓ Spleen deficiency
  ✓ Liver-Qi stagnation

❖ Manifestation (Biao) are:
  ✓ Damp-phlegm in the uterus
  ✓ Blood-stasis
  ✓ Dampness
  ✓ Damp-heat in liver channel
  ✓ Liver-fire
TCM Treatment for PCOS

- What are the main identification of patterns and the treatment accordingly?
  (explain the Acu-points and herb patents)
Notes / Questions

- Compare PCOS with heavy periods, painful periods
- PCOD & PCOS
- PCOS & Infertility
Updates

- Alterations in the circadian control of melatonin secretion may be related to the development of mood disruption in women with premenstrual dysmorphic disorder (PMDD), according to the findings of a pilot clinical study.

- Premenstrual Dysmorphic Disorder May Be Affected by Melatonin Joe Barber Jr, PhD Dec 26, 2012
Polycystic Ovary Disease

Most Chinese authors attribute the development to a deficiency of Kidney Yang & to Phlegm Damp

The pathogenic factors causing polycystic ovary disease are the same as those causing ovarian cyst;

➢ The main difference is that Polycystic ovary disease is characterized by a constitutional deficiency of the Kidney which is at the basis of its development
## Polycystic Ovary Disease

<table>
<thead>
<tr>
<th>Deficiency of Kidney Yang with Dampness/ Phlegm</th>
<th>Deficiency of Kidney Yang, phlegm &amp; Stasis of Blood</th>
</tr>
</thead>
<tbody>
<tr>
<td>No periods, history of infertility, scanty periods, obesity, hirsutism, oppressive feeling in the chest, excessive vaginal discharge T: Pale, swollen with a sticky-white coat P: Weak and slightly slippery</td>
<td>No periods, history of infertility, scanty periods, obesity, hirsutism, oppressive feeling in the chest, excess vaginal discharge, abdomen pain. T: Pale-purple or Blue-purple, swollen with sticky white coat P: Weak &amp; slightly slippery</td>
</tr>
<tr>
<td>Tonify &amp; warm Kid Yang, resolve damp and phlegm</td>
<td>Tonify &amp; warm Kid Yang, invigorate Blood, Eliminate stasis</td>
</tr>
<tr>
<td>Lu7, KI6,7, CV3,4, ST36,28, BL 20,23,32,22, SP 6,9</td>
<td>Lu7, KI3,6, CV3,4, ST28,36, KI7, BL17, 20, 22, 23, 32, ST29, SP9,6,10</td>
</tr>
</tbody>
</table>
Endometriosis

What is endometriosis?

Endometriosis occurs when tissue like that which lines the inside of uterus grows outside the uterus, usually on the surfaces of organs in the pelvic and abdominal areas, in places that it is not supposed to grow.

Most endometriosis is found in the pelvic cavity:
- On or under the ovaries
- Behind the uterus
- On the tissues that hold the uterus in place
- On the bowels or bladder

*In extremely rare cases, endometriosis areas can grow in the lungs or other parts of the body.*

The symptoms of endometriosis?

One of the most common symptoms of endometriosis is pain, mostly in the abdomen, lower back, and pelvic areas. Some women have no pain even though their endometriosis is extensive, meaning that the affected areas are large, or that there is scarring. Some women, on the other hand, have severe pain even though they have only a few small areas of endometriosis.

- Extremely painful menstrual cramps; pain may get worse over time
- Chronic pelvic pain (includes lower back pain and pelvic pain)
- Pain during or after sex
- Intestinal pain
- Painful bowel movements or painful urination during menstrual periods
- Heavy menstrual periods
- Premenstrual spotting or bleeding between periods
- Infertility
- Fatigue
Surgical Repair of Endometriosis and Ovarian Cyst

Pre-operative Condition

A. A 7 inch incision is made in the lower abdomen.

B. Extensive adhesiolysis is performed and ovarian cysts are evacuated.

C. Ovarian tissue is removed and the base of the left ovary is cauterized.

D. A speculum is placed and the interior of the uterine stump is exposed.

E. The endometrial lining is cauterized.

Pelvic pain
Vaginal bleeding
Severe endometriosis

Chocolate cyst (endometriosis)
Ovarian cyst
Left ovary

Close-up view of left ovary

Rectosigmoid colon
Cautery
Base of ovary continues to bleed

Marcaine with epinephrine, Gelfoam, and JP drain placed to control bleeding

Nucleus Medical Media (2019). Surgical repair of endometriosis and ovarian cyst [Digital image]
Western medicine perspective

Aetiology
- **Retrograde menstruation and tubal reflux:** menstrual blood forced out along the Fallopian tubes into the peritoneal cavity.
- **Coelomic metaplasia:** tissues in which endometriosis arises are embryologically derived from coelomic epithelium, i.e. epithelium of the peritoneal cavity. In this hypothesis, peritoneal cells would change into endometrial tissue.
- **Direct implantation:** endometrial tissue is displaced into an implant in the new sites.
- **Genetic factors:** there is a 5.8% familial incidence among immediate female siblings, an 8.1% risk if the mother had endometriosis and a 7% risk if a female sibling has endometriosis.
- **Lymphatic dissemination:** normal endometrium might ‘metastasize’ via lymphatic channels and thus spread to extra-uterine sites.
- **Vascular theory:** normal endometrium deported via the veins to remote areas of the body.
- **Immunologic factors:** involvement of the immune system in the pathogenesis of endometriosis.

Diagnosis
- Diagnosis of endometriosis is made principally by taking a clinical history.
- Confirmation is usually obtained by laparoscopy which shows endometriotic cysts and deposits.
- Definitive diagnosis can be made by microscopic examination of excised tissue that demonstrates both glands and stroma.
- Diagnosis is affected by subjectivity.
- The symptoms of endometriosis are very similar to those of other diseases, e.g. pelvic inflammatory disease, ovarian tumours and irritable bowel syndrome, making differential diagnosis problematic.
Western Medicine treatment

Treatment

The main aim of Western medical treatment of endometriosis is to halt menstruation so that cycli-
cal endometrial bleeding is prevented and any areas of endometrium outside the uterus may have an opportunity to recede. To this aim, many drugs are used:

- Combined contraceptive pill.
- Progestins.
- Mirena® intra-uterine device (IUD).
- Gonadotropin-releasing hormone (GnRH) agonists.
- Danazol.
- Aromatase inhibitors.
- Painkillers.
How does Chinese Medicine understand Endometriosis

**Aetiology**
- Intercourse during menstruation
- Intercourse at too early an age
- Excessive physical work or exercise
- External Cold
- Tampons
- Emotional stress
- Irregular diet

**Pathology**
- There is always a Kidney deficiency and disharmony of Liver and Spleen.
- There is also always Blood stasis but also often Dampness.
- Retention of menses is an important factor.
- The temperature chart is flat in endometriosis for two reasons, one due to the Manifestation (Biao), i.e. Blood stasis, the other to the Root (Ben), i.e. Kidney-Yang deficiency.
- Endometriosis is also characterized by an insufficient growth of Yang during phase 4 so that Yin pathogenic factors (Blood stasis, Dampness or Phlegm) are not expelled.
- In endometriosis there is always Blood stasis, but in infertility due to endometriosis there are other factors at play and especially Kidney-Yang deficiency causing a luteal insufficiency.
- In treatment, we should place the emphasis on the Manifestation (Biao), i.e. Blood stasis, only if the period is very painful.
<table>
<thead>
<tr>
<th>Liver blood stasis</th>
<th>Stagnation of cold</th>
<th>Dampness</th>
<th>Damp-phlegm in the uterus</th>
<th>Kidney yang deficiency</th>
<th>Kidney yin deficiency</th>
<th>Blood deficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intense, stabbing pain before or during the period, pain relieved after passing clots, dark menstrual blood with large clots, mental restlessness</td>
<td>Painful period, pain central, pain relieved by heat, menstrual blood rather scanty and bright red with small, dark clots, feeling cold, feeling colder during the period</td>
<td>Hypogastric pain before the period and sometimes in mid-cycle, menstrual blood red with small clots, vaginal discharge, scanty, dark urine, a feeling of fullness in abdomen and a feeling of heaving</td>
<td>Painful periods, abdominal fullness, a feeling of heaviness, excessive vaginal discharge obesity, possibly soft abdominal masses</td>
<td>Painful period, abdominal pain relieved by pressure and heat, water retention and bloating before period, pale red menstrual blood, feeling cold, backache, dizziness, tinnitus, depression</td>
<td>Dull hypogastric pain towards the end of or after the period, pain relieved by pressure, scanty bleeding, sore back, dizziness, tinnitus, exhaustion, night sweating</td>
<td>Dull pain towards the end of or after the period, scanty periods, tiredness after periods, blurred vision, dizziness, tingling limbs</td>
</tr>
</tbody>
</table>

| T: Purple | P: Wiry, Firm or choppy | T: Pale-bluish or Bluish purple | P: Deep, tight, wiry | T: sticky coating | Possibly swollen | T: Swollen, with a sticky coating | thicker on the root | P: Slippery | T: Pale and wet | P: Deep weak | T: without coating, red if there is empty-heat | P: floating empty | T: Pale | P: Choppy or thin |
| LIV-3, CV-6, ST-29, SP-4, 610; BL-17, KI-14 | LU-7, KI-6, CV-4, 6; ST-28, 29, 36, SP-6 | LU-7, KI-6, SP-6, 9, 10; ST-28, CV3, 9; BL-22, 32 | LU-7, KI-6, CV-6, 12; SP-6, 9; ST-28, 40; BL-20, 22 | LU-7, KI-6, CV-4, GV-4, KI-3, 13; BL-23, ST-36, SP-6, LIV3 | LU-7, KI-6, CV-4, SP-6, KI-3, ST-36 | LU-7, KI-6, CV-4, SP-6, BL-17, 18 | Invigorate blood, eliminate stasis, pacify the liver, stop pain | Warm the uterus, expel cold, invigorate blood | Resolve dampness, eliminate stasis, clear heat if need | Resolve damp and phlegm, move qi, invigorate blood | Tonify and warm yang, invigorate blood | Nourish yin, tonify the kidneys | Nourish blood, strengthen the liver |
Break
Practical section
Session 12 Practical Activity

- Session review questions: assessment, diagnosis and management plan for each disorder discussed in this session.

- Case study based practical skills building up
Case Study
References

COMMONWEALTH OF AUSTRALIA

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