

Acupuncture Beats Drugs For Urinary Incontinence

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Acupuncture is found effective for the treatment of urinary incontinence. Several controlled investigations find acupuncture safe and effective for reducing the amount of urine leakage and frequency of uncontrolled urine leakage. The investigations reveal that acupuncture outperforms medications and enhances

the effectiveness of Kegel exercises and herbal medicines.

Urinary incontinence occurs when urine unintentionally leaks from the urethra. Stress urinary incontinence (SUI) is a type of urinary incontinence that occurs during physical activities such as coughing, sneezing, laughing, or lifting. It is the most common type of urinary incontinence affecting women. Currently, conventional treatment includes the implementation of pelvic exercises for mild symptoms, which help to strengthen pelvic muscles and sphincter muscles at the neck of the bladder. Pharmaceutical medications are also used as a treatment modality.

Published research demonstrates the effectiveness of electroacupuncture applied to the lumbosacral (lower back) region. Electroacupuncture urinary leakage quantities reduced by 54% over a 6 week treatment session. Let's take a look at this first investigation, followed by others, including one wherein acupuncture significantly outperforms drug therapy.

A random clinical trial involving 12 hospitals in China was conducted between October 2013 and May 2015 that included 504 women with SUI between the ages of 40 and 75 (Liu et al.). The participants were randomly separated into two groups of 252 participants per group. Each participant was given 18 sessions

of over 6 weeks. One group received electroacupuncture sessions involving the lumbosacral region, while the other group received sham electroacupuncture sessions, where no equipment pierced the skin at sham acupuncture points. The acupuncture points used in the study were BL33 (Zhongliao) and BL35 (Huiyang).

The results of the treatments were measured as urinary leakage amounts (determined by weighing a pad wore by participants) and urinary leakage frequency within 72 hours, reported by participants. Out of the 504 participants, 482 patients completed the treatment. In terms of leakage amounts, prior to the sessions, the mean urine leakage was 18.4 g for the electroacupuncture group and 19.1 g for the sham electroacupuncture group. Liu et al. note, “At week 6, the electroacupuncture group had a greater decrease in mean urine leakage (-9.9 g) than the sham electroacupuncture group (-2.6 g) with a mean difference of 7.4 g (95% CI, 4.8 to 10.0; $P < .001$).” In terms of the frequency of incontinence episodes within 72 hours, prior to the sessions, the incontinence episodes were 7.9 for the electroacupuncture group, and 7.7 for the sham electroacupuncture group. At week 6, the electroacupuncture group averaged 1 less incontinence episode than the control group.

The probability of treatment related incidence was insignificant. The incidence of treatment related adverse events was 1.6% in the electroacupuncture group and 2.0% for the sham control group, and all events were classified as mild. Additionally, the effect treatments after completion of the sessions was maintained for an average of 24 weeks for patients receiving true electroacupuncture. Based on the data, the researchers concluded that treatment with electroacupuncture applied to the lumbosacral region results in less urine leakage and episodes of urine incontinence, and acupuncture is considered to be refined, accurate, and safe.

In related research, researchers from Xinjiang (China) compared the effects of electroacupuncture treatment with drug treatment. A randomized clinical trial of 100 female participants with mild to average level SUI were separated into two groups: eletroacupuncture treatment and drug treatment. The treatments were administered over three 10 day sessions. The drug treatment group was given 2.5 mg of midorine hydrochloride tablets, 3 times per day. The eletroacupuncture group was treated with mid-intensity electrostimulation. The acupuncture points used in the study were:

- BL33 (Zhongliao)
- BL32 (Ciliao)
- BL23 (Shenshu)
- BL35 (Huiyang)

The results demonstrate that the short-term complete recovery rate for the electroacupuncture group was 20%. An additional 54% of participants showed signs of significant improvements. The short-term complete recovery rate for the drug group was 10%. An additional 24% demonstrated significant improvements.

Yang Wang et al. note that acupuncture points from other regions of the body are also effective in helping alleviate or cure the symptoms of SUI. According to traditional Chinese medicine theory, SUI is mainly caused by “deficiency of qi (energy flow) of the kidneys, which will lead to the bladder’s failure to control urine (Wang et al.)” Acupuncture regulates qi and helps with recovery of bladder and kidney functions. The research of Wang et al. compared a group receiving abdominal region acupuncture with a group performing Kegel exercises. The acupuncture points in the study were as follows:

- CV12 (Zhongwan)
- CV10 (Xiawan)
- CV6 (Qihai)
- CV4 (Guanyuan)
- KD13 (Qixue)

The results demonstrate that acupuncture significantly decreases maximum and average urinary speed during SUI, and increases the pressure of urethra closure and functional urethra length, indicating that abdominal acupuncture effectively treats SUI symptoms.

Researchers have also shown that acupuncture techniques, when combined with muscle strengthening exercises such as pelvic floor Kegel exercises, drug and herbal treatment such as Jin Gui Shen Qi Wan, Gi Ji Kidney Nourishing tablets, calcium, magnesium, vitamin C, etc. have led to improvements and recovery from SUI. In one example, Yan Cui’s research randomly divided 94 female participants into two groups. Group 1, the treatment group, received electroacupuncture at BL26 (Guanyuanshu) and BL35 (Huiyang) and also Chinese herbal medicine (Jin Gui Shen Qi Wan). A control group received only Jin Gui Shen Qi Wan. The results demonstrate an effective treatment rate of 91.7% for the acupuncture plus herbs treatment group and a 52.2% rate for the herbs only control group. This indicates that the combined treatment of acupuncture and Chinese herbal medicine produces superior patient outcome rates to using only one treatment modality as a standalone procedure.

References

- Zhishun Liu, Yan Liu, Huanfang Xu, et al. (2017). Effect of Electroacupuncture on Urinary Leakage Among Women With Stress Urinary Incontinence. *JAMA*. 2017; 317(24): 2493-2501.
- Qun Liu (2016). Clinical Research Development of Acupuncture Treatment on Stress Urinary Leakage for Elderly Women. *Pract Geriatr*, Aug 2016, Vol 30, No.8. 10.3969.
- Yang Wang, Liu Zhishun, Weina Peng, et al. (2013). Acupuncture for Stress Urinary incontinence in adults. *Cochrane Incontinence Group*; 10.1002/14651858.
- Yan Cui. (2015). Electroacupuncture in combination with Jin Gui Shen Qi Wan in Treatment of Women with Stress Urinary incontinence. *Guangxi Chinese Medicine & Herbs*, 2015; 38 (1): 43-44.
- Dingchun Ye. (2013). Clinical Research of Scalp Acupuncture Treatment on Stress Urinary Leakage for Women after Menopause. Changchun Chinese Medicine University, 2013.
- Qi Li (2011). Electroacupuncture Treatment of Women with Mild to Average Stress Urinary Incontinence. *Xinjiang Chinese Medicine & Herbs*, Vol 1, 2011.
- Bin Wang, Huayong Tang, Weigang Wang et al. (2011). Stomach Acupuncture Treatment of Stress Urinary Leakage for Elderly Women. *Liaoning Chinese Medicine Magazine*, 2011; 38(11): 2244-2245.