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THERAPEUTIC EFFICACY OF ACUPUNCTURE IN WOMEN WITH NEURODERMATITIS

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Annotation. The problem of neurodermatitis is becoming increasingly significant in modern medicine. The prevalence of this disease has risen over the past decade. Its chronic course, characterized by frequent relapses, combined with the limited efficacy of current treatment and prevention methods, places this condition among the most pressing issues in medicine today. Consequently, there is considerable interest in non-pharmacological therapeutic approaches [1, 2, 3]. One such treatment method is acupuncture.

Key words: neirodermitis, acupuncture, luteinizing hormone, follicle – stimulating hormone, estradiolum.

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Introduction. Neuroendocrine mechanisms—including the pituitary-gonadal system, through which many protective-adaptive mechanisms are mediated in response to various allergens — play a significant role in regulating immunobiological and allergic processes. Current literature offers virtually no information regarding the status of the reproductive endocrine system in women with neurodermatitis, even though the link between the disease and the functional state of the endocrine glands is indisputable [6, 7]. This connection is confirmed by the way the disease's course depends on the functional state of the pituitary-ovarian system (puberty, menstruation, pregnancy, childbirth, etc.).

Given the limited efficacy of many current treatments for neurodermatitis in women, there is a pressing need to identify new, pathogenesis-oriented therapeutic approaches. Acupuncture, which relies on neuro-reflex mechanisms for its therapeutic effect, exerts a normalizing influence on the central nervous system—including its autonomic component—as well as on allergic and immunological processes [8, 9]; however, studies regarding the use of this method in women with true eczema are lacking.

Research objective. The aim of the study is to investigate the functional state of the pituitary-ovarian system during laser therapy in female patients with neurodermatitis.

Materials and methods. The study included 30 patients with neurodermatitis, aged 18 to 50 years. The functional status of the pituitary-ovarian system was assessed by measuring plasma levels of pituitary hormones—luteinizing hormone (LH) and follicle-stimulating hormone (FSH)—as well as the sex steroid hormone estradiol during both phases of the menstrual cycle.

In the treatment of neurodermatitis in women, acupuncture aims to achieve the following: reducing the excitability of sensory receptors in the affected area, activating regenerative and anti-inflammatory processes, eliminating endogenous intoxication, and restoring immune activity.

Results and discussion. The method we propose for treating neurodermatitis is characterized by the inclusion of additional body and auricular acupuncture points (APs) in the treatment courses—specifically those associated with the functional status of gonadotropic hormones, female sex hormones, and the immune system.

The fundamental principles of this method are as follows:

1. To exert a general reflex effect on the central nervous system, as well as on the body's impaired general and systemic reactivity, acupuncture points with a general effect were used: LI-4, LI-10, LI-11, TE-5, PC-6, LU-7, SP-6, ST-36, and BL-60.

2. Segmental-reflex stimulation was performed using acupuncture points located in metameres corresponding primarily to the C5–T5 segments and the cervicothoracic sympathetic ganglia. It is known that cervical sympathetic ganglia influence antibody formation through a regulatory effect on the posterior hypothalamus: V-11, V-13, V-43, T-14, J-21, J-22.

3. To enhance the therapeutic effect, auricular acupuncture points were used in addition to body points — due to their close connections with cerebrospinal and autonomic nervous system centers — including points for the cerebral cortex (34 YI), central nervous system (55 X), brainstem (25 Y), occiput (29 YI), sympathetic nervous system (51 IX), adrenal glands (13 II), and endocrine glands (22 IY), as well as zones corresponding to the areas of affected skin.

4. To influence gonadotropic and female sex hormones — addressing changes identified in women suffering from neurodermatitis — the following body acupuncture points were selected: SP-8, SP-9, CV-3, CV-4, CV-6, GV-3, BL-31–34, ST-28, and LU-11, along with the auricular points for the ovaries (23 IY) and uterus (58 X).

5. In the presence of concomitant diseases, additional regional points targeting the affected organs were included.

The treatment course consisted of 10–15 sessions administered once daily. The number of sessions was determined individually, based on the severity of the disease and the degree of impairment in the functional status of gonadotropic and female sex hormones. To achieve greater therapeutic efficacy, repeat courses of acupuncture were performed with intervals of 10 to 30 days between them.

During the course of comprehensive treatment involving acupuncture, the arrest of disease progression, the resolution of papular elements, and a reduction in itching were observed after just 8–10 sessions. Following 10–15 sessions of this comprehensive acupuncture-based treatment, the progression of the condition was completely halted, the papular eruptions regressed, and itching virtually ceased.

Throughout the study period, all female patients with neurodermatitis were monitored by a gynecologist. Despite the established link between the course of true eczema and the functional state of the reproductive system, ovarian dysfunction was detected during clinical examination in only 12 (28.5%) of the women. To obtain a more objective assessment of the functional state of the pituitary-ovarian system in women with neurodermatitis, we deemed it necessary to separately analyze blood levels of gonadotropic and sex hormones in the 12 patients exhibiting clinical signs of ovarian dysfunction. Tables 1–3 present the results of plasma LH, FSH, and estradiol measurements—taken during both phases of the menstrual cycle—for 30 women suffering from true eczema and for the 12 patients with true eczema and clinical signs of ovarian dysfunction, categorized by the stage of the disease.

1. Pituitary luteinizing hormone (LH). In all patients, during the exacerbation of the disease, the plasma concentration of pituitary luteinizing hormone was significantly reduced in both the follicular ($P<0.05$) and luteal ($P<0.05$) phases of the menstrual cycle (Table 1).

Table 1. Concentration of pituitary luteinizing hormone (mIU/mL) in the blood plasma of female patients with neurodermatitis (M ± m)

Sick	Phase of the menstrual cycle			
	Follicular		Luteal	
	exacerbation	ремиссия	exacerbation	remission
Neurodermatitis in women	5,8±0,60 P<0,001	9,9±0,43 P<0,001	5,6±0,36 P<0,01	8,2±0,61 P<0,01
Norm	16,0±0,22		12,8±0,48	

Note: P represents the statistical significance of the difference between the indicators for the exacerbation and remission periods of neurodermatitis in women.

The degree of reduction in plasma LH levels during both phases of the menstrual cycle was approximately the same in all female patients with neurodermatitis.

2. Pituitary follicle-stimulating hormone (FSH).

During the follicular phase of the menstrual cycle, FSH concentration in female patients experiencing an exacerbation of neurodermatitis did not differ significantly from the norm. During remission, an increase in FSH concentration ($P<0.05$) was observed compared to the exacerbation period; however, the levels remained within the normal range. In the luteal phase, FSH levels in women during a neurodermatitis exacerbation significantly exceeded the norm, and during remission, the concentration increased even further ($P<0.001$). No significant difference in FSH content was found among the patients (Table 2).

Table 2. Plasma concentration of follicle-stimulating hormone (mIU/mL) in patients with neurodermatitis (M ± m)

Sick	Phase of the menstrual cycle			
	Follicular		Luteal	
	exacerbation	remission	exacerbation	remission
Neurodermatitis in women	18,0±0,70 P<0,05	21,8±0,69 P<0,05	11,3±0,71 P>0,05	13,07±0,97 P>0,05
Norm	14,3±0,29		7,5±0,63	

Note: P represents the statistical significance of the difference between the indicators for the exacerbation and remission periods of neurodermatitis in women.

3. Estradiol. Plasma estradiol levels in all female patients with neurodermatitis were significantly reduced during both phases of the menstrual cycle. The most pronounced reduction was observed during exacerbations of the disease. Notably, the lowest estradiol levels — in both the follicular and luteal phases — were found in women with concomitant ovarian dysfunction. During the period of remission, estradiol concentrations in all patients showed a non-significant increase compared to levels recorded during exacerbations (Table 3).

Table 3. Plasma estradiol concentration (nmol/L) in female patients with neurodermatitis (M ± m)

Sick	Phase of the menstrual cycle			
	Follicular		Luteal	
	exacerbation	remission	exacerbation	remission
Neurodermatitis in women	6,4±0,09 P<0,05	8,4±0,23 P<0,05	9,2±0,54 P<0,05	7,6±0,67 P<0,05
Norm	0,32±0,001		0.62±0,02	

Note: P represents the statistical significance of the difference between indicators during the exacerbation and remission periods in female patients with neurodermatitis.

Conclusion. The study revealed that in all female patients experiencing an exacerbation of neurodermatitis, the follicular phase of the menstrual cycle was characterized by low blood levels of LH and estradiol, while the luteal phase showed a low concentration of LH. During the period of remission, marked hypoestrogenism persisted in all patients during the follicular phase of the menstrual cycle.

Полученные данные свидетельствуют о наличии у больных женщин нейродермитом дисфункции гипофизарно-яичниковой системы, проявляющиеся недостаточностью фолликулярного аппарата яичников, а также лютеиновой их недостаточностью. В обеих этапах менструального цикла отмечена недостаточность регулярных структурах стероидогенеза.

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