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MANAGEMENT OF PAIN SYNDROME
IN GYNECOLOGICAL PRACTICE

SYNOPSIS

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Contents

Abbreviations used	5
A. Introduction	6
B. Purpose, tasks, and hypotheses. Subject, object, design of scientific research. Research methods	8
1. Purpose, tasks, and hypotheses	8
2. Subject, object, and design of the research	8
3. Research methods	11
C. Results and discussion	15
I. Harmonization of terminology—theoretical analysis.....	15
1. A brief explanatory dictionary of the main concepts in traditional Chinese medicine	16
II. Analysis of physiological features and pathology of the female organism in the fertile age according to The theory of Chinese medicine—theoretical and practical analysis	34
1. Anatomy and physiology of the female reproductive system.....	34
2. Pathology of the female reproductive system	38
3. Analysis of the healing principles in gynecology according to Chinese medicine... ..	40
4. Analysis of the theoretical and therapeutic principles of dysmenorrhea according to Chinese medicine	41
5. Preventive measures for dysmenorrhea	42
III. Compilation of the experimental therapeutic formula according to the theoretical principles of traditional Chinese medicine—theoretical and practical analysis	43
1. Methodology for compiling the treatment prescription	43
2. Algorithm of the experimental treatment methodology.....	45
3. Interpretation of the prescriptions according to the theory of CM	47
4. Algorithm for treating four clinical cases	49
5. Analysis of the effect of the treatment of the four clinical cases according to the theory of Chinese medicine. The therapeutic concept is discussed	54

IV. Own results of the scientific study	56
1. Descriptive statistics for taking analgesics for pain and assessing dysmenorrhea by severity at the beginning of the study (n=44)	57
2. Analysis of the verbal multidimensional system for assessing Dysmenorrhea - experimental group (n=22)	61
3. Analysis of the results of the Visual Analogue Scale (VAS) for the intensity of the painful sensation (0-10) before and after each course (6 courses) (n=22)	63
4. Results of the analysis of variation regarding the number of procedures performed within the six courses of treatment (n=22).	70
5. Results of the WHOQOL-BREF quality of life assessment questionnaire	75
D. Conclusions, conceptual model for training, contributions recommendations	79
Publications and participation in scientific forums are related. to the dissertation work	90

List of Abbreviations

AA	Acupuncture Analgesia
ANS	Autonomic Nervous System
AP	Acupuncture
AP and MB	Acupuncture and Moxibustion
APT	Acupuncture Point
AT	Auricular Therapy
BL	Bladder Channel
CM	Chinese Medicine
DU	Governing Channel (Du`mai)
FS-Qi	Fluid Substance Qi
G1	Group 1 – Treated with analgesics
G2	Group 2 – Treated with Chinese methods
GC	Girdle Channel (GC-Dai`mai)
LS-Xue	Liquid Substance Xue
LV	Liver Channel
MB	Moxibustion
PC	Pericardium Channel
RN	Reproductive Channel (RN-Ren`mai)
SC	Strategic Channel (SC-Chong`mai)
SP	Spleen Channel
ST	Stomach Channel
TCM	Traditional Chinese Medicine
VAS	Visual Analogue Scale

A. Introduction

Pain is a multifaceted physiological phenomenon that functions as a warning signal and a defense mechanism in the human body. It begins with the identification of harmful stimuli by specialized nociceptors. The human body uses pain as a defense mechanism and a warning signal; it is a complex and vital physiological phenomenon.

In gynecology, pain is an important topic for discussion, as it can be indicative of various underlying conditions and can significantly affect a woman's reproductive and pelvic health. Pain syndrome in gynecology is a pathological condition that is most common in women of childbearing age, and the largest percentage is due to dysmenorrhea. Women's health in childbearing age is inextricably linked to the course of the menstrual cycle. This implies, following the definition of menstruation, that it is an external expression of the internal state of the female organism. Therefore, an extremely important component for the promotion and prevention of women's health at the childbearing age is the normal physiological course of monthly menstruation. We cannot accept painful menstruation (dysmenorrhea) as the norm and manage it with analgesics alone. Most available literature recommends treating primary dysmenorrhea with nonsteroidal anti-inflammatory drugs and analgesics. Furthermore, repeated use of painkillers to manage dysmenorrhea can harm the gastrointestinal system, liver, and kidneys. It is essential for women to have access to comprehensive health care that addresses both the symptoms and the underlying causes of menstrual pain to improve quality of life and long-term health outcomes. Few studies have investigated the role and importance of health promotion interventions and the preventive potential of non-conventional therapies, especially acupuncture and moxibustion therapy, in combination with auriculotherapy, for the treatment of this socially significant condition. Acupuncture and moxibustion, as well as auriculotherapy, are promising alternative non-pharmacological options for managing dysmenorrhea. They can positively affect a woman's quality of life and health in several ways: pain management, hormonal balance, stress

reduction, sleep improvement, mood, etc. They can also be additional therapy to conventional treatment, etc. The integration of acupuncture and moxibustion with other approaches, such as dietary changes, exercise, and stress management techniques, provides a holistic approach to managing menstrual pain and benefits women's health. The discussion of this aspect can be characterized as a modern approach to studying health promotion and prevention of the female body in the Republic of Bulgaria. This will enrich scientific knowledge that is beneficial to women's health. It is expected that the topic discussed, the experiment conducted, and the analysis regarding the function and menstrual cycle of the female body according to the theory of Chinese medicine will arouse interest. This forms the goal of health promotion and prevention of dysmenorrhea for the healing of the female organism, which will contribute to a stable and guaranteed fertile age with optimal quality of life.

The importance and new ideas of the topic mainly come from how the scientific experiment was done and studied, using the traditional ideas of Chinese medicine about the female body, as this approach offers the best healing results when using acupuncture, moxibustion, and auriculotherapy.

B. PURPOSE, TASK, AND HYPOTHESES. SUBJECT, OBJECT, AND DESIGN OF THE SCIENTIFIC RESEARCH. RESEARCH METHODS.

1. Purpose, tasks, and hypotheses

Purpose: to study and evaluate the possibilities of Chinese treatment methods—acupuncture, moxibustion, and auriculotherapy—suitable for managing pain syndrome in patients with dysmenorrhea.

Research tasks:

- 1) To clarify the content of the concept of "pain syndrome in gynecology" and the place of dysmenorrhea in it.
- 2) To analyze the existing approaches to managing pain syndrome in gynecological practice, including in dysmenorrhea.
- 3) To study the possibilities and present the principles of treating pain syndrome, with an emphasis on dysmenorrhea, with the methods of Chinese medicine—acupuncture, moxibustion, and auriculotherapy.
- 4) To develop and approve a treatment algorithm with methods to reveal the possibilities of Chinese methods for pain management in dysmenorrhea.
- 5) To select a documentary toolkit of indicators and methods for assessing the impact of the applied treatment methodology.
- 6) To carry out statistical processing of the research results and to reveal the relationship between the applied means for pain control and for improving the quality of life.
- 7) To make a theoretical analysis of the therapeutic concepts and features of the female organism according to the theory of TCM, as well as an interpretation of the specific terms associated with it.
- 8) Based on the results of the experimental work and their analysis, along with the theoretical principles and concepts of KTM that have been discussed, formulate conclusions and recommendations for gynecological practice.
- 9) To propose a conceptual model for optimizing the role of the midwife in managing pain syndrome in gynecology by using Chinese treatment methods—acupuncture, moxibustion, and auriculotherapy.

Hypothesis 1: The inclusion of acupuncture, moxibustion, and auricular therapy in patients with dysmenorrhea contributes to overcoming pain.

Hypothesis 2: Treatment with Chinese medicine methods in patients with dysmenorrhea leads to a change in their quality of life.

2. Subject, object design of the study

Topic of study: Study of the effect of the application of a treatment methodology including acupuncture, moxibustion, and auriculotherapy for

controlling pain syndrome in gynecological practice in patients with dysmenorrhea.

Subject of study: 44 patients with pain syndrome due to dysmenorrhea, selected voluntarily, distributed into two groups according to the methods of experimental work.

Design of the study: The overall process of implementing the research program begins with determining the essence and scope of the topic of the scientific work, which is the subject of the study (Fig. 1). This is followed by a review and analysis of the available scientific literature on the problem, which is the scientific and methodological foundation of the study. The results collected from the experimental work form a database that is processed statistically, and analyzing this data allows us to establish the effect of the applied treatment algorithm. We formulate conclusions and recommendations for practice based on this.

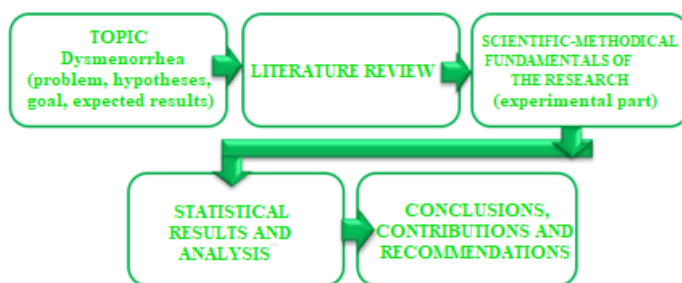


Fig. 1. Study design

The study was approved by the Research Ethics Committee (REC MU-Varna) and was conducted from October 2022 to January 2024 (Protocol No. 119 of the Research Ethics Committee, MU-Varna, from the meeting on July 21, 2022). The treatment procedures took place at the "Outpatient Clinic for Unconventional Methods for Beneficial Impact on Individual Health" in Sofia and the University Center for Oriental Medicine at the Medical University "Prof. Dr. Paraskev Stoyanov" over a two-year study period.

The experimental work took place in **two stages**:

Stage I - preliminary: During this stage, all subjects personally received written information (a document from the principal investigator) on site regarding the nature, objectives, and organization of the study; the necessary examinations; the expected benefits; and the possible risks and

inconveniences of conducting it. With strict adherence to the rules for acupuncture, moxibustion, and auriculotherapy, there are no risks, only benefits. There is no potential risk for the participants in the study. Pain syndrome in gynecology is an essential issue for the prevention and treatment of the female body. Dysmenorrhea is a serious medical and social problem. This implies searching for and supplementing prevention and treatment with new non-drug remedies for practice. Such are the methods of treatment of Chinese medicine—acupuncture, moxibustion, and auricular therapy. The contingent was selected with the following parameters:

Criteria for inclusion in the experiment:

- Young women with primary dysmenorrhea, persistent pain in the lower abdomen and in the lumbosacral region during the menstrual cycle, aged 19 to 24 years.
- The pain should not be due to other diseases.
- Lack of serious medical problems and mental illnesses.
- Women with a gynecological status without any particularities.
- Declared written informed consent for inclusion in the experiment.
- A medical document with a diagnosis of dysmenorrhea from an obstetrician-gynecologist.

Criteria for excluding individuals from the study:

- Women who have taken hormonal drugs in the previous three months.
- Malignant tumors.
- Inflammation of blood vessels (phlebitis and thrombophlebitis).
- Acute infectious diseases.
- Liver, heart, kidney, neurological, psychiatric, or endocrine diseases (confirmed clinically and by laboratory tests).
- Excessive physical and mental fatigue.
- People who have not signed an informed consent.
- People under 18 years of age.

Of those invited to participate in the study, 44 people agreed and were divided into 2 groups: Group 1 (G1) - 22 persons (treated with analgesics) and Group 2 (G2) - 22 persons (treated with acupuncture, moxibustion, and auricular therapy).

Stage II – main: During this stage, the main part of the diagnostic and therapeutic algorithm within the treatment program was carried out. The

clinical data of the people who agreed to participate in the study will be collected from the accompanying documentation (outpatient document from an obstetrician-gynecologist with a diagnosis of dysmenorrhea). The participants in the study will be given a program according to the syndrome with the methods of Chinese medicine—acupuncture, moxibustion, and auriculotherapy—tailored to the characteristics of their organism. To determine the type of syndrome, according to Chinese medicine, each patient is given an extended specialized anamnesis of 10 questions. A traditional examination of the tongue and palpation of the pulse were carried out, with which the syndrome will be specified, and the individual prescription for the patient's treatment will be prepared.

The experimental group's treatment program includes:

- 1) A treatment course of 5-7-10 acupuncture procedures, every day or every other day.
- 2) Auricular therapy of 4 procedures within the treatment course and menstruation.
- 3) A maintenance course of 4-5 acupuncture procedures within 10 days before the expected date of the next menstruation (if necessary). We apply this for up to three consecutive periods, or up to 3 months. This is determined by the individual characteristics of each experienced person.
- 4) Auricular therapy of 2-3 procedures (fixation of plant seeds or microneedles) within the maintenance course and menstruation.

An individual outpatient card records the experimental process. The characteristics of the studied contingent (gender, age, profession, etc.) are included in the quality-of-life questionnaire.

3. Research methods:

A) *Documentary-content analysis:* study and analysis of the available scientific literature in the databases Scopus, Web of Science, PubMed, Science Direct, Google Scholar, etc., relating to the problem considered in the study.

B) *Clinical research methods:* in Chinese medicine, dysmenorrhea syndromes are identified using four diagnostic methods—patient history, visual examination, physical touch, and listening (including smell). These methods help gather the patient's medical history and understand the health issue, which is then used to create a treatment plan. Through them, the medical history of the patient and the pathological syndrome are prepared, as well as the prescription for the treatment of the disease syndrome.

a) *Anamnesis*: it includes 10 questions. They are interconnected (including with the diagnosis of the tongue and pulse) and provide valuable information for the preparation of the individual prescription for treatment with acupuncture, moxibustion, and auriculotherapy.

b) *Examination*: The patient's behavior, physical condition and walking pattern, skin color and tone, hair (color) and body hair, and the five openings (sensory organs - eyes, nose, ears, mouth, and tongue) are observed. The most important thing is the examination of the tongue, the body (color, volume, mobility) and the coating (color, quantity, type). The tongue provides valuable information about the condition of the five zang-organs. This is related to the determination of pathological syndrome.

c) *Palpation*: This method determines the type of pulse. The qualitative characteristics of the pulse are considered - frequency, rhythm, filling (blood volume), tension, size, and shape. There are 28 main types of pulse, but 20 types are most often considered, and the rest are harbingers of exitus lethalis. In addition, the patient's discomfort points are palpated - acupuncture points and sections of energy channels, as well as certain points with a specific function.

d) *Auscultation (including body odor)*: The timbre of the voice and the sounds of coughing and breathing, as well as the smell of foul breath and the patient's body odor, are listened to. Chinese medicine uses a specific theoretical basis to describe the imbalance of the body and mind. Traditional diagnosis analyzes the entire set of signs and symptoms the patient experiences, not just the main complaint. In other words, in Chinese medicine, there is no specific treatment for a given symptom, but a set of syndromes that contain the symptom as the main indicator. The therapeutic basis of Chinese medicine is the doctrine of diagnosis and treatment according to the syndrome, causes, and localization of the disease (Bian zhen lun zhi). Its theoretical formulation is carried out through the eight principles of the differentiation of syndromes (Ba'gan). Using the four diagnostic tests, information from different diseases is gathered, and after examining and combining it, the main categories (Yin/Yang), location (Biao/Li), nature of the disease (Han/Re), and the body's condition (Xu/Shi) are identified. Fig. 2 illustrates the formulation of eight main characteristics of a given syndrome:

1. Location of the disease

(1) External syndrome

(2) Internal syndrome

- 2. Nature of the disease
- (3) Heat syndrome
- (4) Cold syndrome



Fig. 2. *The Eight Principles of Differentiating Syndromes (Ba`gan)*

- 3. A condition of pathological energy Qi (pathogenic factors - Xie`qi) > vital / individual / true Qi (immune system - Zheng`qi), and which of them prevails in the body?
 - (1) Excess syndrome (strong immunity that resists pathological Qi and prevails)
 - (2) Deficiency syndrome (weak immunity that cannot resist pathological Qi and prevails)
 - 4. Category of the syndrome
 - (3) Yang syndrome
 - (4) Yin syndrome
- The result of the analysis and synthesis reveals the patient's syndrome, which is recorded in the outpatient card to conduct individual treatment.

C) Sociological methods:

- 1) *Questionnaire study*: all individuals fill out a questionnaire on taking analgesics during the first three days of menstruation. For the control group—once, and for the experimental group—before and after completing the full course of treatment.
- 2) *System for assessing dysmenorrhea by severity*: at the start and end of the treatment, patients are checked using a simple verbal scale to describe how bad their symptoms are (Table 1):

Table 1. Dysmenorrhea Severity Grading System

SEVERITY GRADE	WORK CAPACITY	SYSTEMIC SYMPTOMS	ANALGESIC EFFECTIVENESS
Grade 0: painless menstruation, does not affect activity	Normal	Absent	Not required
Grade I: menstruation is accompanied by mild pain and rarely reduces activity	Rarely reduced	Absent	Rarely taken
Grade II: activity is reduced, but home confinement is rarely necessary	Moderately reduced	Occasional	Effective and taken if needed
Grade III: sharply reduced activity in the presence of vegetative symptoms	Severely reduced	Frequent	Ineffective

3) *Visual Analogue Scale (VAS)–10 levels:* This test measures the current intensity of pain. The most accurate and objective subjective assessment of the intensity of physical pain is not only an important indicator of the state of the disease process and the health of the person but also of the effectiveness of the treatment applied (Fig. 3):

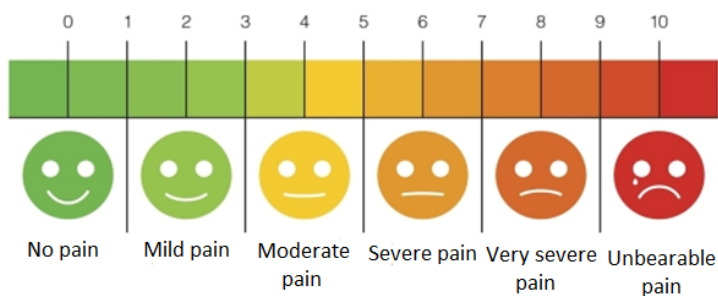


Fig. 3. Visual analog scale

4) WHO-QOL-BREF-26 Quality of Life Questionnaire.

It is a specific survey, consisting of 26 questions, designed to assess an individual's overall quality of life. This specific measure has been specifically designed to be effective and applicable in different cultural contexts. Quality of life is an indicator that assesses various aspects of an individual's well-being, including their physical health, mental state, personal values, social relationships, and how these factors interact with their environment.

D) Statistical methods:

1) Parametric methods for testing hypotheses:

a) The assessment of internal consistency for the reliability of questionnaires is measured using Cronbach's alpha. This indicator reflects the internal consistency between the items/questions in each instrument. The closer it is to 1, the higher the consistency (i.e., internal reliability).

b) Parametric correlation analysis between the four areas (physical, psychological, relationships, and environment) and the indicator "quality of life" correlation coefficient.

2) Variance analysis:

The differences in the population are measured by a certain characteristic with indicators of average level, indicators of dispersion, and indicators of dispersion shape.

The following indicators are calculated: arithmetic mean (\bar{n}); mode (Mo) and median (Me) of the statistical order; mean square standard deviation (S); coefficient of asymmetry (As); kurtosis coefficient (Ex); the smallest value (Min); and the highest value (Max).

3) Graphic analysis.

The data were entered and processed with the statistical package IBM SPSS Statistics 23.0 and MS Excel 2010. For a significance level, at which the null hypothesis is rejected, a significance level of $p < 0.05$ (<5%) is assumed.

C. RESULTS AND DISCUSSION

I. Harmonization of terminology - theoretical analysis

The present study uses terminology that is not found in conventional scientific literature, requiring it to be systematized, interpreted, and explained in the generally accepted scientific language in a short terminological dictionary specially created for the purposes of the study of the dissertation work.

1. A brief explanatory dictionary of the main concepts in traditional Chinese medicine

The concepts of traditional Chinese medicine used in the scientific study require harmonization of terminology. A terminological dictionary was compiled by the doctoral student to clarify the terms of the dissertation work.

Chinese term	Meaning of terms
A	

Hou`tian zhi Ben	Acquired Body Constitution
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A term in TCM. In individual life it is associated with the Zang-spleen and the Fu-stomach. The two organs provide the body with the substances and energy to maintain vital activity, by digesting, absorbing and transforming food products and liquids.

Hou`tian	Acquired constitution in individual life
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A term in TCM. 1. The opposite of innate, i.e., it is achieved by the person himself in individual life. For example, acquired immunity acquired after birth. 2. It refers to the period of growth after a person or animal leaves the mother's body. "Those born in the body (intrauterine life) are called innate; those born after the body (extrauterine/individual life) are called acquired."

Hou`tian zhi Jing	Acquired essential substance Jing (Hou'tian)
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A term in TCM. Also called the essential substance Jing of water and grains, it is one of the main substances obtained from food, which is necessary for maintaining vital activity, body metabolism, and promoting growth.

Shu`xue	Acupuncture Points or Active Points
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Acupuncture uses this term. Active points are the places where the Qi energy of the channels and zan'fu-organs enter and exit. We apply acupuncture, moxibustion, and massage techniques to these points to treat diseases.

B	
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Sui	Bone marrow (Sui)
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A term in TCM. It is one of the six unique organs, consisting of bone marrow and spinal cord. It is generated by transforming from the essential life energy Jing'qi of the Zang-kidney and the essential substance Qi of grains and water. Its function is to nourish the bone system and tonify by replenishing the material substrate of the brain.

C

Han`zheng

Cold syndrome

A term in TCM. It develops under the influence of an external cold pathogen or internal Yin-cold accumulates in the body; or internal trauma after illness, in which Yang-qi is injured and falls into a state of deficiency. All this leads to the development of a group of pathological syndromes. The functions of the body decrease in this syndrome. The body is attacked by external Yin-cold pathogen factors, which is an external cold syndrome. Internal trauma from a long illness, therefore Yang`qi is spent. Excessive consumption of cold food and liquids, with Yin-cold accumulating inside. Intolerance too cold with chills, they love warmth. There is no thirst, the face is pale, cold extremities, colorless urine and mushy feces, the excreted matter is light and has no odor. The tongue is pale, and the coating is white. The pulse is slow or tense or deep thread (Chi`mai; Jin`mai; Chen`xi`mai). These diseases are rheumatoid arthritis, renal pathology syndromes, chronic bronchitis, and chronic diseases of the digestive system.

D

Dan`tian

Dan'tian (place where Qi energy is stored)

A term in Qi`gong gymnastics. Much Qi`gong masters believe that there are three Dan'tian zones: upper, middle, and lower. The upper Dan'tian is inside behind the eyebrows (the Yin'tang EX point). Some practitioners believe that the upper Dan'tian is located inside, beneath the Bai`hui DU 20 point, which is situated at the top of the head. The middle Dan'tian is located inside, behind the Shan'zhong RN 17 point, which is situated at the frontal level of both nipples in the center of the chest. The lower Dan'tian is located inside, behind the Qi'hai RN 6 point, 1.5 cun below the navel. In these zones, the mind concentrates when performing certain exercises. The lower Dan'tian is important because it stores the original Yuan'qi, which is necessary for maintaining the functional activity of the Zang-organs.

Xi`xue

Deep point or Si-point or cleft point

A term of acupuncture. These points are located on the forearm or lower leg. The name itself shows that they are in the form of deep slits where the fluid substance Qi and the liquid substance Xue of the Qi energy gather and accumulate. There are 16 of them in total, 12 of which belong to the main channels, and 4 to the special channels: Yin channel of motor activity, Yang channel of motor activity, Yin-storing channel, Yang-storing channel. Through these points, the condition of the Zang`fu-organs

and their associated channels is diagnosed. They enable the determination of the disease's excess or deficiency type. Additionally, we treat acute stages or severe diseases of the Zang'fu-organs and their associated channels.

Xu`zheng

Deficiency syndrome or asthenic syndrome

A term in TCM. A syndrome caused by insufficient amount of essential vital energy Jing'qi, decreased resistance and hypofunction of the body. It is often observed in individuals with weak constitution and patients suffering from prolonged illness. It is manifested by pale complexion, weakness, shortness of breath, weak voice, tachycardia, insomnia, loss of appetite, etc. The tongue is thick and soft, the pulse is of deficiency type without strength.

Zang`fu/Zang`xiang Doctrine for the Zang`Fu organs

A term in TCM. According to this doctrine, the 12 organs in the TCM are divided into 6 zang-organs (with YIN nature – producing: Zang-liver, Zang-heart, Zang-spleen, Zang-lung, Zang-kidney) and 6 fu-organs (with YANG nature – conducting: Fu-Three Jiao, Fu-gallbladder, Fu-small intestine, Fu-stomach, Fu-large intestine, Fu-urinary bladder). To distinguish the organ from conventional knowledge, its nature is added to the name. The organs in the KM are philosophical categories. Their functions are different from those in conventional medicine, although they correspond to the anatomical organs in the body, except for 2 organs that have no structure but have their own functions (Zang-pericardial structure and Fu-three jiao – see: terms in the dictionary).

- Zang-liver. Zang-organ controls the free flow of Qi energy in the channel system and stores TS-Xue. It is the main mechanism of the whole body for the flow of Qi energy, the storage of LS-Xue, as well as for the control and balance of emotions. Its sensory organ is the eyes. Zang -liver (YIN) is in an internal-external connection with the Fu-gallbladder (YANG). The two organs belong to the natural phenomenon of Wood.
- Zang-heart. It contains the mental activity of a person, which is why it is also called the “house of the psyche”. It stores and manages it, as well as all vital activity. It controls the blood vessels and promotes blood circulation throughout the body. In the theory of the Zang-organs, the Zang-pericardial structure and the Zang-heart function together, which is why it is said that theoretically there are 5 Zang-organs in the body,

but in terms of therapy there are 6. Its sensory organ is the tongue. Zang-heart (YIN) is in an internal-external connection with Fu-small intestine (YANG). Both organs belong to the natural phenomenon of Fire.

- Zang-spleen. Its main function is to transform and transport liquid substances, to monitor the state of the blood, to manage the muscles, tissues and motor activity of the four limbs. It is governed by the emotion of oppression. This organ warms the five Zang-organs. It determines the constitution of a person and his physical strength. Its corresponding Fu-organ is the stomach. In the "Nan'jin" it is said: "Fu-stomach determines the health of a person during all seasons of the year. It is the "sea of food" and therefore guides the roots of the future and the foundation of the organism from the moment of birth."
- Zang-kidney. It is located lowest and deepest compared to the other Zang-organs. Its function is related to the accumulation of the essential substance Jing. It ensures reproductive function; monitors the movement of LS-Xue, the formation of LS-Xue, the development of bone marrow and brain tissue, the condition of bones and hair, as well as the inlet and outlet openings. In the theory of TCM, a concept has been developed for the different function of each kidney. The right one is the actual Zang-organ and is called the "gate of the life cycle (path) of the individual" - Ming'men. The essential substance Jing is stored in it; it is the source of the original Yuan'qi. Zang-kidney controls the waterways of the body. The left kidney has a Yang characteristic and complements the function of the actual Zang-organ - the right kidney. Its sensory organ is the ears. Zang-kidney (YIN) is in an internal-external connection with Fu-bladder (YANG). Both organs belong to the natural phenomenon of Water.
- Zang-lung. Regulates the circulation of Qi energy, as well as all types of Qi that disperse and descend into the body. Maintains the condition of the skin and hair, directs the movement of fluids and controls breathing. It is located highest in relation to the other Zang'fu organs and stands above them like a "canopy". Its sensory organ is the nose. Zang-lung (YIN) is in an internal-external connection with Fu-large intestine (YANG). Both organs belong to the natural phenomenon of Metal.

Bian`zheng lun`zhi Doctrine of diagnosis and treatment according to the syndrome, causes and localization of the disease

A term in TCM. Discussion of treatment based on differential diagnosis. This is the therapeutic basis of the theoretical system of TCM and one of the main characteristics through which the application of the theory, treatment method, prescription and application in clinical practice is explained. In TCM, diagnosis means that the symptoms and characteristics of the patient are analyzed and summarized through the basic theoretical teachings and therapeutic principles such as: the 4 methods of diagnosis, the 8 principles of diagnosis, the doctrine of Zang'fu organs, the etiology and pathogenesis of the disease, the doctrine of channels and collaterals, etc., in order to differentiate the syndrome of the given disease. Treatment planning means that the final therapeutic program is formulated according to the diagnosed syndrome. Each disease is characterized by a different number of syndromes and therefore a special therapeutic program is developed for each of them

Yin`Yang

Doctrine of Yin and Yang

A term in TCM. A philosophical term in ancient China. The two philosophical categories Yin and Yang are used as a worldview and methodology for studying nature, for analyzing the phenomena of the natural world and for investigating its laws. They are 2 philosophical categories that do not have specific meanings. They are intended to express any pair of opposites. The names of these two concepts are extremely abstract. They are “two (opposite) ends of any object”. The main content of the doctrine of Yin and Yang consists of the concept of the relative nature of Yin-Yang, the laws of movement and change of Yin-Yang, opposition and limitation, interdependence and mutual use, growth and weakening, balance and transformation between Yin and Yang. After the doctrine of Yin-Yang penetrated the medical field, it has become an important component of the theoretical system of TCM and is used as its basis. In "Huang'di Nei'jing" it is written - Yin and Yang are: the law and nature of nature; the order in the creation of myriad things; the father and mother (source) of changes; the root and beginning of life and death; the place (repository) of intangible things (consciousness and subconsciousness).

Jing`luo

Doctrine of channels and collaterals

A term in TCM. It is a basic part of TCM theory. It explains the physiology and pathology of the body. They are located on the body both externally and internally. They transport FS-Qi (Yang`qi) and LS-Xue (Yin`qi) to

nourish and function the Zang'fu organs, bones, muscles, tendons and skin. This shows the unified wholeness or organic integration of the body as an open system. They perform the following functions: 1) Ensure the free flow of FS-Qi (Yang'qi) and LS-Xue (Yin'qi) to maintain the balance between Yin and Yang; 2) Resist the invasion of pathogenic factors and at the same time reflect the symptoms and manifestations of the body. 3) They push the energy Qi (De'qi), special sensations caused by physical healing techniques (AP, MB, AT, massage, etc.), regulating the state of type-deficiency and type-excess in both the channels and the organs. They are neither form- nor structurally distinct but are materialized as a functioning system. Their existence can be established with special equipment or through feedback. Often a phenomenon of visualization of a section of a given channel appears during a procedure. The phenomenon is short-lived for about 40 seconds to 1 minute and disappears. The channels have a special classification.

Wu`xing

Doctrine of the Five Natural Phenomena [Elements]

A term in TCM. The correct term is natural phenomenon, instead of element, since the names correspond to those observed in nature: wood, fire, earth, metal, water. They are arranged in this sequence because they have such an interrelationship (creative/generative) in the so-called pentagram (visual scheme), through which the physiology and pathology of the human body are analyzed. Each natural phenomenon corresponds to a pair of Zang'fu organs - Zang-organ Yin and Fu-organ Yang. The most important thing in this teaching is that the 5 natural phenomena correspond to the 5 Zang -organs: liver - wood; heart - fire; spleen - earth; lung - metal; kidney - water. The main content includes: 1. Based on the 5 Zang -organs, as the center, the unity of the human body is explained through the channels and collaterals connecting all parts of the body; and based on the relationship of the 5 Zang-organs with the 5 natural phenomena and their distinctive features in relation to nature (direction, color, season, climatic factor, taste, etc., each feature 5 in relation to the 5 natural phenomena), thus explaining the unity between the human being and nature. In addition, through the relationship of the 5 Zang-organs with the 5 natural phenomena and their distinctive features in relation to the human body (sensory organs, tissues, emotions, mood, secretions, manifestations of a symptom, place of development of the disease, etc., each feature 5 in

relation to the 5 natural phenomena), and thus defining the holistic approach to the maintenance, prevention and treatment of the body. 2. Explaining the interdependent relationships, the mutually restraining relationships, the relations of subordination and the reverse restriction in the pathological state between the 5 Zang-organs according to the theory of generation, restraint, subordination and reverse restraint of the 5 natural phenomena.

E

Ba`gan

Eight basic syndromes

A term in TCM. Eight basic syndromes. The eight aspects for differential diagnosis, i.e., the main categories are YIN or YANG, the localization of the disease is external or internal, the nature of the disease is cold or heat, the state of the body is asthenia or sthenia. From this, we derive the 8 main types of syndromes.

Ba`hui`xue

Eight influential acupuncture points

A term in TCM. These APPs converge with the corresponding tissues or Zang`fu-organs and influence the pathological changes that have occurred in them. For Zang-organs, the APP is – Zhang`men LV 13, for Fu-organs – Zhong`wan RN 12, for FS-Qi – Shan`zhong RN 17, for LS-Xue – Ge`shu BL 17, for connective tissue – Yang`ling`quan GB 34, for blood vessels – Tai`yuan LU 9, for bone tissue – Da`zhu BL 11, for bone marrow and brain – Xuan`zhong GB 39.

Ba`gan Bian`zheng

Eight principles for differentiating syndromes

A term in TCM. Differential diagnosis is conducted based on the eight primary syndromes. One of the main methods of differential diagnosis, i.e., for determining the nature and location of pathological changes and the conflict between the body's resistance and pathological factors, is based on the analysis and understanding of complex clinical manifestations through the 8 basic syndromes: YIN-YANG, external-internal, cold-heat, and asthenia-sthenia.

Qi`jing Ba`mai

Eight special channels or Ba`mai

A term in TCM. They are a group of channels from the Doctrine of Channels and Collaterals. This acronym is a general term for the channels: DU-Du'mai, RN-Ren'mai, SC-Chong'mai, GC-Dai'mai, Yin-channel of movement activity, Yang-channel of movement activity, Yin-storing channel, and Yang-storing channel. Their topography is peculiar, and they pass between the 12 basic channels. They have no direct connection with

A term in TCM. It is one of the causes of diseases. It is the result of the impact of any of the exogenous pathogens that invade the skin, hair and muscles or enter the body through the mouth and nose. Symptoms such as cold and heat or those of the upper respiratory tract appear at first.

Biao`zheng

External syndrome

A term in TCM. It means the entry of the 6 external pathological factors into the channels, skin, hair; also, the mouth, nose, attack the body and muscles on the surface, causing pathological symptoms and conditions. This is the first stage of the disease. The disease begins acutely, the period is short, the disease is on the surface. Virulent pathological factor cold (or virulent wind) with an increase in temperature. The tongue has a thin white coating, and the pulse is superficial (Fu`mai). Headaches and body aches - pathological Qi (xie`qi) is established on the surface of the body and in the channels and collaterals. Symptoms are runny nose, irritation and sore throat, cough, etc.

F

Qi

Fluid substance Qi

A term in TCM. The invisible active/moving substance of Qi energy (Yang part). See: Fundamental knowledge of Qi energy.

Si`zhen

Four methods for examination

A term in TCM. Relating to case history (10 groups of questions), inspection (body and tongue), palpation (pulse in a. radialis, body, acupuncture points), auscultation (voice timbre, breathing, etc.), and smelling (body odor, menstrual blood, urine, feces, etc.). Through them, syndromes and signs are differentiated to make a comprehensive analysis and synthesis of the collected data to make the correct diagnosis.

Si`hai

Four Seas

A term in TCM. Refers to the sea of bone marrow (Sui'hai), the sea of liquid substance Xue (Xue'hai), the sea of fluid substance Qi (Qi'hai), the sea of food and water (Shui'gu zhi hai).

San`jiao

Fu-organ Three Jiao

A term in TCM. The Fu-organ (yang-organ) has no material substrate but exists functionally. It reflects the integration function of the Zang-fu-organs. It is a highway for the movement of water, food, liquid substances and Qi energy in the body. The upper Jiao controls the function of the Zang-lung and Zang-heart. It moves Yang'qi from the middle Jiao, contributes to the absorption of inhaled air and the formation of the basic

De`qi**Healing energy Qi or a special feeling**

A term in acupuncture. The patient's feeling, during needle stimulation, of soreness, tingling, as if an electric current is passing through, bloating and heaviness, possibly sweating, and heat spreading in a certain section of the channel or in the affected area. The healer feels a tightening of the needle during its stimulation. The intensity and duration of the needle's sensation during stimulation closely correlate with the healing effect.

Re`zheng**Heat syndrome**

A term in TCM. It develops under the influence of external pathological factor heat or internal Yang-heat, which accumulate in the body; or inside Yin-xu and a lot of Yang`qi develop. All this leads to the appearance of a group of pathological syndromes. The organism falls into a state of pathological hyperactivity. Attack of external pathological factors heat and fire. Yin-pathological factor enters the interior and turns into pathological heat. Food and liquids, stagnation of the fluid substance qi and stasis of the liquid substance Xue, etc. They accumulate and form pathological heat. Excessive expression of the 7 emotions turns into pathological heat. The essential substance Jing is depleted, the liquid substance Xue is in a small amount - the condition is deficient, and Yang`qi tends to hyper. It manifests itself with increased body temperature or the body feeling hot and irritable, the face being red, and the eyes being bloodshot. Symptoms include thirst and a desire for cold liquids, a dry mouth, yellow-red urine, and stools that are fecal masses with a yellow-turbid color and an unpleasant smell. The tongue is red with a yellow coating; the pulse is rapid or raging and large (Shu`mai or Hong`da`mai). This syndrome is characteristic of infectious diseases, acute dysentery, acute bronchitis, bronchopneumonia, etc.

«Huang`di**"Huang'di Nei`jing" ("The Yellow Emperor's Questions on the Essence of Treatment" or "Canon of Medicine", or "Nei`jing" for short)**

The earliest widely distributed classical treatise on Chinese medicine, attributed to the ancient Emperor Huang`di (2698-2589 BC). It is a medical masterpiece that studies human physiology, pathology, diagnosis, principles of treatment, and pharmacology. The Canon has had a profound influence on the theory and practice of Chinese medicine of later generations and is revered as the "ancestor of medical science." The emperor and his physician write it in the form of questions and answers.

The treatise advocates "not treating an existing disease but treating a potential disease; not treating a disorder but treating a potential disorder." Together with the treatises "Nan'jing" ("Nan'jing"—"Essential Questions of Chinese Medicine"), "Shang'han lun" ("Shang'han lun"—"Treatise on Febrile Diseases"), and "Shen'ong" ("Shen'ong"—"Treatise on Medicinal Plants"), they are the four classic works of the TCM, which set out the original views of the ancient sages on space and time, as well as on man—on his life and death. All of them are mandatory subjects studied in universities and specialized educational institutions of the TCM. "Nei'jing" is a product of various unknown authors from the Warring States period (475-221 BC) and was revised and supplemented from the Eastern Han dynasty (25-220) to the Sui (581-618) and Tang (618-907) dynasties. The Canon consists of 2 parts: "Questions about the Essence" (Su'wen) and "Basic Knowledge of the Miraculous Power of Healing" (Ling'shu, also known as the "Canon of Acupuncture"), with a total of 18 volumes and 162 chapters. The first part introduces the various theories of KM, while the second focuses on the guidelines for the practical application of treatment techniques, especially acupuncture. The "Canon of Medicine" interprets the natural-philosophical theoretical system of CM, which contains profound medical theories. It also covers many ancient Chinese interpretations of astronomy, meteorology, biology, geography, mathematics, sociology, psychology, musicology, etc., and infiltrates this knowledge and these achievements into medicine, making the book a multidisciplinary work with medicine as the main body.

I

Xian'tian zhi Jing

Innate Essential Substance Jing (Xian'tian)

A term in TCM. It refers to the reproductive essential substance Jing stored in the Zang-kidney. It is the initial substance necessary for the construction and development of the embryo, as it comes from the reproductive essential substance Jing of the parents. The innate essential substance Jing can generate offspring and is related to the growth, development, and aging of the individual.

Xian'tian

Innate Nature Xian'tian

A term in TCM. 1. It refers to the original (genetic) Qi of the fetus, acquired from the essential substance Jing and the liquid substance Xue of the parents, and is the basic/essential substance of life. It is the opposite of the acquired individual essence. Zang-kidney is the source of reproduction

and development, so it is said that “Zang-kidney takes responsibility for the innate” and that “Zang-kidney is the basis of the innate”. 2. The prenatal period.

Xian`tian zhi Ben

Innate Nature Basis

A term in TCM. It refers to the Zang-kidney, which stores the innate essential substance Jing, and is the foundation of the Zang`fu-organs, yin and yang, and the root of life, as well as taking responsibility for growth and development. Zang- kidney plays an important role in preventing and resisting diseases.

Li`zheng

Internal syndrome

A term in TCM. The disease has penetrated deep into the interior (the Zang`fu-organs, FS-Qi and LS-Xue, bones and bone marrow/brain) and pathological symptoms and signs are generated. The external pathological factors are not removed, the pathological factors from the external areas turn around and enter the interior. The pathological factors directly attack the Zang`fu-organs. Emotions injure the interior; food, fluids, physical fatigue, etc. directly cause dysfunction of the Zang`fu-organs. The clinical picture is complex and diverse, mainly pathology develops in the Zang`fu-organs. The pathological process is prolonged. The wind and cold pathological factors are not highly virulent; the pulse is not superficial; the body and tongue coating are changed.

M

Yuan`qi

Main Qi or Yuan Qi; Genetic Qi or Primordial Qi

A term in TCM. It consists of Yuan-Yang and Yuan-Yin of the Zang-kidney, mainly coming from the innate essence Xian'tian and is dependent on the acquired essence Hou'tien, from which it is nourished and replenished to the optimum amount. It is stored in the Dan'tian (a hypothetical storehouse located 1.5 cun below the navel and between the two kidneys) and is transported through the Fu-organ Three jiao to all parts of the trunk. The main Qi promotes the functional activities of the Zang'fu-organs, tissues and acts as the main driving force for life activities.

Yuan`xue

Main point or Yuan point

Acupuncture term. It is a point with a special function. There are 12 points. Each of the 12 channels has a yuan point. Its name and function are related to Yuan`qi. It is believed that Yuan`qi is activated and flows through the channel precisely at these points. They are located around the wrist and

ankle. They are related to the Three jiao Fu-organ and the main Yuan`qi, which is stored in the Dan'tien area. From here, Yuan`qi is taken up by the Three jiao fu-organ and reaches the Zang'fu organs through the channels. These points are used to treat diseases of the Zang'fu organs associated with the corresponding channel.

P

Xie

Pathological Qi energy

Xie`qi

A term in TCM. It usually refers to various pathogenic factors and the pathological damage caused by them, the so-called six exogenous pathological factors. The term is in a broad sense. In Chinese, two terms are used, but with the same meaning.

Xin`bao

Pericardial structure (Yin organ, Zang-organ, so-called pericardium)

A term in TCM. It is also called the pericardium, but this name does not convey the meaning when interpreting the term. Structurally, the organ is formed by the tissues that are located around the heart (fat cushions, sections of large blood vessels, etc.), which fill and upholster the heart cavity. Its function is defined metaphorically by the expression "The Zang-pericardial structure is the courtyard of the imperial palace (Zang-heart), which protects it from the invasion of pathogenic factors, stopping them." Therefore, practitioners often select acupuncture points from this channel to treat Zang-heart.

Yuan`qi

Primary Qi energy (main Qi energy, genetic Qi energy)

A term in TCM. This is the most fundamental and important Qi energy, including a primary Yin-part and a primary Yang-part. It comes mainly from the innate essential substance Jing and is nourished and maintained by the acquired essential substance Jing in individual life. The Zang-kidney reserves the primary Qi energy. It passes through the Fu-Three Jiao and circulates throughout the body via the channel system. It supports the functional activities of all tissues and organs and activates growth and development. Therefore, it is the driving force of the vital activity of the human body.

Q

Qi

Qi energy

A term in TCM. 1. Refers to the vital substance/energy that constitutes the human body and supports its vital functions, such as the essence of water and food, inhaled air, etc. 2. Generally, it refers to the physiological functions of the Zang`fu-organs and tissues of the body, the Qi of the channels and collaterals. 3. According to the Doctrine of Yin and Yang, as well as the Fundamental Knowledge of Qi, Qi energy is formed by the fluid substance Qi (Yang-part, the active, moving, invisible) and the liquid substance Xue (Yin-part, the passive, material, visible, potential, nourishing).

S

Sui` hai Sea of Bone Marrow (Sui`hai)

A term in TCM. It is one of the four seas. It refers to the brain, where all the bone marrow meets and gathers.

Qi` hai Sea of Energy (Qi`hai)

A term in TCM. 1. One of the four seas associated with the Dan'zhong place, where the basic Qi (Zong'qi) is formed (from inhaled air - Da'qi, and the Yang-part of the Qi energy from food and liquids) and collects. It is also called the upper energy sea, because it is in the front in the middle of the chest. 2. It refers to the Dan'tian - the place 1.5 cun below the center of the navel, also called the lower energy sea. 3. Name of an acupuncture point.

Shui`gu zhi hai Sea of grains and water

A term in TCM. Sea of Grain and Water or Sea of Foodstuffs. One of the four seas. Associated with the fu-stomach, which receives, stores, and digests food.

Xue` hai Sea of liquid substance Xue

A term in TCM. 1. This is one of the four seas, referring to the Strategic Channel (Chong'mai), which ascends to the head, and its other branch descends to the foot. The 12 main channels gather on the Strategic Channel. It controls and regulates the fluid substance qi and the liquid substance Xue of the 12 main channels, also the 5 Zang-organs (with Yin nature) and the 6 Fu organs (with Yang nature). 2. It refers to the Zang-liver, whose function is to store the liquid substance Xue and regulate its quantity. 3. Acupuncture point 2 cun above the upper inner corner of the patella, from the Spleen channel (Xue`hai SP 10).

Qi` qing Seven pathogenic emotions

A term in TCM. It refers to the seven emotional qualities of character, such as joy, anger/aggression, melancholy/depression, anxiety, grief/sadness, fear, horror. They are the mind's response to environmental stimuli. Prolonged and violent emotions, as pathogenic factors, lead to functional disorders of the fluid substance Qi and the liquid substance Xue, as well as the Zang'fu organs. They are internal pathological factors and are of the Yin category.

Mu`xue

Signal point or Mu-point

A term in acupuncture. There are 12 of them and they correspond to the 12 Zang'fu-organs. The Qi energy of the corresponding organ "flows" in them. They are located on the front side of the trunk, which is the Yin part. They are used for the diagnosis and treatment of diseases of the Zang'fu-organs and mainly of the Yang-organs (Fu-organs), because the Yang-part tends to become the Yin-part. There is a rule for treatment: "A Yang-syndrome or organ is treated in the Yin-part and vice versa."

Liu`yin

Six exogenous etiological pathological factors

A term in TCM. A general term for the causes of pathology. It refers to six exogenous factors: wind, cold, summer heat, dampness, dryness, fire (climatic factors). If the occurrence of the six natural factors is too excessive, they will affect the functional activity of the body and cause pathological changes. These pathological factors cause exogenous diseases. See: Exogenous pathological influence.

Liu`fu

Six Fu-organs

1. A term in TCM. It refers to the Yang-part of the 5 natural phenomena: Fu-Thre jiao, Fu-gallbladder, Fu-small intestine, Fu-stomach, Fu-large intestine, Fu-urinary bladder. Their common physiological functions are to digest and absorb food and to transport waste products (i.e. to push through what the Zang-organs have produced). Therefore, they are defined as conducting organs. 2. A term for a massage line in children's Chinese massage, located in the ulnar area of the forearm (from the elbow to the wrist). It is usually treated with straight-line sliding rubbing, which is repeated 300-400 times with optimal force and fast movements.

T

Tian`gui

Tian'gui substance

A term in TCM. 1. It refers to the necessary material substances that promote the growth, development and maturation of the reproductive system of the human body and is the material necessary for menstruation,

fetus and pregnant woman. It comes from the genital essence of man and woman. It is nourished and supplemented by the nutritional essence formed by the nutrients in the individual life (Hou'tian). 2. A substance formed from the essential Jing substance of the Zang-kidney necessary for the regulation of growth, reproduction, menstruation and pregnancy. 3. This is another name for the Yin-part of the Zang-kidney. 4. This is synonymous with menstruation.

Zheng`qi True Qi energy

A term in TCM. It refers to True Qi, which generally means vital function, including functional activities, the body's resistance to disease (immunity), and that of recovery from disease. 2. It refers to the normal suitable climate during the four seasons, i.e., spring - warm, summer- hot, autumn - cool, and winter - cold.

Zhen`jing Twelve main channels

A term in TCM. They are a group of channels from the Doctrine of Channels and Collaterals. These are the main pathways for the passage of Qi energy in the body. They belong to the 12 zang'fu-organs and are 12 in number. They have an external course and an internal course. They form 6 pairs according to the Doctrine of the 5 natural factors/elements. They are interconnected in a certain circulatory circle through which Qi energy flows. One complete revolution is made in 24 hours. They are paired. They are located on the left and right halves of the surface of the human body. In clinical practice, 14 main channels are presented. To the 12 are added the reproductive channel (Ren'mai) and the governing channel (Du'mai), which are among the 8 special channels, because they have their own topography and active points on them. The total number of channel points is 361.

U

Qi`heng zhi fu Unique organs (specific Fu-organs)

A term in TCM. A group of 6 organs: brain, bone marrow, bones, vessels, gall bladder, uterus. They are generated by the Qi energy of the natural phenomenon of the Earth. They all carry Yin`qi within themselves and therefore resemble the Earth, which is a place to store it and does not allow it to leak out. These organs hold it within themselves and do not allow it to leak out of them, which is why they resemble the Earth. Therefore, by function they are Zang-organs, but by structure they are Fu-organs. Unique organs are without analogues. They are permanent, do not change and do

not mate. They are called Fu-organs, but unique, which are separated into a special group.

V

Zheng`qi

Vital Energy Qi (The Qi Energy of Individual Life)

A term in TCM. 1. Refers to vital Qi, which is the dynamic force of all vital functions, formed by the combination of the innate original Qi energy (Yuan'qi) with the acquired Qi energy obtained from the transportation of the transformed Qi of grains and water. (See Vital Qi) 2. Referring to the original Qi, which is the most essential and important Qi energy in the body and acts as the main driving force for vital activities. 3. Refers to the Qi energy of the Zang-heart.

Y

Yin`xue

Yin-blood (Xue)

A term in TCM. 1. It refers to blood. Blood is associated with the Yin part, which is the liquid substrate of the body. 2. This condition is manifested as TCM syndrome. It refers to bleeding gums due to the consumption of the Yin part of the Zang-kidney and the rise of the pathological fire of deficiency type. The clotted blood mass's blood is dark reddish brown. We recommend a therapeutic principle that replenishes the Yin part of the Zang-kidney and extinguishes the pathological fire.

Yang`zheng

Yang-Syndrome

A term in TCM. External syndrome, excess syndrome, hot syndrome is Yang syndrome. It shows that a heat pathogen is pushing/swelling in the body, Yang`qi is in large quantity, and this gives rise to the disease: fire-heat, too much, it came from outside, the pathogen is of Yang-nature, the individual qi is at the level and holds the disease – this is Yang-syndrome. Internal-excess-heat syndrome – this is a specific indicator of Yang-syndrome. Red face, burning sensation in the muscles, irritable and restless, desire for cold liquids, urine is scanty, and red. Speaks loudly, breathing is heavy, panting with wheezing, constipation and fecal masses. Abdominal pain and cannot tolerate pressure, burning heat in the muscles. Tongue – very red, coating – yellow, black with red papillae; Pulse – superficial, rapid, large-wavy, uniform-full. Pulse – shallow and rapid, large and wavy, even and full.

Yin`zheng

Yin-Syndrome

A term in TCM. Internal syndrome, deficiency syndrome, cold syndrome is Yin syndrome. It shows that in the body Yang Qi reaches a deficiency level, inside cold pathological factor is a large amount, and this gives rise to the disease - coldness, decline, in the interior, the pathological factors are with Yin nature, the individual qi has dropped to a deficiency level, which makes the disease Yin syndrome. Internal-deficiency-cold syndrome, and this is a specific indicator of Yin-syndrome. Face pale or pale-red, body heavy and desire to lie down, drooping, tired and weak. The voice is low and weak. Fear of cold and intolerance to cold, likes warmth, eats little with annoyance, is not thirsty or likes hot liquids. Abdominal pain and like massage, cold extremities. Urine is colorless or absent, feces are mushy, rare with a bad odor. Tongue - pale, thick, soft. Pulse deep and slow, exhausted and weak, thread.

II. Analysis of the physiological characteristics and pathology of the female organism in the fertile age, according to the theory of Chinese medicine.

1. Anatomy and physiology of the female reproductive system

TCM gynecology is a clinical field that uses its theoretical principles to study the physiological and pathological characteristics of the female organism as well as prevent and treat specific diseases in women. The theory of TCM includes ideas about Yin-Yang, the five natural elements, the organs of the body, energy pathways, the nature of Qi and blood, understanding diseases through physical exams, and specific treatment methods based on identifying health issues. CM gynecology uses fundamental teachings guided by a holistic approach to thoroughly study the physiological and pathological characteristics of the female body, as well as treatment according to the syndrome, causes, and localization of the disease.

According to TCM, the anatomy of the female reproductive system includes the uterus, cervix, birth canal, vaginal opening, and the energy channels running adjacent to these. CM also recognizes physiological functions specific to women, including menstruation, pregnancy, childbirth, and breastfeeding. In summary, in CM, the treatment of gynecological and obstetric problems is categorized into five main areas: menstruation, vaginal discharge, pregnancy, childbirth, breastfeeding, and others. Unlike conventional medicine obstetrics, problems related to pregnancy, childbirth,

or the birth process are not distinguished into separate areas. TCM gynecology covers all types of female diseases that may not be included in the conventional understanding. In the human body, the movement of the fluid substance Qi and the liquid substance Xue (FS-Qi and LS-Xue) along the channels and collaterals of the Zang'fu organs is the same in both women and men. In the physiology and pathology of the reproductive system, there is a certain difference in relation to the male and female organism. The peculiarities in the physiology of the female organism are an expression of the role played by the Zang-fu organs, channels, and collaterals, as well as the generation and transformation of FS-Qi and LS-Xue.

The uterus is the main organ responsible for the menstrual cycle, pregnancy, development, formation, and wear of the fetus. But FS-Qi and LS-Xue are the material basis of menstruation, nutrition for the fetus, and the secretion of milk for breastfeeding. Zang-fu organs are the source of the generation and transformation of FS-Qi and LS-Xue, and the channels and collaterals are the paths for their movement in the body. Therefore, studying how the Zang-fu organs, channels, and collaterals change, along with FS-Qi and LS-Xue, should be the focus when looking at how the female body works and what can go wrong. In TCM, the uterus is included in a special group consisting of six organs, the so-called unique organs (Qi'heng zhi fu), including the brain, bone marrow, bones, vessels, gallbladder, and uterus. Their role differs from the twelve Zang-fu organs. Unique organs are characterized by the important physiological function of storing the essential life energy Jing'qi and therefore are referred to as Zang organs, but in structure they resemble Fu organs. They have no connection with the five natural phenomena as a category, but they have a very close relationship with the Zang organs. Therefore, when differentiating syndromes to apply treatment, it is very common to start with the related unique organ and add the corresponding Zang organs.

The uterus performs **physiological functions** that regulate menstruation, pregnancy, and fetal development. The uterus is the main organ that, after sexual maturation, manages menstruation. In CM, it is believed that in a healthy female, when she reaches about 14 years of age, the essential life energy Jingqi in the Zang-kidney is abundant, at which the Tian'gui substance is born and the reproductive organs mature. The Strategic Channel (Chong'mai) and the Reproductive Channel (Ren'mai) (SC-Chung'mai and RN-Ren'mai) are filled abundantly with FS-qi and LS-Xue of Qi energy. The uterus undergoes cyclical changes, i.e., menstrual blood flows every 28 days.

This periodicity is maintained from menarche to about 49 years and then stops. In this case, the RN-Ren'mai is in a state of deficiency (xu), and the SC-Chong'mai becomes impassable. The cyclical repetition of menstruation is the result of the joint role of the zang'fu organs, channels, FS-qi, and LS-Xue together with the Tian'gui substance. Therefore, with the proper development of the uterus and its functions, whether they are normal or not, this directly affects the menstrual cycle. The Tian'gui substance is stored in the Zang-kidney, following its Qi energy, its amount changes. At the beginning, the Qi energy of the Zang-kidney is abundant (around the age of 14), and the Tian'gui substance is insignificant; then it accumulates to the extreme and begins to flow (menstruation). The strategic channel (Chong'mai) and the reproductive channel (Ren'mai) simultaneously depart from the uterus. The former is also called the "sea of liquid substance Xue," and the latter is responsible for the uterine womb. Therefore, the Tian'gui substance and fertility are closely related. Initially, its formation is in the Zang kidney, but its function is independent. Basically, according to the theory of TCM, the Zang-kidney is responsible for the fertile function, but this is carried out through the Tian'gui substance. When a certain age comes (about 49 years), the essential life energy Jing'qi of the Zang-kidney, Zang-liver, and other Zang-organs decline. The Tian'gui substance dries up and ends. Menstruation no longer occurs, and fertility is lost.

The uterus's physiological activity closely relates to the Zang-kidney, Zang-heart, Zang-liver, Zang-spleen, and the two channels—SC-Chong'mai and RN-Ren'mai, respectively.

The essential vital energy Jing'qi of Zang-kidney, when abundant or declining, directly affects the process of generating the substance Tian'gui and its depletion. It has a decisive role in the development of the reproductive organs and fertility capabilities.

The uterus is closely related to four channels from the group of 8 special channels and to the 12 main channels of the Zang'fu organs. Of these, the most important are *the strategic channel (Chong'mai)*, *the reproductive channel (Ren'mai)*, *the governing channel (Du'mai)*, and *the girdling channel (Dai'mai)*. SC-Chong'mai and RN-Ren'mai (Fig. 14, 15) start from the uterus. SC-Chong'mai regulates FS-Qi and LS-Xue of the 12 main energy channels; therefore, it is also called the "sea of the 12 channels," as well as the "sea of the liquid substance Xue" ("Xue'hai"). The reproductive channel (Ren'mai) regulates FS-Qi and LS-Xue in the yin channels of the whole body.

That is why it is called the "sea of the Yin Channels." RN-Rhen'mai accumulates blood (Yin'xue) and is the root of the female organism; therefore, it is also called the "channel controlling the uterus" ("keeping an eye on it"). FS-Qi and LS-Xue of the 12 channels, passing through SC-Chong'mai and RN-Rhen'mai, flow into the uterus and thus become the source of the LS-Xue channel and the root of pregnancy. When FS-Qi and LS-Xue have reached enough in the 12 channels, only then can they flow into SC-Chong'mai and RN-Ren'mai. Then they descend the two channels, reaching the uterus; menstruation occurs, or pregnancy occurs. Therefore, when the two channels are filled and have a normal amount of FS-Qi and LS-Xue, the uterus controls menstruation and prepares for pregnancy. This study shows that the connection between the uterus and the two channels is in very close contact. If the function of these two channels is disrupted, pathological conditions appear.

The governing channel (Du'mai) is the "sea of yang channels." Its origin is also from the uterus, as well as the RN-Rhen'mai. The first one runs along the posterior midline of the trunk (spine) and the head, and the second one runs along the midline (abdominal and thoracic regions) and intersects (meets) at the acupuncture point Yin'jiao DU 28. The channel energy Qi circulates in a circle along the two channels, passing through the Yin part and the Yang part, regulating the FS-Qi and LS-Xue. This is one of the mechanisms for maintaining the normal physiological activity of the uterus—menstruation, pregnancy, and childbirth. The girdle channel (Dai'mai) runs through the waist of the human body (as if tying the channels together like a bundle to keep them upright; it ensures the body's statics). The uterus connects to its lower end, shielding it from abnormal bleeding. It can both connect and guide the FS-Qi and LS-Xue of three channels (SC-Chong'mai, RN-Ren'mai, DU-Du'mai) and firmly connect/attach the fetus to the uterus. The FS-Qi and LS-Xue of the 12 main channels flow into the uterus through the three channels (SC-Chong'mai, RN-Ren'mai, DU-Du'mai), which are the source of menstrual blood and the root/foundation of pregnancy. If the channels lose their harmony with each other and with the uterus, this manifests as menstrual problems, pain, and sterility.

The role of the organs Zang-heart, Zang-liver, and Zang-spleen is at the center of the understanding of KM:

- *The Zang-heart* embeds a person's mental activity. It stores and manages it, as well as all life activities. The functions of the uterus, such as menstruation

and pregnancy, are related to the mental activity of a person and are regulated by emotions. Therefore, normal mental activity is an important condition for a woman to have regular menstruation and timely ovulation to achieve pregnancy. If the mind is restless, or LS-Xue is insufficient, then the FS-Qi of the Zang-heart is also reduced; this affects the function of the uterus and leads to menstrual disorders or sterility.

- *The Zang-liver* helps Qi energy move freely through the body and keeps LS-Xue stored. It is essential for the flow of Qi energy, LS-Xue, and emotional balance, which are all crucial for a woman's reproductive health. It stores LS-Xue, which is why it's called the "sea of liquid substance Xue," and this is the source of menstrual blood. When the Zang-liver has enough LS-Xue, it flows down into the "sea of liquid substance Xue" of SC-Chong'mai, filling both the channel and the sea. If the Zang-liver works well to manage the flow of Qi energy and store TS-Xue, then FS-Qi and LS-Xue are balanced, emotions are stable, menstruation happens on time, and ovulation occurs when it should.

To *summarize* the above analysis, for a woman's body, LS-Xue is the root/base, FS-Qi is its motor, and their functional activity is specifically manifested in menstruation, vaginal contents, fetus, and childbirth. All of these manifestations are related to FS-Qi and LS-Xue, and the Zang-liver can control emotions. Therefore, it is said that "Zang-liver is the innate essence Xian'tian for the fertile age of a woman."

- *Zang-spleen*: Zang-spleen governs transportation and transformation and is the basis of the acquired constitution Hou'tien, as well as the source of FS-Qi and LS-Xue through the processing of nutrients and water. It can both generate the liquid substance Xue and regulate the extravasation of blood from the vessels. Therefore, the connection between the uterus and the Zang-spleen shows up in two ways: mainly in making menstrual blood and in helping to stop it when needed. If the Qi energy of the Zang-spleen is strong and steady, there will be enough resources for transformation, allowing the body to properly control menstrual blood flow and storage.

In *summary*, the function of the uterus to produce menstruation and nurture the fetus is a complex process. The vital activity of the whole body and the state of mental activity play a crucial role.

2. Pathology of the female reproductive system

In CM, it is believed that common causes of gynecological diseases include a deficiency of the congenital essential substance Jing, early marriage and

multiple births, an irregular sex life, excessive work and rest, eating disorders, external trauma, and infections from external pathogenic factors. The dysfunction of Zang-fu organs and the imbalance of FS-Qi and LS-Xue are the main internal disease factors. Although the etiology and mechanism of the disease process in gynecology are the same as those of internal diseases (according to TCM theory), their pathogenesis has its own characteristics. The imbalance of FS-Qi and LS-Xue is an important mechanism for the occurrence of gynecological diseases. The basis or root of menstruation, pregnancy, childbirth, and breastfeeding is LS-Xue. The female body often consumes blood (Yin-blood or Yin-xue), and therefore it is often in a state of LS-Xue deficiency and FS-Qi excess. However, FS-Qi and LS-Xue are interdependent and mutually supportive. Also, when it comes to injuries from the six "evils," it's commonly thought that cold, heat, and dampness can harm LS-Xue, while emotional issues like anger, sadness, and fear mainly affect FS-Qi. TCM has a holistic approach, assuming that negligence, carelessness, and caution in life are often the cause of an imbalance in the normal functions of the Zang'fu organs, FS-Qi, and LS-Xue, the two special channels - SC-Chong'mai and RN-Ren'mai - which leads to gynecological diseases. The most common causes of them are:

1) *Physical factors*: Due to the differences in human innate nature and the influence of individual life conditions such as environment and quality of life, various types of physical factors can be formed.

2) *Excessive sexual activity and many births*: Excessive sexual activity can lead to Zang-kidney Yin-deficiency syndrome, physical weakness, and susceptibility to diseases. In addition, if women have pregnancies and births (including spontaneous abortions or surgical abortions) too often, they are more likely to consume FS-Qi and LS-Xue.

3) *Imbalance between rest and work*: A woman should pay special attention to alternating work and rest during pregnancy and childbirth. During menstruation, if she does heavy physical labor or inappropriate sports, it may lead to overexertion.

4) *Improper diet*: Excessive consumption of cold and spicy foods can lead to health problems.

5) *Trauma resulting from a fall*: Accidental falls to the buttocks, abdomen, or head during menstruation or pregnancy can affect the four special channels (SC-Chong'mai, RN-Ren'mai, DU-Du'mai, GC-Dai'mai).

Surgical injury, such as improper curettage or uterine rupture, can lead to several menstruation and childbirth syndromes.

6) *Internal trauma caused by the seven pathogenic emotions*: Internal injuries caused by the seven emotions represent a mental pathogenic element.

3. Analysis of the treatment principles in gynecology according to Chinese medicine

TCM has rich experience in the diagnosis and treatment of gynecological diseases using various adaptive therapeutic methods. The main idea of CM is the differentiation of syndrome and treatment to understand and deal with pathological conditions. The differentiation and treatment of syndromes involve analyzing and synthesizing information, symptoms, and physical signs that are obtained through the four methods of physical examination. The diagnosis aims to identify the cause, nature, and localization of the disease, as well as the relationship between the pathological Qi and the true Qi of the body's immunity (according to the 8 main syndromes - Ba'gan, and the 8 principles of differentiation of syndromes - Ba'gan Bian'zhen), to establish the appropriate treatment method. Through these principles, which focus on strengthening the body and balancing the Yin and Yang parts of the body, prioritizing the enhancement of the body's resistance to disease, recognizing individual differences, and utilizing circumstances, a significant treatment effect is achieved for gynecological diseases. TCM focuses on regulating menstruation in the treatment of gynecological diseases. As written in the records of the "Canon of Gynecology" (written by Xiao Song, Qing Dynasty—1644-1911), "Gynecological diseases are mainly caused by the dysfunction of Zang'fu organs, the imbalance of FS-Qi and LS-Xue, and the impairment of SC-Chong'mai, RN-Ren'mai, DU-Du'mai, and GC-Dai'mai." Therefore, tonifying/nourishing Zang-kidney, regulating Zang-liver, strengthening Zang-spleen and Fu-stomach, as well as regulating FS-Qi and LS-Xue, is the correct tactic for treating gynecological diseases.

- *Tonifying/nourishing Zang-kidney*: Zang-kidney is the foundation of the innate essence Xian'tian, storing and managing the innate essential substance Jing (given by parents), and ensuring the growth, development, and fertility of the body. Strengthening the functional activity of the Zang kidney is one of the important principles for the treatment of gynecological diseases.

- *Regulating Zang-liver*: Zang-liver stores LS-Xue, regulates the "sea of LS-Xue," and controls the smooth passage of Qi energy in the channel system.

In addition, it has the function of storing and regulating the volume of LS-Xue. It significantly affects the physiological functions and pathology of the uterus. In summary, it is advisable to implement preventive measures to maintain the balance of Qi energy in the Zang liver.

- *Strengthening Zang-spleen and Fu-stomach:* Zang-spleen and Fu-stomach provide the foundation of the acquired constitution of the body, serve as the source of FS-Qi and LS-Xue, and are responsible for the transportation and transformation of subtle nutritional substances. Harmonizing and strengthening the Zang-spleen and Fu-stomach, while taking in quality nutrients and water, the disease will be able to heal itself.

- *Harmonizing FS-Qi and LS-Xue:* The foundation of the female organism is LS-Xue, and its smooth movement entirely depends on the flow of FS-Qi. This serves as the basis for ensuring the normal functioning of the female organism, as well as the quality of life.

The treatment of gynecological and obstetric conditions in TCM includes both oral preparations (natural products) and physical methods. The two treatments complement each other synergistically, integrating internal and external therapy for holistic regulation and harmonization of body functions.

Summary: TCM is a model of natural therapy, although it is based on a specific, unique natural philosophical theory. Its treatment methods have almost no side effects and are considered safer (oral natural products and natural physical methods) because they rely on the active involvement of the body's self-healing mechanisms. The Chinese have historically held the belief that "medicine and food have a common origin."

4. Analysis of the theoretical and therapeutic principles of dysmenorrhea according to Chinese medicine

In this scientific work, the subject of attention is the study and management of pain in gynecology in a broad sense, but in a specific sense, the subject is dysmenorrhea, which most often occurs in girls and women of childbearing age. This gives us reason to add some specific features of the theory and its treatment according to KTM. The pathological condition "Abdominal pain during menstruation" in the classic work "The Golden Mirror of the Medical Tradition: Gynecological Secrets" (Wu Qian—Qing Dynasty; 1644-1911) is written: "Pain before and during menstruation is caused by stagnation of FS-Qi and LS-Xue. Abdominal bloating and pain caused by stagnation of FS-Qi and LS-Xue require careful differentiation of deficiency-type or excess-type syndromes and the presence of pathological cold or pathological heat." Too

many doctors and scientists have accumulated significant positive experience in the diagnosis and treatment of dysmenorrhea, enriching the treasury of TCM knowledge. The occurrence of dysmenorrhea is closely related to the cyclical physiological changes of SC-Chong'mai, RN-Ren'mai, and the unique organ uterus (Bao'gong). If menstrual blood is insufficient, these three structures will not be nourished during menstruation and will manifest with pain; or if pathological Qi is hidden inside, then FS-Qi and LS-Xue will be blocked and will not flow smoothly during menstruation in SC-Chong'mai, RN-Ren'mai, and the unique organ uterus, which will lead to pain if their movement is not unblocked.

The main criteria for identifying abdominal pain in dysmenorrhea are related to the topography of the pain, the time of its persistence, and its qualities:

- *Topography of pain*: Pain in the lower abdomen is mainly the result of Qi blockage, often accompanied by discomfort in the chest and rib area; pain low down in the abdomen is mainly due to LS-Xue stagnation, often manifested by pain in the lumbosacral region. Pain in the entire abdomen is mainly the result of disharmony between Zang-spleen and Fu-stomach.

- *Time of persistence of pain*: Pain before and during menstruation is usually considered a positive syndrome, while pain occurring after menstruation is typically a different syndrome.

- *Differentiation of pain qualities*: pain that is intermittent or accompanied by swelling is a Qi blockage; constant pain or pain associated with LS-Xue stasis is relieved after the clots have passed. A stabbing pain that is not relieved by applying pressure indicates an excess type and accumulated pathological heat; a dull pain relieved by pressure is a symptom of a deficiency type; severe unbearable pain is from the accumulation of pathological cold; and sharp pain (as if stabbed with a knife) indicates the accumulation of pathological heat and stasis.

5. Preventive measures for dysmenorrhea:

(1) Physical activity should be moderate, rest should be sufficient, and the lower abdomen, lumbosacral region, and feet should always be warm.

Avoid mental strain and overexertion during menstruation.

(3) The woman should be protected from cold or flu.

(4) Do not consume chilled or cold foods during, before, and after menstruation. Do not overdo it with cold soda, tea with cold milk, or ice cream. Do not consume cold fruits such as grapes and pears.

(5) Hot compresses can help relieve dysmenorrhea. Girls can drink ginger soup with brown sugar before their period to prevent it. Girls who are afraid of gaining weight can simply drink ginger soup. Drinking warmer water is beneficial. Soaking feet in hot water before going to bed has a better effect on relieving pain.

(6) Acupuncture and moxibustion therapy can use, along with Chinese herbal products, if necessary, to regulate the body.

Contraindications for acupuncture and moxibustion therapy are as follows:

- History of needle-induced fainting.
- Pregnant women (abdominal acupuncture should be avoided); there is a special group of active points that are not used until the end of pregnancy. In addition, there are separate active points for each month, which are also not treated (they are described in specialized literature).
- Taking anticoagulant drugs.
- Coagulation disorders.
- Diabetes mellitus.
- Cardiac pacemaker (electroacupuncture is not applied).
- Infectious diseases, skin infections, or ulcers.
- Anxiety tendencies and emotional instability are also present.

These contraindications are not absolute and are relative. Each patient is assessed after specifying the individual condition now and in a certain period.

In conclusion, TCM treatment methods for dysmenorrhea are effective and need to be scientifically based and widely implemented to address the problems faced by women with this condition. The results of the present scientific study convincingly support with evidence that pain in gynecology can be managed and thus ensure the most optimal quality of life for women affected by dysmenorrhea.

III. Formulation of the experimental treatment prescription according to the theoretical principles of traditional Chinese medicine—theoretical and practical analysis

1. Methodology for formulating the treatment prescription:

In Chinese medicine, there are special principles for selecting acupuncture points (APP) when formulating the treatment prescription for both the corpus and the auricle. They are as follows:

1) *Regarding the corporal prescription:* A type of syndrome formulated according to the 8 basic types of characteristics (Ba`gan). Localization of APP - at the site of the main symptom (pain) and far from the site of the main symptom (on the corresponding channel or related to indications for the disease (dysmenorrhea). According to the classification of apps regarding their specific function. They belong to the 14 main channels. They have a characteristic terminology and characteristics. The name of the APP carries coded information about a specific characteristic (site, function, organ, etc.). Considering all the principles according to the theory of CM, the basic recipe is prepared, which is supplemented with APP specific to the type of syndrome (dysmenorrhea), as well as the accompanying symptoms according to the individual characteristics of the patient.

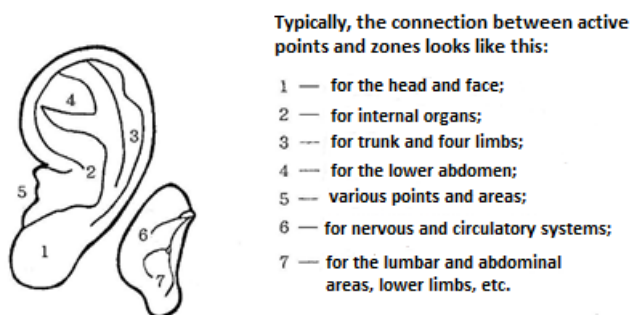


Fig. 4. Simplified map of the auricle.

2) Regarding the auricular prescription, the ear map indicates zones corresponding to internal organs, the lower abdominal area, and other regions (Fig. 4), along with eight functional categories. One of them is for controlling or stopping pain, and for diseases in the abdominal area, the sympathetic zone - VNS is treated. Clinical practice has shown that a triangular area on the ear made up of three specific active points is a key formula that has a special effect on one or a group of diseases. There are 15 of them. We selected the "Triangle of the Female Organism" from among them. Additionally, we selected zones and active points based on the patient's specific characteristics and the symptoms of dysmenorrhea.

2. Algorithm of the experimental treatment methodology:

The doctoral student bases the treatment methodology on the clinical experience of various ancient and modern Chinese healers.

A. Preliminary stage:

1) Recording the patient's diagnosis, including the years and duration of the problem, in the outpatient card.

2) Taking an anamnesis (10 questions) according to the theory of CM.

3) Examination of the pulse type (3 positions on each a. radialis, left and right) and examination of the tongue (body and plaque) according to the theory of KM.

4) Analysis of the etiology and pathogenesis of dysmenorrhea according to the theory of KM.

5) Differentiation of the syndrome after analyzing the information obtained from the indicators:

a) differentiation of the syndrome according to the functional capabilities of the organism:

- *Type-excess syndrome.*
- *Type-deficiency syndrome.*

b) differentiation according to the attacking pathological factors and the function of the Zang-organs:

- *Stagnation of the pathological factors: cold and dampness.*
- *Stagnation of the energy Qi of the Zang-liver.*
- *There is a deficit (Xu'zheng) in the function of the Zang-liver and Zang-kidney.*

B. Treatment stage:

The effect of the treatment depends exclusively on the individual approach to each person. A protocol has been developed with acupuncture points, which are distributed in two main recipes.

Treatment strategy:

The main idea is to support and restore the FS-Qi and LS-Xue using Qi energy; at the same time, we encourage the flow of FS-Qi and help relieve the blockage of LS-Xue. When there is no free flow of Qi energy along the channel system and in the vessels of the uterus, and menstrual blood does not flow freely, it manifests itself with pain.

Treatment recipes:

- *Corporal therapy:*

Recipe 1 - frontal side:

Abdominal area: Qi`hai RN 6, Guan`yuan RN 4, Gui`lai ST 29, Zhong`ji RN 3, Zong`wan RN 12; *upper limb:* Nei`guan PC 6; *lower limb:* Zu`san`li ST 36, San`yin`jiao SP 6, Gong`sun SP 4 (see Figures 5, 6, 8, 9, 10, 11). A warm needle is used on Guan`yuan RN 4, with a moxa cone attached to it (see Figure 7). A warm needle is applied to Guan`yuan RN 4 - a moxa cone attached to the needle. (Fig. 7)

Additional acupuncture points: Shang`wan RN 13, Xia`wan RN 10, Tian`shu ST 25, Shui`dao ST 28, Di`ji SP 8, Tai`chong LV 3, etc.

Recipe 2 – dorsal side:

Back: Wu`zang`shu (Fei`shu BL 13, Xin`shu BL 15, Gan`shu BL 18, Pi`shu BL 20, Shen`shu BL 23) + Ge`shu BL 17 (Fig. 12, 13).

Additional acupuncture points: Shang`liao BL 31, Ci`liao BL 32. For pain in the lumbosacral region, moxibustion is performed.

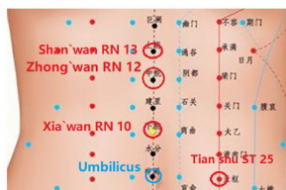


Fig. 5. Acupuncture points in the upper abdomen.

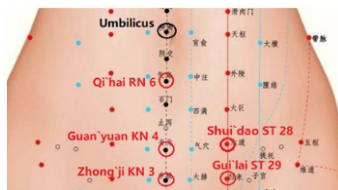


Fig. 6. Acupuncture points in the lower abdomen.

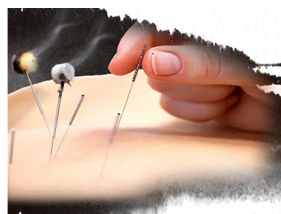


Fig. 7. Warm needle.



Fig. 8. Acupuncture point Nei`guan PC 6.



Fig. 9.

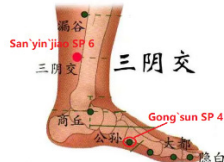


Fig. 10.



Fig. 11.

Acupuncture point
Zu'san'li ST 36.

Acupuncture points
San'yin'jiao SP 6 and
Gong'sun SP 4.

Acupuncture point
Tai'chong LV 3.

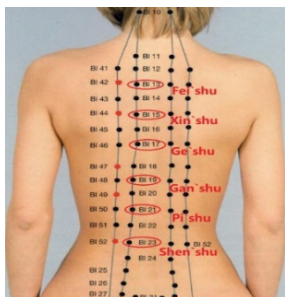


Fig. 12. Recipe "Wu'zang'shu +
Ge'shu BL 17"

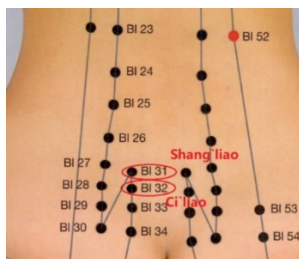


Fig. 13. Active points Shang'liao
BL31 and Ci'liao BL 32

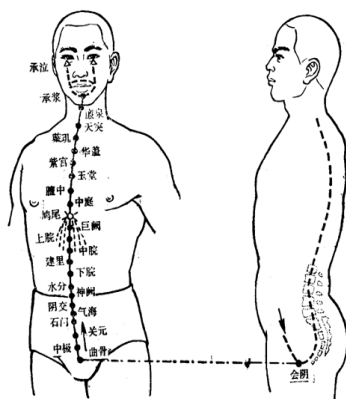


Fig. 14. Reproductive channel
(Ren'mai)

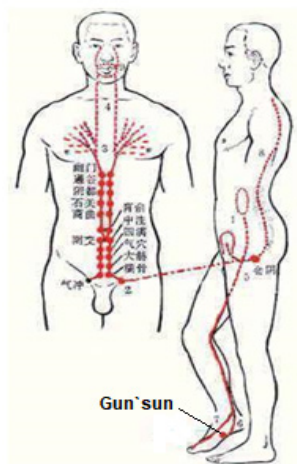


Fig. 15. Strategic channel
(Chong'mai)

3. Interpretation of recipes according to the theory of CM

Recipe 1: AP point Qi'hai RN 6 is leading, because its name encodes its function as a "sea of Qi energy." It regulates and drives the transformation of Qi energy to help transport and transform (the function of Zang-spleen). It is also able to release the flow of Qi energy movement and regulate RN-Ren'mai (Fig. 14) to warm and strengthen the function of the lower Jiao. Adding the Guan'yuan RN 4 point to the recipe helps to preserve the function of the

Zhan-kidney (plus Jing substance) and thus provides the “root of human vitality,” regulates Qi energy, and replenishes its Yang part (warms the lower abdomen).

APP Zhong'ji RN 3 and San'yin' jiao SP 6 play a governing role in the treatment. The function of APT Zhongji RN 3 is to assist in the transformation of Qi energy and to regulate and harmonize the Strategic Channel (SC-Chong'mai) - Fig. 15, and RN-Ren'mai. The function of APP Gui'lai ST 29, which is encoded in its name, is to replenish, maintain, and raise Qi energy, thereby regulating menstruation and controlling pain. APP San'yin' jiao SP 6 is a junction of the three Yin channels of the lower limb, which forms its name, and they are the spleen channel, the liver channel, and the kidney channel. APP Tai'chong LV 3 (Yuan-point, main point of the liver channel) soothes Zang-liver, affecting depression.

In case of *cold syndrome*, moxibustion therapy is added to APP Qi'hai RN 6 and Guan'yuan RN 4 to warm the Zhan kidney and replenish and strengthen the Yang part of Qi energy. When LS-Xue is warmed, it flows freely. In case of pathological cold-damp syndrome, moxibustion therapy of APP Qi'hai RN 6 is added to eliminate pathological cold and dry out pathological dampness. If there is nausea and vomiting, the active points Nei'guan PC 6 and Shang'wan RN 13 are added to regulate and restore the mechanism of Qi energy, reverse the pathological movement of Qi energy in the stomach fu organ (physiologically flows downwards), and thus restore its normal function. In addition, to regulate menstruation and relieve pain in excess syndrome, the APP point Di'ji SP 8 is added. It is a deep point of the spleen channel (Xi-point), which is effective in acute conditions or severe pain, strengthens Zang-spleen, and eliminates pathological dampness. By adding the APP point Shui'dao ST 28, the flow of Qi energy improves, and the movement of Qi energy in the lower Jiao (from the Three Jiao fu-organ) is opened.

Recipe 2: AP point Ge'shu BL 17 is one of the “8 influencing points” (Ba'hui'xue). It directly influences LS-Xue. In women, TS-Xue is the root of their organism. LS-Xue is a main component of menstrual blood, and FS-Qi is closely related to LS-Xue. Therefore, the puncture of the Ge'shu BL 17 point is aimed at directing and releasing the free flow of FS-Qi and LS-Xue. When used together with the 5 shu points of the 5 Zang organs (Wu'zang shu + Ge'shu BL 17), their function is to regulate FS-Qi and harmonize LS-Xue and to regulate and correct the Yin part and Yang part of the Qi energy. This

recipe aims to treat the female body (with Yin characteristics) and was selected based on the rule that “Yin (female organism, hormonal balance, etc.) is treated in the Yang zone (dorsal side of the body).” The healing effect of this recipe has been proven in clinical practice, and many famous healers use it today. The two AP points, Shang`liao BL 31 and Ci`liao BL 32, are located on the sacrum in the projection of the first and second sacral foramina. Clinical practice uses them to treat reproductive system problems, specifically dysmenorrhea.

- *Auricular therapy*

Main active points—triangle of the female organism: uterus, mammary glands, and ovary (Fig. 16).

Additional points according to symptoms: reproductive line, pain area (abdominal area, lumbosacral area, belly line), kidney, liver, spleen, adrenal gland, brain point, endocrine glands, etc.

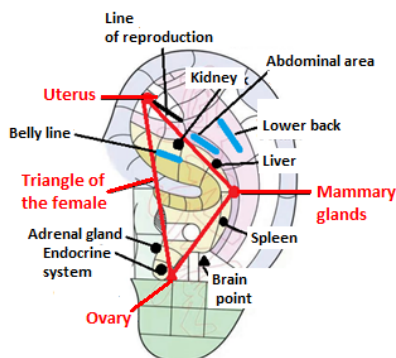


Fig. 16. Recipe for the treatment of dysmenorrhea.

4. Algorithm for the treatment of four clinical cases

Case 1: A.P. is a 32-year-old single woman. She suffers from dysmenorrhea, accompanied by pain in the lower abdomen. Sometimes the pain is unbearable on the first and second days of the menstrual cycle. The menstrual blood is abundant and dark in color with clots during the first 3 days, then decreases and stops on the 5th or 6th day. She takes painkillers on the first day and, if necessary, on the second and on the third day, which slightly reduces the intensity and tolerance of the pain. Sometimes there is pain in the lumbosacral region and tightness in the right hypochondrium; she is irritable and reports depressive episodes. During menstruation there is a lack of

appetite and desire for fluids. She has difficulty falling asleep. Sometimes the stools are irregular, and urination is normal. The complexion of the face is pale. The tongue is pale red with a thin white coating. The pulse is deep, thready, and stringy (Mai chen`xi`xian).

Differential diagnosis: excessive stress leading to weakness and fatigue; blocked Qi energy in Zang-liver; stagnation of fluid substance Qi and stagnation of liquid substance Xue.

The **treatment strategy** involves nourishing and replenishing FS-Qi and LS-Xue, calming the Zang-liver to overcome depression, and driving FS-Qi while transforming the stagnation of LS-Xue.

Acupuncture prescriptions:

• *Corporal therapy:*

Recipe 1: Qi`hai RN 6, Guan`yuan RN 4, Gui`lai ST 29, Zhong`ji RN 3, Nei`guan PC 6, San`yin`jiao SP 6, Gong`sun SP 4, Tai`chong LV 3. Moxibustion - Guan`yuan RN 4 (Figs. 5-8, 10, 11).

Recipe 2: Wu`zang`shu (Fei`shu BL 13, Xin`shu BL 15, Gan`shu BL 18, Pi`shu BL 20, Shen`shu BL 23) + Ge`shu BL 17, Shang`liao BL 31, Ci`liao BL 32 (Figs. 12, 13).

We use acupuncture needles and moxa to treat both recipes. We apply them 4-5 days before the anticipated date of the next menstrual cycle. The recipes alternate sequentially. When menstruation begins, we stop the treatment.

Stimulation of the needles: Toning technique. A sedating technique is applied to the acupuncture point Tai`chong LV 3.

Course of treatment: After 3 months of treatment, dysmenorrhea almost disappeared, and other symptoms changed to stabilize the body. The treatment continued for another 3 months. Moxitherapy of the acupuncture points Gui`lai ST 29 and Zhong`ji RN 3 was added, due to the winter season, to add pure Yang`qi to the body. At the end of the treatment course, all complaints were controlled and stabilized.

• *Auricular therapy:*

Microneedles are fixed in the triangle of the female organism and specific points to treat dysmenorrhea (Fig. 16). It is applied 2 times every 4-5 days each month before menstruation; the course of treatment includes 7 procedures.

Case 2: M.Z., female, 30 years old, unmarried. Menarche occurred at the age of 13, accompanied by acute and unbearable pain in the lower abdomen. This disrupted the menstrual period. At the age of 15, the symptoms worsened.

Immediately before the onset of menstruation, there was a feeling of cold and unbearable pain in the lower abdomen, accompanied by profuse sweating and as if she was going to faint. When menstruation began, by the second day, the pain gradually decreased and disappeared. At this time, she suffered from loss of appetite, and her sleep was restless. She felt exhausted and had a yellow complexion. The coating on the tongue was white. The pulse was deep and soft (Mai chen`ru).

Differential diagnosis: the function of Zang-spleen and Zang-kidney is deficiency syndrome (xu-zheng); cold syndrome in the uterus.

Treatment strategy: tonifying Zang-spleen and Zang-kidney; warming the lower jiao and uterus.

Acupuncture recipes:

• *Corporal therapy:*

Recipe 1: Zong`wan RN 12, Qi`hai RN 6, Guan`yuan RN 4, Gui`lai ST 29, Zhong`ji RN 3, Zu`san`li ST 36, San`yin`jiao SP 6 + moxibustion at Guan`yuan RN 4 (Figs. 5-17, 19, 10).

Recipe 2: Wu`zang`shu (Fei`shu BL 13, Xin`shu BL 15, Gan`shu BL 18, Pi`shu BL 20, Shen`shu BL 23) + Ge`shu BL 17 (Fig. 12). Moxibustion in the lumbosacral area.

The treatment is applied 5 days before the onset of menstruation. The two recipes are applied sequentially.

• *Auricular therapy:*

Fixation of microneedles in the triangle of the female body and specific points for dysmenorrhea (Fig. 16). Every month before menstruation, we applied for it twice in 4-5 days; the treatment course encompasses 10 procedures.

Stimulation of the needles: Toning technique.

Course of treatment: After 2 months of treatment, a total of 8 procedures (auricular therapy - 2 procedures every month), dysmenorrhea was almost controlled. The patient endured the pain without painkillers. After 4 months (16 procedures and 7 auriculotherapy sessions), the pain was eliminated. In the following months, the patient herself applied moxibustion to the points Qi`hai RN 6 and Guan`yuan RN 4 for about 30 minutes (every day) 5 days before menstruation. Subsequently, dysmenorrhea did not recur.

Case 3: V.Y., a woman, 37 years old, married. She has mental complaints, manifested by excessive thinking, depression, and anger. These complaints intensify during menstruation. She also complains of tightness in the chest at the beginning of menstruation and feels pain in the lower abdomen

(dysmenorrhea). Sometimes it is accompanied by vomiting and loss of appetite. If it is unbearable, the pain is accompanied by tension, agitation, insomnia, and nightmares. The amount of menstrual blood is scanty, and the color is bright red. The period lasts 3-4 days. After menstruation, the pain stops. The face has a pale yellowish complexion and lacks shine. The tongue is pale, with a thin, white coating. The pulse is deep and thread-like (Mai chen`xi).

Differential diagnosis: the qi energy of Zang-liver is blocked, and Zang-spleen and Fu-stomach are in disharmony.

Treatment strategy: calm Zang-liver and restore the free movement of Qi energy; tonify Zang-spleen and harmonize Fu-stomach.

Acupuncture prescriptions:

• *Corporal therapy:*

Recipe 1: Zong`wan RN 12, Qi`hai RN 6, Guan`yuan RN 4, Zhong`ji RN 3, Tian`shu ST 25, Gui`lai ST 29, Nei`guan PC 6, San`yin`jiao SP 6, Gong`sun SP 4 (Figs. 5, 6, 8, 10).

Recipe 2: Wu`zang`shu (Fei`shu BL 13, Xin`shu BL 15, Gan`shu BL 18, Pi`shu BL 20, Shen`shu BL 23) + Ge`shu BL 17 (Fig. 13).

Both recipes are treated with acupuncture needles. They are applied 4-5 days before the expected date of the next menstruation. The recipes alternate sequentially. When menstruation begins, we stop the treatment.

• *Auricular therapy:*

Fixation of microneedles in the triangle of the female body and specific points for dysmenorrhea (Fig. 16). We apply twice a month, every 4-5 days, before menstruation. The course of treatment includes 7 procedures.

Stimulation of the needles: For recipe 1, a sedating technique is applied to all acupuncture points. For recipe 2, we apply a tonic technique, but for the acupuncture points Geshu BL 17 and Ganshu BL 18, we apply a sedating technique.

Course of treatment: After 3 months of treatment, the feeling of pain in the lower abdomen decreased significantly. Emotional tension was almost controlled. Her anger and sleep improved. The amount and color of menstrual blood normalized. The treatment continued for another 3 months, and all complaints normalized. Dysmenorrhea was also controlled.

Case 4: M.B. is a 27-year-old unmarried woman. Due to a negative relationship with her parents, she is depressed and restless. She reports anxiety, depressive episodes, and unwillingness to work. She has a poor

diet. This has led to a prolonged period of menstruation, accompanied by scanty and pale blood. During the menstrual period, she feels a dull pain in the lower abdomen, which is relieved by pressure. Her mood is tense, irritable, and overexcited. Food and fluid intake is small, and her sleep is restless. Urination and defecation are regular. The coating on the tongue is thin and white. The pulse is threadlike and stringy (Mai xi'xian).

Differential diagnosis: the qi energy of Zang-liver is blocked, and the function of Zang-spleen and Fu-stomach is a deficiency syndrome (Xu'zheng).

Treatment strategy: calming Zang-liver and restoring the free movement of Qi energy; replenishing and tonifying Zang-spleen and harmonizing Fu-stomach.

Acupuncture prescription:

• *Corporal therapy:*

The *prescription:* San'wan (Shang'wan RN 13, Zong'wan RN 12, Xia'wan RN 10), Qi'hai RN 6, Nei'guan PC 6, Zu'san'li ST 36, as well as warm needles from Guan'yuan RN 4 and Shui'dao ST 28 - moxa on the needle (Fig. 5-9).

The treatment is administered twice a week.

• *Auricular therapy:*

Microneedles are fixed in the triangle of the female body and specific points to treat dysmenorrhea (Fig. 16). We apply it twice, every 4-5 days before menstruation. The course of treatment includes 7 procedures.

Needle stimulation: Toning technique. A sedating technique is applied to the Shui'dao ST 28 acupuncture point.

The first acupuncture procedure successfully controlled the abdominal pain. The next day, the pain returned, but it lasted for only about 20 minutes. The patient's condition gradually improved and calmed down. 8 procedures were performed. The patient did not experience abdominal pain during the next menstruation, and none of the symptoms manifested.

Methodological instructions:

1) Always before each procedure, the healer should be informed about the patient's current condition to adjust the prescription (adding or removing acupuncture points).

2) The application of certain acupuncture points is determined by the intensity of the pain in the specific procedure.

3) The sequence and number of treatment procedures may change depending on the patient's complaints, current history, and specific condition, as well as the findings during the diagnosis and treatment process.

5. Analysis of the treatment effect of the four clinical cases according to the theory of Chinese medicine. Discussion of the therapeutic concept

In Chinese medicine, it is believed that during a woman's menstrual cycle, the Yin part of Qi and LS-Xue are consumed and damaged, and the protective Qi (Wei-qi) loses its defense power. At the same time, the body is prone to be attacked by the six environmental pathological factors (the six external pathological factors) or harmed by the seven emotions. Menstrual pain mainly happens because feelings like depression and anger hurt the liver; it can also be caused by blocked FS-Qi and stagnant LS-Xue, or by cold factors building up, which makes the tissues stiff and stuck. Thus, menstrual blood does not flow freely. It may also be due to a deficiency of FS-Qi and LS-Xue, in which the uterus loses its nourishment, and this is the reason why menstrual blood does not flow freely.

Case 1: The patient is emotionally unstable. She is depressed and angry, which indicates that the Zhan-Liver is dysfunctional. In this case, the mechanism of Qi energy loses its control, which leads to the blockage of FS-Qi and the stagnation of LS-Xue. Therefore, menstrual flow does not flow smoothly and is difficult, which leads to a feeling of pain in the lower abdomen. The color of menstrual blood is dark red and has clots. Regarding the patient's condition, it is also necessary to treat RN-Ren'mai by treating points of it in the lower abdomen. The inclusion of the recipe for the five Zang organs achieves regulation and harmonization, activates FS-Qi and nourishes LS-Xue, heals Zang-spleen, and harmonizes Fu-stomach. The points Shang`liao BL 31 and Ci`liao BL 32, which are the main points for the treatment of diseases of the urogenital system, are added to the same recipe. By restoring harmony between Zang- and Fu-organs, as well as regulating the free flow of FS-Qi and LS-Xue, the effect of normalizing functions and eliminating pathological factors from the body is obtained, and, accordingly, healing.

Case 2: The patient has primary dysmenorrhea, which gradually worsens. The case is categorized as a congenital deficiency type (Xian`tian xu`zheng) and a deficiency type acquired in individual life (Hou`tian xu`zheng) with

insufficient nutrition for the body. In this case, the uterus is in a state of deficiency and has pathological cold accumulated in it, and the channels and vessels (resp. the blood vessels of the uterus) have insufficient LS-Xue (blood, lymph, hormones). Due to the pathological cold, the vessels of the uterus contract and the flow of LS-Xue slow down. The lack of energy in this condition causes a buildup and tightness, making the FS-Qi and TS-Xue move very slowly and in small amounts.

The treatment was carried out with acupuncture, as well as with moxa on the Guan`yuan RN 4 point, to warm the Zhan kidney and to protect the lower Jiao (root of vitality). The Yin and Yang parts of the Qi energy were balanced and harmonized. Thus, all symptoms were eliminated, and the patient's quality of life was improved.

Case 3: The patient has mental complaints, manifested by excessive thinking, depression, and anger. Excessive negative emotions are the cause of painful menstruation and other symptoms. The reason is a violation of the mechanism of Qi energy in the Zang-liver, which leads to uneven movement of Qi energy in the channel system. It manifests itself with scanty menstrual blood. When the Qi energy of Zang-liver is regulated, i.e., the natural phenomenon of Wood, as a functional system, works normally, then the natural phenomenon of Earth, as a functional system, also begins to function normally. This, from the point of view of treatment, leads to the control of dysmenorrhea, with all its symptoms disappearing completely.

Case 4: The patient is depressed and restless, with depressive episodes and unwillingness to work. She has a syndrome of blocked energy Qi in the Zang-liver, and her menstruation is characterized by a scanty amount of pale blood that does not flow smoothly or painlessly. Due to the scanty nutrition, the Zang-spleen and Fu-stomach are damaged. The treatment strategy is aimed at strengthening them to ensure the harmonization of the mechanism of energy Qi. The cause of dysmenorrhea is related to a deficiency in the function of the body during the period of individual life (Hou`tian) or is defined as a deficiency syndrome (Xu`zheng) in the function of Zang-spleen and Fu-stomach.

Discussion of the therapeutic concept: In cases of excess-type dysmenorrhea, the primary focus is to address the blockade by promoting movement and facilitating the flow. When pathological cold accumulates (excess-type), it is warmed and tonified/supplemented. And when pathological heat accumulates (excess-type), it is cleaned and released by the flow of movement. In the

treatment of deficiency-type dysmenorrhea, the strategy is to supplement and strengthen FS-Qi and LS-Xue and moisten and nourish SC-Chong'mai and RN-Ren'mai.

In summary, the four cases show a problem with blocked Qi energy in the liver, which disrupts the normal flow of Qi energy in the channels, leading to pain. Additionally, other symptoms may develop based on the individual characteristics of each woman's body, which accompany dysmenorrhea. Consequently, we supplement the recipes with active points that correspond to the respective symptoms. According to the clinical experience of prominent specialists, in the treatment of dysmenorrhea, two main aspects related to it stand out. One is related to the violation of one of the most important functions of Zang-liver, i.e., that it ensures the free and smooth flow of Qi energy in the channel system, and at the same time the manifestation of negative emotions (easy irritation and anger). The other aspect is the two special channels' functioning: the strategic channel (Chong'mai) and the reproductive channel (Ren'mai), which starts in the uterus and is integral to this pathological process.

In conclusion, the theoretical justification according to the principles of CM and the analyzed four cases are proof that the methods of acupuncture, moxibustion, and auriculotherapy are a necessary alternative. This is a reason to claim that they can be used to manage pain in gynecological practice, as well as improve the quality of life of patients.

IV. OWN RESULTS OF THE SCIENTIFIC RESEARCH

The scientific research has as its object 44 patients with pain syndrome due to dysmenorrhea, selected voluntarily, distributed into two groups according to the methods of experimental work—G1 (control—22) and G2 (experiment—22).

Table 2 presents the socio-demographic characteristics of the respondents:

Table 2. Socio-demographic characteristics of respondents (n=44)

Indicator	Value
Age	
Average age	26 г.
Minimum age	19 г.
Maximum age	37 г.
Up to 20 years	4/9,09 %
21-30 years	32/72,73 %
Over 30 years	8/18,18 %

Settlement	-
Village	9/20,45 %
Small town	35/79,55 %
Large city	
Education	
Secondary	12 / 27,27 %
Bachelor	15 / 34,09 %
Master	16 / 36,36 %
PhD	1 / 2,27 %
Marital status	
Married	7/15,91 %
Cohabiting without marriage	34/77,27 %
Widow	1/2,27 %
Divorced	2/4,55 %
Occupation	
Study	12/27,27 %
Work	32/72,73 %
Unemployed	-
Parity	
has ever given birth	2/4,55 %
has never given birth	42/95,45 %

The average age of patients is 26 years, with most of them (72.73%) being in the age range of 21-30. A large part of the women participating in the study (79.55%) live in a large city, 77.27% live with their partners, 70.45% have higher education, 72.73% are employed, and almost all have not given birth (95.45%).

1. Descriptive statistics for pain analgesic intake and dysmenorrhea severity score at baseline (n=44)

A statistical analysis was performed on the values of two key indicators for dysmenorrhea management in G1 - 22 women, and in G2 - 22 women. First, analgesic intake during the first three days of menstruation was examined. Second, dysmenorrhea severity was assessed using a verbal multidimensional rating system (grade 0 - no pain; grades 1 to 3, from mild to severe). The aim was to interpret patterns in medication use and pain intensity.

During the first day of dysmenorrhea, analgesic use was high, indicating that many women needed more doses for pain relief (graph 1). Specifically, 15 of 22 women (68.2%) took analgesics “more than” once during the first day. A smaller subgroup used a single dose (“once”: 4 women, 18.2%) or only when needed (3 women, 13.6%). This finding suggests that most of the G1 relied on multiple doses of analgesics on the first day, due to the intense pain at the beginning.

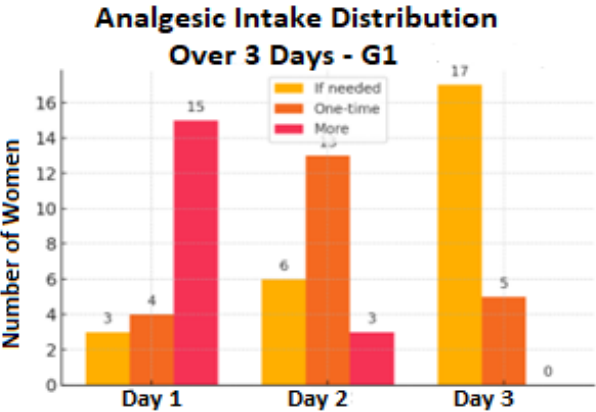
On the second day, there was a change: the most common intake was a single dose of analgesic (13 women, 59.1%). Fewer women did not need more than doses of analgesics “if needed” (6 women, 27.3%), and only 3 women (13.6%) continued to need multiple doses (graph 1).

On the third day, the trend towards lower analgesic use was even more pronounced: in 17 women (77.3%), pain was controlled with analgesics only “if needed,” and the remaining 5 women (22.7%) took a single dose (table 3, graph 1).

Table 3. Shows the use of analgesics on the third day of dysmenorrhea for Group 1.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	As needed	17	77,3	77,3	77,3
	Once dose	5	22,7	22,7	100,0
	Total	22	100,0	100,0	

On that day, no one needed more than one dose (0% in the “more” category), showing that the pain was controlled by the third day. The overall trend over the three days revealed that the analgesic intake peaked on the first day and decreased on the third (graph 1). This is consistent with the typical course of dysmenorrhea, where menstrual pain is usually most intense during the first 1-2 days and subsides thereafter.



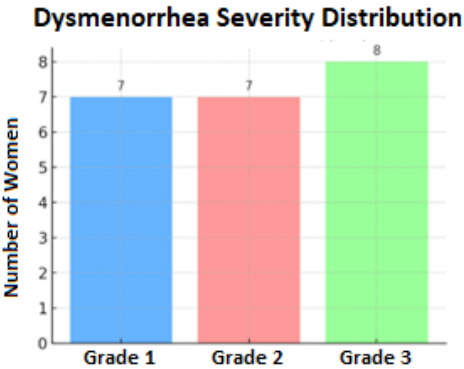
Graph 1. Distribution of analgesic intake categories (“as needed,” “once,” “more”) for each of the first three days of menstruation – G1.

Table 4 and graph 2 present the analysis of *the verbal multidimensional system for assessing dysmenorrhea* in G1.

Table 4. Assessment of the severity of dysmenorrhea with the verbal rating multidimensional system – G1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Grade 1	7	31,8	31,8	31,8
	Grade 2	7	31,8	31,8	63,6
	Grade 3	8	36,4	36,4	100,0
	Total	22	100,0	100,0	

We used a verbal multidimensional rating system (Table 1) to assess the severity of dysmenorrhea. This rating system classifies menstrual pain into three different grades: grade 1 (mild), grade 2 (moderate), and grade 3 (severe). The nature of the distribution in G1 was relatively balanced. Seven women, or 31.8% of the total, reported grade 1 dysmenorrhea, which is considered mild. This finding indicates that almost one-third of the women experienced moderate pain that had minimal impact on their activities (Table 4, graph 2). Seven women, representing 31.8% of the sample, reported having grade 2 (moderate) dysmenorrhea. This study found that the most common type of dysmenorrhea was grade 3, which affected eight women, or 36.4% of the total. Graph 2 shows that grades 1, 2, and 3 are almost evenly spread out, which means there is a lot of difference in the level of pain felt by patients with G1, with a small tendency for more severe symptoms.



Graph 2. Distribution of severity levels of dysmenorrhea in G1 (N = 22) according to the verbal multidimensional rating system.

Two-thirds of women reported dysmenorrhea (grades 2 and 3), indicating moderate to severe dysmenorrhea, which determines its social and clinical significance. Even with a small sample, it is appropriate to apply a multidimensional system for assessing the intensity of pain, since it can relatively accurately differentiate mild from severe conditions. Pain management in gynecology is possible by applying an individual approach based on the reported condition.

The next part of the presentation shows the results from the statistical analysis of the study involving G2 (n = 22), who will receive acupuncture, moxibustion, and auriculotherapy for dysmenorrhea. The main things we looked at were (1) how much pain medicine was taken in the first three days of menstruation (before treatment), (2) the level of dysmenorrhea pain, measured using a four-level verbal rating system - before and after treatment, (3) pain intensity measured on a scale from 0 to 10, and (4) the number of treatment sessions in the six treatment courses. The analysis of analgesic intake during the first 3 days of dysmenorrhea (before treatment) is presented in Tables 5, 6, and Graph 3.

Table 5. Analgesic intake during the first day of dysmenorrhea—G2 (before treatment)

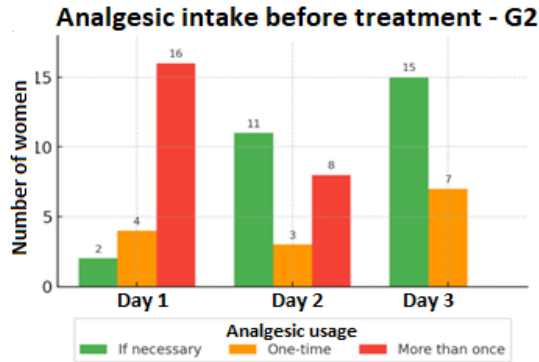
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	As needed	2	9,1	9,1	9,1
	Once dose	4	18,2	18,2	27,3
	More	16	72,7	72,7	100,0
	Total	22	100,0	100,0	

Before treatment, individuals in G2 usually needed painkillers for menstrual cramps, especially on the first day of menstruation. On the first day, 72.7% of women took analgesics “more than once,” and another 18.2% took them once, indicating that over 90% needed pain relief. Only about 9% managed with analgesics “if needed” on that day.

On the second day, analgesic use in G2 decreased significantly: 50.0% of participants needed medication only if needed, and only 36.4% needed multiple doses (Graph 3).

Table 6. Analgesic intake on the third day of dysmenorrhea-G2 (before treatment)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	As needed	15	68,2	68,2	68,2
	Once dose	7	31,8	31,8	100,0
	Total	22	100,0	100,0	



Graph 3. Analgesic intake in G2 during the first 3 days of menstruation (before treatment)

The results from the third day indicate a further decrease in the use of pain medication—68.2% did not need analgesics unless necessary, and only some took a single dose (7)—Table 6. These trends show that menstrual pain was most severe on the first day (requiring repeated analgesics for almost 3/4 of the participants) and subsided on the second for some and the third for most women, even before any specialized treatment (Graph 3).

2. Analysis of the verbal multidimensional dysmenorrhea rating system

The analysis of the verbal multidimensional dysmenorrhea rating system - G2 - 22 women (before and after treatment) is presented in Tables 7-8 and Graph 4. The results of the dysmenorrhea severity assessment before treatment are:

Table 7. The verbal rating multidimensional system used to assess the severity of dysmenorrhea prior to the start of experiment - G2.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Grade 2	7	1,8	31,8	31,8
	Grade 3	15	68,2	68,2	100,0

	Total	22	100,0	100,0	
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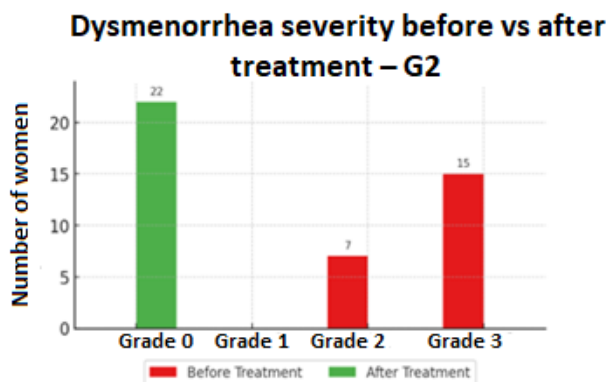
Before treatment, all 22 women in G2 suffered from moderate to severe dysmenorrhea. According to the verbal multidimensional rating scale, 31.8% of the participants had grade 2 (moderate pain), and the remaining 68.2% had grade 3 (severe pain) - Table 10. None of the women had grade 0/1 (no and mild complaints) menstruation before treatment.

The results of the assessment of the severity of dysmenorrhea after completion of treatment are presented in Table 8.

Table 8. Verbal multidimensional rating system for assessing the severity of dysmenorrhea after treatment – G2.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Grade 0	22	100,0	100,0	100,0

After finishing the treatment that included acupuncture, moxibustion, and auricular therapy, all the women in G2 experienced a huge improvement in their dysmenorrhea: 100% reported having no pain during their periods (Graph 4). In other words, all 22 women had completely painless menstruation after the treatment, a striking therapeutic result. This improvement from grade 2/3 to grade 0 illustrates the effectiveness of the treatment in eliminating menstrual pain, which was carried out strictly individually.



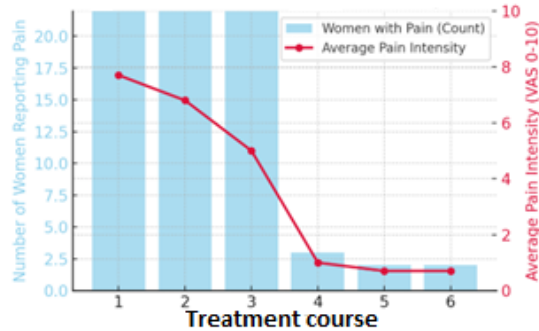
Graph 4. Severity of dysmenorrhea in G2 – before and after treatment.

The analysis of the treatment effect proves the undeniable effect of the therapy, which was performed with acupuncture, moxibustion, and auricular therapy. Initially, the patients in G2 felt significant pain and needed to take analgesics. After applying for the treatment program, they did not feel pain and did not need medications. Conventional therapy alone rarely achieves such treatment results, thereby providing convincing evidence of efficacy.

3. Analysis of the results of the Visual Analogue Scale (VAS) for the intensity of the painful sensation (0-10) before and after each course (6 courses) (n=22)

A statistical analysis of the results of the intensity of the pain, reported with the VAS (0-10) before the start of each of the six treatment courses, is presented. The visualization of these results in a bar graph provides a general understanding of the control of pain over time, as procedures accumulate. All patients (100%) report the presence of pain before the start of the first, second, and third courses of treatment. The results before the start of the fourth course clearly demonstrate a change after the third course. Only 3 out of 22 individuals (13.6%) report pain, indicating that 19 patients have pain under control. This trend is maintained and slightly improved: before the 5th course, 2 women (9.1%) still report pain, and by the start of the 6th course, 2 (9.1%) report pain again (graph 5).

Pain reduction over six treatment courses - G2



Graph 5. It illustrates the reduction in pain intensity over the six treatment courses.

In summary, the frequency of “yes” responses (pain present) decreased from 100% during the first three courses to ~9% in the last two courses. By the

third course, although subjects still reported “yes” to pain, many of them reported only mild pain, meaning that BAS scores had significantly decreased from baseline. The most visible change was after the third course of treatment, but it was also seen in the scores taken before the fourth course of treatment, as 86% of subjects reported no pain, and the mean scores had dropped sharply. Only 3 subjects still had mild pain discomfort (13.6%), with the mean pain intensity score being almost at zero levels in G2. All changes in the intensity of pain felt by the patients before each course of treatment and its control are presented visually in graph 5. The blue bars reflect the number of patients from G2, and the red line reflects the average value of the intensity of pain in the six courses of treatment. This visual trend emphasizes that both the frequency of the pain syndrome and its intensity change significantly after the third course of treatment, reaching a minimum level by the end of treatment.

The following presentation presents *the analysis of the results of the Visual Analogue Scale (VAS) for the intensity of the painful sensation (0-10) before and after the 1st, 3rd, and 6th courses, as well as a summary for the 6 – G2*. The VAS results were calculated at each time point as follows: arithmetic mean value; median - middle position in the variation order; mode - value repeated the most times; standard deviation, determining the distribution curve; asymmetry; and kurtosis. The data reveals a progressive decrease in pain intensity with successive courses of treatment, which indicates how the indicators change before and after each course, as well as showing the effectiveness of the treatment over time.

Table 9. Analysis of variance - results of VAS, before the start of the first course (G2).

N	Valid	22
	Missing	0
Mean		9,00
Median		9,00
Mode		10
Std. Deviation		1,155
Skewness		-1,225
Std. Error of Skewness		,491
Kurtosis		,941
Std. Error of Kurtosis		,953
Minimum		6
Maximum		10

Table 9 presents the values of the indicators. Before treatment, the patients reported extremely severe pain levels. The arithmetic mean value is 9.00 (on

a scale of 0–10), which indicates that the patients reported extremely severe pain. The median is 9, and the most frequent score (mode) is 10, which means that at least half of the patients had pain scores of 9 or above. The pain scores are tightly clustered near the upper end (standard deviation 1.155), with a range from 6 to 10. The distribution showed a slight leftward skewness (–1.225). The kurtosis is 0.941 with a slightly positive value, which suggests that the distribution is somewhat more peaked and tailed than a normal distribution (many scores are clustered at the upper end with a few moderate scores in between). Table 10 presents the VAS values after treatment, which indicate that there is a dynamic reduction in pain:

Table 10. Analysis of Variation—results from the VAS, after the end of the first year (G2).

N	Valid	22
	Missing	0
Mean		1,27
Median		1,00
Mode		1
Std. Deviation		1,202
Skewness		1,046
Std. Error of Skewness		,491
Kurtosis		,657
Std. Error of Kurtosis		,953
Minimum		0
Maximum		4

The arithmetic mean value fell to 1.27, indicating an 86% reduction in mean pain intensity from baseline. The median fell to 1.0 and the mode to 1, indicating that most patients had very low pain after treatment (in fact, over half of them reported a pain level of 1 or less). The first course's scores were 0–4, so the pain was moderate after treatment. The standard deviation is 1.202, indicating that there is relatively greater proportional variability. A few patients still had pain in the range 2–4, while most were without. The distribution of scores after treatment is skewed to the right (+1.046), with most individuals clustered at the lower end (pain scores 0–1) with a few outliers, creating a long tail to the right. The kurtosis after the first course was 0.657, i.e., slightly lower than the baseline, suggesting that the overall distribution of pain scores was centered around the lower end. In summary, course 1 resulted in a remarkable reduction in pain (mean score from 9.00 to 1.27), indicating a high immediate efficacy of the treatment in reducing dysmenorrheal pain.

Before the second course of treatment, the patients' pain remained much lower than the initial baseline, indicating a lasting benefit from the first course. The mean pain score was 2.55, a dramatic decrease from the initial 9.00, indicating that on average the pain was mild.

The second course of treatment resulted in further pain relief. The mean pain score after treatment dropped to 0.45, less than half a point on a 10-point scale, indicating that pain was almost eliminated after this course. In summary, by the end of the second course, pain was completely controlled in most subjects and minimal in the others, highlighting a strong cumulative effect of the treatment (mean pain after course 2 was 0.45, with a median of 0).

Table 11. Analysis of variance—VAS results, before the start of the third course (G2).

N	Valid	22
	Missing	0
Mean		.77
Median		.00
Mode		0
Std. Deviation		1.631
Skewness		2.141
Std. Error of Skewness		.491
Kurtosis		3.264
Std. Error of Kurtosis		.953
Minimum		0
Maximum		5

By the start of the third course, the pain level was extremely low in the interval after course 2 (Table 11). The arithmetic mean was 0.77, according to the VAS. The average was .00, and the mode was 0, indicating that at least half of the subjects reported no pain even before starting the third treatment. This result indicates a lasting therapeutic effect (after two courses, a significant proportion of the patients remained pain-free). Some patients experienced a return of pain, with the maximum baseline pain recorded at 5 before course 3, which raised the mean value to just above 0. The standard deviation was 1.631, relatively large compared to the low mean value, reflecting the mixed distribution (mostly with 0, a few with pain up to 5). The distribution remained skewed to the right (2.141), as most of the values were 0 and a small number of higher pain scores created a right tail. The kurtosis is 3.264, still very high, consistent with a highly peaked distribution at zero pain with some moderate outliers. Essentially, before course 3, a pain-free

state was reported, with only a few having mild to moderate recurrence of pain (hence the low mean of 0.77 and median of 0).

Table 12. Analysis of Variance – VAS Results after the end of the third course (G2).

N	Valid	22
	Missing	0
Mean		,23
Median		,00
Mode		0
Std. Deviation		,752
Skewness		3,288
Std. Error of Skewness		,491
Kurtosis		10,234
Std. Error of Kurtosis		,953
Minimum		0
Maximum		3

The third course of treatment increased pain control (Table 12). The mean after treatment decreased to 0.23, with both the median and mode remaining at 0. This conclusion means that after three courses virtually everyone was pain-free, with only very little reported by one or two women. The range after the course was 0 to 3, and only one woman had a high “3” out of 10 (the rest were 0 or 1). The standard deviation after course 3 was 0.752, less than after course 2, reflecting the decreasing prevalence as most subjects were pain-free. The skewness increased further to +3.288, a very high positive bias, indicating that almost all values were at the minimum end (0), with only a small proportion of higher values. The kurtosis was 10.234, highlighting the fact that the distribution of pain scores was extremely concentrated at 0 with very little bias. After course 3, the data showed that pain was almost eliminated in the group - the mean pain score was almost zero, and more than 50% were pain-free, clear evidence of the effectiveness of the treatment to this point. At the start of the fourth course, the group of subjects continued to experience minimal or no pain between treatments. The mean pain score before course 4 was 0.36, which is approaching zero. The median and mode are 0, indicating that most patients were pain-free before treatment. In summary, before course 4, most patients still reported no pain, and only a few had a few points of pain, highlighting the sustained benefit of the previous courses of treatment. After the fourth course, pain levels effectively dropped to zero. The mean score was 0.09, essentially zero (for context, 0.09 on a 0–10 scale is insignificant). In fact, after four courses of treatment, the entire

group was essentially pain-free, with only trivial pain in a single instance. This statistic emphasizes that the effect of the treatment is not only maintained but also strengthened.

By the fifth course, the pain syndrome was almost nonexistent for the group. The mean value is 0.18, with a median of 0 and a mode of 0. This graph shows that almost everyone is pain-free over time, by the fifth treatment, with only one isolated observation. After treatment, the mean VAS pain score is 0.00, and the median and mode are also 0.

Table 13. Analysis of variance - VAS scores, before the start—sixth course (G2).

N	Valid	22
	Missing	0
Mean		,09
Median		,00
Mode		0
Std. Deviation		,426
Skewness		4,690
Std. Error of Skewness		,491
Kurtosis		22,000
Std. Error of Kurtosis		,953
Minimum		0
Maximum		2

The sixth course largely confirms the permanent absence of pain (Table 13). Before the last treatment, the mean pain score was 0.09, with a median of 0 and a mode of 0. Essentially, almost all patients were pain-free between the fifth and sixth sessions. The small mean score of 0.09 indicates that one patient had very little pain. The asymmetry and kurtosis were extreme (skewness $\sim +4.69$, kurtosis ~ 22.0). In summary, only one woman with mild pain needed treatment.

After the sixth (and final) course of treatment, the results were perfect: mean 0.00, median 0, mode 0. All patients were pain-free (Table 14). The standard deviation was 0.000 (no variability, since every value is 0). The distribution is a one-point mass with 0 pain for all 22 patients. Thus, the sixth course confirmed the full effectiveness of the treatment, maintaining complete pain relief without relapses. At this stage, the pain of dysmenorrhea was completely controlled in the study group and the benefit of the treatment was equally experienced by all.

Table 14. Analysis of variance – VAS results, after the end of the sixth course (G2).

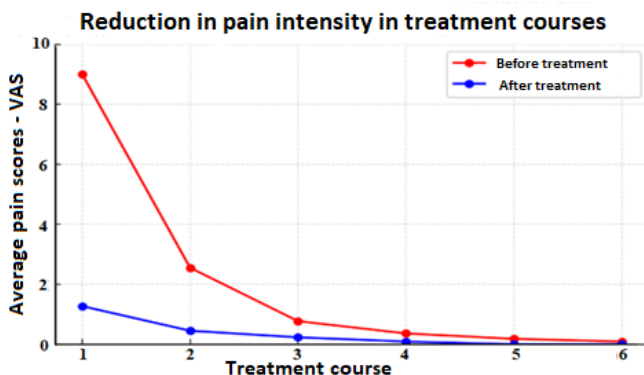
N	Valid	22
	Missing	0
Mean		,00
Median		,00
Mode		0
Std. Deviation		,000
Std. Error of Skewness		,491
Std. Error of Kurtosis		,953
Minimum		0
Maximum		0

Graph 6 presents a line graph of how pain intensity was reduced over all six treatment courses:

1. Before treatment: Pain scores were very high in the first course (average 9), and although there was a gradual decrease in subsequent courses, the scores were still relatively significant in the earlier stages.

2. After treatment: By the end of treatment, pain intensity had dropped to almost zero (VAS score = 0) in the last two courses.

This significant reduction in pain intensity indicates that the treatment was very effective in managing pain caused by dysmenorrhea.



Graph 6. The VAS indicates a decrease in pain intensity.

In summary, the six-course treatment plan is very effective in progressively reducing pain. The analysis of variance provides convincing evidence for this positive trend. The average pain intensity decreased from

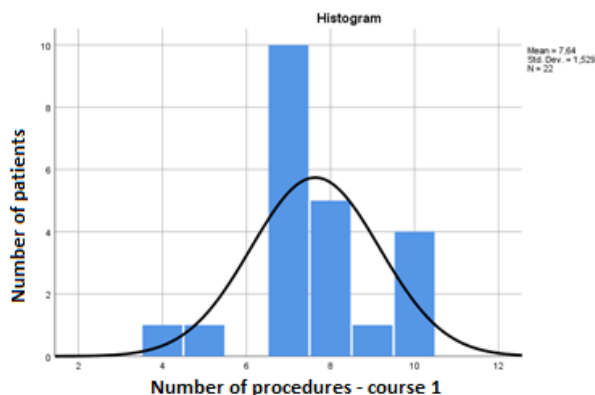
9.00 before treatment to 1.27 after the first course and continued to decrease with each course, reaching 0.00 by the 5th and 6th courses. We checked the same group of patients again after six months. All of them stated that the pain and discomfort had not recurred during this period. This evidence strongly confirms that the treatment method is highly effective, significantly improving the comfort and quality of life of the woman.

4. Results of the analysis of variance based on the number of procedures performed within the six treatment courses (n = 22)

a) Number of procedures for the individual treatment courses

The results of the analysis of variance on the number of procedures performed within the six treatment courses for the experimental group (G2) of 22 patients with dysmenorrhea are presented (graphs 7-11). The statistics include average values (like the mean, median, and mode), how spread out the numbers are (standard deviation), and the shape of the data distribution (asymmetry and kurtosis).

The analysis of variance on the number of procedures in the first treatment course (G2) reports, respectively: arithmetic mean - 7.64 procedures; median - 7.00; mode - 7 (the most common number of procedures); range - 4 to 10 procedures; asymmetry coefficient - -0.196 (slightly skewed to the left - graph 7); kurtosis coefficient - 0.617 (moderate concentration).



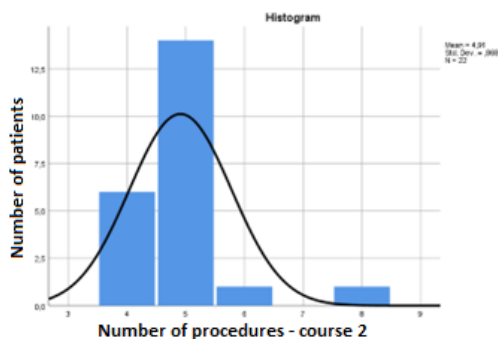
Graph 7. Distribution of the number of procedures in the first course of treatment – 22 patients.

The distribution in the group indicates that a significant part (45.5%) was treated with 7 procedures, with a small part (18.2%) receiving 10. The

first course of treatment shows a relatively balanced distribution of procedures. The presence of a slight leftward skew suggests several cases with a higher number of procedures (graph 7):

In the second course, the values were determined as follows: arithmetic mean - 4.91 procedures; median - 5.00; mode - 5 (most frequent number of procedures); range - 4 to 8 procedures; coefficient of asymmetry - 2.110 (asymmetry to the right – graph 8); coefficient of kurtosis - 7.335 (high concentration of values towards the center).

The distribution in the group shows that a significant portion (63.6%) were treated with 5 procedures, followed by 27.3% treated with 6 procedures.

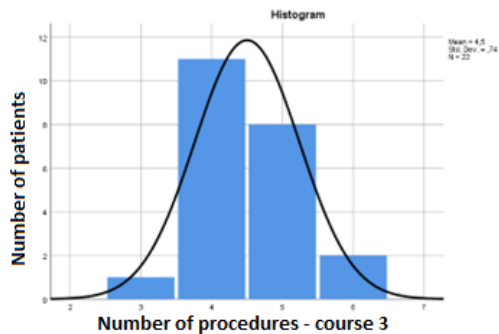


Graph 8. It illustrates the distribution of procedures in the second course of treatment, involving 22 patients.

There is a sharp decrease from the first to the second course in the number of procedures. The pronounced asymmetry on the right shows that only a small number of patients had more than 5 procedures, which probably reflects a reduced need for re-treatment in subsequent courses.

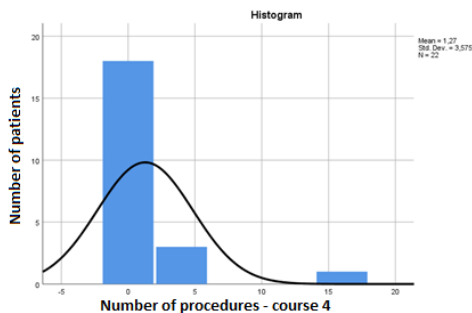
The following results were reported for the third course: The results for the third course include an arithmetic mean of 4.50 procedures, a median of 4.00, a mode of 4 (the most frequently occurring number of procedures), a range from 3 to 6 procedures, a coefficient of asymmetry of 0.388 (indicating small asymmetry to the right as shown in graph 9), and a coefficient of kurtosis of -0.019 (indicating a high concentration of values towards the center). The group distribution reveals that half of the group (50.0%) underwent 6 procedures, while 36.4% underwent 5 procedures.

The downward trend continues, stabilizing at around four to five procedures per patient. The distribution is relatively normal, with no extreme values that would affect the average (graph 9):



Graph 9. Distribution of the number of procedures in the third course of treatment - 22 patients.

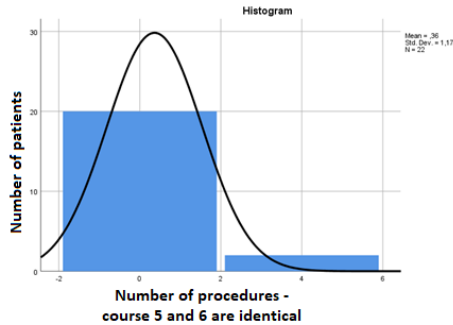
The reported procedures in the fourth course: arithmetic mean – 1.27 procedures; median – .00; mode - 0 (most frequent number of procedures); range - 0 to 16 procedures; coefficient of asymmetry - 3.690 (strong asymmetry to the right – graph 10); coefficient of kurtosis – 14.867 (extreme peak of values around 0). This is an indicator that most patients (81.8) are without procedures.



Graph 10. Distribution of the number of procedures in the fourth course of treatment - 22 patients.

The analysis for the fifth and sixth courses, which are the same, shows: average – 0.36 procedures; middle value – 0; most common number of procedures – 0; range – from 0 to 4 procedures; asymmetry coefficient – 3.059 (indicating a strong right skew); kurtosis coefficient – 8.085 (indicating a very high peak of values around 0):

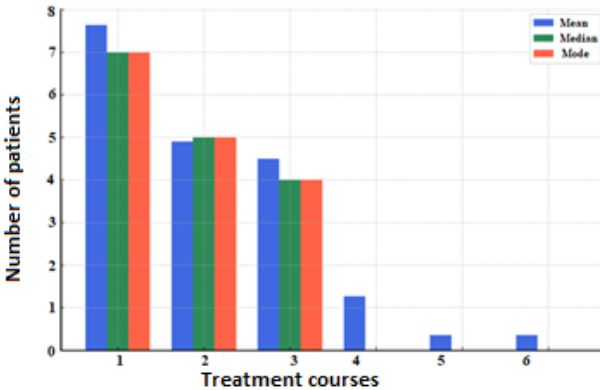
The group distribution reveals that 90.9% of the patients did not undergo procedures due to pain control. This suggests successful treatment at an early stage for most of them.



Graph 11. Distribution of the number of procedures in the fifth and sixth treatment courses – 22 patients.

Graph 12 shows the procedures in the six treatment courses of G2.

Distribution of the total number of procedures for each course



Graph 12. Distribution of the total number of procedures for each course.

The graphic shows that the number of procedures is going down, which supports the idea that most patients achieve the best results after the first three courses, highlighting the effectiveness of the treatment method used. (treatment course 1-3, graph 12).

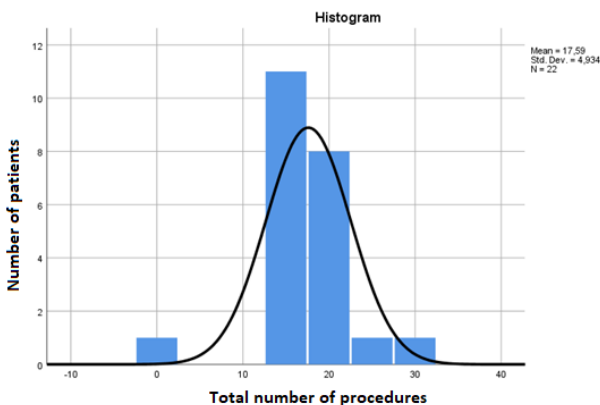
b) Total number of procedures for the six courses of treatment

A variance analysis was performed on the total volume of the applied procedures for the contingent of people from course 1 to course 6. The distribution of these amounts gives a general picture of the treatment for the patients throughout the study.

The values of the total number of procedures performed in the six courses of treatment are arithmetic mean – 17.59 procedures; median – 17.00; mode – 17 (the most common number of procedures); range – 0 to 28 procedures; skewness coefficient – 1.697 (slight left skewness).

The distribution in the group demonstrates that most patients received between 16 and 20 procedures, with 31.8% receiving exactly 17.

The total number of procedures is left skewed (negative), meaning that while some patients required significantly fewer procedures (or none), most received around 17. The high kurtosis suggests that patient outcomes were consistent, with the distribution concentrated around the central values (Graph 13).



Graph 13. Distribution of total number of treatment procedures – 22 patients.

In summary, the data for the six courses of treatment for dysmenorrhea clearly demonstrates a dynamic in which the frequency of treatment is highest at the beginning and decreases dramatically in the later courses. In the initial course, all patients received more procedures (on average about 7–8), reflecting an intensive start to therapy. By the second and third courses, the average number of procedures per patient dropped to about 4–5, indicating a moderate decrease, but still participation in treatment for most patients. The turning point occurred in course 4, where most patients discontinued treatment (median and mode of 0 procedures) and only a small proportion continued. This trend continued through courses 5 and 6, in which almost all patients did not require additional procedures. Treatment intensity decreased sharply over the six courses, essentially decreasing to zero for most patients by the end.

Overall, statistical evidence supports the treatment approach to pain management in gynecology and is a basis for improving the quality of life of the suffering woman.

5. Statistical analysis of the results of the quality-of-life assessment questionnaire with WHO -QOL-BREF-26

We conducted a statistical analysis of the results using the t-test, focusing on the differences between before and after treatment (G2) by area. A significance level of $\alpha=0.05$ (5% risk of error) was adopted at a guaranteed probability of $p=95\%$ and the estimated significance threshold Sig (p). All results give p-values < 0.001 . Therefore, the null hypothesis H_0 is rejected in all areas of the study.

The analysis of the results for the quality of life in G2 after applying the author's methodology, according to the described algorithm, established a positive change in the general self-assessment (table 15) and by area:

Table 15. The general self-assessment of "quality of life" before and after the intervention in G2 (n=22).

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	General self-assessment "Quality of life" before	55,82	22	11,603	2,474
	General self-assessment "Quality of life" after	100,00	22	5,612	1,196

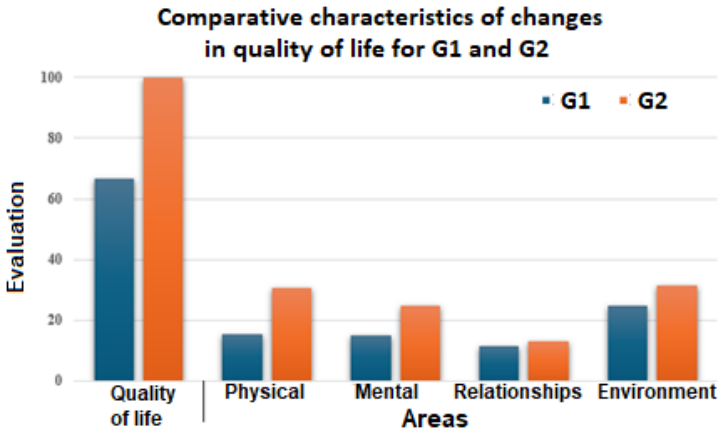
$$p=0,000 < \alpha=0,05$$

The average value of the general self-assessment "quality of life" at the beginning of the treatment was 55.82, and that of the patients at the end of the treatment was 100.00 (Table 15). An increase in the average value of the indicator of 44.18 units was reported at the end of the treatment compared to the beginning in the 22 patients studied.

The average "bodily" area was 11.45 at first and 30.86 at the end. The patients showed an increase of 19.409 in their average values at the end of the treatment compared to the values at the beginning.

The average "psychological" area value was 12.23 at admission and 24.82 at treatment's end. Patients who were discharged showed an increase of 12.591 in their average values compared to those at admission.

Before treatment, the "relationships" area average was 9.09; after, it was 13.00. An increase in the average values was reported in the patients who completed the treatment by 3.909 compared to those before the start of treatment. Before treatment, the "environment" area was 24.00; after, it was 31.50. The patients who completed the treatment reported an increase in average values of 7.50 compared to those before the start of treatment.



Graph 14 It illustrates the differences in quality of life, as measured by general self-assessment and specific areas, between Group 1 and Group 2.

The comparative characteristics of the data from the general self-assessment and by areas show a change in quality of life towards improving health after the application of AP, MT, and AT (G2) compared to the standard treatment (G1) (graph 14). After the treatment in G2, the general self-assessment increased by 66.52% (33.54 points); in the “bodily” area, the dynamics increased by 50.06% (15.41 points); in the “psychological” area, by 60.23% (9.87 points); in the “relationships” area, by 87.38% (2 points); and in the “environment” area, by 79.37% (6.5 points).

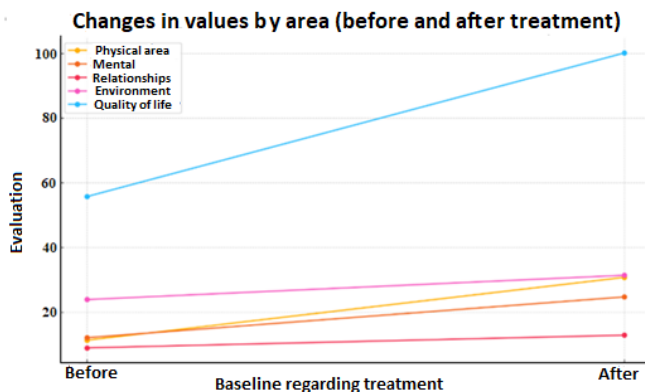
Comparing the results of the two groups (G1 and G2) is in favor of the applied algorithm for treatment of the experimental methodology.

In Table 16, for a clearer distinction, the results of the correlation analysis by areas and self-assessment of the quality of life of G2 are presented.

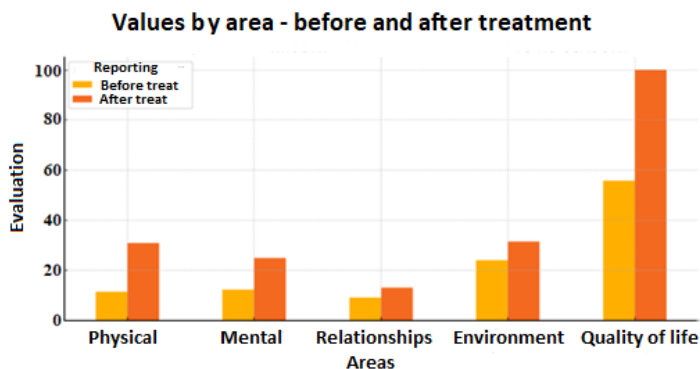
Table 16. The results for G2 are broken down by areas.

Area	Mean Before	Mean After	Mean Difference	p- value	Result
Physical	11.45	30.86	+19.41	0.000	Significant improvement
Mental	12.23	24.82	+12.59	0.000	Significant improvement
Relationships	9.09	13.00	+3.91	0.000	Significant improvement
Environment	24.00	31.50	+7.50	0.000	Significant improvement
Quality of life	55.82	100.18	+44.36	0.000	Significant improvement

The results of the four areas and the general self-assessment show a significant improvement after treatment. The quality of life has experienced the most striking change, with the physical and mental areas following closely behind. The improvement in all areas arguably supports the effect of the treatment. Considering the sample size (n=22) and the low standard errors, the results are stable and indisputable. The line graph shows the continuous positive direction of improvement in all areas with the accumulation of procedures and courses of treatment (Graph 15). The bar graph emphasizes the positive jump in the results at the beginning and at the end of treatment (Graph 16). The positive change in all areas is clear, but the general self-assessment of quality of life is the most convincing.



Graph 15. Changes in values by area – at the beginning and at the end of treatment (G2).



Graph 16. Changes in values by area – before and after treatment (G2).

In summary, the correlation analysis performed reported a significant increase in all areas and in quality of life after treatment. The t-test results showed p-values lower than 0.001 in all areas, meaning we can reject the null hypothesis and accept the alternative hypothesis, which states that the treatment had a significant positive effect and indicates good management of pain syndrome in gynecological practice.

D. CONCLUSIONS, CONCEPTUAL MODEL FOR TRAINING, CONTRIBUTIONS, RECOMMENDATIONS

CONCLUSIONS

1. The scientific literature studied has established a wide range of incidences of dysmenorrhea - 8 to 89.5%, and even up to 96% - with a focus on both etiology, pathophysiology, and the impact on quality of life.
2. Conventional medicine uses various methods to treat dysmenorrhea, mainly focusing on pain relief with medications like analgesics and non-steroidal anti-inflammatory drugs.
3. Chinese medicine takes a different approach based on a unique natural philosophy, using unconventional methods to help the body heal itself from dysmenorrhea.
4. Conclusions based on the diagnostic and therapeutic process:
 - In Groups 1 and 2, the pain from dysmenorrhea is strongest during the first few days of menstruation; about two-thirds of the participants describe it as moderate to severe - pain levels 2 and 3, which need strong pain relief.
 - In Group 1, the patients taking analgesics have their condition stay the same throughout the entire observation period.
 - In Group 2, all patients responded positively to the treatments, and during the 6-month follow-up, none needed analgesics.
 - In Group 2, the treatment method showed high effectiveness, providing significant pain relief by the third treatment session.
 - In Group 2, all patients (100%) who received acupuncture, moxibustion, and auriculotherapy went from a pain level of 2-3 to no pain at the end of treatment.
5. The two hypotheses of the scientific study, for pain control and for the positive change in quality of life, were confirmed by the significant values obtained in the statistical analysis of the monitored indicators.

A Conceptual Model for Training and Optimizing the Role of the Midwife in Obstetrics and Gynecology Using Chinese Treatment Methods—Acupuncture and Moxibustion.

Midwives play a key role in providing comprehensive care for reproductive women's health, and many of them will increasingly be interested in alternative medicine, respectively. CM treatment methods, in support of women's health. Based on the conducted study and the applied therapeutic scheme, we developed a conceptual model and curriculum for postgraduate training, "Acupuncture and moxibustion for midwives."

The conceptual model is based on the belief that midwifery competencies are an underutilized resource for achieving better health and hence a better quality of life. Creating opportunities for additional expression of midwives would influence the image of the profession in society and would increase satisfaction with the work done for the midwives themselves. Another starting point of the concept is the understanding that the basic education of healthcare professionals is not intended to provide the maximum knowledge and skills necessary for practicing the profession but the stable foundation on which they will build, update, maintain, and enrich what they have learned throughout their lives.

Conceptual model for training midwives

The basic education of midwives, as a regulated profession, guarantees the acquisition of knowledge, skills, and competence for providing care in all aspects of reproductive health and care for the newborn. Midwives today are professionals with higher medical education, acquired in faculties of higher medical universities, which requires a rethinking of their role and place in the field of the work environment. Several legal and regulatory acts in our country in recent years regulate the competencies of midwives in the field of professional activity, categorizing them from dependent and carried out in a team with a doctor and other specialists to independent. This leads to increased demands for healthcare professionals and a continuous search for an alternative to enrich their professional competence.

According to the Health Act, Chapter 6, Paragraph 1, Item 2, specialists in the professional field of "health care," including those with a specialty of "midwifery," have the right to apply unconventional methods for a beneficial effect on individual health, including acupuncture and moxibustion, auricular therapy, acupressure, etc.

This conceptual training model has been developed to provide midwives with basic knowledge of acupuncture and moxibustion, as well as their practical application in activities related to women's health. By the end of the training, they will be able to integrate basic techniques for pain relief and obstetric support into the legal scope of obstetric practice, in cooperation with the health team. The model mainly emphasizes safe practice, competence, and evidence-based integration of CTM with conventional medicine.

Acupuncture and moxibustion for midwives (150 teaching hours: 50 teaching hours of theory and 100 teaching hours of practice).

The inclusion of acupuncture and moxibustion in the curriculum (postgraduate qualification) for the specialty midwife arises from the need to identify a non-pharmacological alternative for the treatment of pain, as well as other pathology, in obstetrics and gynecology, thus creating opportunities for the provision of holistic care and emphasizing the growing interest in CM within the framework of female reproductive health care.

Curriculum Content

Theory (50 teaching hours):

The theoretical section introduces midwives to the theoretical system of TCM (basic doctrines and principles) and its conceptual relationship to women's health. At the beginning, an introduction to the philosophy of TCM and the theoretical foundations of female physiology and pathology is given. Midwives learn the TCM interpretation of gynecological pain syndromes. For example, dysmenorrhea can be understood as a blockage of the energy called Qi and a buildup of blood, known as Xue, in the uterus, while labor pain is seen as a normal process linked to Qi energy that can be managed by balancing the flow of Qi energy. Then, the Doctrine of Channels and Collaterals and the Doctrine of Active Points are included. The emphasis is placed on active points that are specific to obstetric and gynecological practice. For example, the points He'gu LI 4 and San'yin'jiao SP 6 are indicated for pain relief during childbirth and cervical dilation, the point Ci'liao BL 32 is for pain relief in the lumbosacral region during childbirth, the point Nei'guan PC 6 is for nausea during pregnancy, and the point Guan'yuan CV 4 is for menstrual cramps. The lectures will present in detail why stimulation of the active points leads to pain relief and what neurotransmitters and hormones are produced (acupuncture analgesia - neurophysiological effects with the release of endorphins and the release of

oxytocin). Part of the theory is also moxibustion, through which the active points are warmed (pure Yang energy). It is discussed why external heat (moxa) strengthens the Yang part of Qi energy or disperses Qi blockages. The classical indication for the use of moxa at the Zhi'yin BL 67 active point to turn the breech presentation of the fetus into a normal position by warming the uterus is noted. The theoretical classes include a discussion of indications and contraindications. Contraindicated active points (on the abdomen and lower back during pregnancy up to term) are noted, as is the management of dizziness and minor bleeding, as well as when not to use AP and MB, e.g., in women with pacemakers or if the patient refuses. The lectures make a comparison between TCM and conventional medicine. For example, comparing the syndrome of Yin deficiency in the Zang-kidney according to CM with a similar concept in conventional medicine, which is estrogen deficiency in menopause, to demonstrate how AP and MB can complement conventional treatment. Legal aspects are also covered in the theory. The legal provisions for midwives regarding acupuncture and the use of moxa (Health Act and related regulations and standards) also include requirements for informed consent and the importance of activities by licensed acupuncturists.

Practice (100 hours):

Practice with acupuncture

The practical part is extremely important, as skills and confidence in the technique of acupuncture and moxibustion are crucial. We provide observation and demonstration at the beginning. The students watch as the instructor and experienced practitioners locate acupuncture points (APPs) and safely insert needles. They observe how the angle and depth of insertion vary depending on the APP. For example, shallow insertion for APPs in areas with bone pads and deep insertion in areas with large muscle mass. Also, how to manipulate the needles, with rotation and return, insertion and withdrawal, to induce a feeling of "De'qi" (the coming of the healing energy Qi). In addition, the moxibustion technique is demonstrated, both direct and indirect moxa with a moxa-pura or a moxa-cone. For example, it shows how to safely perform moxibustion on the Zhi'yin BL 67 point on the outer corner of the little toe in a breech presentation, including the correct starting position for the woman and how long and how often to apply moxibustion. The trainees then practice under supervision, initially on special pads to master the technique of pricking and pressure. As they progress, they work in pairs,

practicing channel localization and APP, and administering treatment to each other under supervision. Case-based clinical practice is the basis for acquiring knowledge and skills. Common conditions encountered in real practice will be practiced. For example, a pregnant woman in the 38th week of gestation with back pain and anxiety, for whom an acupuncture prescription needs to be developed. In this scenario, first, it is necessary to know the APTs contraindicated for this period, which are He`gu LI 4, San`yin`jiao SP 6, Yong`quan KN 1, Ran`gu KN 2, Tai`xi KN 3, Fu`liu KN 7, and Jiao`xin KN 8. For back pain, the points Ci`liao BL 32 and Jian`jing GB 21 are selected, and for anxiety, Shen`men HR 7 or Shen`men from the auricle. The trainees will undergo treatment to feel the impact of the needles, which is important for the comfort of the real patient. The teacher guides the acupuncture process to make it safe with the aim of mastering the correct pricking technique.

Acupressure practice

In practice, we apply massage techniques to specific APPs and channels. Especially when sterile disposable needles are lacking. The students are trained in the specific techniques for treating APPs. They are: an - pressure rubbing with the pad of the finger; rou - circular rubbing with the pad of the finger; an'rou - a combined technique of pressure and circular rubbing; dian - pressure rubbing with the tip of the finger (a technique for strong impact); nail-needle - with the fingernail (a technique for strong stimulation of APPs and in emergency situations - collapse, etc.); tui - straight-line sliding rubbing for sections of channels. These techniques are applied during training at certain points to build skills that are necessary for clinical practice.

Moxibustion practice

Moxibustion involves everyone trying the method of lighting the moxa stick and safely warming the point to gain confidence in treating with the burning moxa and to control the distance to the skin. Additional skills are also practiced, such as using acupressure in the absence of disposable needles, a warm needle (a special piece of moxa is placed on the handle), and properly shaking the ashes off the moxa stick and needle.

During the practical sessions, there is feedback on technique and adherence to asepsis. Conventional methods and acupuncture combine in an integrated practice. For example, in labor pain management, the scenario is that the woman in labor receives standard care, and the midwife adds acupressure/acupuncture to the points He`gu LI 4 and San`yin`jiao SP 6. How these changes can be documented and communicated to the team is discussed.

Another case study might discuss a postpartum woman with constipation, considering APP Tian'shu ST 25 (mu-point of fu-large intestine) treatment along with dietary advice. It is necessary to discuss the midwife's options on how to supplement the usual advice in her practice for the specifics of CM. Controlled APT body tapping will be performed continuously, and moxibustion will be applied to different cases to ensure that the techniques are applied comfortably and in the appropriate manner. Group discussions will also be held, reflecting clinical experience, to remove any difficulties. For example, what to do if the patient has a phobia of needles, to ensure that the midwife can explain the procedures to the patient in understandable language. The practical sessions conclude with an assessment of the trainee's competencies. For a fictitious case, the midwife drafts an acupuncture prescription. For example, demonstrating APP for postpartum pain relief, showing that it can do so safely, correctly, and appropriately, as if it were being performed in a clinical setting.

CURRICULUM

- **Goal:** To teach safe and effective acupuncture, acupressure, and moxibustion methods for managing pain and health issues in gynecology, easing physical and emotional discomfort during childbirth, and helping with recovery after giving birth.

- **Key learning points:**

By the end of the 150-hour training, midwives will:

1. Master and improve AP techniques, including APP selection, needle manipulation, and adherence to established standards defined for safety.
2. Using MB to handle unusual situations like breech presentation, long or overdue labor, and recovery after childbirth is said to be safe and effective.
3. Integrate AP and MB with conventional medical practices to improve pain management, patient satisfaction, and maternal well-being.
4. Ensure safe and ethical practice within the legal scope of obstetric care, with an emphasis on patient consent and collaboration with other health professionals.
5. Assess patient feedback, select the appropriate syndrome, and evaluate clinical outcomes to determine how effective treatment is.

№	Topic Title	Content Description	Class hours *		
			L	P	T
1.	Introduction to TCM and integration into midwifery practice.	The theoretical system of TCM – basic doctrines (YIN-YANG, Qi energy, the 5 natural phenomena, Zang'fu organs, channels and collaterals, APP, diagnosis and treatment according to the syndrome and localization of the disease). Healing principles and their role in obstetrics. Integration of TCM with conventional obstetric care.	15	5	20
2.	Improvement of AP techniques.	Advanced theory and techniques for AP in childbirth, gynecological conditions and care in the puerperium. Selection of APP and techniques for pricking and stimulating needles. Application of acupressure instead of needles.	8	12	20
3.	Moxibustion - indications for use.	Theory and practical application of MB for breech presentation, assisted labor, recovery in the puerperium.	4	8	12
4.	AP for pain management during childbirth.	AP for the treatment of labor pain, back pain, fatigue and nausea. Combining AP and conventional pain management.	5	10	15
5.	AP in gynecological diseases.	Treatment of dysmenorrhea and pelvic pain with AP. AP for infertility and hormonal imbalance.	5	10	15
6.	Safety and ethical practice.	Legal and ethical arguments in midwifery practice regarding AP and MB. Informed consent, contraindications and activities in midwifery practice.	5	0	5
7.	Clinical practice and patient care.	Practical application of AP and MB in the scope of obstetric care. Case studies and treatment in real-life settings.	0	25	25
8.	Controlled clinical practice.	Practice of AP and MB techniques in real clinical cases. Supervised treatment of parturient women, puerperal women and gynecological cases.	0	30	30
9.	Evaluation and conclusion.	Review of key concepts, case studies and competency assessments. Final session for	8	0	8

		discussion and evaluation of the effect of treatment on patients.			
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* L – lectures; P – practical exercises; T – total number of hours.

Expected learning outcomes

Upon completion of the training, the midwife will be able to:

1. She will be able to perform AP and MB safely and effectively to manage pain and maintain physiological processes during pregnancy, labor, and postpartum.
2. She will integrate TCM treatment into obstetric care plans to empower women to cope with pain and discomfort during labor and postpartum.
3. She will be competent in explaining AP and MB to patients, helping them make informed decisions about their responsibilities to themselves.
4. Demonstrate competence in ethical practice, ensuring that this treatment is provided within the legal scope of her practice and with the patient's consent.
5. Be able to evaluate the effectiveness of treatment through patient feedback and syndrome monitoring.

Summary

- *Integration of TCM in obstetrics:* The inclusion of AP and MB in the midwife's practice enhances her role in providing non-pharmacological pain relief and managing common gynecological pathologies.
- *Increased patient satisfaction:* The use of AP and MB as an alternative therapy increases patient satisfaction, as many women follow holistic approaches to labor pain management and to optimize puerperium recovery.
- *Reciprocal care:* If a midwife is proficient in both AP and MB, she will be able to collaborate with obstetricians and AP specialists, as well as other medical professionals, thereby more effectively improving the overall care that women receive.
- *Legal and ethical implementation:* The conceptual model of training ensures that the midwife is optimally prepared to practice specific skills within the boundaries of the law and ethics, thereby protecting both the patient and her.

In conclusion, this training model helps midwives in obstetrics and gynecology by giving them useful skills to enhance patient care, lessen the need for medications, and improve results during pregnancy, childbirth, and the postpartum period.

CONTRIBUTIONS

The developed dissertation work incorporates both *theoretical-methodological and practical-applied* scientific contributions.

Theoretical-methodological contributions:

1. We have defined the essential features and main characteristics of the pain syndrome, dysmenorrhea, through a comprehensive analysis of contemporary specialized literature, primarily from Chinese and American sources.
2. The organized review of literature offers a practical benefit, allowing specialists to use effective methods from Chinese medicine - like acupuncture, moxibustion, and auricular therapy - for managing and treating dysmenorrhea, a type of pain syndrome in gynecology.
3. For the first time in Bulgarian research practice, an analysis of the physiological features and pathology of the female organism in the fertile age according to the theory of Chinese medicine has been carried out.
4. For the first time in Bulgarian research practice, an analysis of the treatment principles in gynecology according to Chinese medicine has been presented.
5. For the first time in Bulgarian research practice, an analysis of the theoretical and treatment principles regarding dysmenorrhea according to Chinese medicine has been presented.
6. Variants of treatment programs according to Chinese medicine have been specifically discussed for the first time, and preventive measures for dysmenorrhea have been presented.
7. For the first time, an author's specialized Chinese medical dictionary has been compiled with a detailed interpretation of the terms, which facilitates the reading of the specialized texts.
8. For the first time, an interpretation of the recipes according to the theory of Chinese medicine has been presented.

Practical and applied contributions:

9. A special treatment plan has been developed and tested, tailored to each patient's specific condition, for treating dysmenorrhea using acupuncture, moxibustion, and auricular therapy, all based on the ideas and practices of classical Chinese medicine. Its effects on pain levels and quality of life for women with dysmenorrhea have been examined. Its complex impact on the

severity and intensity of pain in women with dysmenorrhea, as well as on the restoration of quality of life, has been studied.

10. An algorithm has been derived for individual treatment of four case studies participating in the experiment, an analysis of the effect of their treatment according to the theory of Chinese medicine has been made, and the therapeutic concept has been discussed.

11. The advantages of the periodic application of Chinese medicine methods are deduced, based on the treatment courses conducted between monthly menstruations for pain management and for balancing the quality of life of suffering women, and recommendations in this direction are proposed.

12. For the first time in pedagogical practice, a conceptual model has been compiled to optimize the role of the midwife in managing pain syndrome in gynecology with Chinese treatment methods - acupuncture, moxibustion, and auricular therapy.

RECOMMENDATIONS

Recommendations for clinical practice:

1. This study demonstrates how to effectively manage pain in patients with severe dysmenorrhea, demonstrating that consistent and targeted treatment courses can lead to complete pain relief. Midwives can use the data to implement treatment and prevention strategies in gynecological and obstetric practice, as well as to promote the use of Chinese methods by patients.
2. Encouraging complementary lifestyle changes can help patients achieve better outcomes and experience long-term pain relief.
3. The studied classical acupuncture method can be recommended for achieving a faster response and control of dysmenorrhea, as well as in combination with drug therapy, for dosage adjustment of drugs or their elimination.
4. It is important to provide for the inclusion of a rational nutritional and physical regime, maintenance of psycho-emotional balance, and optimal working and rest conditions in the treatment of dysmenorrhea to restore the quality of life.

Recommendations for educational practice

5. To introduce into the master's degree for midwives, as freely elective subjects: Introduction to acupuncture and moxibustion (30 academic hours); Initial course in auriculotherapy (30 academic hours). Such training will give them the opportunity to get acquainted with the possibilities and methods of this ancient medicine.
6. To introduce a postgraduate specialization for midwives, a basic course in acupuncture and moxibustion within 150 academic hours. This training will give them the opportunity to treat the most common diseases in gynecological and obstetric practice.

PUBLICATIONS AND PARTICIPATIONS IN SCIENTIFIC FORUMS RELATED TO THE DISSERTATION

List of publications:

1. **Goranova, Z.**, P. Mancheva. Pain according to the theory of Chinese medicine. Mechanism of acupuncture. In: Traditional Chinese Treatment Methods, Volume 4. Collection of articles. Scientific Publishing House - NSA PRESS, S., 2023, pp. 7-29.
2. **Goranova, Z.**, V. Dimitrova. Dysmenorrhea within the scope of Chinese medicine. In: Traditional Chinese Treatment Methods, Volume 4. Collection of articles. Scientific Publishing House - NSA PRESS, S., 2023, pp. 33-46.
3. **Goranova, Z.** Clinical experience in the treatment of dysmenorrhea with acupuncture and moxibustion. In: Traditional Chinese Treatment Methods, Volume 4. Collection of articles. Scientific Publishing House - NSA PRESS, S., 2023, pp. 47-70.
4. **Goranova, Z.**, V. Dimitrova, P. Mancheva. Treatment of dysmenorrhea with acupuncture. XVII National Forum of Health Care Specialists and Poster Section for Students "The Patient - at the Center of Quality Health Care", 20.X.23g.–21. X.23g., Shumen. Collection - reports, pp. 36-42.

Participation in scientific conferences and congresses:

1. XVII National Forum of Health Care Specialists and Poster Section for Students "The Patient - at the Center of Quality Health Care", 20.X.23g. – 21. X.23g., Shumen.
- **Goranova, Z.**, V. Dimitrova, P. Mancheva. Treatment of dysmenorrhea with acupuncture.