11. Oriental Medicine and Pain in Obstetrics and Gynecology

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Summary: From ancient times, Oriental medicine has described female physiological characteristics in detail and treated pathology as important. There are Oriental medications termed women’s medicines which have been used for many centuries specifically for obstetric and gynecological problems. By correcting abnormal physiological functions holistically, these medications have been effective in producing direct and indirect analgesic effects. In Oriental medicine, the pathology of pain is described by the two expressions “Bu tong zhe tong” and “Tong zhe bu tong” (“obstruction begets pain” and “pain begets obstruction”). According to the theory of air, blood, and water in Oriental medicine, air passages are obstructed, which in turn causes air stasis and results in pain. When the passage of blood is obstructed, circulatory insufficiency ensues, causing ischemia, and blood stasis of water (water poisoning) induces pain. Obstetric and gynecological diseases which have responded to analgesic treatment in Oriental medicine have been classified as: (1) menorrhalgia, (2) pelvic congestion syndrome (3) lumbago, (4) indefinite complaints, and (5) pain during pregnancy.

Key words: Menorrhalgia—Hypogastralgia—Lumbago—Climacterium—Pain during pregnancy

Introduction

Pain observed in obstetrics and gynecology is usually visceral in nature. Related pains occur in internal and external genital organs; they may also be conducted from adjacent organs, and various symptoms are related to indefinite complaints.
and climacteric disturbances. The frequency of medical consultations for pain in obstetrics and gynecology outpatients is 6.2% for lower abdominal pains, 3.2% for lumbago, 2.0% for menorrhalgia, and 12%–13% at most for others including vulval pain and dyspareunia.

**Mechanism of Pain**

The site of pain is frequently the lower abdomen and lumbar areas because of their relationship to anatomical structures. The circulation of the internal genitalia has to be considered in understanding the mechanism of pain:

1. At the bifurcation of the abdominal aorta, the right common iliac artery exerts pressure on the left iliac vein, causing congestion.
2. The right ovarian vein directly enters the uterine vein, but the left ovarian vein connects with the renal vein and congestion occurs here.
3. These phenomena vary with the menstrual cycle. They are amplified by the effect of hormones from the corpus luteum and autonomic nerves. Thus hyperemia and congestion in the pelvic cavity are intensified in the luteal phase and, in particular, immediately before menstruation.
4. During pregnancy, venous plexus form and congestion occurs around the uterus near its appendages, and at the uterovaginal-bladder junction.

**The Pathology of Pain in Kampo Medicine**

The pathology of pain in Kampo medicine is explained by the phrase “no-flow causes pain” and “pain causes no-flow”. In terms of the vital energy, blood, and humor ("Ki", "Ketsu", and "Sui", respectively), when the passage of Ki is blocked, Ki stagnates and results in pain. When blood does not flow, it cannot circulate. Pain occurs with ischemia and blood congestion when blood stagnates. It also occurs with humor retention or “water intoxication” ("Suitai"), where humor stagnates. Indefinite complaints, such as headaches, general muscle aches, and joint aches seen in climacteric disturbances, are detected according to the concept of Ki, Ketsu, and Sui therapy, and the appropriate Kampo drugs are selected accordingly.

Pains are classified on the following basis: “Jissho” begins suddenly, is aching and severe, and is aggravated with pressure; “Kyoan” is characterized by aggravation after eating and drinking; the pains of inactive symptoms (“Kyosho”) persist for long periods, are accompanied by aching, and are alleviated by pressure (“Kian”) and eating. Abdominal pains associated with cold symptoms (“Kansho”) are alleviated by warming. Abdominal pains induced by vital energy stagnation (“Kitai”) are temporary in nature and are accompanied by a sensation of distention. Abdominal pains caused by blood retention are static in nature and of a “pin prick” quality.