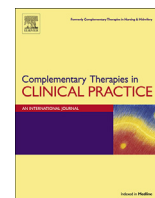




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Systemic acupuncture in patients with faecal incontinence

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ABSTRACT

Context: Faecal incontinence is defined as the involuntary loss of intestinal contents (whether faeces or gas). Although it is not frequently reported, it does cause physical and psychological distress. Traditional Chinese medicine believes that the healthy human body is originally in a state of balanced energy (Qi) between Yin and Yang, and all disorders that occur in the body are explained by disruptions in this energy balance. Acupuncture is a valuable therapy and is used as a therapeutic approach for the treatment of pelvic floor dysfunction. Data regarding faecal incontinence and acupuncture is scarce. This research describes the efficacy of using acupuncture in patients with faecal incontinence. Patients and Methods: Eighteen adults (2 men and 16 women) underwent acupuncture therapy with traditional acupuncture needles for 10 weeks. Before and after treatment, all patients completed a Faecal Incontinence Quality of Life (FIQL) survey and the incontinence intensity was assessed using a visual analogue scale.

Results: After 10 sessions of acupuncture, all patients reported an improvement, and the vast majority of patients showed statistically significant improvements in both tests.

Conclusion: Therefore, evidence now shows that acupuncture can improve the quality of life of patients undergoing faecal incontinence treatment.

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1. Introduction

There are different degrees of faecal incontinence that range from involuntary loss of gases to faeces leakage or solid escape [1]. The weakness of the external anal sphincter produces active symptoms that cause feelings of urgency to evacuate or involuntary loss of faecal matter. The patient feels the arrival of rectal content, but cannot control its release, especially when the content is fluid [2]. Passive incontinence or insensitive loss, is usually restricted to internal anal sphincter damage, but it could be due to lesions on both sphincters. In this case, the content escapes and the patient does not realize it [2]. Obviously, the physical weakness and consequent negative psychological trauma induces social isolation and a decrease in the quality of life of the individual. The true prevalence and incidence of faecal incontinence are not clear in our society, because people avoid talking about this issue [3]. However, current prevalence is estimated to be high and increases from the 65 years old [4,5].

There are some well-recognized causes of incontinence. Obstetric trauma, which usually occurs between the second and third decades of life, can manifest faecal incontinence after the age of 50 years. The delay in symptom presentation is probably slow pudendal nerve demyelination. Iatrogenic lesions can occur during anal surgeries, and result in incontinence. Age is also a factor, because the muscular tone decreases over time [2,6]. In cases of long-standing constipation in the presence of impaired rectal sensitivity, there is an accumulation of faeces, which leads to constant rectal dilation and faecal losses (encopresis) [2,7].

Other neuropathies can result in faecal incontinence. Patients who are paralyzed or have central or peripheral nervous system lesions, of either traumatic or iatrogenic origin, may have a loss of perception or altered pelvic floor muscle responses that can present evacuation difficulties or incontinence [2].

A proper evaluation of incontinence will characterize the degree of incontinence and the severity of the symptoms via quality of life questionnaires [3]. The final diagnosis of faecal incontinence can be confirmed through tests such as anorectal manometry, magnetic resonance, and ultrasonography [2,6,7].

Surgical treatments, in general, have not yielded good results:

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initially in 30–80% for sphincteroplasty only 40% after 10 years referred some continence, for example [1]. There are several non-invasive treatment options. Clinical options can be used individually or combined. Improved dietary control for faeces formation can avoid the loss; biofeedback training or electrostimulation are other alternatives [3].

The use of acupuncture in the treatment of faecal incontinence is new, and it is used for the treatment of chronic functional diseases. Patient with faecal incontinence could gain benefits from its application, whether used in isolation or in conjunction with other therapies. Acupuncture has shown favourable results in the regulation of bowel habits and for controlling urinary incontinence [8,9]. The striated pelvic muscles are responsible for continence, and acupuncture has been shown to improve muscle performance by increasing tone and/or increasing the speed of response [10].

1.1. Acupuncture and traditional Chinese medicine

Acupuncture is an important part of traditional Chinese medicine (TCM). For over more than 2500 years, TCM has contributed to generations of medical researchers, and has refined and developed the practice of acupuncture. Even though acupuncture comes from very ancient origins, it has evolved, and uses technologies such as ultrasound, infrared radiation, laser and others, to enrich its physiotherapy resources [11,12].

Traditional Chinese medicine has a wide field of knowledge that spans many matters related to health and disease. It focuses on evaluating the causal factors of the disease and finds ways to deal with the disease, according to the stage of the illness. It specializes in forms of prevention [11].

TCM aims to treat and cure diseases through the application of moxa, needles, seeds, beads, suckers and others [12]. The acupuncture theory says that all the structures of the human body are originally in a balanced state of power between Yin and Yang. This theory explains the phenomena that occur in the organs as a concept of heat and cold, deep and superficial, and deficiency and excess. Acupuncture is a set of therapeutic concepts—both theoretical and empirical. Acupuncture's mechanism of action in the human body is not well described, but it may be due to a “neuro-modulation” effect in anal function, which is similar to the results obtained by methods that stimulate the sacral nerve [8].

The acupuncture practice is related to an interweaving of structures consisting of three main elements. The first element consists of side channels that are called “Jing Luo”, which means “way” or “life”. The second element has eight principles that are classified as internal and external, deficiency and excess, cold and heat, and Yin and Yang. The third element is the Zang Fu, which means “organs and viscera” [13]. Through this concept, it is possible to determine and classify the symptoms presented by the patient. One can establish the type, location, and nature or relationship of strength between the energies. It is possible to make a diagnosis regardless of the origin of the disease [14].

The human body is made up of vital substances named the Qi (energy), Xue (blood), and Jin Ye (body fluids) that interact to improve the function of the organs. When there is stagnation, excess or deficiency in these substances, the Zang Fu does not work properly and causes a malfunction in the patient [15]. These vital substances manifest in various forms, ranging from material, such as Jing Ye, to the immaterial, such as Shen (Mind Spirit), but all comprise the ancient Chinese view of the body and mind. Therefore, the body and mind are seen as a circle of energy, and vital substances interacting to form the organism, which is based on the Qi [15].

2. Objective

The objective of this study was to evaluate the action of acupuncture by systemic application of various techniques (needles and seeds) on patients with faecal incontinence and to quantify the resulting outcomes by a quality of life survey. The second objective was to assess whether the severity of incontinence was altered by the action of acupuncture.

3. Patients and methods

Patients were seen at MoDiNe- São Paulo-Brazil, which has a laboratory specialized in digestive motility. Patients had been diagnosed with faecal incontinence and had previously undergone an anorectal manometry to confirm a lack of continence function.

Inclusion criteria included the following: adult patients (aged 21 year or older) with more than 6 months symptoms (daily faecal incontinence of liquid, pasty, or solid stools, regardless of the amount).

Exclusion criteria included the following: less than 21 years of age; prior muscle injury caused by surgical episiotomy or accident, neurological disorders, metabolic diseases, cognitive deficits, or other factors that could influence the incontinence, such as chronic diarrhoea. Other factors, such as drug interaction and/or inadequate diet, were corrected prior to application of the sessions.

Patients were individually seen individually in 10 weekly sessions. During the first contact, the patient received the necessary information about the research, completed the Fecal Incontinence Quality of Life- (FIQL) survey, [16] and the visual analogue scale (VAS) (0 = no loss of faeces to 10 = very loss of faeces). Using the FIQL results, the patients were classified according the 4 dominium (life style, behaviour, depression and embarrassment). The VAS scores were divided into four groups according to severity of faecal loss (0 without symptom, 1–3 mild; 4–6 moderate; 7–10 severe).

During the first session, white and/or black mustard seeds were placed on pre-selected points according the intention. Three white seeds, were used to sedate, 3 black seeds were used to invigorate or 2 black and 1 white seed were used to harmonize. Patients were observed for any adverse effects and any reactions before the gradual energy stimulus, as described in Fig. 1. Patients were instructed to leave the seeds attached for three days, and only to remove the adhesive after that time or in case of adverse effects.

In each follow up session, 22 needles (15 in ventral, 7 in dorsal region) were applied in the same preselected points. Systemic needles, 0.25 × 30 mm (DongBang DBC 108) were used. If the intent was to invigorate the needle was introduced in favour to the flow of energy, if harmonization was required, the needle was placed perpendicular to the point flow of energy. When sedation was needed, needles were placed against to the flow of energy. The needles were inserted about 0.5 cm deep with a chuck help, and the patient was held in a dorsal position for 20 min. After that, the needles were removed, and the patient changed positions, the needles were applied to the ventral area for 15 min. At the end, the needles were removed and discarded. Therefore, each session lasted 40 min on average. After 10 sessions, patients completed to the same questionnaires, without access to information from the answers of the first.

Patients were informed of the protocols to be used, the goals of the research, and the possible risks and outcomes. Written informed consent was attained from each patient. The project was approved by the Hospital IGESP-São Paulo Research Ethical Committee and filed in CONEP (National Council in Research Ethics) under paragraph 45069115000005450. For ethical reasons, manometry after treatment was not requested. The research was conducted in accordance with the 2010 STRICTA requirements [17].

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