

THE ACUPUNCTURE IN CHRONIC PROSTATITIS/ CHRONIC PELVIC PAIN, RETROSPECTIVE COMPARATIVE STUDY

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Abstract

Background: the chronic prostatitis is common young age group condition which subdivided into four categories, the type III, and the type of pelvic inflammatory disease without clear bacterial origin. Multiple line of treatment was used the acupuncture one of them. **Patients and methods:** the study was done over 98 patients subdivided into two arm, group A 48 patient patients treated with medical therapy including levofloxacin tab 500 mg 1x1 14 days and Fosfomycin sachet 1x1 every 3 days single dose for 6 weeks. Group B are 50 patients' same course plus acupuncture needle according to following map DU 20, Ren 3, LI 4, Sp 6. Ren 4. UB 23., UB 28, Ki 5 UB 63, 10 session ever other days, fellow up the response NIH-CPSI composed of nine items divided into three domains: pain (0–21 points), urinary symptoms (0–10 points) and QoL (0–12 points), with a total score of 0–43 points (a higher score indicates worse symptoms). **Results:** the baseline in NIH-CPSI in Group A 35±3, 3 week fellow up 28±2.55, 6 week fellow up 21±1.4. while in Group B (acupuncture added) the baseline in NIH-CPSI in Group B 40±4.2, 3-week fellow up 25±1.9, 6 week fellow up 11.3 ± 3. All P-Value < 0.05 **Conclusion:** Acupuncture is a safe and efficient traditional alternative medicine that can enhance medical treatment.

Keywords: Acupuncture, Chronic Pelvic Pain, Chronic Prostatitis

INTRODUCTION

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPSP) is common problem which refer to chronic agonizing pain of pelvis without clear definite cause¹. There are four categories of prostatitis according to the National Institutes of Health (NIH) classification of prostatitis syndromes type 1 acute prostatitis (less than 14 days with clear infective source) and type 2 same former category but duration more than 14 days. In type 3 pain presented but no definite cause or microorganism subclassified further into inflammatory or no inflammatory, type 4 was asymptomatic patient but with inflammatory invasion either in biopsy or semen analysis. CP/CPSP affects about 10–16% of men worldwide²⁻⁴. Males of all ages can be included, among whom those aged 32-50 years are the most commonly group⁵. There is no apparent racial predisposition to this disease⁶.

The common symptoms of CP/CPSP include discomfort in the perineum, suprapubic region, and lower urinary tract symptoms⁷. Patients with CP/CPSP also frequently experience a wide range of sexual dysfunctions, including erectile dysfunction (ED), painful ejaculation and premature ejaculation (PE)⁸⁻¹⁰, the highest symptoms suggestive of negative cognition or emotional consequences¹¹.

Treatments for chronic pelvic pain may include trial of antibiotics, nonsteroidal anti-inflammatory drugs (NSAIDs), alpha-blockers, and phytotherapy the TUMT and surgery, acupuncture, Alpha-blockers and antibiotics have moderate effects on pain, voiding and QoL¹².

The acupuncture is an old treatment modality was used in old China as traditional medicine depend on special method by stimulating specific points locating on meridians each one them denote to different organ.¹³

The modality of treatment acupuncture as complementary medicine that led increase the efficacy of medical treatment and decrease of chemical remedies especially long-time use.¹⁴

There are twelve principal meridians and extra meridians when select point ¹⁵

PATIENTS AND METHOD

The retrospective study was done in Iraq-Baghdad Al numaan teaching hospital. Start form June 2020 to September 2022. The study was taken ethical approval from Al Iraqiya University College of medicine over 98 patients undergo chronic prostatitis type III

Aim of Study: to compare the results of response of chronic prostatitis type III to conservative therapy alone vs conservative therapy plus acupuncture.

Inclusion Criteria: chronic prostatitis type three, no active acute infection, no abscess, no tumor

Exclusion Criteria: active infection, abscess, tumor, elevated PSA, separated into two groups, group A 48 patients treated with medical therapy including levofloxacin tab 500 mg 1x1 14 days and Fosfomycin sachet 1x1 every 3 days single dose for 6 weeks. Group B are 50 patients' same course plus acupuncture needle according to following map DU 20, Ren 3, LI 4, Sp 6. Ren 4. UB 23., UB 28, Ki 5 UB 63 ¹⁶

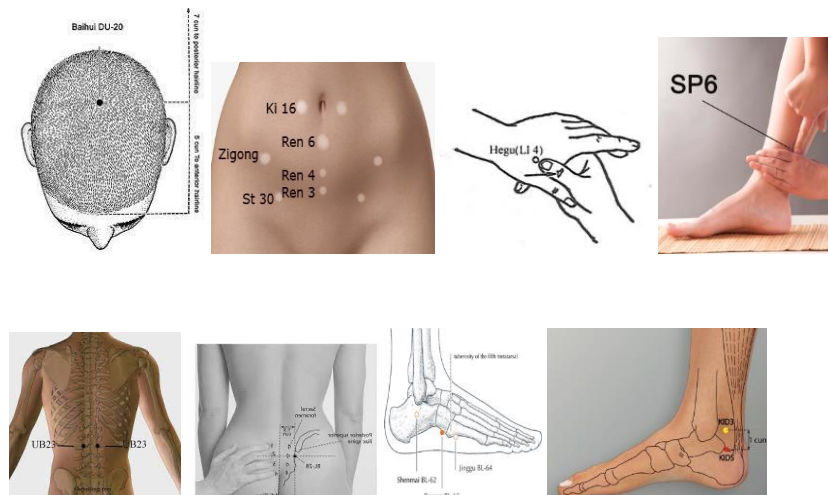


Figure 1: the Sites of Selected Points According to Staux Text

The distance which is used in surface marking in Chinese medicine is cun (1 finger width)

- 1) Baihui (DU20), an acupoint in humans located on the top of the head at the intersection of middle sagittal line and the connection of two ear apices,
- 2) Ren 3 anterior median line of the lower abdomen, 4 cun below the umbilicus
- 3) Ren 4 n the anterior median line of the lower abdomen, 3 cun below the umbilicus.

- 4) LI 4 On the dorsum of the hand, between the 1st and 2nd metacarpal bones, in the middle of the 2nd metacarpal bone on the radial side.
- 5) UB 23 On the back, 1.5 cun lateral to the lower border of the spinous process of the 2nd lumbar vertebra
- 6) UB 28 In the region of the sacrum, 1.5 cun lateral to the middle sacral crest, at the level of the 2nd posterior sacral foramen
- 7) UB 63 *on the lateral aspect of the foot, directly below the anterior border of the external malleolus, lateral to the lower border of the cuboid bone.*
- 8) Ki 5 1 cun directly below Taixi (KI 3) in the depression anterior and superior to the medial side of the tuberosity of the calcaneum.
- 9) SP 6 *on the medial side of the leg 3 Cun (one hand width) above the tip of the medial malleolus and posterior to the edge of the tibia*

Each of these important points stimulated by inserted 32-gauge acupuncture needle 2-3 cm and retained in place 30 mins, each course is repeated twice weekly for 10 sessions¹⁶

Follow up every 3 weeks by subjective asking the patient the subsiding of pain, suprapubic discomfort, urine stream and post void residual. NIH-CPSI composed of nine items divided into three domains: pain (0–21 points), urinary symptoms (0–10 points) and QoL (0–12 points), with a total score of 0–43 points (a higher score indicates worse symptoms). The statistic was done by SPSS 25 and paired t-test to compare the results, P-value <0.05 is significant.

RESULTS

The study was done over 98 patients age range (22-45) year old's (mean = 33.5 ±11.5y) in group A which receive ordinary conservative therapy, baseline reading mean NIH-CPSI 35±3 after 3weeks decline to 28±2.55 and after 6 weeks decline to 21±1.4.

For group B in which add acupuncture points according to Gabriel Staux Atlas of acupuncture¹⁶: DU 20, Ren 3, LI 4, Sp 6. Ren 4. UB 23., UB 28, Ki 5 UB 63. The baseline NIH-CPSI 40±4.2 (p value < 0.05), the 3week follow up decline to 25±1.9 (p value < 0.05), the 6 weeks follow up 11.3 ± 3 (p value <0.05).

Table 1: the Summary of Results

| | group A | group B | p value |
|-------------------|-------------|-------------|---------|
| age range | 33.5 ±11.5y | 33.5 ±11.5y | |
| baseline NIH-CPSI | 35±3 | 40±4.2 | < 0.05 |
| 3 weeks NIH-CPSI | 28±2.55 | 25±1.9 | < 0.05 |
| 6 weeks NIH-CPSI | 21±1.4. | 11.3 ± 3 | < 0.05 |

DISCUSSION

The acupuncture is one of oldest method of treatment as traditional medicine in old China. The principle of work is complicated way depend on energy channel which transport under the skin and for each channel multiport to outer skin (which is called acupuncture point), in old China the disease is come when the imbalance energy disturbance among yin and yang parts or closing of exterior points.

The acupuncture in western medical modern ways is complementary medicine that led increase the effect of medicine plus minimize the side effect of each (because of inducing natural force and immunity naturally). In current study we see significant change of response in frequent follow up in both arms groups. In study of M.S.Miao¹⁷ show the acupuncture enhance the immune system by increase activity of lymphocyte and protect the tissue damage, also this inform the activity of CD4 and CD8.

New studies show that prostatitis is due to results of cytokines. Acupuncture modify CP/CPPS by regulating cytokines¹⁷. In study of Hu et al.¹⁹ found that the levels of IL-1 β and TNF- α in the prostate tissue of the CP/CPPS rat model were significantly increased. At CV4, CV3, BL32, and Xialiao point (BL34), shenhualiehuo moxibustion was used for moxibustion once a day for 10 min. After 4 weeks of continuous moxibustion, the levels of IL-1 β and TNF- α in the prostate tissue were significantly reduced. This suggests that acupuncture can reduce the level of proinflammatory cytokines, inhibit the inflammatory response, and achieve the purpose of treating CP/CPPS. As an anti-inflammatory cytokine, IL-10 can inhibit the inflammatory response and maintain the balance of the inflammatory factor network by inhibiting the production of various proinflammatory factors such as TNF- α , IL-1 β , and IL-8. Zhu et al.²⁰ The pain that is associated with pain which is associated with chronic prostatitis may related to COX2 and some prostaglandin, the acupuncture modifies it.²¹ The Zinc expressed in high level in prostate fluid, increase of zinc enhance of immunity and decrease tissue destruction. BL 23 and REN 4 increase level Zinc. Zhang et al's research²² The most of the clinical finding are due irritative and obstructive system of bladder like frequency urgency and painful micturition, the acupuncture point stimulation e.g., BL 29, BL 35 lead to decrease IPSS. Needle retention for 20 minutes, once a day, a total of 7 times. It can lower high intravesical pressure, improve low compliance bladder, inhibit overactive bladder function, and increase urinary flow rate; it can also affect the process of tissue exudation, hyperplasia, and deterioration, thereby improving urodynamics.

CONCLUSION

The acupuncture is very old treatment in old china show significant change in treatment changes and increase in conservative efficacy. Because the acupuncture increases the immune system, local anesthetic effect.

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