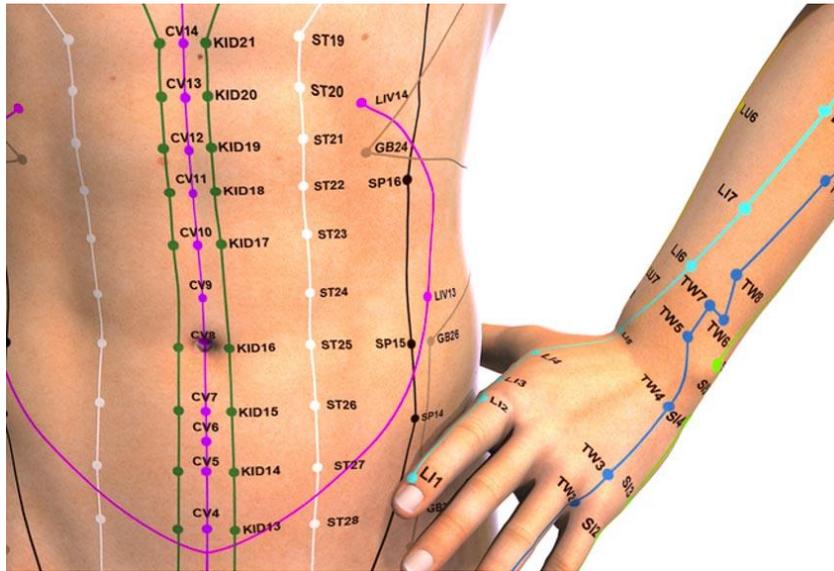


# Acupuncture Heals Erectile Dysfunction Finding

Published by [HealthCMI](#) on 02 May 2018.



Acupuncture and herbs are effective for the treatment of erectile dysfunction. In research conducted at the Yunnan Provincial Hospital of Traditional Chinese Medicine, acupuncture plus herbs produced a 46.56% total effective rate. Using only herbal medicine produced a 16.17% total effective rate and using only acupuncture produced an 13.24% total effective rate. [1] The researchers conclude, “Acupuncture combined with herbal medicine has a synergistic therapeutic effect on

erectile dysfunction.”

Erectile dysfunction (ED) is a sexual disorder characterized by the persistent inability to achieve or maintain an erection sufficient for satisfactory sexual intercourse (>3 months). [2] Recently, ED has become a global health problem and is estimated to affect 322 million males by 2025. [3] In Traditional Chinese medicine (TCM), ED is in the scope of Jin Wei (translated as tendon wilting) and is related to aging, excessive masturbation or sex, emotional conditions (e.g., depression), congenital deficiencies, or improper diet.

The main TCM diagnostic patterns are liver qi stagnation, blood stasis, and kidney essence deficiency. In this study, the researchers note, “Emotion conditions can harm the liver and cause liver qi stagnation. According to TCM principles, the liver governs the tendons and the genitals are the gathering place of the ancestral tendon. The liver failing to course freely causes obstruction of the liver governed meridians and malnourishment of the ancestral tendon, leading to ED. On the other hand, insufficiency of kidney essence may result in debilitation of the life gate fire. In other words, essence from the kidney fails to be transported into the ancestral tendon, making the genitalia become limp and wilted.” The treatment principle is to smooth the flow of liver qi, free the meridians for invigorating blood circulation, and tonifying kidney essence.

## Psychological Interventions

In TCM, emotional conditions (e.g., stress, anxiety, depression) are believed to play a vital role in causing ED. Thus, psychological interventions can be beneficial for patients with ED. All three groups (i.e., acupuncture plus herbs, herbs only, acupuncture only) received identical instructions prior to beginning the clinical trial. Patients were educated by acupuncturists with knowledge of ED related pathological features. The purpose is to let the patients understand more about the disease, which helps to alleviate emotional burdens. In addition, female partners received counseling to avoid emotional and communication issues and to promote a greater understanding of the medical condition.

A total of 176 patients with erectile dysfunction were treated and evaluated in this study. They were randomly divided into an acupuncture plus herbs group, an herbal medicine group, and an acupuncture group. The acupuncture plus herbs and herbs only group received identical herbal medicines. The same acupuncture point prescription was given to the acupuncture plus herbs and acupuncture only groups.

### **Patient Breakdown**

The statistical breakdown for each randomized group was as follows. The average age in the acupuncture plus herb group was 41.3 ( $\pm 8.1$ ) years. The average course of disease in the acupuncture plus herb group was 2.7 ( $\pm 1.8$ ) years. The average age in the herb group was 39.1 ( $\pm 6.7$ ) years. The average course of disease in the herb group was 2.6 ( $\pm 1.3$ ) years. The average age in the acupuncture group was 38.3 ( $\pm 7.4$ ) years. The average course of disease in the drug group was 2.3 ( $\pm 1.5$ ) years. There were no significant statistical differences in terms of age and course of disease relevant to patient outcome measures.

### **Acupuncture and Herb Treatment**

For each group, a specific acupuncture point prescription or herbal medicine formula was prescribed. The primary acupoints selected for acupuncture treatment participants were the following:

- LV3 (Taichong)
- CV4 (Guanyuan)
- LV4 (Zhongfeng)
- BL18 (Ganshu)
- ST36 (Zusanli)
- SP10 (Xuehai)

Additional acupoints were administered based on differential diagnostic patterns. For kidney deficiency patients, the following acupuncture points were added:

- BL23 (Shenshu)
- SP6 (Sanyinjiao)

For damp-heat accumulation patients, the following acupoints were added:

- LV8 (Ququan)
- CV12 (Zhongwan)
- ST40 (Fenglong)

Acupuncture treatments commenced with patients in a supine position. After disinfection of the acupoint sites, acupuncture needles (Chinese gauge #30) were inserted into each acupoint with a high needle entry speed. Acupuncture points were applied unilaterally; left and right side application of acupuncture points was chosen by alternating sides each day. For all acupoints, a deqi sensation was obtained and the needles were manually stimulated with the Ping Bu Ping Xie (attenuating and tonifying) manipulation techniques every 3 – 5 minutes during the 30 minute needle retention times. Acupuncture sessions were administered once per day. Each treatment course consisted of 7 acupuncture sessions followed by a 7 day break before the next course began. All patients received 3 – 5 treatment courses in total.

The researchers provided the TCM basis for the acupuncture point selection. Taichong is a Yuan-source point of the liver meridian. Needling this point restores yuan (source) qi and benefits the zang-fu organs and meridians. Zhongfeng is a Jing-river point on the liver meridian. Needling this point activates qi and blood circulation through the meridian. Ganshu is a Back-shu point on the liver meridian. Needling this

point regulates the liver and relieves qi stagnation.

Zusanli is a He-sea point on the stomach meridian. According to the *Su Wen Wei Lun (Plain Questions, Treatise on Wilted Diseases)*, the stomach yangming meridian is the sea of zang-fu organs and governs nourishment of ancestral tendons. Fenglong, a point on the stomach meridian, is traditionally used for expelling phlegm. Xuehai is selected to relieve blood stasis by regulating blood circulation. The researchers conclude that the combination of these acupoints can “relieve liver qi stagnation, regulate qi activity and blood circulation, and remove meridian obstruction” for relief of erectile dysfunction. The herbal formula (Modified Jia Wei Si Ni San) used in this study contains the following ingredients:

- Ci Ji Li 30 gZi
- Shi Ying 30 g
- Sheng Huang Qi 30 g
- Bai Shao 20 g
- Zhi Ke 20 g
- Chai Hu 15 g
- Dang Gui 15 g
- Niu Xi 15 g
- Lu Feng Fang 10 g
- Tu Si Zi 10 g
- Xian Ling Pi 10 g
- Wu Gong 10 g

Additional herbs were prescribed according to differential diagnostic patterns, for kidney yin essence deficiency, the following herbs were added:

- Gou Qi Zi 10 g
- Sheng Di 20 g

For kidney yang deficiency, the following herb was added:

- Xian Mao 15 g

For damp-heat accumulation, the following herbs were added:

- Ze Xie 20 g
- Yi Ren 20 g

The researchers note that the ingredients help the body to activate qi and blood circulation, relieve qi stagnation, and tonify the kidneys. The herbal formula was decocted and brewed once per day. Patients consumed 300 ml of the decoction, three times per day, for a total of 30 – 60 days. After treatment completion for patients in all three study groups, the treatment efficacy for each patient was categorized into 1 of 4 tiers (based on the measurement of erection angles and successful intercourse rates). Erection angles refer to the angle between the penis and legs when fully erect, with the patient in the standing position. The following are the tiers of improvement:

- *Recovery: The angle of erection is over 100 degrees, with 100% successful intercourse rates.*
- *Significantly effective: The angle of erection is less than 100 degrees. Improvement of erection angle is over 10 degrees. Successful intercourse rates show significant improvement.*

- *Effective: The angle of erection is less than 100 degrees. Improvement of erection angle is less than 10 degrees. Successful intercourse rates show improvement.*
- *Not effective: The angle of erection is less than 100 degrees. Improvement of erection angle is less than 10 degrees. Successful intercourse rates show no improvement.*

The results indicate that acupuncture with herbs is more effective than either herbs or acupuncture as a standalone therapy. The study mentioned in this report demonstrates that acupuncture is safe and effective for the treatment of erectile dysfunction.

### ***References***

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