

Needling for uterine prolapse

A case history with Sun Xue-Quan

Translated by Robert Manchot

Sun Xue-Quan was one of the top 500 doctors in China, named as a famous old Chinese doctor by the Chinese government and by WHO as a renowned international medical expert. He used acupuncture and herbs in all departments, with particular expertise in vascular disorders, liver and gallbladder disease, digestive problems, gynaecology, orthopaedics, neurology and psychiatry. He wrote of his 50 years of clinical experience in a number of books and articles. This case comes from his *Zhen Jiu Lin Chuang Ji Yan* (Collected Experience in Clinical Acupuncture, 1982).

UTERINE PROLAPSE HAS many causes, such as multiple births, weakened body, or too-rapid return to physical labour following a birth.

Clinically it will manifest in one of three stages. Stage I has the uterus dropped but still within the vaginal canal, stage II has the cervix and a portion of the uterine body protruding from the vaginal canal, and stage III has the entire uterus exposed.

The patient will feel a drooping sensation in the lower abdomen, worse with walking and urination may be occasionally difficult.

Point selection: *Weibao* (extra), *Qihai* (REN-6), *Zusanli* (ST-36).

Technique: The patient lies on her back with her legs slightly bent. *Weibao* (维胞) [an extra point located six *cun* lateral to *Guanyuan* (REN-4), in a depression just below and medial to the anterior superior iliac crest] is needled along the inguinal ligament at a 30° angle quite deeply, about two or three *cun*, and then manipulated with a very slow lift and thrust technique.

Qihai (REN-6) is needled at a 75° angle downward, again to a depth of two or three *cun*, and again the technique is a very slow

lift and thrust.

Zusanli (ST-36) is needled to a depth of 1.5-2 *cun* and manipulated with a twisting technique.

The needling should be accomplished within a short time, then the needles removed and a cup placed on *Guanyuan* (REN-4), to be left for 10–15 minutes.

This protocol should be followed every other day.

Case: Mrs. Qiu, 33 years of age, technician. She first presented in July 1969. Her second child was born after a difficult labour that resulted in a prolapse which had persisted for six years. As well as a bearing down sensation in the lower abdomen, there is lower back pain and profuse leukorrhea. The prolapse is stage II.

Qihai (REN-6) was needled 2 *cun*, *Weibao* needled 3 *cun*, and *Zusanli* (ST-36) needled 1.5 *cun*, all for a short time and according to the protocol. Cupping was then done at *Guanyuan* (REN-4) and left for 15 minutes.

After the second round of treatment the uterus had noticeably retracted; in total needling was performed six times, after which the uterus returned to normal. Follow-up two years later showed no relapse.

Discussion: The names for uterine prolapse include *yin ting* (lit. “yin parts protruding”) and *yin tuo* (lit. “yin parts shedding”). The aetiology was summed up in Wu Qian’s *Yi Zong Jin Jian* (Golden Mirror of Medicine, 1742):

Uterine prolapse (yin ting) can variously be the result of damage to the uterine vessels (bao luo shang sun), or excessive forceful pushing during labour, or be due to deficient qi that drops downward with damp-heat pouring down.

Therefore acupuncture to address this condition should take into account the need to lift the qi and secure the prolapse.

The point *Weibao* (extra) has the effect of lifting and securing the uterus. It is crucial in the treatment of uterine prolapse. *Qihai* (REN-6) can warm the *yuan* qi in the lower *jiao* and stimulate Kidney yang. *Zusanli* (ST-36) is intended to tonify the centre and benefit the qi to lift the yang and raise that which has fallen. Taken as a whole, this protocol achieves excellent results.

Reference

Sun Xue-Quan, *Zhen Jiu Lin Chuang Ji Yan* (Collected Experience in Clinical Acupuncture, 1982) Shandong Science and Technology Press, Jinan; pp. 211-212.