

EFFECTIVENESS OF ACUPUNCTURE AND MOXIBUSTION THERAPY FOR THE TREATMENT OF REFRACTORY INTERSTITIAL CYSTITIS

Hypothesis / aims of study

The primary aim of the management of interstitial cystitis (IC) is to decrease its symptoms.

Acupuncture and moxibustion treatment is one of the neuromodulatory therapies available in Japan. The objective of this study was to assess the efficacy of this treatment for patients with refractory IC after hydrodistension.

Study design, materials and methods

Patients who had previous conservative medical treatment, e.g. hydrodistension, intravesical instillation of dimethylsulfoxide or oral medication (e.g. suplastat tosylate, anticholinergics), which at best achieved short symptomatic relief, were enrolled.

Acupuncture and moxibustion therapy was given by applying moxa needles to BL32 and BL33 and performing electroacupuncture on BL34 at 3 Hz for 20 min. The treatment was given once every two weeks. The bladder condition was assessed by the Visual Analogue Scale (VAS) score (scoring 0-10), the O'Leary-Sant Interstitial Cystitis Symptom Index (ICS), the Problem Index (IPSI), and the maximum voided volume (MVV) on the frequency-volume chart. Patients who had a reduction of VAS score by >2 and an increase of MVV >100 ml were considered responders.

Results

The study included 5 female patients (age 62.9 ± 5.0 years, duration of symptoms prior to treatment 60.0 ± 30.0 months). The number of hydrodistensions was 2.8 ± 2.0 times, and intravesical instillation of dimethylsulfoxide was performed in two patients before acupuncture and moxibustion therapy. All patients tolerated the acupuncture and moxibustion therapy. There were 2 responders. In these responders, the VAS score decreased from 6 to 0 and 10 to 0, respectively, the MVV increased from 100 to 500 ml and from 150 to 270 ml, respectively, the ICS improved from 10 to 0 and from 11 to 3, respectively, and the IPSI improved from 12 to 3 and from 6 to 2 after 3 months, respectively. These patients had repeated therapy to maintain the effect. The responders had no recurrence for 24 months or more, and improvements were also seen on cystoscopy. They no longer required hydrodistension and were followed up in clinical remission.

Interpretation of results

Acupuncture and moxibustion therapy resulted in improvement in 20% (2/5) patients with refractory IC, and repeated therapy maintained the therapeutic effects.

Concluding message

Acupuncture and moxibustion treatment is a traditional and relatively noninvasive therapy. Although its precise mechanism of action is unclear, this study suggests that acupuncture and moxibustion treatment may be a therapeutic option for IC. Further studies are needed to clarify the efficacy of acupuncture therapy for IC patients.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	This study was not invasive, but followed the Declaration of Helsinki.
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes