Clinical Observations on the Treatment of 80 Chronic Prostatitis Patients with Combined Acupuncture and Medicine

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Abstract
Objective: To investigate if acupuncture can improve the curative effect of Western medicine on chronic prostatitis (CP).
Methods: One hundred and ten patients with chronic prostatitis were randomly allocated to a treatment group of 80 cases and a control group of 30 cases. The clinical effects were evaluated according to cultures of bacteria in early-stream urine, midstream urine, prostate secretion (EPS) and after-massage urine (VB3).
Results: Both the cure rate and the total efficacy rate were higher in the treatment group than in the control group (43/80 vs 10/30, P < 0.01; 75/80 vs 25/30, P < 0.05). In the treatment group there was no significant difference in curative effect between bacterial CP and nonbacterial CP (P > 0.05). In the control group the curative effect on bacterial CP was significantly superior to that on nonbacterial CP.
Conclusion: Treatment with combined acupuncture and medicine is a good therapy for nonbacterial CP.

Key Words: Prostatitis; Acupuncture Medication Combined; Acupuncture Therapy

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Chronic prostatitis (CP) is a common disease of the male urogenital system and comes under the categories of cloudy urine and pathogenic heat-caused stranguria in traditional Chinese medicine. Clinically we treated 80 chronic prostatitis patients with combined acupuncture and medicine and compared its curative effect with that of simple medicine. The results are reported as follows.

General Data

1. Diagnostic criteria
The following criteria were established according to Practical, concise andrology [3].

1. Urinary frequency and a burning sensation in the urethral meatus during urination or a feeling of incomplete voiding.
2. Discomfort and swelling pain in the sacral part, perineum, hypogastric part, groin, urethra or testicle.
3. More or less cloudy urine dribbling out of the urethral meatus at the end of urination or exertive defecation.
4. Sexual dysfunction, e.g. hypossexualt, prospermia, impotency, spermatorrhoea or sterility.
5. Digital examination of the prostate: normal or rough surface, uneven hardness and local tenderness, and reduced prostate volume due to long inflammation.
6. Examination of prostate secretion: WBC > 10/HP or pus cells and a decrease in lecithin corpuscles.
7. After the patient’s early-stream urine (VB1) and midstream urine (VB2) were taken, the prostate secretion (EPS) was obtained after prostate massage and also the after-massage urine (VB3) for bacterial cultures to help location of the infection. If VB1 or VB2 was negative or had < 3000 colonies/ml but EPS or VB3 had > 5000 colonies/ml (VB3 had twice as many colonies as VB1), chronic prostatitis was diagnosed. If EPS or VB3 had < 5000 colonies/ml, chronic nonbacterial prostatitis was diagnosed. The examination was made again 6 weeks later and the result was the same. If the patient had more than one of the above 1 ~ 6 symptoms and conformed
to criterion, an exact diagnosis was made.

2. Criteria for assessing the degrees

It was classified into 3 grades according to Guidelines for Clinical Studies of Traditional Chinese Medicine and New Medicine\(^{[2]}\).

3. General data

All 110 patients came from the departments of andrology and acupuncture-moxibustion and were randomly allocated into an acupuncture plus medication group of 81 cases (treatment group) and a simple medication group of 30 cases (control group) according to a random number table. The general conditions of the two groups are seen in Table 1. The degree, duration, etc of the disease were comparable between the two groups (chi-test showed \(P > 0.05\)).

Therapeutic Methods

1. Acupuncture

Points: Bilateral Huiyang (BL 35), Ciliao (BL 32), Zhongliao (BL 33), Xialiao (BL 34) and Shenshu (BL 23).

Method: A reinforcing method was used for Huiyang (BL 35), Ciliao (BL 32), Zhongliao (BL 33), Xialiao (BL 34) and Shenshu (BL 23) and a uniform reinforcing-reducing method for other points. The needling sensation was required to go to point Huiyin (CV 1). The needles were retained for 30 min and manipulated once at intervals of 5 min. The treatment was given once daily, 6 times as a course. There was a rest interval of one day to the next course.

2. Medications

Ciprofloxacin was orally taken 0.25 mg twice daily and Qian Lie Tong Yu Capsule (national drug authorized number Z-19990060), 5 capsules three times daily.

The treatment group received acupuncture and medication and the control group, simple medication. The two groups avoided spicy and greasy food during treatment. The curative effects were evaluated after two months' treatment.

Therapeutic Results

1. Criteria of curative effects\(^{[2]}\)

Clinical recovery: The symptoms disappeared, more than two consecutive examinations of EPS showed normality, the anal examination showed that the tenderness disappeared and the hardness was normal or nearly normal, and B-ultrasonography showed normality in the main.

Marked effectiveness: The symptoms disappeared on the whole, more than two consecutive examinations of EPS showed that WBC was 1/2 less than before or < 15/HP and the anal examination showed that both the tenderness and the hardness took a turn for the better.

Effectiveness: The symptoms were relieved and EPS examination showed that it was better than before.

Ineffectiveness: The symptoms and signs did not improved or got aggravated and EPS examination showed that it was the same or worse.

2. Curative effects (see Table 2-4)

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Age(yr)</th>
<th>Duration(yr)</th>
<th>Bacterial</th>
<th>Nonbacteria</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment group</td>
<td>80</td>
<td>37±10</td>
<td>3.0±0.6</td>
<td>33</td>
<td>47</td>
<td>16</td>
<td>24</td>
<td>40</td>
</tr>
<tr>
<td>Control group</td>
<td>30</td>
<td>36±8</td>
<td>2.8±0.5</td>
<td>12</td>
<td>18</td>
<td>6</td>
<td>9</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Clinical recovery</th>
<th>Marked effectiveness</th>
<th>Effectiveness</th>
<th>Ineffectiveness</th>
<th>Total efficacy rate(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>80</td>
<td>43(^{[2]})</td>
<td>21</td>
<td>11</td>
<td>5</td>
<td>93.8(^{[2]})</td>
</tr>
<tr>
<td>Control</td>
<td>30</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>83.3</td>
</tr>
</tbody>
</table>

Note: 1) \(P<0.01\), 2) \(P<0.05\), in comparison with the control group

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Clinical recovery</th>
<th>Marked effectiveness</th>
<th>Effectiveness</th>
<th>Ineffectiveness</th>
<th>Recovery rate(%)</th>
<th>Total efficacy rate(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacterial CP</td>
<td>33</td>
<td>18</td>
<td>8</td>
<td>5</td>
<td>2</td>
<td>54.6(^{[2]})</td>
<td>93.9(^{[2]})</td>
</tr>
<tr>
<td>Nonbacterial CP</td>
<td>47</td>
<td>25</td>
<td>13</td>
<td>6</td>
<td>3</td>
<td>53.2</td>
<td>93.6</td>
</tr>
</tbody>
</table>

Note: 1) \(P<0.05\), in comparison with nonbacterial CP