

# Acupuncture Restores Urine Flow Blocked By Enlarged Prostate

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Researchers find acupuncture and Chinese herbal medicine effective for the alleviation of urinary retention caused by benign prostatic hyperplasia (BPH), a condition often referred to as enlargement of the prostate gland. Benign prostatic hyperplasia often leads to bladder, kidney, and urinary tract disorders. The prostate enlargement may block the flow of urine and cause discomfort or urinary retention. Common symptoms

of benign prostatic hyperplasia include weak urine flow or a stream of urine that starts and stops. Dribbling towards the end of urination or the incomplete emptying of the bladder are also common. There may be difficulty initiating urination, frequent or urgent urination, and nocturia (excessive urination at night).

Kaifeng City Central Hospital researchers confirm that electroacupuncture, as a standalone therapy, produces significant positive patient outcome rates for patients with urinary retention secondary to benign prostatic hyperplasia. In an additional approach to patient care, the same research team finds a combination of finasteride with the herbal patent medicine Qian Lie An Tong Pian (Prostate Harmonizing Tablets) effective for the treatment of urinary retention due to prostatic hyperplasia. The results were published in a research paper entitled Observations on the Therapeutic Effect of Electroacupuncture on Urinary Retention Due to Prostatic Hyperplasia.

## Results

Kaifeng City Central Hospital researchers determined that acupuncture, as a standalone therapy, produced a 94.9% total effective rate. Similarly, the medication regimen (Qian Lie An Tong plus finasteride) achieved a 96.8% total effective rate. Both approaches to patient care produce significant positive patient outcome rates.

A closer look at the numbers reveals similar findings. In the acupuncture group, 30 out of the 39 patients significantly recovered. In the herbs plus drug group, 23 out of 31 patients significantly recovered. On the other end of the spectrum, two acupuncture patients did not improve and one patient in the herbs plus drug group did not improve.

## Design

A total of 70 patients were treated and evaluated in this study. The patients were diagnosed with urinary retention secondary to prostatic hyperplasia between January 2014 and December 2016. They were randomly divided into an electroacupuncture group and a medication control group, with 39 and 31 patients in each group respectively. The treatment group received electroacupuncture treatment. The medication control group received herbs and drug therapy.

The statistical breakdown for each randomized group was as follows. The average age in the treatment group was 60 ( $\pm 12$ ) years. The average course of disease was 3.36 ( $\pm 3.25$ ) years. The bladder residual urine volume (RUV) was 50–80 mL. The average age in the control group was 63 ( $\pm 11$ ) years. The average course of disease was 3.47 ( $\pm 3.34$ ) years. The bladder residual urine volume (RUV) was 50–80 mL. There were no significant statistical differences in age, course of disease, and RUV relevant to patient outcome measures for patients initially admitted to the study.

## Herbs and Medications

For the medication control group, Qian Lie An Tong Pian and finasteride were used. Qian Lie An Tong Pian (4–6 tablets per dose) and finasteride (5 mg doses) were orally administered for 3 weeks, with the former given three times per day and the latter given once per day. Qian Lie An Tong Pian is a Chinese herbal patent medicine containing Huang Bai, Chi Shao, Tao Ren, Ze Lan, Wu Yao, Dan Shen, Bai Zhi, and Wang Bu Liu Xing. This herbal medicine clears damp-heat, disperses blockages, frees qi and water flow, and is indicated for symptoms caused by prostatitis and prostatic hyperplasia. Finasteride, an inhibitor of 5 alpha-reductase, suppresses prostatic dihydrotestosterone in men with benign prostatic hyperplasia and thus is used for enlarged prostate and difficulty urinating.

## Acupuncture

For the electroacupuncture group, treatment commenced with patients in a prone position. After disinfection with 75% alcohol, a 40 mm x 0.3 mm disposable acupuncture needle was inserted into the following acupoints with standard insertion depths:

- BL23 (ShenShu)
- BL28 (Panguangshu)
- BL32 (Ciliao)
- BL33 (Zhongliao)

Strong stimulation was administered by swiftly inserting and withdrawing the needle. Next, patients receiving acupuncture were asked to lie in a supine position. Another group of acupuncture points was selected and inserted with 0.30 mm diameter, 40 mm length filiform acupuncture needles:

- CV4 (Guanyuan)
- CV6 (Qihai)
- SP6 (Sanyinjiao)
- SP9 (Yinlingquan)
- KI10 (Yingu)
- KI6 (Zhaohai)

The needles were inserted to a depth of 1–1.5 cun. After achieving deqi, the Ping Bu Ping Xie (attenuating and tonifying) manipulation technique was applied. Next, the Guanyuan, Qihai, Sanyinjiao, and Yinlingquan acupoints were connected to the positive and negative electrodes of an

electroacupuncture device (Model G6805-2A). A disperse wave was used for 15–20 minutes with the intensity level gradually increased according to patient tolerance levels. One acupuncture session was administered per day. Each treatment course consisted of seven daily acupuncture treatments followed by a 2 day break before the next course. All patients received three treatment courses for a grand total of 21 acupuncture treatments.

### **Effectiveness**

Patients were evaluated before and after the treatment course. Prostate volume (PV) and bladder residual urine volume (RUV) were evaluated with the use of doppler ultrasound (3.5 MHz). The total treatment effective rate for each group was derived as the percentage of patients who achieved at least an effective treatment tier of improvement. The treatment efficacy for each patient was categorized into 1 of 3 tiers:

- Significantly effective: Complete or significant absence of symptoms (including urinary urgency, urinary frequency, difficulty urinating, interrupted flow, and nocturia). RUV < 5 – 10 mL. Significant decrease in the size of the prostate detected via ultrasonography.
- Effective: Symptoms showed improvement. RUV < 20 mL. Decrease in the size of the prostate detected via ultrasonography.
- Not effective: Symptoms showed no visible improvement. RUV > 50 mL. No change in the size of the prostate detected via ultrasonography.

### **Chinese Medicine**

The researchers present historical insight into TCM theoretical principles. Prostatic hyperplasia is classified as Long Bi. Long refers to mild cases of prostatic hyperplasia, while Bi refers to prostatic hyperplasia for serious cases. In TCM, Long Bi is caused by kidney qi depletion. Kidney qi plays a vital role in powering the bladder to transform water in the body. If kidney qi is weak, water fails to be transformed, collects in the bladder, and leads to enlarged an prostate, difficulty urinating, and urinary retention.

The acupuncture point selection was based on TCM theories and verified by modern research. Shenshu and Panguangshu are back shu acupoints of the bladder meridian, while the rest of the acupoints are Qiang Zhuang (translated as body-strengthening) acupoints of the conception (Ren), spleen, or kidney meridians. The combination of back shu acupoints and Qiang Zhung acupoints warms the kidney, frees the meridians, dispels blockages, and regulates the waterways. The researchers note that modern studies demonstrate that stimulation of these acupoints with electroacupuncture regulates micturition, specifically contraction of the bladder detrusor muscle and opening of the internal sphincter. They add that modern studies also document that acupuncture eliminates congestion or edema and relieves urethral pressure.

**Reference**

Liu YL, Wang XD, Huang SF. Observations on the Therapeutic Effect of Electroacupuncture on Urinary Retention Due to Prostatic Hyperplasia [J]. Shanghai Journal of Acupuncture and Moxibustion, 2017(11):1318-1320.