

Submission ID #: 69137

Scriptwriter Name: Sulakshana Karkala

Project Page Link: <https://review.jove.com/account/file-uploader?src=21086833>

Title: Auricular Point Acupressure Therapy: A Safe and Effective Treatment for Postsurgical Abortion Recovery

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Author Questionnaire

- 1. Microscopy:** Does your protocol require the use of a dissecting or stereomicroscope for performing a complex dissection, microinjection technique, or something similar? **No**
- 2. Software:** Does the part of your protocol being filmed include step-by-step descriptions of software usage? **Yes, all done**
- 3. Filming location:** Will the filming need to take place in multiple locations? **No**
- 4. Testimonials (optional):** Would you be open to filming two short testimonial statements **live during your JoVE shoot**? These will **not appear in your JoVE video** but may be used in JoVE's promotional materials. **No**

Current Protocol Length

Number of Steps: 22

Number of Shots: 39

Introduction

Videographer: Obtain headshots for all authors available at the filming location.

Authors: Please note that **the questions will not appear on screen**. Please answer in **stand-alone full sentence with sufficient context**.

INTRODUCTION:

REQUIRED: ~~Summarize your research focus and the main questions it aims to answer.~~

- 1.1. **Yi Wen:** We evaluate auricular point acupressure for post-abortion recovery, focusing on reducing bleeding and restoring menstrual cycles.
 - 1.1.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

~~Describe the research gap or limitation in existing methods and how this protocol addresses them.~~

- 1.2. **Yi Wen:** We have developed a non-pharmacological, low-cost postoperative recovery approach to address the potential side effects associated with traditional drug therapies.
 - 1.2.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

CONCLUSION:

~~What does this protocol allow researchers to study or measure?~~

- 1.3. **Wenjing Jiang:** This protocol enables evaluation of a safe, low-cost, nonpharmacological approach that reduces bleeding, accelerates recovery, and produces minimal side effects.
 - 1.3.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

~~Describe the most important consideration or challenge when performing this protocol.~~

- 1.4. **Wenjing Jiang:** The main challenge is limited generalizability, as single-center implementation and absence of long-term reproductive outcome data restrict broader clinical interpretation.

- 1.4.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

~~How can future studies build on this work? Describe the questions or research directions that can be investigated next.~~

- 1.5. **Wenjing Jiang:** Future studies can explore hormonal and neural mechanisms, conduct multicenter trials, assess long-term fertility outcomes, and compare auricular stimulation with nonpharmacological therapies.
- 1.5.1. INTERVIEW: Named Talent says the statement above in an interview-style shot, looking slightly off-camera.

Videographer: Obtain headshots for all authors available at the filming location.

Ethics Title Card

This research has been approved by the Ethics Committee of the Affiliated Hospital of
Chengdu University of Traditional Chinese Medicine

Protocol

2. Auricular Acupressure with *Vaccaria* Seeds for Postoperative Recovery After Surgical Abortion

Demonstrator: Wenjing Jiang

2.4. To begin, confirm an early intrauterine pregnancy with a gestational age of 10 weeks or less, and confirm that the patient has undergone surgical abortion [1]. Inform the patient about the study, obtain a signed informed consent form and confirm that the patient is willing to complete the full intervention process [2].

2.4.1. WIDE: Talent reviewing the patient chart and confirming pregnancy status and surgical abortion documentation.

2.4.2. Talent explaining the study to the patient and presenting the consent form.

2.5. Confirm the absence of ear infections, trauma, or other auricular diseases that may interfere with therapy [1].

2.5.1. Talent visually inspecting both auricles for signs of infection, trauma, or disease.

AND

TEXT ON PLAIN BACKGROUND:

Exclusion criteria:

Patients with serious systemic diseases such as severe heart disease, liver or kidney dysfunction, or malignancies

Patients who experience severe complications after abortion, such as uterine perforation or post-operative infections

Patients with known allergies to the study's materials or medications

Patients with severe cognitive or communication disorders

Patients who deviate from the treatment protocol, have incomplete data, or receive conflicting treatments during the trial

Dropouts : those lost to follow-up or who voluntarily withdraw after enrollment

Video Editor: Please play both shots side by side in a split screen

2.6. Terminate the patient from the study if severe adverse events occur [1].

2.6.1. Talent documenting the severe adverse event and recording study termination

for the patient.

- 2.7. Gather a metal probe, forceps, sterile cotton swabs, 75 percent alcohol, and auricular point adhesive [1]. Seat the patient comfortably in a relaxed position and fully expose the ears [2].
 - 2.7.1. Talent arranging the listed materials on a clean work surface.
 - 2.7.2. Talent positioning the patient and adjusting hair or accessories to keep both auricles fully visible.
- 2.8. Disinfect hands and inspect the patient's auricular skin for redness, swelling, or ulceration [1-TXT].
 - 2.8.1. Talent closely examining the auricular skin and confirming it is suitable for treatment. **TXT: Proceed only when no abnormalities are observed**
- 2.9. Select 6 acupoints corresponding to the Liver, Spleen, Kidney, Uterus, Ovary, and Endocrine [1].
 - 2.9.1. Talent indicating the target acupoint locations on the auricle using an anatomical reference and the patient's ear.
- 2.10. Massage the front of the auricle 3 to 5 times from the earlobe to the apex [1]. Then massage the back of the auricle 3 to 5 times from the apex to the earlobe until both ears are reddened [2].
 - 2.10.1. Talent massaging the front of the auricle in the specified direction and repetition range.
 - 2.10.2. Talent massaging the back of the auricle in the specified direction and showing visible reddening.
- 2.11. Pull the auricle upward and backward to expose the selected acupoint zones [1]. Using the metal probe, detect sensitive points and mark them [2-TXT].
 - 2.11.1. Talent positioning the auricle upward and backward to reveal the acupoint zones.
 - 2.11.2. Talent probing along the acupoint zones and marking the sensitive points as identified. **TXT: Use standard point locations if no sensitive points are found**
- 2.12. With a sterile cotton swab dipped in 75 percent alcohol or iodine tincture, disinfect the auricle and clean the treatment area [1]. When the skin is dry, expose the treatment area and ensure the auricle is fully visible and clean [2].
 - 2.12.1. Talent swabbing the treatment area with 75 percent alcohol using a sterile cotton swab.
 - 2.12.2. Talent exposing the treatment area.
- 2.13. Now, use forceps to place the *Vaccaria* seed adhesive precisely at each marked acupoint [1]. Confirm the placement with the patient [2].

- 2.13.1. Talent using forceps to apply the seed adhesive onto a marked acupoint with careful alignment.
- 2.13.2. Talent showing the applied adhesive to the patient and confirming correct placement.
- 2.14. Press and knead each seed adhesive between the thumb and index finger from both sides of the auricle in a steady rhythm [1-TXT]. Ask the patient to press each acupoint for 1 to 2 minutes, 3 times daily in the morning, afternoon, and evening for 5 consecutive days [2].
 - 2.14.1. Talent performing bilateral pressing and kneading of the seed adhesive using thumb and index finger. **TXT: Maintain steady rhythm until patient feels sore, numb, full, pain or warm**
 - 2.14.2. Shot of patient pressing the acupoints.
- 2.15. Keep the ear clean and dry and replace the adhesive if it detaches [1]. Offer emotional support to reduce anxiety [2].
 - 2.15.1. Shot of dry ear and adhesive being replaced.
 - 2.15.2. Talent speaking with the patient in a supportive manner.
- 2.16. If pain occurs, advise the patient to reduce pressure during acupoint pressing [1]. Remove the adhesive if the pain is severe [2-TXT]. Then apply a topical antihistamine if needed [3].
 - 2.16.1. Talent demonstrating lighter pressure with fingers on the auricle.
 - 2.16.2. Talent removing the adhesive from the auricle to show the response to severe pain. **TXT: Remove adhesive if redness, itching, or exudation appears**
 - 2.16.3. Talent applying topical antihistamine to the affected auricular skin as indicated.
- 2.17. If the patient experiences dizziness, chest tightness, or sweating, stop treatment immediately [1]. Monitor vital signs and administer appropriate care [2].
 - 2.17.1. Talent stopping auricular stimulation and removing hands from the patient's ear.
 - 2.17.2. Talent checking vital signs of the patient.
- 2.18. Record the duration and volume of postoperative vaginal bleeding [1-TXT].
 - 2.18.1. Talent completing the bleeding record form with duration and volume entries. **TXT: Track the time to first menses and record duration and volume**
- 2.19. Evaluate traditional Chinese medicine symptoms and signs by monitoring dizziness, fatigue, palpitations, sweating, and abdominal or lumbar discomfort [1]. Assess complexion, tongue, and pulse findings [2].
 - 2.19.1. Talent interviewing the patient for symptom reporting and recording responses.

2.19.2. Talent assessing complexion, observing tongue appearance, and performing pulse assessment.

2.20. Record complications, including infections, the need for repeat curettage, or other adverse events [1-TXT].

2.20.1. SCREEN: 2.18.mp4 00:00-00:06

TXT: Conduct all assessments using double-entry method for data accuracy

2.21. For normally distributed continuous data, express results as mean and standard deviation [1].

2.21.1. SCREEN: SCREEN: 2.19.mp4 00:00-end

2.22. For non-normally distributed continuous data, express results as median with the 25th percentile and 75th percentile and use the Wilcoxon rank-sum test for between-group comparisons [1].

2.22.1. SCREEN: 2.20.mp4 00:03-end

2.23. For categorical data, present results as frequencies and percentages [1]. Perform chi-square tests for between-group comparisons [2].

2.23.1. SCREEN: 2.21.mp4 00:00-00:16

2.23.2. SCREEN: 2.21.mp4 00:17-end

Results

3. Results

- 3.4. A total of 216 patients were enrolled and randomly divided into a control group with 108 patients and an experimental group with 108 patients [1], with no statistically significant differences in baseline age, pregnancy history, delivery history, cesarean section history, dysmenorrhea history, or menstrual irregularities between groups [2].
- 3.4.1. LAB MEDIA: Table 1. *Video editor: Please highlight the group and participant columns*
- 3.4.2. LAB MEDIA: Table 1. *Video editor: Please highlight the remaining columns sequentially*
- 3.5. The treatment group showed a significantly lower postoperative vaginal bleeding volume [1], shorter duration of bleeding [2] and had a significantly lower TCM (T-C-M) score than the control group [3].
- 3.5.1. LAB MEDIA: Table 2. *Video editor: Highlight the row labeled "Vaginal bleeding volume" for "Experimental group"*
- 3.5.2. LAB MEDIA: Table 2. *Video editor: Highlight the row labeled "Vaginal bleeding duration" for "Experimental group"*
- 3.5.3. LAB MEDIA: Table 2. *Video editor: Highlight the row labeled "TCM symptom complex score" for "Experimental group"*
- 3.6. The time to first menstrual recovery was significantly shorter in the experimental group than in the control group [1].
- 3.6.1. LAB MEDIA: Table 3. *Video editor: Highlight the row labeled "Time to first menses recovery" for the experimental group*
- 3.7. The time to first menstrual return and the duration of menstrual bleeding was significantly shorter in the experimental group compared with the control group [1].
- 3.7.1. LAB MEDIA: Table 3. *Video editor: Highlight the rows labeled "Time to first menses recovery" and "Duration of menstrual bleeding" for the experimental group*
- 3.8. A significantly higher proportion of patients in the experimental group experienced a return of menstrual volume to normal [1], with significantly lower incidence of abnormal menstrual volume [2].

- 3.8.1. LAB MEDIA: Table 3. *Video editor: Highlight the row labeled “Menstrual volume returned to normal” for the experimental group*
- 3.8.2. LAB MEDIA: Table 3. *Video editor: Highlight the row labeled “Abnormal menstrual volume” for the experimental group*
- 3.9. During follow-up, no postoperative infections occurred in either group [1]. The incidence of postoperative complications was significantly lower in the treatment group compared to the control group [2].
 - 3.9.1. LAB MEDIA: Table 4. *Video editor: Highlight the row labeled “Number of infections”*
 - 3.9.2. LAB MEDIA: Table 4. *Video editor: Highlight the row labeled “Number requiring repeat D & C”*
- 1. Intrauterine
 Pronunciation link: <https://www.merriam-webster.com/dictionary/intrauterine>
 IPA: /ˌɪntrəˈjuːtərɪn/
 Phonetic Spelling: in·truh·yoo·tuh·reen
- 2. Gestational
 Pronunciation link: <https://www.merriam-webster.com/dictionary/gestational>
 IPA: /dʒeˈsteɪʃənəl/
 Phonetic Spelling: jeh·stay·shuh·nuhl
- 3. Auricular
 Pronunciation link: <https://www.merriam-webster.com/dictionary/auricular>
 IPA: /ɔːˈrɪkjələr/
 Phonetic Spelling: aw·rik·yuh·ler
- 4. Malignancies
 Pronunciation link: <https://www.merriam-webster.com/dictionary/malignancy>
 IPA: /məˈlɪɡnənsi/
 Phonetic Spelling: muh·lig·nuhn·see
- 5. Uterine
 Pronunciation link: <https://www.merriam-webster.com/dictionary/uterine>
 IPA: /ˈjuːtərɪn/
 Phonetic Spelling: yoo·tuh·rin
- 6. Perforation
 Pronunciation link: <https://www.merriam-webster.com/dictionary/perforation>
 IPA: /ˌpɜːfəˈreɪʃən/
 Phonetic Spelling: pur·fuh·ray·shuhn
- 7. Postoperative
 Pronunciation link: <https://www.merriam-webster.com/dictionary/postoperative>

- IPA: /ˌpoustˈɑːpərətɪv/
Phonetic Spelling: pohst·op·uh·ruh·tiv
8. Cognitive
Pronunciation link: <https://www.merriam-webster.com/dictionary/cognitive>
IPA: /ˈkɑːgnətɪv/
Phonetic Spelling: kog·nuh·tiv
9. Adverse
Pronunciation link: <https://www.merriam-webster.com/dictionary/adverse>
IPA: /ˈædˌvɜːs/
Phonetic Spelling: ad·vurs
10. Alcohol
Pronunciation link: <https://www.merriam-webster.com/dictionary/alcohol>
IPA: /ˈælkəˌhɔːl/
Phonetic Spelling: al·kuh·haw1
11. Iodine
Pronunciation link: <https://www.merriam-webster.com/dictionary/iodine>
IPA: /ˈaɪəˌdiːn/
Phonetic Spelling: eye·uh·deen
12. Tincture
Pronunciation link: <https://www.merriam-webster.com/dictionary/tincture>
IPA: /ˈtɪŋktʃər/
Phonetic Spelling: tink·cher
13. Vaccaria
Pronunciation link: No confirmed link found
IPA: /vækˈkeriə/
Phonetic Spelling: vak·air·ee·uh
14. Antihistamine
Pronunciation link: <https://www.merriam-webster.com/dictionary/antihistamine>
IPA: /ˌæntiˈhɪstəˌmiːn/
Phonetic Spelling: an·tee·his·tuh·meen
15. Lumbar
Pronunciation link: <https://www.merriam-webster.com/dictionary/lumbar>
IPA: /ˈlʌmbɑːr/
Phonetic Spelling: lum·bar
16. Curettage
Pronunciation link: <https://www.merriam-webster.com/dictionary/curettage>
IPA: /kjoˈretɪdʒ/
Phonetic Spelling: kyoo·reh·tij
17. Wilcoxon
Pronunciation link: <https://www.merriam-webster.com/dictionary/Wilcoxon%20test>
IPA: /ˈwɪlkɑːksən/
Phonetic Spelling: wil·kok·suhn
18. Percentile
Pronunciation link: <https://www.merriam-webster.com/dictionary/percentile>

IPA: /pər'sent, aɪl/

Phonetic Spelling: pur·sen·tyle

19. Categorical

Pronunciation link: <https://www.merriam-webster.com/dictionary/categorical>

IPA: /ˌkætə'gɔːrɪkəl/

Phonetic Spelling: kat·uh·gor·ih·kuhl

20. Cesarean

Pronunciation link: <https://www.merriam-webster.com/dictionary/cesarean>

IPA: /sɪ'zəriən/

Phonetic Spelling: suh·zair·ee·uhn

21. Dysmenorrhea

Pronunciation link: <https://www.merriam-webster.com/dictionary/dysmenorrhea>

IPA: /ˌdɪsmɛ'nɔːriə/

Phonetic Spelling: dis·meh·nor·ree·uh

22. Incidence

Pronunciation link: <https://www.merriam-webster.com/dictionary/incidence>

IPA: /'ɪnsɪdəns/

Phonetic Spelling: in·suh·duhns