

Manual acupuncture versus electroacupuncture for menopausal syndrome: a randomized controlled trial.

[Article in Chinese]

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Abstract

OBJECTIVE:

To compare the clinical therapeutic effects and safety on menopausal symptoms between manual acupuncture (MA) and electroacupuncture (EA).

METHODS:

Fifty patients were randomized into an MA group (25 cases) and an EA group (25 cases). In the MA group, the regular needling technique and pseudo-EA were used at Guanyuan (CV 4), Zigong (EX-CA 1), Tianshu (ST 25) and Sanyinjiao (SP 6). In the EA group, the acupoints were the same as the MA group and stimulated with EA and pseudo-MA (no manipulation applied in treatment), with disperse-dense wave, 10 Hz/50 Hz, 0.5 to 1.0 mA. In the two groups, the needles were retained for 30 min. The treatment was given once every two days, three times a week, totally for 8 consecutive weeks. The results of the menopause rating scale (MRS), the menopause-specific quality of life (MENQOL), the self-rating anxiety scale (SAS) and the self-rating depression scale (SDS), follicle stimulating hormone (FSH), luteinizing hormone (LH) and estradiol (E₂) as well as adverse reactions were evaluated before treatment, in 4 and 8 weeks of treatment separately.

RESULTS:

Compared with those before treatment, the scores of MRS, MENQOL, SAS and SDS were all reduced in the 4 and 8 weeks of treatment in the two groups (all $P < 0.05$). The results in 8 weeks of treatment were lower than those in 4 weeks of treatment in the two groups (all $P < 0.05$). The differences were not significant statistically between the two groups (all $P > 0.05$). Compared with those before treatment, the levels of FSH and LH reduced and E₂ increased after treatment in the two groups, without significant differences (all $P > 0.05$). The differences were not significant statistically between the two groups (all $P > 0.05$). The severe adverse reactions were not found in the treatment of the two groups.

CONCLUSIONS:

Both manual acupuncture and electroacupuncture relieve the symptoms of depression and anxiety in menopausal syndrome, improve the living quality and do not induce apparent changes in serological sex hormones in the patients.