Hypothesis / aims of study
Acupuncture to sacral region could be useful clinically for the treatment of overactive bladder or detrusor overactivity (1, 2). However, the mechanisms of acupuncture effect for overactive bladder remain unknown in detail. The bladder contraction is inhibited by acupuncture stimulation of perineum in anesthetized rats (3). However, the influence of acupuncture stimulation on bladder function should be discussed under unanesthesia for evaluations of urinary sensory afferents. We investigated the impact of acupuncture stimulation on bladder function in conscious rats.

Study design, materials and methods
A total of 42 male Sprague-Dawley rats weighting 210 to 260gm were used in this study. Under pentobarbital anesthesia (50mg/kg, ip), a polyethylene catheter was inserted into the bladder dome for cystometric measurements. Four or five days after the operation, the following cystometric parameters were measured without anesthesia as intercontraction interval (ICI), maximum voiding pressure (MVP) and threshold pressure (TP). Saline was infused into the bladder continuously at the rate of 0.2ml/min using infusion pump through the experimental period. Of 24 rats were divided into 4 groups by 6 rats in each group as follows; acupuncture, atropine, prazosin and αβ-methylenATP. The three constant micturition contractions were obtained and determined as baseline. One group of rats was performed acupuncture to sacral region for 1min following baseline. To investigate the effects of drugs compared with acupuncture, the other groups of rats were administered intravenously prazosin (2mg/kg), αβ-methylenATP (1mg/kg) or atropine (0.5mg/kg) following baseline. The three micturition contractions after acupuncture and administration of the drugs were evaluated as the effects. Remaining of 18 rats were divided into 3 groups by 6 rats each due to analysis the effects of acupuncture after intravenous injection of the drug, atropine, prazosin or αβ-methylenATP, following baseline. Acupuncture was performed after three micturition cycles following the drug administration. The three micturition contractions after administrations of the drugs were compared with baseline and after acupuncture following drug administrations. The Mann-Whitney U test and Bonferroni/Dunn multiple comparison were used for statistical data analysis. For all statistical analysis, p<0.05 was considered to be statistically significant.

Results
Figure 1 shows the cystometrogram of before and after acupuncture in a conscious rat. In acupuncture treated rats, there were significant decreases compared with baseline on TP (p=0.0006), however, there were no significant changes on both MVP and ICI. On the other hand, MVP was significantly decreased in both atropine treated group (p=0.0003) and prazosin treated group (p=0.0002), TP was significantly decreased compared with baseline in both αβ–methylen ATP treated group (p=0.0005) and prazosin treated group (p=0.0005). There were no significant differences on TP among the following three groups: αβ–methylenATP, prazosin and acupuncture. No significant changes were found on the other cystometric parameters in drug administration group. Table 1 shows the changes of cystometric parameters after acupuncture following the drug administrations. There was a significant decrease on TP after acupuncture following atropine injection (p=0.015), while there were no significant changes on TP after acupuncture following αβ–methylen ATP or prazosin injection.

Interpretation of results
These findings indicate that acupuncture to sacral region can inhibit the storage function on the mechanisms of atropine resistance inhibitory activity influenced by purinergic as well as alpha-adrenergic systems in filling bladder. It is suspected that acupuncture to sacral region could be useful clinically for refractory overactive bladder treated anticholinergic agents.

Concluding message
Acupuncture to sacral region might contribute to the inhibitory effects on storage function related with purinergic and adrenergic systems in conscious rats.

References
2) ICS2005 Abstract No.541
Figure 1  Description of a cystometrogram before and after sacral acupuncture in a conscious rat

Table 1  Effects of drug administrations and sacral acupuncture on cystometric parameters

<table>
<thead>
<tr>
<th></th>
<th>Atropine 0.5mg/kg, iv + ACP (n=6)</th>
<th>Prazosin 2mg/kg, iv + ACP (n=6)</th>
<th>α β-MeATP 1mg/kg, iv + ACP (n=6)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>baseline</td>
<td>iv</td>
<td>ACP</td>
</tr>
<tr>
<td>ICI (sec)</td>
<td>161.7 ± 25.5</td>
<td>160.6 ± 11.1</td>
<td>147.2 ± 18.3</td>
</tr>
<tr>
<td>MVP (cmH₂O)</td>
<td>72.9 ± 4.0</td>
<td>50.3 ± 2.9</td>
<td>46.1 ± 2.1</td>
</tr>
<tr>
<td>TP (cmH₂O)</td>
<td>31.2 ± 2.5</td>
<td>24.5 ± 2.4</td>
<td>16.5 ± 1.5</td>
</tr>
</tbody>
</table>

ACP: acupuncture; iv: intravenous; ICI: Intercontraction interval; MVP: Maximum voiding pressure; TP: threshold Pressure
*: baseline vs after injection (p<0.05); †: after drugs administration vs after acupuncture following drugs administration (p<0.05)

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ANIMAL SUBJECTS: This study followed the guidelines for care and use of laboratory animals and was approved by Local Ethics Committee of Meiji University of Oriental Medicine