18. Symptoms and Signs

Reference

Minagawa M, Ishigami T, Hori S, et al. Controlled clinical trials using the envelope method for urinary dysfunction — the effectiveness of the zhongji (cv-3). *Zen Nihon Shinkyu Gakkai Zasshi (Journal of the Japan Society of Acupuncture and Moxibustion*) 1999; 49(3): 383–91 (in Japanese with English abstract). Ichushi Web ID: 2000067347

1. Objectives

To evaluate the effects of treatment for urinary dysfunction as chief complaint, and treatment plus acupuncture at the CV3 (中極) acupuncture point.

2. Design

Randomized controlled trial using sealed envelopes for allocation (RCT-envelope).

3. Setting

Nine practicing acupuncture and moxibustion clinics, Japan.

4. Participants

Ninety patients with urinary dysfunction symptoms identified by questionnaire (mean age in the two groups: 59.8 and 59.7 years).

5. Intervention

Arm 1: CV3 (中極) group. Single needle treatment (5–7 mm) at the CV3 (中極) acupuncture point, in addition to treatment for the chief complaint (n=44).

Arm 2: Control group. Treatment for the chief complaint only (n=46).

Treatment in both groups at least once a week (three times in total).

6. Main outcome measures

Evaluation of urinary dysfunction by questionnaire before each treatment and after the third treatment.

7. Main results

No significant between-group and between-gender differences were observed in the change in overall urinary dysfunction score, frequency of nighttime urination, and daytime urination interval.

8. Conclusions

Acupuncture stimulation at the CV3 (中極) acupuncture point has no effect on urinary dysfunction.

9. From acupuncture and moxibustion medicine perspective

Not mentioned.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

The authors should be commended for having conducted a multi-center RCT with 90 urinary dysfunction patients. It is an important paper that demonstrates a study can be conducted at acupuncture and moxibustion clinics. Regrettably, the authors do not describe how they estimated sample size and how random allocation and masking were conducted. In addition, it is possible that the outcome was negative because the intervention was the usual treatment in the control group and only the usual treatment plus CV3 (中極) acupuncture in the intervention group. We anticipate further research that addresses those problems, since the authors did manage to conduct this multi-center randomized controlled trial.

12. Abstractor and date

Shinohara S, 31 January 2011, Takahashi N, 11 January 2012.