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# Clinical Research Progress on the Treatment of Primary Dysmenorrhea with Traditional Chinese Medicine

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**Abstract:** *Objective*: To systematically review the clinical research literature on the treatment of primary dysmenorrhea with traditional Chinese medicine from 2020 to 2026, and to summarize the therapeutic characteristics of various traditional Chinese medicine treatments. *Methods*: Literature on the treatment of dysmenorrhea in traditional Chinese medicine (TCM) from 2020 to 2026 was retrieved by computer in the China National Knowledge Network (CNKI) database. The therapeutic characteristics were summarized respectively from the directions of internal treatment and external treatment. *Results*: The results showed that TCM internal treatment methods, such as Chinese herbal decoctions (Shengyu Decoction, Danggui Shaoyao Powder, etc.) and Chinese patent medicines (Tongjingning Granules, Aifu Nuanggong Pills, etc.), emphasized syndrome differentiation and treatment. It has stable effects in regulating endocrine and reducing prostaglandin levels. External treatments such as acupuncture (Dong's extraordinary points, seventeen vertebrae, etc.), acupoint application, auricular points, moxibustion, and thread embedding have obvious advantages in quickly relieving pain and improving accompanying symptoms, and there are various ways of operation. *Conclusion*: There are various methods of treating dysmenorrhea in traditional Chinese medicine, with definite therapeutic effects. Both internal and external treatments have different focuses. Combined use or in combination with Western medicine often yields better results and has the advantages of fewer side effects and a lower recurrence rate.

**Keywords:** Primary dysmenorrhea; Traditional Chinese medicine treatment; Chinese medicine; Acupuncture; Clinical studies

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## 1. Introduction

Primary dysmenorrhea is a common condition among young women and adolescents, characterized by periodic lower abdominal pain and a feeling of heaviness before or during menstruation, often accompanied by discomfort such as headache, lower back pain, nausea, and even fainting. The incidence rate of this

disease is generally between 70% and 93%. In severe cases, it not only affects the mental health of patients but also hinders their daily work and study. Modern medicine often treats primary dysmenorrhea mainly with non-steroidal anti-inflammatory drugs and hormone drugs, which can relieve pain in the short term but have adverse reactions such as gastrointestinal irritation and endocrine disruption.

In traditional Chinese medicine, it is classified under the category of "menstrual abdominal pain", which is associated with changes in Qi and blood in the Chong and Ren meridians before and after menstruation, as well as malnutrition or blockage of the uterus. The core idea lies in the etiology and pathogenesis of "pain due to obstruction" and "pain due to obstruction". In terms of treatment, traditional Chinese medicine has a wide range of methods and approaches, such as internal administration of Chinese herbal medicine, acupuncture, and acupoint application. A systematic review of the literature on the treatment of primary dysmenorrhea with traditional Chinese medicine from 2020 to 2026 is presented to analyze its clinical efficacy from both internal and external dimensions, with the aim of providing references for clinical treatment and subsequent research.

## 2. Understanding of dysmenorrhea in traditional Chinese medicine

The knowledge of dysmenorrhea in traditional Chinese medicine can be traced back to "The Divine Farmer's Materia Medica Classic", in which drugs such as "Duhuo, ejiao" are recorded for treating abdominal pain during menstruation. In "Synopsis of Golden Chamber: Miscellaneous Diseases in Women", Zhang Zhongjing of the Eastern Han Dynasty pointed out the periodic pain characteristics of dysmenorrhea caused by internal obstruction of blood stasis and indicated that Tugua Gen Powder could be used to relieve the pain caused by internal obstruction of rain and snow. In Treatise on the Origins and Symptoms of Various Diseases, Chao Yuanfang of the Sui Dynasty, in Miscellaneous Diseases in Women, it was proposed that "weakness and cold, wind-cold and blood Qi strike and cause pain", which laid an important theoretical foundation for the etiology and pathogenesis of dysmenorrhea. By the Southern Song Dynasty, Chen Ziming had compiled the most systematic treatise on obstetrics and gynecology in Chinese history - Complete Effective Prescriptions for Women. The book detailed the causes, syndromes, and treatments of dysmenorrhea and created the Warming Jing Decoction, which remains a representative formula for cold coagulation and blood stasis type dysmenorrhea to this day. During the Jin and Yuan dynasties, Zhu Danxi emphasized that emotional distress was an important cause of dysmenorrhea. Zhang Jingyue of the Ming Dynasty wrote "Complete Works of Jingyue: Regulations for Women", which proposed the theory of syndrome differentiation of deficiency and excess, and systematically summarized the common causes, frequency, nature, and degree of dysmenorrhea, making the syndrome differentiation system of dysmenorrhea more complete. In the Qing Dynasty, Fu Qingzhu's Gynecology, Golden Mirror of the Medical Canon: Essentials of Gynecology further supplemented the etiology and pathogenesis of liver depression with fire, cold dampness, liver and kidney deficiency, and created traditional Chinese medicine decoctions such as Xuan Yu Tong Jing Decoction, Tiao Gan Decoction, Danggui Jian Zhong Decoction, making the theory of traditional Chinese medicine decoctions for the treatment of dysmenorrhea more complete.

## 3. Internal treatment methods of traditional Chinese medicine

### 3.1. Oral administration of Chinese medicine

Wang Jiaxun et al. summarized the experience of National Master of Traditional Chinese Medicine Guo

Chengjie in treating dysmenorrhea of Qi and blood deficiency type [1]. Mr. Guo emphasized that "the liver is the hub", and the obstruction of Qi movement leads to poor circulation of Qi and blood. Based on clinical experience, he selected modified Shengyu Decoction for treatment. The entire prescription mainly consists of *Angelica sinensis*, *Rehmannia glutinosa*, *Paeonia lactiflora*, *Ligusticum chuanxiong*, *Astragalus membranaceus*, ginseng, *Cyperi rhizoma*, *Corydalis yuanhu*, and *Glycyrrhiza uralensis*, aiming to tonify Qi and blood, regulate Qi, and promote blood circulation. It has shown remarkable efficacy in treating dysmenorrhea caused by Qi and blood deficiency. Li Min et al. explored the clinical efficacy of Danggui Shao Yao Powder in the treatment of primary dysmenorrhea and randomly divided 72 patients into the observation group (Danggui Shao Yao Powder: *Angelica sinensis* 10 g, *Poria cocos* 15 g, *Ligusticum chuanxiong* 10 g, *Atractylodes macrocephala* 25 g, *Alisma orientale* 10 g, *Paeonia lactiflora* 20 g) and the control group (Yuanhu Zhitong tablets) [2]. They observed changes in TCM syndrome score, serum prostaglandin F2, and cyclooxygenase 2 before and after treatment. The results showed that patients taking *Angelica sinensis* Shaoyao powder had a more significant improvement in abdominal pain compared to the observation group. The PGF2α level could be reduced by inhibiting COX-2 expression.

### 3.2. Chinese patent medicines

Chinese patent medicines, as formulations of traditional Chinese medicine, although the ingredients are fixed and not conducive to modification and addition, are classic in selection, convenient to take, and have stable and long-lasting efficacy in treating such chronic diseases. Liu Yan et al. used oral ibuprofen tablets as the control group and ibuprofen tablets combined with dysmenorrhea granules as the experimental group [3]. They divided 118 patients into two groups by random number table method and observed the clinical efficacy of combined medication for primary dysmenorrhea by starting the medication 7 days before menstruation and using it for 5 consecutive days. The results showed that the combined use of dysmenorrhea granules and ibuprofen sustained-release tablets was effective in treating primary dysmenorrhea. It not only alleviated the symptoms and severity of dysmenorrhea but also reduced the level of prostaglandins. Zhang Boyan et al. studied the clinical efficacy of Aifu Nuangong Pills combined with phloroglucinol in the treatment of primary dysmenorrhea [4]. Phloroglucinol injection was administered intramuscularly to the control group, and Aifu Nuangong Pills were orally administered to the treatment group on the basis of the control group. The efficacy and follow-up results of the two groups were observed. The VAS score for pain intensity, duration of pain, prostaglandin F2α, interleukin-6, interleukin, and β -endorphin levels, and uterine artery blood flow parameters were compared between the two groups before and after treatment. The conclusion showed that Aifu Nuangong Pills, combined with phloroglucinol, for the treatment of primary dysmenorrhea not only had good efficacy and long-lasting effect, but also had a low rate of adverse reactions.

## 4. External treatment methods in traditional Chinese medicine

### 4.1. Acupuncture therapy

Special Needling Method Wang Haijun et al. treated 64 cases of primary dysmenorrhea with the "Zhibian Shuidao Needling method" [5]. The patients were randomly divided into the needling group and the experimental group. The main point of the needling group was Zhibian Shuidao, and the combined points were: for cold-dampness obstruction type, warm acupuncture Shuidao; for Qi stagnation and blood stasis type, add Hegu, Taichong, Ciliao; for Qi and blood deficiency type, add Xuehai, Pishu, Zusanli. The

Western medicine group was given 300 mg of ibuprofen sustained-release capsules twice a day. Symptoms were observed and compared before treatment and 3 months after treatment. The results showed that both acupuncture and oral Western medicine treatment could improve dysmenorrhea, and the effect of acupuncture was more significant. Wang Qian et al. studied the treatment of primary dysmenorrhea by acupuncture at the Dong's special point Fire Main point (with Zuo's Qi regulation method) [6]. Sixty patients were randomly divided into the experimental group and the control group. After three courses of treatment, with the dysmenorrhea VAS score and dysmenorrhea Symptom scale score as observation indicators, the results showed that acupuncture at the Fire main point (with Zuo's Qi regulation method) could achieve significant therapeutic effects in the treatment of primary dysmenorrhea.

Specific point acupuncture, Bao Xiaojuan et al. compared acupuncture at the 17th vertebra with oral administration of ibuprofen sustained-release capsules to observe the onset time of pain relief [7]. The clinical efficacy was evaluated by the Visual Analog scale and the COX dysmenorrhea Symptom Scale. The total effective rate of the acupuncture group was 91.43%, which was much higher than that of the observation group (74.29%). The results indicated that acupuncture at the 17th vertebra for primary dysmenorrhea was superior to ibuprofen sustained-release capsules in terms of analgesic onset time and clinical efficacy.

## 4.2. Other characteristic traditional Chinese medicine treatments

Acupoint application Zhu Lifen [8]. To study the clinical efficacy of acupoint application in the treatment of cold-dampness stagnation type dysmenorrhea, the experimental group was given acupoint application on Shenque, Guanyuan, Shenshu, Yaoyangguan, and Gongzi, while the control group was given acetaminophen tablets for pain relief. After 3 months of continuous treatment, it was found that Western medicine treatment could only relieve pain but not cure the disease. The symptoms of patients were relieved after traditional Chinese medicine acupoint application. The recurrence of pain in the later stage was less than before. Tang et al. randomly divided 60 patients into two groups [9]. The control group was given ibuprofen sustained-release capsules, and the treatment group was given homemade dysmenorrhea patches for acupoint application. The powder of the dysmenorrhea patches was mixed with an appropriate amount of yellow wine to form a paste and then applied to Sanyinjiao (bilateral), Gongzi (bilateral), Guanyuan, Zhongji, and Shenzhuo acupoints with a small amount of heat once a day, starting 7 days before menstruation. It ended on the third day of menstruation and lasted for 3 menstrual cycles. The total effective rates in the treatment group were 93.33% and 96.67%, respectively, while those in the control group were 80.00% and 46.67%, respectively. There was a statistically significant difference between the two groups ($p < 0.05$).

Zhan Qiqi et al. selected moxibustion at Shenzhu and Guanyuan points as the observation group and oral ibuprofen sustained-release capsules as the control group [10]. Moxibustion treatment was initiated 7–10 days before menstruation, once every other day until the end of menstruation, for 3 menstrual cycles. The results showed that the total effective rate of the moxibustion treatment group was 96.67%, and that of the control group was 70%. It shows that moxibustion before and during menstruation can effectively prevent and alleviate dysmenorrhea attacks.

Wang Na et al. reviewed the current research status of auricular point pressing for the treatment of primary dysmenorrhea, indicating that auricular point therapy has a good therapeutic effect on primary dysmenorrhea [11]. From the perspective of Western medicine, auricular point therapy has three effects:

(1) It can reduce the content of prostaglandins PGF2α and PGE2 in serum

(2) It reduces uterine inflammatory factors and alleviates uterine inflammatory responses

(3) By increasing the level of NO in the blood, it inhibits the transmission of harmful information to relieve pain, and by reducing the level of ET-1, it reduces pain through these three pathways.

## 5. Combination therapy

Wang et al. treated cold coagulation and blood stasis type dysmenorrhea with moxibustion, cupping, combined with Wenjing Decoction [12]. In the experimental group, moxa sticks were used for sequential acupuncture at Shenzhuo, Qihai, Guanyuan, Gongzi, and Tianshu for 3 minutes each time, combined with cupping and oral Wenjing Decoction granules. In the control group, oral Wenjing Decoction granules were taken alone. One menstrual period was regarded as one course of treatment. Three courses of treatment were given, and the patients were randomly followed up for 3 months to observe their conditions. This study shows that the above regimens can improve the duration and severity of pain. Acupoint embedding is the long-lasting stimulation effect of Liyangchang thread in acupoints to achieve the effect of "deep absorption and long-term retention for treating chronic diseases". Zhang Mingliang combined acupoint embedding with traditional Chinese medicine decoction for the treatment of cold coagulation and blood stasis type dysmenorrhea [13]. The results showed that acupoint embedding combined with traditional Chinese medicine Shao Fu Zhu Yu Decoction had more obvious clinical effects and more significant symptom improvement compared with single decoction treatment. Sanyinjiao, also known as gynecological Sanyinjiao, is the convergence point of the liver, spleen, and kidney meridians. Feng Yanhong et al. used moxibustion of Sanyinjiao combined with transcutaneous electrical nerve stimulation to treat primary dysmenorrhea, taking advantage of the characteristics of moxibustion in warming Yang and promoting blood circulation, as well as the effect of the meridian passing through and reaching, and at the same time using transcutaneous electrical nerve stimulation to increase the pain threshold [14]. The combined use of the two made the patients' acceptance high. The combination of moxibustion with the characteristics of warming Yang and promoting blood circulation, as well as the use of transcutaneous electrical stimulation to increase the pain threshold, can relieve the pain caused by dysmenorrhea.

## 6. Conclusion

Compared with Western medicine's sole use of painkillers to treat dysmenorrhea, traditional Chinese medicine offers a wider range of options and has the advantages of fewer side effects and significant therapeutic effects. The distinctive feature of traditional Chinese medicine in treating primary dysmenorrhea lies in the idea of "syndrome differentiation and treatment" based on individual constitution and symptoms. But there are still some cases of "incompatibility" in clinical promotion. For instance, decoctions of traditional Chinese medicine are troublesome to prepare, bitter and hard to swallow, and are difficult to preserve for students who want to use them; Chinese herbal granules are convenient, but they are expensive, which makes many young people prefer cheaper painkillers for the time being. Another example is that although acupuncture works well, many patients are afraid of the needles; Moxibustion has the advantage of being easy to operate, but the risk of getting burned by doing it yourself increases significantly; There are also new therapies like the Five Elements music, which sound abstract, and many people are wondering if it can really cure the disease. Despite these practical problems, it cannot be denied that the path of treating

dysmenorrhea in traditional Chinese medicine is getting wider and wider. In addition to common methods such as traditional Chinese medicine, acupuncture, cupping, and acupoint embedding, Western medical examination methods and drugs can also be combined. Moreover, the emergence of new devices such as traditional Chinese medicine fumigation devices and intelligent acupuncture devices has made traditional therapies more convenient and safer to use. It can be foreseen that in the treatment of dysmenorrhea, traditional Chinese medicine will surely shine even brighter in the future as long as it can combine "traditional thinking" with "modern people's needs".

## Disclosure statement

The authors declare no conflict of interest.

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