I Ching Balance Acupuncture Treatment of Migraines, Insomnia, and Depression in a Post-Ovariectomy Patient Receiving Hormone Replacement Therapy

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ABSTRACT

Introduction: Surgical menopause is associated with symptoms that can affect a woman's quality of life (QoL) significantly. These symptoms include migraines, insomnia, and depression.

Case: A 45-year-old Caucasian female presented at an acupuncture clinic. Fourteen years prior, she had been diagnosed with ovarian carcinoma, underwent ovariectomy, and was prescribed hormone replacement therapy. Deteriorating QoL caused her to seek acupuncture for migraines, insomnia, and depression. The outcomes sought for treatment of this case included intensity, duration, and frequency of migraines, insomnia, and depression, as well as her QoL. The outcome measures were estimated monthly throughout her treatment. Each was rated on a numeric scale of 0–10 (0 = “the lowest possible” and 10 = “the worst imaginable”). At baseline, the patient rated the intensity, duration, and frequency of each complaint as 10. She was treated with 60-minute, I Ching Balance Acupuncture (ICBA) sessions once per week for 7 months.

Results: This acupuncture treatment did not cause any adverse events, pain, or discomfort. Her migraines, insomnia, and depression decreased to a great extent. In addition, this patient reported considerable improvement in her QoL. The improvement in her QoL was inversely related to the intensity, duration, and frequency of her complaints throughout her acupuncture treatment.

Conclusions: This patient reported a considerable improvement in all the outcome measures. She completed the treatment after experiencing great improvement in her QoL. Additional, larger-scale studies are warranted to investigate the effects of ICBA.

Keywords: integrative medicine, migraine, insomnia, depression, ovariectomy, I Ching Balance Acupuncture (ICBA)

INTRODUCTION

SURGICAL MENOPAUSE IS ASSOCIATED with symptoms that can affect a woman's quality of life (QoL) significantly.¹ Migraines, insomnia, and depression are among the symptoms associated with surgical menopause.^{1,2}

It is known that surgical menopause is associated with a higher incidence of migraines, compared to natural menopause.² In addition, Ripa and associates reported that postmenopausal hormone-replacement therapy <HRT> was

associated with worsening migraines.³ As shown by Chubaty et al., following surgical menopause, women receiving or not receiving HRT equally reported sleeping difficulty.⁴ Understanding of HRT impact on depression continues to evolve.⁵

The present article describes the I Ching Balance Acupuncture (ICBA) treatment of migraines, insomnia, and depression in a patient who was post-ovariectomy and receiving HRT. ICBA is based on the I Ching (*Yi Jing*, or *Book of Changes*).⁶ The patient gave oral informed consent for publication of the present case report.

FIG. 1. Female reproductive system and sick meridians.

ICBA is subordinated to the meridian theory, which has been historically used as a diagnostic tool for effective acupuncture treatment.⁶ ICBA is an ancient acupuncture method that relies on the interrelations among the acupuncture meridians, an idea first introduced by Chao Chen, DOM, LAc, in the 1970s (cited by Twicken, in 2012).⁶

CASE

A 45-year-old Caucasian female sought acupuncture treatment for migraines, insomnia, and depression. Fourteen years prior to commencing acupuncture treatment, this patient was diagnosed with ovarian carcinoma based on her level of cancer antigen (CA)-125 and histopathologic testing. After undergoing an ovariectomy, she was prescribed LIVIAL® (tibolone; 2.5-mg tablets) as HRT. As her migraines became aggravated, she was also prescribed up to four single doses of 1 g per day of oral Exidol (a nonsteroidal anti-inflammatory drug [NSAID]). The NSAID treatment occasionally decreased the intensity of her pain to a certain nonsufficient extent. However, the patient's insomnia and depression were not addressed at all.

FIG. 2. Meridian conversion.

FIG. 3. Truss structure.

Diagnostics and Treatment

Migraines, insomnia, and depression were considered to be expressions of a female hormonal imbalance in this patient, which was handled as a gynecologic disorder.

As previously described by the current author,⁸ at the beginning of the treatment, the affected sick meridians were determined. The Foot *Shao Yin* (KI) and Foot *Yang Ming* (ST) meridians matched the location of the ovaries in meridian mapping and, therefore, were determined to be the sick meridians (Fig. 1).

Chinese pulse diagnostics was used to confirm the involvement of the diagnosed meridians.⁸

Next, the balancing meridians were chosen from the five most popular and effective systems of meridian interrelations in ICBA.⁹ Meridian conversion was performed according to these five most effective ICBA systems of meridian interbalancing relationships. The conversion involved the following pairs of meridians: Foot *Tai Yin* (SP) and Foot *Shao Yang* (GB), and Hand *Shao Yang* (TE) and Hand *Shao Yin* (HE),⁸ as shown in Figure 2. Finally, the treating points along the balancing meridians were selected to build a balanced truss structure (Figs. 2 and 3).

The patient was treated with 60-minute ICBA sessions once per week for 7 months. Acupuncture points were punctured using 0.22×30-mm, U.S. Food and Drug Administration–approved, sterile acupuncture needles with copper handles and silicone cooling (Boenmed, Bar Tipul Technologies Ltd., Rehovot, Israel). The needles were inserted to a depth of ~2 mm and stimulation was not applied until just prior to removal by the end of each 60-minute ICBA session.

TABLE 1. MIGRAINE OUTCOME MEASURES

Migraine Month	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Jun. 2017	Jul. 2017
Intensity	10	9	6	5	3	3	3
Duration	10	2	2	3	2	3	3
Frequency	10	10	8	4	2	3	2

TABLE 2. INSOMNIA OUTCOME MEASURES

Insomnia Month	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Jun. 2017	Jul. 2017
Intensity	10	9	6	3	3	3	4
Duration	10	7	6	4	4	4	3
Frequency	10	10	8	6	3	3	4

Outcome Measures

The outcome measures included the intensity, duration, and frequency of migraines, insomnia, and depression. These outcome measures were rated with a numeric scale from 0 to 10, in which 0 was defined as “the lowest possible” and 10 as “the worst imaginable.”⁷ At baseline, the patient rated the intensity, duration, and frequency of each complaint as 10. In addition, she was asked to rate her QoL throughout the treatment period. The QoL was measured with a numeric scale from 0 to 10, in which 0 was defined as “the worst possible” and 10 as “the best possible.”

The outcome measures were documented from the beginning of the ICBA treatment throughout the treatment period and were reevaluated monthly. The data are summarized and provided in Tables 1–3.

RESULTS

The acupuncture treatment did not cause any pain or discomfort. In addition, no adverse events occurred during or after the treatment.

Outcome Measures

Migraine intensity, duration, and frequency (Table 1, Fig. 4). The patient reported a gradual decrease in the intensity, duration, and frequency of her migraines after the first 4 acupuncture sessions. After the 12th acupuncture session, the values of the outcome measures for migraines were ~2 times lower than at baseline. In addition, the patient started to experience a more-prominent effect of the NSAID prescribed for her migraines.

TABLE 3. DEPRESSION OUTCOME MEASURES

Depression Month	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Jun. 2017	Jul. 2017
Intensity	10	10	9	7	6	2	0
Duration	10	5	0	0	0	0	1
Frequency	10	2	3	3	2	2	2

FIG. 4. Migraine output measures.

Insomnia intensity, duration, and frequency (Table 2, Fig. 5). The patient reported a gradual decrease in the intensity, duration, and frequency of insomnia after the first 4 acupuncture sessions. After the 12th acupuncture session, the intensity and duration of insomnia were 2 times lower than at baseline (4 and 5, compared to 10, respectively), while the frequency of her insomnia decreased to 7, compared to 10.

Depression intensity, duration, and frequency (Table 3, Fig. 6). The patient reported a reduction in the duration and frequency of depression after the first 4 acupuncture sessions. The intensity of her insomnia started to decrease after the 12th acupuncture session. All of the outcome measures for insomnia were considerably lower after ~20 acupuncture sessions than at the beginning of the treatment.

FIG. 5. Insomnia output measures.

FIG. 6. Depression output measures.

Quality of life (Fig. 7). The treatment achieved a noticeable improvement in QoL as reported by the patient. This improvement was inversely related to the values of the outcome measures throughout the treatment period.

DISCUSSION

Ovariectomy performed in women before they are menopausal is known to induce a deficiency of the hormones normally produced by the ovaries.¹⁰ HRT has proven to be highly effective for treating menopausal symptoms caused by radical surgery.¹¹ Women with gynecologic cancer, including ovarian cancer, are considered candidates for HRT.¹²

However, views on HRT and clinical practice have varied over the last several decades.¹³ The 1990s saw a dramatic decline in HRT prescription rates, but, recently, they have

FIG. 7. Quality of life throughout the acupuncture treatment period.

been on the rise.¹³ Today, HRT the first-line of treatment for women suffering from any kind of symptoms caused by menopause. Beck et al. suggested that transdermal HRT preparations have fewer adverse effects than oral HRT, as liver metabolism and accumulation of metabolites with antiestrogenic activity are avoided.¹³ Thus, transdermal-patch estrogen preparations might be both safer and potentially more efficacious than oral estrogen therapy.¹³

Unfortunately, to date, no studies investigating the effects of HRT combined with acupuncture treatment are available.

CONCLUSIONS

The results of the present case report could demonstrate clearly an effective combination of ICBA treatment with HRT in a female who underwent ovariectomy.

In the 7-month treatment period, this patient received 26 weekly, 60-minute ICBA sessions. She reported gradual improvement in all the outcome measures for migraine, insomnia, and depression. In addition, the effect of the oral NSAID prescribed for her migraines gradually increased throughout the treatment period. Overall, this patient experienced considerable improvement in her QoL and completed the treatment. Larger-scale studies are warranted to investigate the effects of ICBA combined with allopathic treatment.

AUTHOR DISCLOSURE STATEMENT

The author has no conflicts of interest to declare.

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