ISSN: 1981-8963 DOI: 10.5205/reuol.8008-72925-1-ED.0911201536

Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

CASE REPORT ARTICLE

ACTION OF ACUPUNCTURE IN THE TREATMENT OF GYNECOLOGICAL DYSFUNCTIONS: EXPERIENCE REPORT

AÇÃO DA ACUPUNTURA NO TRATAMENTO DE DISFUNÇÕES GINECOLÓGICAS: RELATO DE EXPERIÊNCIA

ACCIÓN DE LA ACUPUNTURA EN EL TRATAMIENTO DE DISFUNCIONES GINECOLÓGICAS: RELATO DE EXPERIENCIA

Edilene Castro Santos[1], Alexsandra Rodrigues Feijão[2], Rejane Millions Viana Meneses[3]

ABSTRACT

Objective: to report the experience of a nurse specializing in acupuncture on a patient with gynecological dysfunction. ***Method:*** descriptive study of the type experience report, resulting from the practice of a specialist nurse regarding the acupuncture treatment. The collection was done by anamnesis realized in a therapeutic environment. Specific acupoints related to the case were chosen. ***Results:*** meetings were conducted weekly, and amounted to a total of 14, in which it was possible to eliminate menorrhagia associated with dysmenorrhea, earlier complaints. ***Conclusion:*** it was found that acupuncture corroborated the positive impact in the quality of life of the patient, considering the indicators analyzed in evolution, the utterances and the sense of well-being demonstrating the resoluteness of treatment. ***Descriptors***: Acupuncture; Menorrhagia; Quality of Life.

RESUMO

Objetivo: relatar a experiência de uma enfermeira com especialidade em acupuntura acerca de uma paciente com disfunção ginecológica. ***Método***: estudo descritivo, tipo relato de experiência, resultado da prática de uma enfermeira especialista no tocante ao tratamento de acupuntura. A coleta ocorreu por meio de anamnese realizada em ambiente terapêutico. Escolheu-se acupontos específicos relacionados ao caso. ***Resultados***: os encontros eram realizados semanalmente, os quais perfizeram um total de 14 sessões, em que foi possível eliminar a menorragia associada à dismenorreia, queixas anteriormente apresentadas. ***Conclusão***: constatou-se que a acupuntura corroborou no impacto positivo de qualidade de vida da paciente, tendo em vista os indicadores analisados na evolução, as verbalizações e a sensação de bem-estar evidenciando a resolutividade do tratamento. ***Descritores***: Acupuntura; Menorragia; Qualidade de Vida.

RESUMEN

Objetivo: relatar la experiencia de una enfermera con especialidad en acupuntura acerca de una paciente con disfunción ginecológica. ***Método***: estudio descriptivo, tipo relato de experiencia, resultado de la práctica de una enfermera especialista referente al tratamiento de acupuntura. La recolección de datos se dio por medio de anamnesis realizada en ambiente terapéutico. Se eligió acupuntos específicos relacionados al caso. ***Resultados***: los encuentros eran realizados semanalmente, los cuales fueron un total de 14 sesiones, en que fue posible eliminar la menorragia asociada a la dismenorrea, quejas anteriormente presentadas. ***Conclusión***: se constató que la acupuntura corroboró en el impacto positivo de calidad de vida de la paciente, teniendo en cuenta los indicadores analizados en la evolución, las verbalizaciones y la sensación de bien estar evidenciando la resolución del tratamiento. ***Descriptores***: Acupuntura; Menorragia; Calidad de Vida.

[1]Nurse, Professor, Rio Grande do Norte University Center and College Estacio of Rio Grande do Norte, Master Student, Federal University of Rio Grande do Norte / UFRN. Natal (RN), Brazil. E-mail: edilene.edi2007@gmail.com; [2]Nurse. Professor at the Federal University of Rio Grande do Norte (UFRN). Natal (RN), Brazil. E-mail: alexsandrarf@hotmail.com; [3]Nurse. Professor at the Federal University of Rio Grande do Norte (UFRN). Natal (RN), Brazil. E-mail: rejmillions@hotmail.com

INTRODUCTION

The National Policy of Integrative and Complementary Practices in the Unified Health System (SUS) was established by the Ministry of Health through Ordinance n. 971 of May 3rd 2006. This policy aims at the introduction of alternative health care practices in the field of health services, providing a new alternative to care for and a relationship of interaction between therapist and patient.[1,2,3]

It is worthy to note that nursing is inserted and engaged with a new approach to care, acupuncture, supported in Resolution COFEN. Nº 326/2008, which assures the nurse the right to exercise independently this therapeutic modality in their professional conduct, after proof of their specific technical training.[2]

Acupuncture is a treatment of Traditional Chinese Medicine (TCM) accessible and with minimum turnaround time for obtaining the relief, recovery and/or cure. Thus, the therapy used takes into account lifestyle, personal and family history, both Yin and Yang poles members of existing things in the universe with a dynamic interaction conceiving the entire body, the vital force known as Qi (energy) and constitutive elements of each person: fire, earth, metal, water and wood.[4]

This ensures the nurse to use the technique for treating diseases, prevention and complementing the drug therapy, provided the nurse has technical expertise, ability and security to promote assistance free from data resulting of malpractice, negligence and recklessness.

Supporting the relevance of this study, it is emphasized that the gynecological disorders are factors generating great discomfort for women, preventing them to perform their daily tasks with more security and freedom.

During the menstrual cycle, a woman undergoes hormonal changes and at some moments of the reproductive life, she develops menorrhagia, which is characterized by abundant and prolonged bleeding during the period of regular menstrual flow.[5]

Alternative therapies can be used for gynecological disorders and, among them, acupuncture stands out, an ancient Chinese method of treatment, simple and with a low cost. Moreover, this practice has been widely used in treating pain and other afflictions.[6]

The vital energy (Qi) that is present in all beings connecting to vital processes, as well as signs of life and is expressed in body heat to maintain body temperature, keeps the internal organs in place, defends against aggressor agents, transforms food and retains bodily functions in their state of normality.[6]

Acupuncture has been widely applied in gynecological disorders with positive results observed in the execution of clinical practice and providing quality of life for women, restoring the energy balance.

Thus, a survey of women who had uterine fibroids, ovarian cysts and fibrocystic breast disease demonstrated that the combination of various acupuncture techniques provided the effectiveness of this therapeutic modality, as well as quality of life for the analyzed sample.[7]

In Chinese medicine, the female physiology is dominated by blood since the lower heater lodges the uterus supplying blood. The uterus also called *Bao Gong*, relates to kidneys and heart through the meridian cyclically, and when the cycle does not flow smoothly, this means the canal is blocked, and thus, menstruation becomes irregular. It is noteworthy that the liver is an organ of utmost importance in the acupuncture approach, for it is the organ that controls the menstruation.[8]

The implementation of acupuncture is of great importance in the supporting relief during the treatment of menorrhagia associated with dysmenorrhea, as it aims to balance the woman's body as a whole.

This type of care allows the nurse to perform his/her particular skills autonomously within the legal, ethical and practical aspects of the profession,[9] besides promoting a new way to care for the woman, who is set in the emerging paradigm of contemporary society corroborating the concept and effectiveness of social production of health.

OBJECTIVE

- To report the experience of a nurse specializing in acupuncture on a patient with gynecological dysfunction.

METHOD

Descriptive study of the type experience report resulting from the practice of a nurse specialist regarding the acupuncture treatment. The setting of this experience was a therapeutic environment of the office type intended for acupuncture treatment.

The collection came from the records in individual tab on the situation of the patient. The listed aspects were living habits, history of the disease, childhood data, use of medication, history of illness in the family, type of work performed and profession. This

form was filled on the first day of the assistance performed to a 42-year-old woman in the city of Natal, Rio Grande do Norte, in the period from June to October 2011. The duration of evaluation was of one hour in order to absorb more information and to support the choice of treatment.

Under the aegis of holistic approach with details of the situation, definite steps to obtain reliable data in determining the energy diagnosis were followed.

It started by holistic history, characterized by a general and complete physical examination based on sensations and on the individual's interaction with the environment and behaviors acquired throughout life.

The investigative interrogation happened through the sensations and clinical manifestations presented by the body, mental state, sleep conditions, presence of spontaneous sweating, some specific taste present in the mouth, as the desires and food preferences of patients, their fluid intake, sensations identified in the thoracic region, for example, apprehension, reporting on complaints in the abdomen, urinary and intestinal elimination, menstruation and, finally, the pain complaints.

EXPERIENCE REPORT

The description of the case was based on relevant research as: chief complaint of heavy menstrual flow with clots and pain in the lower abdomen, where the patient reported suffering this disorder since adolescence. CS is 1,59m tall, weighs 55kg and had blood pressure measured on the day of consultation a value of 110x70mmHg; she had cold hands and feet, pale face, with feelings of fear, shyness and apathy; frequent somnolence, prefers cold foods tasting sour and salty, drinks little water, urine is characterized by amber appearance; the menstrual cycle is of the advanced form with clots and darkening lasting 7 days. At the beginning of the consultation, the date of last menstrual period was 05/24/11, she does not use contraceptives and is sexually active.

In addition to the physical examination, the tongue was evaluated, which was pale with sublingual veins of purple appearance and little moisture; eyes showed changes in terms of liver, heart and kidneys; the pulse was weak and slow, as well as its constituent element was water and Yin typology.

Knowing that, in this therapeutic modality, the diagnosis is based on the energy imbalance of the organism reflected in the internal organs according to the yin and yang theory, the following findings were set up for this situation: Qi deficiency (energy) and Yin do shen (kidney); Yang deficiency and Qi do Pi (spleen); hyperactivity of Yang do Gan (liver); liver blood stagnation and blood deficiency.

Following this, therapeutic use for the effectiveness of the case was implemented with the use of filiform needles size of 0.25mm x 30mm (sterile and disposable), being held antisepsis of the skin in advance with alcohol at 70%, as well as the technique of auriculotherapy as an adjunct to the treatment.

This method uses mustard seeds and/or semi needles at specific points in the ear and these are left affixed with a hypoallergenic adhesive for 5 days.

Auriculotherapy was used aiming to enhance the response obtained by this holistic approach because, like acupuncture, it is an integral part of traditional Chinese medicine and there is a relation between the auricular pavilion and the body's organs and regions connected by nerve branches derived from cranial and spinal nerves.[10]

It is noteworthy that the holistic paradigm creates a systemic view aiming to meet a concept of interdependence and observation of the context in which it occurs.[11] So the ambience is crucial in this process linked to the relationship with other techniques and ensures a mean of integral approach in the dimensions of the patient.

Following such procedures, the treatment totaled 14 acupuncture sessions, once a week, at the same time of the date of anamnesis, lasting an hour in an air-conditioned, flavored environment and complemented with music therapy in order to create a warm atmosphere free from tensions. After the 10th session, three sessions were done in periods of fifteen days, and one session with one month, to maintain energy harmony.

According to Chinese medicine, factors that cause the diseases are constituted by external (climatic), internal, emotional factors or those characterized in relation to lifestyle, in a broad philosophical concept involving the superior *self*.[12]

The acupoints were chosen on the basis of the aforementioned diagnosis. It was initiated by opening on the right with BP4 (*gongsun*), which is an extraordinary point, BP6 (*sanyinjiao*) to gather the three meridians spleen, kidney and liver, BP3 (*tai bai*) point source of strength of the spleen, BP8 (*di ji*) where the gynecologic disorder is treated, BP10 (xuehai) which is the sea blood, F3 (*tai chong*) to strengthen the liver, R3 (*taixi*) to

strengthen the kidney and adjust the uterus, E36 (*zusanli*) to strengthen immunity, VB34 (*yang ling quan*) to strengthen muscles and tendons, VG20 (*baihui*) to soothe the liver, VC6 (*hai qi*) strengthens the vital energy, VC4 (*guanyuan*) for anemia syndromes, R14 (*siman*) to urogenital disorders, C7 (*shenmen*) to calm the heart, E29 (*guilai*) for irregular menstruation and closing left with PC6 (*neiguan*), for being an extraordinary vessel.

At the end of each session, auricular points as *Shen Men*, liver, kidneys, *Yang* of the liver 1 and 2, spleen and uterus were applied for the treatment to be stimulated by a week until the next meeting. The commitment of the patient was to make gentle pressure on points during this period.

RESULTS

Seeking to meet the proposed objectives, the sessions were performed before, during and after the menstrual period in order to identify the responses obtained and new sensations brought about by the patient.

During the first, second and third session, the treatment was applied in the premenstrual period, where there were no reports of complaints or feelings by the patient.

In the fourth session, the user was on the 3rd day of menstruation and reported the presence of pain in the lower abdomen, but with reduced blood volume.

In the fifth, sixth and seventh session, during the premenstrual period of the 2nd cycle and after the start of treatment, there were no reports of complaints.

The eighth session was observed by the patient that on the 2nd day of the 2nd menstrual cycle, strong clots appeared, but with no hassle.

In the ninth and tenth sessions, two important points to stop the bleeding were added, namely: BP8 and E29. A reassessment was made at the end of the 10th session of acupuncture, and at this point, it was determined the procedure of two maintenance sessions every two weeks and one with a month after.

The patient returned to the office at the 11th session and reported being on the 4th day of menstruation with the presence of minimum clots in the early days, which disappeared soon after, and followed by with bright red bleeding and not dark like it was before, besides of what the patient reported to feel very good.

After the 12th and 13th session, the patient was in the menstrual cycle, with flow of six days of duration and minimum clots. One month after the therapy, the patient returns to the office stating that the menstrual cycle had regularized. The patient found herself over the treatment after fourteen sessions applied systematically.

DISCUSSION

This therapy was characterized by the approach and analysis of the theory of five elements, which implies a law that interact in dominance, counter-dominance and generation of the elements in nature: wood, fire, earth, metal and water, which, in turn, characterizes each person.[13]

Stimulation of the needles is based primarily on activation of endorphins secreted by the pituitary that modulate pain through the central nervous system.[14] Therefore, there was no use of any substance additional to the treatment.

This study emphasizes that complementary practices are important tools to be used in health care and because of successful results, its use can be expanded in the West, specifically in Brazil, walking side by side with conventional treatments.

Supporting this technique focusing on gynecology and obstetrics, the effectiveness of acupuncture was observed in a prospective control study case with women in labor to relieve pain.[15]

CONCLUSION

It is believed that good interpersonal relationship is essential in the treatment of acupuncture because it is a kind of knowledge regarding a holistic view, where the nurse holds a more active care.

It is clear that the achievement of reliable and satisfactory results requires a systemic and integrated approach between the patient and the therapist, as it will influence the response to the treatment prescribed.

Given the results obtained, it can be seen that acupuncture sessions corroborated for the positive impact on quality of life of patients with gynecological dysfunction, as the indicators analyzed during the course and the verbalized responses and sense of well-being, evidenced the resoluteness of treatment emphasizing the importance of alternative practices in the nursing work.

REFERENCES

1. 1. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Política Nacional de Práticas

Integrativas e Complementares no SUS-PNPIC-SUS. Brasília: Ministério da Saúde; 2006.

2. Brasil. Conselho Federal de Enfermagem. Resolução COFEN 326. Regulamenta no Sistema COFEN/CORENs a atividade de acupuntura e dispõe sobre o registro da especialidade. In: Conselho Regional de Enfermagem. Rio de Janeiro: 2008.

3. Salles LF, Silva MJP. Enfermagem e as práticas complementares em saúde. São Paulo: Yendis; 2011.

4. Silva FCB, Santos EC, Babinski MA. Painful dysfunction of cervical muscular chain of dancer treated by nurses by means acupuncture. Fiep Bulletin (online) [Internet]. 2009 May 3 [cited 2013 May 12];(79):25-8 - Special Edition. Available from: www.fiep.com.br ISSN-02566419

5. Smeltzer SC, Bare BG. Brunner & Suddarth. Tratado de enfermagem Médico-Cirúrgica. 12th ed. Rio de Janeiro: Guanabara Koogan; 2012.

6. Hecker HU et al. Prática de Acupuntura. Rio de Janeiro: Guanabara Koogan; 2009.

7. Orta RC. Acupuntura Y ginecología. Rev Cubana Obstet Ginecol. Cuba [Internet]. 1999 Dic 15 [cited 2013 July 29];25(1):5-9 Available from: http://www.scielo.br/pdf/rlae/v14n1/v14n1a17.pdf

8. Maciocia G. Obstetrícia e ginecologia em medicina chinesa. São Paulo: Roca; 2000.

9. Ferreira AOM, Lima DVM. Arrest of support ventilation by nursing: experience report. J Nurs UFPE on line [Internet]. 2014 Apr [cited 2014 May 18];8(4):1089-94. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/download/5406/8955

10. Neves ML. Manual prático de auriculoterapia. 3rd ed. Porto Alegre: Merithus; 2011.

11. Teixeira E. Reflexões sobre o paradigma holístico e holismo e saúde. Rev Esc. Enferm [Internet]. 1996 [cited 2013 Aug 15];30(2):286-90. Available from: http://www.scielo.br/pdf/rlae/v14n1/v14n1a17.pdf

12. Ross J. Combinação de pontos: a chave para o êxito clínico. 1st ed. São Paulo: Roca; 2003.

13. Xinnong C. Acupuntura de moxibustão chinesa. 1st ed. São Paulo: Roca; 1999.

14. Scilipoti D. Terapia Integrada: acupuntura, moxabustão, acupuntura Ryodoraku e multiterapia biológica(MB). São Paulo: ícone; 2004.

Gutiérrez AOJ, Sotomayor CE, Garrido EJM, Galbán HO. Acupuntura en la analgesia del trabajo de parto. Rev Cubana Obstet Ginecol [Internet]. 1995 Dic [cited 2013 Aug 15];21(1). Available from: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0138-600X1995000100008&lng=es

Submission: 2014/05/24
Accepted: 2015/09/15
Publishing: 2015/09/15

Corresponding Address

Edilene Castro dos Santos
Rua Luiz Cúrcio Cabral, 08ª
Bairro Nossa Senhora de Nazaré
CEP 59060-430 — Natal (RN), Brasil