

## Symptoms and Signs

### Reference

Tomita K, Kitakoji H, Honjo H, et al. Effect of moxibustion treatment for nocturia: a randomized controlled trial. *Zen Nihon Shinkyu Gakkai Zasshi (Journal of the Japan Society of Acupuncture and Moxibustion: JJSAM)* 2009; 59(2): 116–24 (in Japanese with English abstract). Ichushi Web ID: 2009213798

### 1. Objectives

To evaluate the effectiveness of moxibustion treatment for nocturia.

### 2. Design

Randomized controlled trial (RCT).

### 3. Setting

Home and the Department of Urology, the Meiji University of Oriental Medicine (current Meiji University of Integrative Medicine) Hospital, Kyoto, Japan.

### 4. Participants

Forty eight outpatients with nocturia refractory to drug treatment who visited a department of urology.

### 5. Intervention

Arm 1: Moxibustion group (n=25). Indirect moxibustion applied to the CV3 (中極) acupuncture point, self-administered three times/day for one week.

Arm 2: Sham moxibustion group (n=23). Indirect moxibustion without adequate heating. Duration and frequency of the treatment were the same as in Arm 1.

Drop-out rate was 25% (12/48).

### 6. Main outcome measures

The number of nocturia events.

### 7. Main results

Treatment significantly decreased the average number of nocturia episodes in Arm 1 ( $P<0.01$ ), but not in Arm 2 ( $P=0.551$ ). There was no significant between-group difference in effectiveness ( $P=0.306$ ).

### 8. Conclusion

Indirect moxibustion may be able to improve nocturia.

### 9. From acupuncture and moxibustion medicine perspective

The CV3 (中極) acupuncture point was selected because it was 1) expected to affect bladder function regulation, and 2) be suitable for self-administration of moxibustion.

### 10. Safety assessment in the article

Second-degree burns were documented in 3 cases in Arm 1.

### 11. Abstractor's comment

Sham moxibustion (indirect moxibustion; application of insufficient heat) was used as control in this study, and validity of the sham moxibustion as control was also assessed. As there have been few RCT studies on moxibustion, this study should provide valuable information. Notably, the average number of nocturia events, the outcome measure of this trial, was significantly decreased in the treatment group. However, finding of no significant difference between arms was disappointing. The results were not assessed by ITT analysis even though some subjects withdrew from the study. Group allocation might have been biased by symptoms and underlying medical conditions. Indirect moxibustion performed at home might hamper recruitment of subjects and result in increased drop-out rate, but even so, these problems can be solved and lead to further progress in the studies.

### 12. Abstractor and date

Takahashi N, 10 August 2010, 21 August 2010.