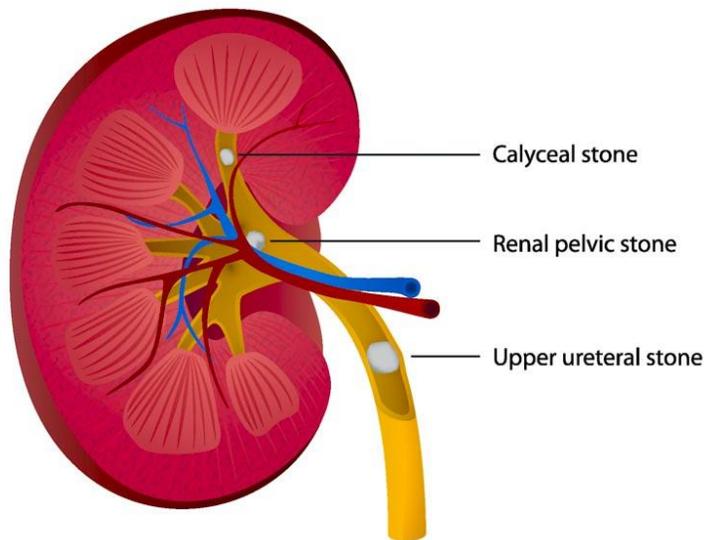


# Acupuncture and Herbs Force Expulsion of Kidney Stones

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Acupuncture combined with herbal medicine and medications assists in the elimination of kidney stones that have lodged in the ureters. Jiangxi Jiujiang Hospital of Traditional Chinese Medicine researchers made two important findings. First, a combination of herbs and the drug tamsulosin (Flomax) enables the passage of kidney stones. Second, adding acupuncture to

the herbal medicine and drug protocol significantly increases positive patient outcome rates. [1]

The results of the investigation have important clinical implications. The drug tamsulosin is an alpha-blocker used to ease urination. It relaxes the muscles of the bladder and prostate and causes dilation of the ureteral lumen. Currently, tamsulosin is FDA approved for improving urination for men with benign prostatic hyperplasia. The drug has also been used for the treatment of ureteric calculi (kidney stones that have already moved into the ureters).

French researchers have indicated that tamsulosin, as a standalone therapy, is ineffective for the treatment of ureteric calculi, “Although well tolerated, a daily administration of 0.4 mg of tamsulosin did not accelerate the expulsion of distal ureteral stones in patients with ureteral colic.” [2] However, Jiangxi Jiujiang Hospital of Traditional Chinese Medicine researchers achieved significant results when the drug was combined with the Chinese herbal medicine formula San Jin Tang. Moreover, adding acupuncture to the integrative medicine protocol boosted the success rate. [3]

The drugs plus herbal medicine group achieved a total effective rate of 73.6%. The group receiving identical drugs and herbal medicine plus the addition of acupuncture achieved a total effective rate of

88.7%. Adding acupuncture to the administration of tamsulosin and San Jin Tang increases the total effective rate by 15.1%. Notably, the group receiving acupuncture had faster pain relief.

A total of 106 patients with ureteric calculi were treated and evaluated in this study. The patients were diagnosed between January 2015 and January 2017. They were randomly divided into an abdominal acupuncture group and a drugs plus herbal medicine group, with 53 patients in each group. The treatment group received acupuncture, herbs, and drug therapy. The control group received only herbs and drug therapy. Both groups received identical drugs plus Chinese herbal therapy, for two consecutive weeks.

The statistical breakdown for each randomized group was as follows. The treatment group was comprised of 28 males and 25 females. The average age in the control group was 35 ( $\pm 6$ ) years. The control group was comprised of 31 males and 22 females. The average age in the treatment group was 36 ( $\pm 6$ ) years. There were no significant statistical differences in age and gender relevant to patient outcome measures for patients initially admitted to the study.

A modified version of the herbal formula San Jin Tang was administered. The ingredients of the modified San Jin Tang include: Ji Nei Jin, Hai Jin Sha, and Jin Qian Cao. This herbal formula San Jin Tang has historically been used for the treatment of ureteric calculi. Next, 0.2 mg of tamsulosin extended-release capsules were prescribed. Additional drugs were used based on individual symptoms. For non-severe pain, 50 mg diclofenac suppositories were provided. Diclofenac is a non-steroidal anti-inflammatory drug (NSAID) used for the treatment of pain and inflammation. For severe pain, 100 mg of tramadol (a potent pain reliever) combined with 20 mg of anisodamine (an atropine derivative) were administered through intramuscular injections. The acupuncture treatment group received identical herbs and drugs plus abdominal acupuncture. The primary acupoints for the abdominal acupuncture therapy group were as follows:

- CV3 (Zhongji)
- CV4 (Guanyuan)
- CV6 (Qihai)
- CV9 (Shuifen)
- CV10 (Xiawan)
- CV11 (Jianli)
- ST28 (Shuidao)
- ST29 (Guilai)

Additional acupoints were administered based on diagnostic patterns. For upper urinary tract calculi, the following acupoint was added:

- GB26 (Daimai)

For middle and lower urinary tract calculi, the following acupoint was added:

- GB28 (Weidao)

Acupuncture treatment commenced with patients in a supine position. After disinfection of the acupoint sites, a disposable filiform needle was inserted into each acupoint with a high needle entry speed, reaching as deep as the superficial layer of the abdominal wall. One acupuncture session was administered every two days. The entire course of treatment was comprised of six acupuncture sessions.

All patients underwent VAS (Visual Analogue Scale) assessments before and after treatments, measuring pain intensity levels experienced by patients with ureteric calculi. Next, the number of the patients having passage of ureteric calculi was recorded and the calculi passage rate was calculated. The efficacy rates for each patient were categorized into 1 of 3 tiers based on Guidelines for Diagnosis and Curative Effect Evaluation of Traditional Chinese Medicine (issued by the State Administration of Traditional Chinese Medicine of China) and were categorized as follows:

- *Recovery: Spontaneous passage of ureteral calculi. Complete recovery from lower back pain. Normal urination.*
- *Effective: A change in the position of ureteral calculi (closer to the lower end of the ureter). Improvement of lower back pain. Normal urination.*
- *Ineffective: No changes in the position of ureteral calculi. No improvement of lower back pain. Difficult urination.*

For the group receiving acupuncture, the total effective rate was 88.7%, with the following breakdown of improvement tiers: 31 recovered, 16 effective, 6 no effect. The group receiving only drugs and herbs had a 73.6% total effective rate, with the following breakdown of improvement tiers: 20 recovered, 19 effective, 14 no effect. The researchers note, “While effective, the downside of the medication is that it is slow to act, with many adverse effects, higher medical costs and even drug dependence. By comparison, acupuncture is instant, sustainable, green, and convenient.” The research team concludes that acupuncture significantly increases the positive patient outcome rates for patient taking medications with herbs. [4]

The treatment of kidney and urination bladder related disorders is a standard aspect of Traditional Chinese Medicine (TCM). In recent years, combining herbs, acupuncture, and other TCM modalities with modern procedures and medications has been integrated into the TCM system. In addition, TCM modalities are effective as standalone procedures for the treatment of biomedically defined conditions. For example, a forte of TCM is the treatment of urinary incontinence. Herbal medicine formulas, including Sang Piao Xiao San, and acupuncture points (CV2, CV3, DU20, etc...) are among standard treatment options within TCM.

Research confirms that acupuncture is an effective treatment modality for the alleviation of urinary incontinence. For example, Dr. Liu et al.'s article in *JAMA (Journal of the American Medical Association)* entitled *Effect of Electroacupuncture on Urinary Leakage Among Women With Stress Urinary Incontinence* finds electroacupuncture in the lumbar region effective for the alleviation of stress urinary incontinence. In a multi-center, randomized, controlled clinical trial across 12 hospitals, acupuncture decreased the quantity of urinary leakage and frequency of leakage. The researchers note, "In this randomized clinical trial that included 504 women, the mean decrease in urine leakage, measured by the 1-hour pad test from baseline to week 6, was 9.9 g with electroacupuncture vs 2.6 g with sham electroacupuncture, a significant difference." [5]

At the Healthcare Medicine Institute (HealthCMi), we find that standards of care are best determined by proven positive patient outcomes. Research now confirms that acupuncture and herbal medicine play an important role in the the alleviation or elimination of endogenous and exogenous disorders, including kidney and urination bladder disorders. Based on the data, integration of acupuncture and herbal medicine into standard protocols of care improves patient outcomes and best serves the needs of individuals and communities.

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