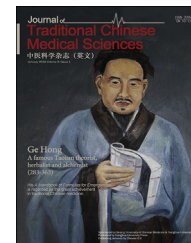


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Case report: Treating postpartum SUI with acupuncture and Chinese herbal medicine

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Abstract *Background:* Stress urinary incontinence (SUI), is the most common type of urinary incontinence affecting women. SUI has a significant impact on psychosocial functioning and quality of life. Biomedical treatments, such as surgery, often result in post-operative complications. In China, traditional Chinese medicine tends to be the treatment of choice for SUI. *Case presentation:* We present a 35-year-old patient who developed SUI following forceps delivery and was treated successfully with acupuncture and Chinese herbs. Traditional Chinese diagnosis, including channel and acupoint palpation revealed the patient had a syndrome pattern of liver/kidney deficiency, disordered bladder *qi* transformation, all of which lead to enuresis. Acupuncture, both body and scalp needling, were performed. Herbs were prescribed adjunctively.

Conclusion: Traditional Chinese medicine modalities may be considered for treatment of SUI based on appropriate syndrome pattern assessment.

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Introduction

Stress urinary incontinence (SUI)¹ is a type of urinary incontinence that commonly affects women.² Theories of the pathophysiology of SUI suggest a combination of anatomic

and functional problems.³ Pregnancy and vaginal delivery are two main causes of SUI. The disorder is characterized by leakage of urine that occurs during times of increased abdominal pressure, such as with coughing, laughing, sneezing, or physical activity or exercise.¹

Epidemiologic study on SUI in 2006 in China indicated that morbidity was 18.9% and peak incidence age was 50 years.⁴ In the city of Taiyuan, the rate in female adults was 31.6% in 2007.⁵ In Beijing in 2006, SUI prevalence was 22.9% and with increasing age, the prevalence increased year by year. Peak incidence of SUI was 50 years of age.⁶ As

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reported in 2005 in the city of Fuzhou, incidence of urinary incontinence in general was 18%, of which SUI incidence was 49%.⁷

Although SUI is not a life-threatening condition, daily and quality of life can be severely affected.⁷ Urinary incontinence in general can be a source of shame and embarrassment and even discrimination because of the odor. Depression, loss of social interaction, and impact on sexual health are not uncommon.⁸

We present a case of a woman who developed SUI following childbirth, treated successfully with acupuncture and traditional Chinese herbs.

Case presentation

A 35-year-old Chinese woman presented at our clinic in March 2015 complaining of urinary frequency, urgency, and incomplete bladder emptying. In January 2015, she delivered a healthy infant by forceps at another medical institution. Two days postpartum, the patient began experiencing urinary frequency, urgency, leakage of urine. Electroacupuncture at another clinic was unsuccessful. She had also performed Kegel exercises, which were ineffective. When she presented, voiding was up to 18 times a day. She did not have symptoms when sitting or lying down, but upon standing, symptoms occurred promptly. She also described a sense of tightness and discomfort when urinating, and experienced post-void dribbling. The patient had a history of gestational diabetes, which was now resolved.

Diagnosis and etiology

TCM findings revealed she did not have fatigue, aversion to cold, spontaneous sweating, or thirst. Her appetite and bowel movements were normal. Tongue body was fat with teeth-marked margin, bright red tip and dark tongue. Pulse was wiry and thready. Channel and acupoint palpation (Table 1) were performed to refine the TCM diagnosis. The Kidney channel was hollow, and acupoints on the Kidney channel and Conception vessel were very tender.

Biomedical diagnosis was stress urinary incontinence (SUI) possibly from nerve damage during the birthing process. Traditional Chinese medicine (TCM) diagnosis was enuresis due to weak bladder *qi* transformation caused by kidney deficiency.

Treatment

Treatment strategy was to regulate the flow of *qi*, increase urine production and tonify the kidney. Acupuncture and traditional Chinese herbs were prescribed.

Acupuncture protocol consisted of weekly treatments (Table 1). During all sessions, 0.30 × 30 mm body needles and 0.30 × 40 mm scalp needles (Zhongyantaihe Medical Instruments, Tianjin, China) were used. Body needles were inserted at standard angle and depth⁹ and manipulated until *de qi* sensation was achieved. Scalp needles were inserted at 15° to a depth of 0.4 *cun*, such that the needle tips reached the subgaleal layer.¹⁰

Acupuncture prescription consisted of body and scalp needling (Table 1). For body acupuncture, the strategy was: KI16 (*huang shu*), CY4 (*guan yuan*), KI3 (*tai xi*) to treat abnormal urination by warming the kidney and replenishing essence, and supporting the kidney in *qi* transformation. KI4 (*da zhong*), KI5 (*shui quan*) were selected to treat oliguria by increasing urine production. LV3 (*tai chong*) was needed to regulate the flow of *qi* to improve the movement of water. Bladder points included BL23 (*shen shu*), BL31 (*shang liao*), BL32 (*ci liao*), BL33 (*zhong liao*), BL34 (*xiao liao*), to improve the bladder function of *qi* transformation and to treat water movement disturbance.

For scalp needling, the strategy consisted of regulating the flow of *qi* and tonifying the kidney. The following scalp lines were selected: Middle Line of Forehead, Line Three Lateral to Forehead (bilateral), Middle Line of Vertex, and Posterior Oblique Line of Vertex-Temporal. One needle was inserted at any location on each scalp line.

Herbal formulas consisted of Modified Five-Ingredient Powder with Poria (*wu ling san*) and Tonify the Middle to Augment the *Qi* Decoction (*bu zhong yi qi tang*) to warm *yang*, and improve *qi* transformation of the bladder to promote urination (Table 2).

Second visit

At the second visit on March 30, the patient reported her urine volume was increased with each voiding, and her bladder felt relaxed after urination. Other symptoms were unchanged. The dark tongue coating was slightly improved. Her pulse remained wiry and thready. Channel and acupoint palpation found more pronounced tenderness on the left side (Table 1).

Treatment strategy remained fundamentally unchanged. However, as acupoints on the left were more sensitive than on the right, treatment strength of the left and right acupoints was modified to 3:1, that is 3 acupoints on the left aspect of the abdomen and 1 acupoint on the right aspect, in adherence to the TCM principle "for disease of the left, treat the right." Scalp acupuncture treatment remained the same as the first visit.

The herbal prescription Frigid Extremities Powder (*si ni san*) (Table 2) was added to promote the circulation and transformation of *qi* in order to resolve disorder of water movement.

Third visit

At the third visit on April 6, the patient stated decreased frequency of urination during the day to 14 times with continued relaxed feeling in the bladder after urination. She had begun to sense urine in the bladder and was able to hold the urine. Post-void dribbling had also decreased. Occasional leakage occurred when standing and was more pronounced when climbing stairs or walking quickly. Her tongue was now crimson, and pulse was wiry and slippery (Table 1). Channel palpation revealed hollowness along the kidney channel and pain at some of the acupoints were diminished, reflecting that *qi* transformation was improved, which in turn resulted in improvement of urinary symptoms. TCM syndrome pattern was diagnosed as insufficient

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