

Clinical Effect Analysis of Acupuncture Combined with Cupping Exercise in The Treatment of Chronic Pelvic Inflammatory Disease

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Objective: To explore the clinical efficacy of acupuncture combined with cupping exercise in the treatment of chronic pelvic inflammation. **Methods:** The subjects of this study were all patients with chronic pelvic inflammation who visited our hospital from November 2018 to November 2019, a total of 90 cases. The patients were divided into control group and research group according to the single and double numbers of the beds, 45 cases in each group. The patients in the control group were treated with conventional Western medicine, while the patients in the study group were treated with acupuncture and cupping exercise, and the clinical effects of the two treatment methods were compared. **Results:** The total effective rate was 95.56% in the study group and 84.44% in the control group, which was significantly higher in the study group than in the control group. The data between the two groups were statistically significant ($P < 0.05$). The scores of menstrual disorder, abdominal distension, abnormal leucorrhea and lumbosacral pain in the two groups were significantly lower than those before treatment ($P < 0.05$), and the corresponding scores of syndromes in the study group after treatment were (1.05+0.40), (0.73+0.38), (0.74+0.24) and (0.53+0.16), which were significantly lower than those in the control group ($P < 0.05$). The plasma viscosity and hematocrit in both groups were significantly lower than those before treatment ($P < 0.05$). The plasma viscosity and hematocrit in the study group after treatment were (1.14+0.32) mPa * s and (0.41+0.06) %, respectively, which were significantly lower than those in the control group ($P < 0.05$). There was no significant difference in the levels of inflammatory factors between the two groups before treatment ($P > 0.05$). The level of inflammatory factors in the study group after treatment was (5.74 + 2.35) mg/L, which was significantly lower than that in the control group after treatment, and the difference between the groups was statistically significant ($P < 0.05$). **Conclusion:** Acupuncture combined with cupping exercise has a very significant clinical effect in the treatment of chronic pelvic inflammatory disease, can effectively improve the TCM syndrome score of patients, and improve the hemorheology and inflammation level of patients, so it can be widely used in clinical practice.

Key words: Acupuncture and moxibustion; Canning exercise; Chronic pelvic inflammation; Clinical efficacy

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Chronic pelvic inflammation is a very common gynecological disease in clinic, which specifically refers to the chronic inflammation of the female internal genitals and the surrounding pelvic peritoneum and connective tissue. Many patients

with chronic pelvic inflammation are transformed from acute pelvic inflammation without complete cure, especially if the patient's physical condition is poor and resistance is not strong, then acute pelvic inflammation may occur repeatedly, the course of

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disease is prolonged, and eventually transform into chronic pelvic inflammation¹. The condition of chronic pelvic inflammation is relatively stubborn, which often leads to lumbar and abdominal pain, increased leucorrhea, menstrual disorders, etc. in women, even causes infertility, seriously endangers women's physical and mental health, imposes a huge psychological burden on patients, and seriously affects the normal life and work of patients. Western medicine treatment of chronic pelvic inflammation is mainly based on antibiotic drugs, through drugs to achieve analgesic and anti-inflammatory effects, but long-term use of Western medicine will cause various adverse reactions, but also easy to cause drug resistance, treatment effect is often not ideal, so in recent years, traditional Chinese medicine treatment of chronic pelvic inflammation has attracted great attention². Chronic pelvic inflammation belongs to the category of "under-band disease", "low back pain" and "abdominal pain" in traditional Chinese medicine. In recent years, the treatment of chronic pelvic inflammation by Acupuncture and cupping exercise has achieved good clinical results. In order to explore the clinical efficacy of acupuncture combined with cupping exercise in the treatment of chronic pelvic inflammation, this study takes 90 patients with chronic pelvic inflammation as the research object, using conventional western medicine treatment and acupuncture combined with cupping exercise treatment, in which the effect of acupuncture combined with cupping exercise treatment is good, and now reported as follows.

MATERIALS AND METHODS

General information

The subjects of this study were all patients with chronic pelvic inflammation who visited our hospital from November 2018 to November 2019. A total of 90 patients were divided into the control group and the study group according to the single and double numbers of the beds, with 45 patients in each group. The control group consisted of 45 women, aged 20-50 years, with an average age of 35.4 ± 3.7 years; the course of disease ranged from 3 months to 5 years, with an average course of disease of 2.4 ± 0.6 years; 12 cases of TCM syndrome of qi

stagnation and blood stasis, 10 cases of dampness-heat stasis, 8 cases of cold-dampness stasis, 8 cases of kidney deficiency and blood stasis, and 7 cases of qi deficiency and blood stasis. There were 45 cases in the study group, all female, aged 21-49 years, with an average age of 35.9 ± 3.8 years; the course of disease ranged from 3 months to 5 years, with an average course of disease of 2.4 ± 0.6 years; there were 12 cases of TCM syndrome of qi stagnation and blood stasis, 11 cases of dampness-heat stasis, 9 cases of cold-dampness stasis, 7 cases of kidney deficiency and blood stasis, and 6 cases of qi deficiency and blood stasis. There was no significant difference in age, sex and course of disease between the two groups ($P > 0.05$), which was comparable. All patients gave informed consent to the study and signed an informed consent, which was in line with medical ethics.

Inclusion criteria: meeting the diagnostic criteria of traditional Chinese medicine and Western medicine for chronic pelvic inflammation; gynecological ultrasound can detect inflammatory masses, tubal thickening or tubal effusion in the appendages; patients all present with different degrees of hypogastric distension, abnormal leucorrhea, menstrual disorders and lumbosacral pain. Exclusion criteria: patients with systemic inflammatory disease; patients with acute attack; patients with other gynecological diseases and pelvic diseases, patients with severe lesions of other tissues and organs; patients with mental disorders and poor coordination.

Group	Cases	Average age	Average disease duration
Research group	45	15.6 ± 1.3	30.4 ± 3.6
Control group	45	25.9 ± 1.4	42.6 ± 3.1
P value		>0.05	>0.05

Methods

The patients in the control group were treated with conventional western medicine and orally administered levofloxacin (Dasangong Pharmaceutical Co., Ltd., GYZZ) H20040091) and metronidazole (Fuzhou Haiwangfu Pharmaceutical Co., Ltd., GYZZ H35020489), in which

levofloxacin was taken orally 500 mg once a day and metronidazole twice a day, 200 mg each time. Continuous use for 2 weeks.

The patients in the study group were treated with acupuncture combined with cupping exercise, and the main acupoints were Guanyuan, Guilai, Sanyinjiao, Ciliao, Zusanli, Zhongji, Uterine, Shenshu and Ranbian, respectively. Then the acupoints were selected according to the specific types of patients. For patients with qi stagnation and blood stasis, Taichong and Hegu acupoints were added, and for patients with Damp-heat stasis, Hai and Yinlingquan acupoints were added. For patients with kidney deficiency and blood stasis, Qihai acupoint and Taixi acupoint were added, and for patients with cold-damp stagnation, Pishu acupoint and Geji acupoint were added, and 0.30 mm * 40 mm and 0.20 mm * 25 mm millineedles were used for acupuncture. Acupuncture the above points, needle insertion 0.8-1 inch, and leave the needle for half an hour. After acupuncture, moxibustion was performed at Guanyuan and Shenshu points. If moxibustion is needed for patients with Damp-heat obstruction, moxibustion is not needed for other types of patients for 10-15 minutes each time. Acupuncture and moxibustion were performed once every 2 days for a total of 10 times as a course of treatment, and the treatment should be stopped during the menstrual period, for a total of 3 courses of treatment.

Silica gel cupper was used for easy-to-cup movement. During the operation, patients were kept supine. Tianshu, Guanyuan, Daheng, Zhongwan, abdominal knot and uterine acupoints on both sides of patients were selected for easy-to-cup adsorption. During this process, patients are instructed to adjust their own breathing and adopt abdominal breathing method. When inhaling, patients should ensure that the drum is on the Chongmen acupoint, maintain the inspiration frequency/expiration frequency = 1/ (4-5), shake and shake the acupoint in order. When the patient has a warm feeling, guide the patient to alternate one-leg knee flexion and hip flexion activities. When doing the activities, ensure that the knee flexion reaches the abdomen as far as possible, and hold the knee with both hands for 5 seconds.

Both legs have 5 groups of exercises. Two days once, 10 times for a course of treatment, menstruation to stop treatment, three consecutive courses of treatment.

Observation index

The clinical efficacy, TCM syndrome score, Hemorheology and inflammation index levels of the two groups were observed before and after treatment. Among them, TCM syndrome score includes menstrual disorder, hypogastric flatulence, abnormal leucorrhea and lumbosacral pain, each of which is divided into 0-3 points according to the severity of symptoms, the higher the score, the more severe the symptoms. Hemorheology includes plasma viscosity and hematocrit, and inflammation levels are measured by CRP (C-reactive protein) as index.

Efficacy determination

Cure, marked effect, effective and ineffective are used to evaluate the therapeutic efficacy of patients. Cure refers to the disappearance of signs and symptoms of patients, the disappearance of lesions by B-ultrasound examination, and the reduction of TCM syndrome score by more than 95%; marked effect refers to the obvious improvement of signs and symptoms of patients, the improvement of lesions by B-ultrasound examination, and the reduction of TCM syndrome score by between 70% and 95%; Effective refers to patients' signs and symptoms have improved, lesions have improved, and TCM syndrome scores have decreased between 30% and 69%; ineffective refers to those who have not achieved the above therapeutic effects. The total effective rate of treatment is the percentage of the sum of cure, marked efficacy and effectiveness.

Statistical analysis

Statistical analysis will be calculated using SPSS13.0 statistical analysis software. Using a two-sided test, P values less than or equal to 0.05 will be considered statistically significant. Metrological data will be described by means (\pm) standard deviation, paired t-test, counting data by frequency (constituent ratio) and χ^2 test.

RESULTS

Comparison of clinical efficacy between two groups

The total effective rate was 95.56% in the study group and 84.44% in the control group, which was significantly higher in the study group than in the control group. The data between the two groups were statistically significant ($P < 0.05$), as shown in Table 2 below.

Group	Cases	Cure	Markedly effective	Effective	Ineffective	Total effective rate
Control group	45	14	12	12	7	84.44
Research group	45	22	12	9	2	95.56
P value						<0.05

Comparison of TCM syndrome scores before and after treatment between the two groups

The scores of menstrual disorder, abdominal distension, abnormal leucorrhea and lumbosacral pain in the two groups were significantly lower than those before treatment ($P < 0.05$). The corresponding scores of syndromes in the study group after treatment were (1.05 ± 0.40), (0.73 ± 0.38), (0.74 ± 0.24) and (0.53 ± 0.16), which were significantly lower than those in the control group ($P < 0.05$), as shown in Table 3 below.

Symptom	Control group (n=45)		Research group (n=45)	
	Before treatment	After treatment	Before treatment	After treatment
Menstrual disorders	2.61 ± 0.3 2	1.57 ± 0.4 2	2.59 ± 0.3 4	1.05 ± 0.4 0
Hypogastric distension	2.49 ± 0.3 4	1.30 ± 0.3 4	2.50 ± 0.3 5	0.73 ± 0.3 8
Leucorrhea abnormality	2.18 ± 0.5 4	1.23 ± 0.3 4	2.22 ± 0.5 7	0.74 ± 0.2 4
Lumbosacral pain	2.10 ± 0.5 1	1.01 ± 0.2 7	2.08 ± 0.5 3	0.53 ± 0.1 6

Note: $P < 0.05$ in the study group compared with the control group after treatment.

Comparison of Hemorheology between two groups

before and after treatment

The plasma viscosity and hematocrit in both groups were significantly lower than those before treatment ($P < 0.05$). The plasma viscosity and hematocrit in the study group after treatment were (1.14 ± 0.32) mPa * s and (0.41 ± 0.06) %, respectively, which were significantly lower than those in the control group ($P < 0.05$), as shown in Table 4 below.

Comparison of inflammatory factors levels before and after treatment in two groups

There was no significant difference in the levels of inflammatory factors between the two groups before treatment ($P > 0.05$), and the levels of inflammatory factors in the study group after treatment were (5.74 ± 2.35) mg/L, which was significantly lower than that in the control group after treatment, and the difference between the groups was statistically significant ($P < 0.05$). See Table 5 below for details.

Group	Cases	plasma viscosity (mPa·s)		Hematocrit (%)	
		Before treatment	After treatment	Before treatment	After treatment
Control group	45	1.87 ± 0.40	1.62 ± 0.36	0.54 ± 0.05	0.49 ± 0.05
Research group	45	1.89 ± 0.41	1.14 ± 0.32	0.55 ± 0.06	0.41 ± 0.06
P value	-	>0.05	<0.05	>0.05	<0.05

Group	Cases	Before treatment CRP (mg/L)	After treatment CRP (mg/L)
Research group	45	16.62 ± 4.44	5.74 ± 2.35
Control group	45	16.54 ± 4.35	9.66 ± 3.24
P value	-	>0.05	<0.05

DISCUSSION

The incidence of chronic pelvic inflammation is very high in married women. Pelvic infection of patients can cause pelvic pain, cause peritonitis, and cause patients with symptoms such as encapsulated effusion, tubal inflammatory fibrosis and

hyperplasia. If there is no timely and effective treatment, it will lead to tubal atresia and effusion, thus leading to infertility³. Therefore, it is necessary to adopt effective treatment plan in time for chronic pelvic inflammation clinically. The causes of chronic pelvic inflammation are very complex, including disease migration, immune factors, pathological changes and Chlamydia infection, among which disease migration refers to chronic pelvic inflammation caused by the prolongation of the course of the disease due to the lack of timely and effective treatment of acute pelvic inflammation. In addition, the inflammation of adjacent organs can also spread directly and cause chronic pelvic inflammation, for example, the spread of peritonitis to the pelvis can also make patients with chronic pelvic inflammation. Immune factors refer to that when the body's immune function declines or endocrine changes, the natural defense function is damaged, or invaded by exogenous pathogenic bacteria will lead to inflammation. Some patients with chronic pelvic inflammation do not have a history of acute pelvic inflammation, but develop chronic pelvic inflammation directly caused by Chlamydia trachomatis infection. Another part of chronic pelvic inflammation is caused by the pathological changes left by acute pelvic inflammation, and no pathogen exists⁴. In addition, it may also cause chronic pelvic inflammation after abortion, postpartum and gynecological surgery, such as artificial abortion, hysteroscopy, hysterosalpingography and curettage, which will cause certain damage to the pelvic cavity of patients, thus causing the occurrence of chronic pelvic inflammation. In some invasive examinations, if the operator does not strictly follow the principle of asepsis, it may also damage the patient's genital tract mucosa, leading to necrosis and bleeding of the genital tract mucosa, at which time the pathogen of the endogenous flora of the lower genital tract will ascend infection, leading to chronic pelvic inflammation in the patient. Chronic pelvic inflammation patients often show symptoms such as lower abdominal distension, lumbosacral pain, lower abdominal pain, increased leucorrhea, excessive menstrual blood volume, dysmenorrhea, menstrual

disorders, and some systemic symptoms. Some patients may suffer from peripheral discomfort, mental retardation, insomnia and other symptoms of neurasthenia due to a longer course of disease, which brings great inconvenience to the life and work of patients. Western medicine for chronic pelvic inflammation generally uses antimicrobial drugs, generally using a variety of antimicrobial drugs combined treatment, but the effect of treatment is not ideal, so in recent years, more and more studies on traditional Chinese medicine for chronic pelvic inflammation⁵.

There is no name of "pelvic inflammation" in ancient Chinese medical books, but according to the clinical symptoms and signs of chronic pelvic inflammation, chronic pelvic inflammation is attributed to the "women's abdominal pain", "under-the-belt disease", "infertility" and other diseases of traditional Chinese medicine. In 1983, pelvic inflammation was officially compiled as the name of traditional Chinese medicine in the Encyclopedia of Chinese Medicine Gynecology of Traditional Chinese Medicine, and became the common name of Chinese and Western medicine. Traditional Chinese medicine pays attention to syndrome differentiation and treatment, so it also pays attention to syndrome diagnosis for patients with chronic pelvic inflammation. In the Guidelines for Clinical Research of New Chinese Medicine, pelvic inflammation is divided into qi stagnation and blood stasis syndrome, dampness-heat stasis syndrome, cold-dampness stasis syndrome, kidney deficiency and blood stasis syndrome and Qi deficiency and blood stasis syndrome. Different syndromes show different symptoms with different causes, so different treatment schemes are generally adopted. For the syndrome of qi stagnation and blood stasis, the treatment principles are removing blood stasis and relieving pain, soothing liver and promoting qi; for the syndrome of dampness-heat and blood stasis, the treatment principles are clearing away heat and dampness, removing blood stasis and relieving pain; for the syndrome of cold-dampness and blood stasis, the treatment principles are removing cold and dampness, removing blood stasis and relieving pain. Kidney deficiency and blood

stasis syndrome is mainly treated by invigorating kidney and activating blood circulation, removing blood stasis and relieving pain. Qi deficiency and blood stasis syndrome is treated by Invigorating Qi and invigorating spleen, removing blood stasis and relieving pain. In clinical treatment, appropriate treatment scheme will be selected according to specific syndromes. Traditional Chinese medicine treatment of pelvic inflammation mainly includes oral administration of Chinese patent medicine, oral administration of traditional Chinese medicine, rectal administration of traditional Chinese medicine, external application of traditional Chinese medicine and acupuncture therapy, etc. Clinically, the appropriate treatment scheme can be selected according to the specific syndromes of patients with pelvic inflammation. For different syndromes, the emphasis on the treatment scheme is also different. Generally, dual or triple therapy is used. Acupuncture is a common Chinese medicine treatment means, referring to the general term of acupuncture and moxibustion.

Acupuncture refers to the needling and moxibustion methods. Under the guidance of traditional Chinese medicine theory, needles such as millineedles are punctured into the body of patients at a certain angle, and specific parts of the body and acupoints are stimulated by needling methods such as lifting and twisting, so as to adjust the body's Ying-wei Qi and blood, and achieve the purpose of treating. The moxibustion method is to fumigate and burn the prefabricated moxibustion herb or moxibustion on the relevant acupoints on the body surface, and use the heat stimulation to achieve the function of harmonizing Qi and blood and warming and dredging meridians, and finally play the role of treating diseases or preventing diseases. Modern medicine also confirms that warm-heat can effectively promote the local blood circulation of patients, thereby improving metabolism and improving the nutritional status of the body's tissues. For patients with chronic pelvic inflammatory disease, it can be conducive to the resolution and absorption of inflammation. If combined with relevant drug treatment, it can also effectively promote the absorption and utilization of drugs by

the body, and give full play to the efficacy of drugs. Acupuncture and moxibustion is a unique treatment method of traditional Chinese medicine, which belongs to the internal and external treatment of diseases. It treats diseases through the conduction function of meridians and acupoints and corresponding operation methods. In view of the treatment that can be applied to a variety of diseases, the corresponding effective acupoints are selected for different diseases. Acupuncture and moxibustion have the therapeutic effects of harmonizing Yin and yang, dredging meridians and strengthening the body to remove pathogens. Among them, harmonizing Yin and Yang refers to changing the unbalanced state of yin and Yang of the body into a balanced state, which is the ultimate goal of acupuncture and moxibustion treatment. From the perspective of traditional Chinese medicine, the pathogenesis of chronic pelvic inflammatory disease is very complex, but in general, it can be seen as an imbalance between yin and yang. Acupuncture and moxibustion can reconcile Yin and yang, through the combination of meridian Yin and Yang attributes and acupoints. Dredging meridians is one of the most basic therapeutic effects of acupuncture and moxibustion. The meridians of the human body lie outside the limbs and joints, and the internal organs belong to the zang-fu organs. One of the most important physiological functions is to run Qi and blood. By means of acupuncture, the meridians can be unobstructed, thus restoring the Qi and blood operation of patients to normal. By making the blocked meridians unobstructed, it exerts the effect of relieving pain, because the pain is caused by the blocked circulation of Qi and blood of the body and the blocked meridians. Acupuncture and moxibustion can also strengthen the body to remove pathogens, and help the body to remove pathogens. The occurrence and outcome of diseases are the process of the conflict between the pathogens and the positive, while acupuncture and moxibustion can make the disease cured by strengthening the body to remove pathogens.

Applying acupuncture and moxibustion to clinical treatment requires that the etiology of the disease be diagnosed according to the diagnostic and

therapeutic methods of traditional Chinese medicine, and the key to the treatment of the disease be found out, the categories and syndromes of the disease be distinguished, and the viscera and meridians which the lesion belongs to be determined. Determine which type belongs to deficiency-excess, cold-heat and exterior-interior, then find out the corresponding acupoint prescription to treat, regulate qi-blood and dredge meridians through acupuncture, so that the visceral functions of patients can be reconciled, Yin and Yang can be relatively balanced, thus playing the purpose of treating and preventing diseases⁶. For chronic pelvic inflammation in this study, we need to classify the patients' syndromes in the process of acupuncture treatment, and divide the patients into qi stagnation and blood stasis syndrome, damp-heat stasis syndrome, cold-damp stasis syndrome, kidney deficiency and blood stasis syndrome, and Qi deficiency and blood stasis syndrome. The main acupoints selected by acupuncture include Guanyuan, Guilai, Sanyinjiao, Xiluo, Zusanli, Zhongji, Uterine, Shenshu and Ranbian, and then select matching acupoints according to the specific classification of patients. For patients with qi stagnation and blood stasis, Taichong and Hegu acupoints are added, and for patients with Damp-heat stasis, Xuehai acupoints and Yinlingquan acupoints are added. For patients with kidney deficiency and blood stasis, Qihai acupoint and Taixi acupoint were added, for patients with cold-dampness stagnation, Pishu acupoint and Geji acupoint were added. After acupuncture, moxibustion was performed at Guanyuan acupoint and Shenshu acupoint. Acupuncture and moxibustion can stimulate the nerve and cause local reaction only by needling at the corresponding part of the patient, and then combined with the warmth of fire in the moxibustion method to stimulate and burn the local, and finally achieve the purpose of treating the disease. Targeted therapy has many advantages. First of all, its indications are very wide, which can be applied to the treatment of a variety of diseases, such as five senses, gynecology, pediatrics, surgery and internal medicine, and the treatment effect is good, which can effectively excite the body

function⁷. Secondly, the operation of acupuncture is relatively simple, it is very convenient to implement, and the price is very low, which can effectively reduce the economic burden of patients. Finally, acupuncture and moxibustion treatment is very safe, with few side effects and very subtle pain to patients. It can be used in conjunction with other therapies to achieve the effect of comprehensive treatment. Easy pot therapy is also a traditional Chinese medicine characteristic therapy, which has been favored by many patients and doctors in recent years, and has been widely used in the treatment of a variety of scoliosis and pain⁸. Easy cans are made of silicone rubber materials and nanotechnology. According to the principle of cupping, there is no need to use other auxiliary tools or ignite with fire in the process of using easy cans. They can be adsorbed on the human body at will, and the patients can also exercise. Easy pot therapy is invented according to the principle of ordinary cans. In actual operation, the air in the cans is discharged, and negative pressure is generated in the cans, so that the cans can be adsorbed on the skin surface of the human body, causing local tissue congestion and slight congestion in the skin. In this way, it can cause benign stimulation to the body to improve the local gas exchange and blood circulation, while also promoting the regulation of microcirculation, discharging some metabolic wastes, thereby improving metabolism and promoting the body's function to return to normal. In the process of canning therapy, it can also regulate the excitation and inhibition process of the body's cerebral cortex. In the actual use process, it can not only play the role of traditional cans, but also use the strong suction characteristics of canning to lift the soft tissue on the body surface for skin traction. In order to reduce the pressure on blood vessels, muscles, ligaments and nerves of patients during the operation, stimulate acupoints, and regulate meridians. For patients with chronic pelvic inflammation, patients should remain supine when they are treated with easy-to-cup therapy, choose Tianshu points, Guanyuan points, Daheng points, Zhongwan points, abdominal knot points and uterine points on both sides of patients for easy-to-cup adsorption, and guide patients to use

abdominal breathing method to shake and shake the cup at acupoints. After the patient developed warm sensation, the patient was instructed to carry out alternate activities of one leg knee flexion and hip flexion, and cooperated with certain activities to strengthen the effect of canning therapy, so as to achieve the purpose of treating the disease⁹.

In this study, the total effective rate was 95.56% in the study group and 84.44% in the control group, which was significantly higher in the study group than in the control group. The data between the two groups were statistically significant ($P < 0.05$). The scores of menstrual disorder, abdominal distension, abnormal leucorrhea and lumbosacral pain in the two groups were significantly lower than those before treatment ($P < 0.05$), and the corresponding scores of syndromes in the study group after treatment were (1.05+0.40), (0.73+0.38), (0.74+0.24) and (0.53+0.16), which were significantly lower than those in the control group ($P < 0.05$). The plasma viscosity and hematocrit in both groups were significantly lower than those before treatment ($P < 0.05$). The plasma viscosity and hematocrit in the study group after treatment were (1.14+0.32) mPa * s and (0.41+0.06) %, respectively, which were significantly lower than those in the control group ($P < 0.05$). There was no significant difference in the levels of inflammatory factors between the two groups before treatment ($P > 0.05$). The level of inflammatory factors in the study group after treatment was (5.74 + 2.35) mg/L, which was significantly lower than that in the control group after treatment, and the difference between the groups was statistically significant ($P < 0.05$). From the results of this study, the clinical effect of acupuncture combined with cupping exercise in the treatment of chronic pelvic inflammation is very good, which can effectively improve the TCM symptom score of patients, improve the blood rheology and inflammation level of patients, and promote the recovery of patients. Acupuncture combined with cupping exercise can effectively alleviate chronic pelvic pain, improve local and systemic symptoms, and successfully dissipate pelvic inflammatory mass. For patients with chronic pelvic inflammation, once a mass is

formed, it makes the treatment more difficult, and acupuncture combined with cupping exercise can effectively dissipate the inflammatory mass. Acupuncture and moxibustion can accelerate the blood circulation in patients and expand the vascular permeability of the body, which can improve blood rheology to a certain extent, reduce plasma viscosity, and effectively reduce the exudation of inflammatory factors, so as to eliminate inflammation in patients. Easy pot exercise therapy can play a significant role in promoting blood circulation and removing blood stasis, regardless of which type of chronic pelvic inflammatory disease patients are in line with the treatment principles. Activating blood circulation and removing blood stasis can effectively improve blood rheology and avoid thrombosis, at the same time, it can effectively inhibit tissue proliferation and promote the transformation and absorption of connective tissue¹⁰. C-reactive protein is a common index for evaluating inflammation changes in clinical practice, so this study also used C-reactive protein as an index for evaluating the efficacy of patients with chronic pelvic inflammation. In this study, the inflammation indicators of both groups of patients were lower than before treatment, and the degree of reduction was greater in the study group, which also illustrated that acupuncture combined with cupping exercise had a good effect on chronic pelvic inflammation.

CONCLUDING REMARKS

In summary, both acupuncture and cupping exercise are effective treatments for chronic pelvic inflammation. Combining them can strengthen the therapeutic effect, effectively improve the clinical symptoms and signs of patients, and promote the disappearance of inflammation. Therefore, acupuncture and cupping exercise can be vigorously promoted in clinic to treat chronic pelvic inflammation as the preferred treatment.

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