Acupuncture and moxibustion treatment for hypersexuality in a patient who was uraemic: a case report

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ABSTRACT
This report concerns a case that shows the apparent successful use of acupuncture and moxibustion in treating hypersexuality. The patient was a 60-year-old Chinese woman with a history of uraemia for 4 years and hypersexuality for 7 months, the latter being a rare condition. The presenting symptoms were persistent sexual desires and fantasies, in addition to being irritated when her continuous sexual urges could not be satisfied. In order to control her sexual desire the patient had tried almost all viable therapeutic methods, including use of sedatives, but the symptoms could not be mitigated any further even after consulting eight different hospital departments. However, after 10 days of acupuncture and moxibustion, all her symptoms related to the problem were resolved. A year later, she presented with a slight relapse with similar symptoms and was again treated with acupuncture and moxibustion, with subsequent resolution of symptoms. Over the following 2 years, such symptoms have not recurred. Based on the findings from this case, we conclude that use of acupuncture and moxibustion may be an effective treatment for hypersexuality in clinical practice.

INTRODUCTION
Increased sexual desire, known as hypersexuality, may be associated with endocrine disorders and psychological dysfunction. The condition is often resistant to treatment, but here we describe a case that responded to acupuncture and moxibustion.

CASE PRESENTATION
A 60-year-old married woman presented to the Division of Nephrology in Jiangsu Province Hospital, Nanjing, China with a 4-year history of uraemia and a 7-month history of hypersexuality since 2007. Her persistent sexual desires and fantasies were severe while lying down and less severe when walking or standing, in addition to insomnia and dysphoria. Therefore, for a long time she could only sleep after deliberately becoming exhausted. To try and help her, the hospital organised consultations with seven different departments: psychiatry, psychology, urinary surgery, endocrinology, kidney, gynaecology and neurology. However, none of these departments were able to find an effective method of treatment; the final action taken before introducing traditional Chinese Medicine was to use sedatives. Her situation only changed subsequent to acupuncture and moxibustion use.

During her hospitalisation in the Division of Nephrology, she showed sexual fantasies and urges, of varying severity, but always associated with lying down. Since she was a patient with uraemia, periodic haemodialysis was essential, but she sometimes had to refuse to undergo the haemodialysis if lying down caused severe symptoms related to hypersexuality. When she was introduced to doctors and psychiatrists of different departments, her symptoms remained unchanged despite various drug (perphenazine, alprazolam, tramadol hydrochloride and diazepam) and behavioural treatments.

Blood tests were performed during her hospitalisation, and the results are presented in table 1. The blood test results showed urine creatinine (U-CRP) and urine protein (U-PRO) levels higher than normal due to her uraemia, and an extraordinarily high level of parathyroid hormone (PTH), also a complication of uraemia. Because of the patient’s uraemia, the levels...
Table 1  Blood tests while in hospital and after discharge, showing a clear decrease in oestradiol but no great change in other values

<table>
<thead>
<tr>
<th>Blood tests</th>
<th>Date</th>
<th>4 March (in hospital)</th>
<th>11 April (left hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine creatinine</td>
<td></td>
<td>10.422 μmol/L</td>
<td>10.523 μmol/L</td>
</tr>
<tr>
<td>Urine protein</td>
<td></td>
<td>1.9 g/L</td>
<td>1.8 g/L</td>
</tr>
<tr>
<td>Parathyroid hormone</td>
<td></td>
<td>942 pg/mL</td>
<td>932 pg/mL</td>
</tr>
<tr>
<td>Follicle-stimulating hormone</td>
<td></td>
<td>168.9 IU/L</td>
<td>197.6 IU/L</td>
</tr>
<tr>
<td>Luteinising hormone</td>
<td></td>
<td>96.7 IU/L</td>
<td>78.8 IU/L</td>
</tr>
<tr>
<td>Prolactin</td>
<td></td>
<td>99.41 μg/L</td>
<td>178.66 g/L</td>
</tr>
<tr>
<td>Oestradiol</td>
<td></td>
<td>197.2 pmol/L</td>
<td>112.4 pmol/L</td>
</tr>
<tr>
<td>Testosterone</td>
<td></td>
<td>2.12 nmol/L</td>
<td>1.25 nmol/L</td>
</tr>
</tbody>
</table>

of sex-related hormones such as PTH, follicle-stimulating hormone (FSH), luteinising hormone (LH), prolactin (PRL) and oestradiol (E2), were also all elevated. Testosterone, in contrast, remained at normal levels. Based on her symptoms and their duration, our patient was diagnosed as having hypersexuality\(^1\) and was referred to the Acupuncture and Moxibustion Department on 25 March 2008.

Diagnosis and traditional Chinese medicine (TCM) assessment

To treat the disease, TCM searches for underlying causes. From the perspective of TCM, hypersexuality is attributed to deficiency of the Spleen and Kidney. Based on this theory, we initially used TCM diagnosis methods to try to verify our diagnosis.

The patient first underwent the four methods of TCM pattern differentiation (inspection, listening and smelling, inquiry, palpation). The patient’s complexion and behaviour were observed in addition to the situation of her tongue and pulse; her medical history and present symptoms were recorded. In detail, her appearance was weak in the face; she had poor appetite and ‘sore and weak waist and knees’. Moreover, her tongue was pale, swollen, with a whitish and greasy coating. The pulses were deep and thready.

With respect to our patient’s case, the history of uraemia and the ‘sore and weak waist and knees’ were indications of Kidney deficiency; the sallow complexion, weakness and poor appetite suggested Spleen deficiency; a pale tongue with a whitish and greasy coat and the deep and thready pulses were symptoms of Yang deficiency. In conclusion, the TCM assessment of this patient coordinated with what we expected: deficiency of Spleen and Kidney Yang.

Treatment

Based on this, a combined treatment of acupuncture and moxibustion was prescribed. The TCM treatment principles for Spleen and Kidney Yang deficiency are warming Yang, tonifying the Kidney and invigorating the Spleen.

Different acupuncture points were chosen: to regulate kidney functions, we chose Shenmen (BL23), Yaoyangguan (GV3), Qigu (KI2) and Guanyuan (K14). Zusani (ST36), belonging to the foot Yangming channel, is the most important point for restoring Spleen and Stomach function, while Sanjijing (SP6) is used to treat genital diseases. Additional auricular acupuncture points including Internal Genitals, Shenmen, Kidney and Heart were selected based on the mental symptoms of the patient, which were useful to relieve the patient’s anxiety and relax her. Moxibustion was also used to enhance the warming of Yang.\(^3\)

Starting on 25 March 2008, the patient was treated five times a week for 2 weeks, excluding Saturdays and Sundays. During this period, no other treatments or sedatives were given except haemodialysis. At body points, the needles were inserted to a depth of 15–25 mm and to a depth of 2–4 mm at auricular points. De qi was induced at every needle. The needles in auricular points were retained for 1 h and the other needles were retained for 40 min; they were twirled once every 10 min. A 2-cm-long burning moxa was placed on the handle of each needle on ST36, KI2 and KI4; this theory is called needle-warming moxibustion, a method used to enhance warming Yang in TCM theory.

RESULTS

According to our observations, the hypersexuality symptoms of the patient were significantly reduced after the first treatment. On the first night, the patient only felt mild sexual fantasies and urges, which she was able to control. Her constant sexual desire and fantasies, irritation, insomnia, dysphoria and lactation was able to control. Her constant sexual desire and fantasies, irritation, insomnia, dysphoria and lactation had almost disappeared after the third treatment.

From 26 March, she was then able to accept regular haemodialysis and did not feel any discomfort when lying down. After 10 treatments were given, the patient left the hospital on 11 April 2008 without any observable symptoms. On 1 and 2 April, she was not given acupuncture because of the acupuncturist’s absence. On these 2 days, 10 mg of diazepam was injected twice a day; some symptoms of hypersexualit reappeared. After the pause on 1 and 2 April, she came to hospital again and underwent our treatment. No symptoms were noted when she left hospital after two sessions of treatment.

Before her discharge from the hospital, blood tests were readministered; the results are also presented in table 1. In summary, levels of E2 returned to normal after treatment, PTH substantially decreased and LH declined slightly. However, FSH and PRL levels increased.

After leaving hospital, she accepted regular haemodialysis for her uraemia and took diazepam every
night for insomnia during this year. A year later, in May 2009, she presented as an outpatient with the issue of experiencing some inappropriate sexual arousal. Traditional Chinese acupuncture treatment was performed again for 3 days. All symptoms subsequently disappeared, and to date the patient has remained symptom free.

**DISCUSSION**

In this case report, we present a rare case of hypersexuality that may be secondary to uraemia. However, unlike a typical case of uraemia, in which the E₂ level is usually lower than normal,⁴ ⁵ this patient’s E₂ was abnormally high. We speculated that E₂ was the likely cause of hypersexuality, but it has no definite causal relation with the symptoms. Since the level of E₂ changed before and after the treatment, it could be possible that use of acupuncture and moxibustion can affect the levels of hormones. Her abnormal oestrogen level indicates a dysfunction of the hypothalamo-pituitary-gonadal axis, the symptoms of which are often considered to be imbalance or disharmony of Yin–Yang in TCM theory. Therefore, according to the principle of traditional Chinese acupuncture, it is necessary to restore the Yin–Yang balance and achieve homeostasis, which was achieved during treatment of this case.

The apparent successful treatment of this case with traditional Chinese acupuncture over two treatment periods a year apart suggests that acupuncture is potentially an effective alternative treatment for hypersexuality. However, to confirm this idea, rigorous studies are needed to explore the effects of acupuncture on this and other sex-related diseases, such as sexual disorders and the mechanisms of action of such effects.

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**Contributors** Both authors treated the patient and were responsible for writing the case report.

**Competing interests** None.

**Patient consent** Obtained.

**Ethics approval** Ethics approval was obtained from the Ethics Committee of the affiliated hospital of Nanjing medical University.

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