The Acupuncture Treatment of Chronic Prostatitis/Chronic Pelvic Pain Syndrome

Abstract

Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is a common issue affecting up to 14 per cent of men around the world. It not only causes significant pain, but also urinary and sexual dysfunction and anxiety. Acupuncture can address the numerous symptoms of CP/CPPS. This article provides an introduction to the condition in terms of both Chinese medicine and biomedicine, and provides a general outline for treating the condition with acupuncture.

By: Joseph Alban

Keywords: Acupuncture, Chinese medicine, prostatitis, pelvic pain, chronic prostatitis, chronic pelvic pain syndrome, Lin syndrome, genitourinary disease.

Introduction

Chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) is not a topic men tend to speak about openly. Not only is it physically uncomfortable, it affects an intimate and potentially embarrassing location. This can lead to a lot of stress around the condition. Yet it is a significant issue affecting up to 6.3 per cent of the population in the United States and 14 per cent of the population worldwide.[1,2] The pain, urinary and other physical symptoms can be devastating.

Pelvic pain in men was once associated primarily with chronic prostatitis (CP), which was thought to involve bacterial infection and/or inflammation of the prostate. However, because the vast majority of individuals with pelvic pain and its associated symptoms - including pelvic and perineal pain, sexual dysfunction and urinary changes - do not have an infection, the disease classification has been modified to Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) to accurately encompass the various symptoms and pathologies (see Table 1 below).[3,4,5] Patients often seek acupuncture for CP/CPPS after going through many uncomfortable tests and rounds of treatment with antibiotics, anti-inflammatory medications and alpha-blockers,* with limited success.[7] Numerous clinical trials and pilot studies have found acupuncture to be effective in reducing the pain and urinary symptoms associated with CP/CPPS.[6,7,8,9,10,11]

This paper focuses on the treatment of Category III CP/CPPS, as it is the most common and least understood type of the condition. Category III CP/CPPS is defined as involving CP symptoms for three of the six previous months, without an infection of the prostate being identified. Category III CP/CPPS is divided into two sub-categories: Sub-category A includes cases where inflammation is present, with white blood cells within the prostatic secretions; sub-category B includes cases without the presence of inflammation. Of the other categories, categories I and II correspond to acute and chronic bacterial prostatitis respectively, while category IV is asymptomatic prostatitis, where white blood cells are found in the semen or prostatic secretions but there are no symptoms.

Classification of Prostatitis and Pelvic Pain	Causes/findings
Category I - acute bacterial prostatitis	Ascending infection of the urinary tract.
Category II - chronic bacterial prostatitis	Recurrent infection of the prostate.
Category III - chronic non-bacterial prostatitis/ chronic pelvic pain	Pain without bacterial infection. Type A: inflammatory CPPS with leukocytes found in the semen, expressed prostatic secretions or urine. Type B: non-inflammatory
Category IV - asymptomatic prostatitis	Leukocytes found in semen or urine but patient does not experience any symptoms. Clinical significance unknown.

Table 1: Chronic Prostatitis/Chronic Pelvic Pain Syndrome classification

*Alpha blockers are prescribed to men with CP/CPPS to reduce high-pressure voiding symptoms and intra-prostatic pressure, as also seen in benign prostatitis hypertrophy (BPH).

CP/CPPS symptoms

The cardinal symptoms of CP/CPPS are pelvic and perineal pain, sexual dysfunction and urinary changes.[1] These symptoms often come and go in cycles of exacerbation and amelioration. The experience of each individual tends to differ and not every patient will have all of the symptoms. The location of the pain can vary widely, and may be felt in the inguinal fossa, perineum, genitals, lower back, suprapubic area or throughout the abdomen.[12] Some men feel fullness in the pelvic floor as if they are sitting on a golf ball, and numbness and/or tingling in the pelvic region is common. Some men report a constant feeling of fullness in the bladder. Voiding issues such as urinary urgency, polyuria and dysuria are common, and a sensation of burning during urination may occur. Nocturia is also common, which can disrupt sleep and thus cause further stress. Urinary flow may be reduced, hesitant or obstructed. Sexual dysfunction - including premature ejaculation, erectile dysfunction and poor libido are all common symptoms of CP/CPPS. Many men avoid sexual activity altogether due to pain, which may occur upon or after ejaculation; some men experience pain and irritation for days after ejaculation. It is very common to also have IBS or other digestive issues such as bloating, constipation or loose stools.[13] The physical and emotional toll of CP/CPPS can be devastating, and unsurprisingly can often lead to the development of anxiety and depression.[14]

"The location of the pain can vary widely, and may be felt in the inguinal fossa, perineum, genitals, lower back, suprapubic area or throughout the abdomen."

Chinese medicine: pathophysiology and assessment

In the acupuncture clinic, CP/CPPS can present with characteristics of both orthopaedic-type diseases involving myofascial dysfunction (often treated according to the traditional theories of bi-obstruction and the jingjin [channel sinews]), as well as urinary diseases such as lin (painful urinary syndrome). As the symptoms of the condition vary considerably, it is important for the clinician to be familiar with a broad spectrum of presentations.

In terms of pattern differentiation, the urinary symptoms are usually caused by damp-heat, although other patterns are also important. Digestive issues are also common, which typically involve Spleen qi vacuity and Liver qi stagnation, which are typical patterns associated with the condition. The most common Chinese medicine patterns seen in CP/CPPS are as follows:

- **Damp-heat:** Patients with damp-heat tend to experience painful, burning and inhibited urination, incomplete voiding and/or nocturia. They tend to feel warm in general, and may sweat excessively. The pain is usually located in the lower back, pelvic floor, genitals and buttocks, and patients may experience suprapubic fullness. The tongue is red with a thick sticky yellow tongue coat and the pulse is slippery (hua) or wiry (xian). This type of CP/CPPS reacts well to acupuncture treatment and pain relief is often seen within a few treatments.
- **Qi stagnation:** The primary symptom of this pattern is pain - both myofascial as well as urinary. Urination may also be frequent and inhibited, but there will be less burning than with damp-heat. There may be fluctuating levels of pain, with spontaneous periods of relief. The pain is usually exacerbated by stress (and may have originally started during a stressful period), and is likely to move around different locations. Common zones of pain due to qi stagnation are the pelvic floor, genitals, abdomen, lateral obliques and inguinal area. At times the muscles of the lower back and buttocks will be very tense and sensitive to touch. Patients exhibiting this pattern may have had symptoms for many years, in which case the stagnation will have also generated heat. The tongue is pale with red sides and the pulse is wiry (xian). Qi stagnation pain is often relieved rapidly with acupuncture treatment.
- **Qi vacuity:** Qi vacuity of the Spleen and Kidney may underlie other patterns, or may be the primary pattern of disharmony. This pattern often develops after an infection and long courses of treatment with antibiotics, and is characterised by bladder discomfort and fullness. Patients may describe the feeling as irritation rather than actual pain. The discomfort is often difficult for the patient to locate precisely, and may be spread over a large area. Irritation is worse after sex. Voiding may feel inhibited and incomplete. Digestive changes such as loose stools are common. Patients with qi vacuity may also develop dampness, which may need to be addressed specifically in treatment. Although qi vacuity is often a primary pattern, it is important to note that in many cases of damp-heat the qi becomes injured and will need to be boosted in the final part of the treatment plan in order to prevent the symptoms from recurring. These patients are less likely than those with the other patterns to have active trigger points, although in some cases they may present with trigger points that are very sensitive and spastic to the touch. In such cases the qi will need to be boosted prior to releasing the trigger points. The tongue will be large and pale, and if there is also a thick white fur, dampness is also present. The pulse is deep and weak, particularly in the chi position. Qi vacuity-type CP/CPPS is very treatable by acupuncture, although the treatment course is generally longer than with the other patterns.

Acupuncture treatment

Treatment focused on the lumbo-sacral area, with additional points to address the underlying pattern will often produce quick results. Careful palpation of the lumbo-sacral area and hips should guide treatment protocols. Many of the lumbo-sacral points will be found to correspond to tender ashi / trigger points that create referred pain in the genitals and pelvic floor. From a traditional perspective the myofascial aspect of the condition can be understood as stagnation of qi and blood within the jingjin (channel sinews).

Primary points

Before treatment it is important to palpate the channels on the lower back, pelvis and legs to identify areas of tension and ashi points. In the majority of patients I find the quickest way to reduce pain is to begin treatment with the patient lying prone and needling the back, typically for the first three to five sessions. After the initial few sessions, acupuncture points may alternate between the front and back, depending on where there is tension and pain. However, if a patient is very sensitive and the points on the dorsum are extremely tense and tender, then treatment should instead begin with acupuncture points along the channels of the arms, legs and lower abdomen. After such treatment, tender regions on the dorsum will often relax and one can proceed to treating them locally. An initial 'back' treatment may consist of the following points:

- **Shenshu BL-23** is the back-shu point of the Kidney. It tonifies the Kidneys, benefits essence, regulates the passage of water and benefits urination.[15] Addressing the role of the Kidney in both sexual function and urination is important for treating CP/CPPS. This point is also useful for treating pain in the lower back and sacral area.
- **Ciliao BL-32 and Zhongliao BL-33** are located in the second and third sacral foramina, and reduce pain by regulating the qi of the lower burner. Physiologically, these acupuncture points are thought to stimulate the sacral nerve.[10] They are indicated for symptoms such as orchitis, painful urination, urine retention, sciatica and lower back and limb pain.[25,16]
- **Huantiao GB-30** is located in the gluteus maximus at the inferior border of the piriformis muscle and is considered a trigger point for this muscle. This point is indicated for pain of the hip, lower back and lower limbs. It also helps disperse qi in the lower back and pelvis.
- **Baohuang BL-53 and Zhibian BL-54** are located three cun lateral to the midline at the level of the second sacral foramen and the sacro-coccygeal hiatus respectively. Baohuang BL-53 lies lateral to Pangguangshu BL-28 (the back-shu point of the Bladder) and regulates urination, and Zhibian BL-54 is effective for pain in the lower back, sacrum and pelvic floor.

> *I find the quickest way to reduce pain is to begin treatment with the patient lying prone and needling the back...*

- **Taixi KID-3** is the yuan-source point of the Kidney. While this point is known for nourishing and tonifying the Kidney, it is indicated for frequent urination and lower back pain and can also be useful in many excess patients.
- **Additional ashi points:** Additional acupuncture points on the back, hips and lower abdomen should be identified through palpation and needled if tender. On the buttocks, needle Huiyang BL-35 when tender. On the lower limbs Chengfu BL-36, Ququan LIV-8, Jimai LIV-12 and Diji SP-8 are common locations of ashi points. When treating excess patterns it is also recommended to include non-channel ashi points, particularly along the borders of the sacroiliac joint and the posterior superior iliac spine.

After the first phase of treatment, the above protocol can be alternated with the following acupuncture points on the abdomen:

- **Zhongji REN-3** is the front-mu point of the Bladder. This point benefits the Bladder and drains damp-heat. It is indicated to treat frequent urination, retention of urine and the five types of Lin. It is also useful for diseases of the genitalia.
- **Changyi (M-CA-17)** is located 2.5 cun lateral to Zhongji REN-3. It is indicated for penile pain and orchitis.[16]
- **Dahe KID-12**, located half a cun lateral to the midline at the level of REN-3, is indicated for pain in the genitals and sexual dysfunction.
- **Wushu-GB 27 and Weidao-GB 28** are located on the lower abdomen just anterior to the anterior superior iliac spine. These points are indicated for abdominal and testicular pain. For better results it is important to palpate and find the active ashi points in this region.
- **Tianshu ST-25** is the front-mu point of the Stomach, located two cun lateral to the umbilicus. This point is particularly helpful for those who also have digestive dysfunction and/or IBS symptoms. It is also helpful to reduce abdominal pain.
- **Yinlian LIV-11 and Jimai LIV-12** are located on the upper aspect of the inner thigh and groin. They are indicated for genital and pelvic pain. Caution should be exercised when needling Liv-12 as it is close to the femoral artery.

Supplementary points according to pattern

The following points should be incorporated in the treatment based on pattern discrimination.

Damp-heat

- Add Yanglingquan GB-34, Waiguan SJ-5 and Yinlingquan SP-9.

Liver qi stagnation

- Add Yanglingquan GB-34, Waiguan SJ-5, Zulinqi GB-41, Taichong LIV-3, Diji SP-8, Sanyinjiao SP-6 and the combination of He Gu LI-4 and Houxi SI-3.

Qi vacuity

- Add Zusanli ST-36, Sanyinjiao SP-6, Taixi KID-3, Chize LU–5 Yinlingquan SP-9, Houxi SI-3, Hegu L.I.-4 and Taichong LIV-3. Moxibustion can be applied at Zhongji REN-3, Guanyuan REN-4, Yinlingquan SP-9, Taixi KID-3 and Yongquan KID-1 to boost the Spleen and Kidney. There are generally fewer trigger points in patients with qi vacuity. If the patient's qi is very deficient, one should avoid using too many needles and deep/strong needling of trigger points in the lower back and buttocks, as excessive treatment can easily cause a flare of symptoms.

Supplemental points based on symptoms

- Constipation is a common issue in CP/CPPS that is very important to control in order to resolve pain: use Tianshu ST-25, Zusanli ST-36 and Zhigou SJ-6.
- Rectal pain can be treated with Huiyang BL-35 and Feiyang BL-58. Feiyang BL-58 is used because it is the luo-connecting point of the Bladder channel and travels to the rectum.
- For persistent pain in the genitalia, pelvic floor or rectum, add Shugu BL-65, Houxi SI-3 and Huiyin REN-1. Bleeding Zhiyin BL-67 and Weizhong BL-40 can also be helpful.
- If anxiety is marked, it is important to calm the shen with Baihui DU-20, Yintang M-HN-3, Sishencong M-HN-1 and auricular Shenmen, Sympathetic and Heart.
- Auricular points are good general points for pain relief: use Shenmen combined with Bladder.

Needle technique and treatment plan

Needling should focus on obtaining a sensation of deqi, needling to a depth of 1.5 to 2 cun on the back points, and 1 to 1.5 cun on the abdomen. Points located within the large muscle groups, such as the gluteus maximus, can be needled up to four cun in order to achieve deqi. The needle retention on the myofascial (i.e. ashi) points should be no longer than 20 minutes, otherwise it can cause a flare of symptoms. If the muscles are very sensitive and tender, even shorter treatments such as 10 to 15 minutes are preferable and yield better results.

An initial course of acupuncture treatment is 12 weeks, with treatments twice weekly. Patients will usually experience a reduction in pain after a few sessions. CP/CPPS is prone to exacerbations and remissions, and the patient should be advised that the pain is likely to ebb and flow throughout the treatment course. If there is improvement by week 12, but not a complete resolution of symptoms, the patient should continue into further treatment courses. Some patients may require further 'maintenance' acupuncture to prevent a relapse of the condition.

Electro-acupuncture

Electro-acupuncture (EA) can help to relieve pain and inflammation and reduce symptoms such as urinary urgency, frequency and inhibition. The intensity of the stimulation should be increased according to the tolerance of the individual patient, and readjusted after 10 minutes. The intensity should always remain comfortable. Use EA stimulation for 20 minutes in order to maximise pain relief.[17] I find 10 hertz to be the best frequency for CP/CPPS.

- Connect the leads of the device unilaterally from Ciliao BL-32 to Huantiao GB-30, and Zhongliao BL-33 to Huiyang BL-35. These points were used in a randomised trial of electro-acupuncture for CP/CPPS, which showed the therapy to significantly reduce pain.[10]
- Use EA on channel and non-channel ashi points; the points Huiyang BL-35, Chengfu BL-36 and Huangmen BL-51 on the buttocks, and Jingmen GB-25, Daimai GB-26 and Tianshu ST-25 on the abdomen are particularly useful. Ququan LIV-8 on the leg is useful if tender on palpation.
- In the author's experience, Zusanli ST-36 and Yinlingquan SP-9 are an effective combination for EA that can be used in many patterns, particularly damp-heat and Kidney vacuity.

Other therapies

- For those who have lower back pain, cupping over the painful area on the lumbar is helpful.
- Guasha on the lower back and sacral area is very effective for patients with inhibited urination. Guasha from Pishu BL-20 to Ciliao BL-32 can often relieve the inhibition in one session, although other pain may remain.
- Mind-body relaxation techniques such as progressive relaxation or Mind Body Stress Reduction (MBSR) can be used to maintain pain and symptom relief as well as long term management of the condition.

Recent clinical trials

Although not a comprehensive literature review, a small sample of relevant research on acupuncture and CP/CPPS is included here. The trials were chosen to illustrate three different approaches to treatment of the condition. For a full review please see Lee (2011) and Posadzki (2012).[9,18]

1. Electroacupuncture relieves pain in men with chronic prostatitis/chronic pelvic pain syndrome: three-arm randomised trial[10]

Thirty-six men with CP/CPPS were randomised to three groups: advice and exercise plus 12 bi-weekly sessions of electro-acupuncture (EA), advice and exercise with sham electro-acupuncture (SEA), and advice and exercise (AE) alone. Acupuncture points used included bilateral Ciliao BL-32, Zhongliao BL-33 and Huantiao GB-30. The needles were stimulated at four hertz and a tolerable intensity of between five and 10 milliamps for 20 minutes. All twelve participants in the EA group experienced at least a six-point reduction in total National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) scores, compared to only two of the 12 in the SEA group. The reduction in the EA group was significant compared to both the SEA and AE groups in terms of both NIH-CPSI total score and pain levels.

2. A pilot study on acupuncture for lower urinary tract symptoms related to chronic prostatitis/chronic pelvic pain[11]

Ten males with category III CP/CPPS were given a standardised acupuncture treatment twice weekly for six weeks. Deqi was obtained at acupuncture points including Waiguan SJ-5, Zulinqi GB-41, Taichong LIV-3, Hegu L.I.-4, Diji SP-8 and Sanyinjiao SP-6, and the auricular points Shenmen, Kidney, Liver, Lung and Spleen were needled unilaterally, alternating ears between visits. The needles were retained for 20 to 25 minutes and re-stimulated by scraping the handle of the needle and lightly rotating the needle back and forth. The decrease in NIH-CPSI scores after three and six weeks following treatment were significant (P<.006), as were the decrease in total symptoms and improvement in quality of life (P<.0002). Improvement in the Short Form 36 Quality of Life Survey was also significant in categories such as physical function, role limitations, vitality, social functioning and physical pain. There were no adverse effects.

3. Acupuncture ameliorates symptoms in men with chronic prostatitis/chronic pelvic pain syndrome[13]

Twelve men with CP/CPPS received acupuncture treatment twice a week for six weeks. The treatment protocol included three sets of acupuncture points that were alternated at each visit. The initial set, that focused on uniting the Bladder and Kidney divergent channels, included Tianzhu BL-10, Shenshu BL-23, Pangguangshu BL-28, Weizhong BL-40, Yingu KID-10, Yongquan KID-1 and Zhiyin BL-67, all needled bilaterally. The second set included Zhongji REN-3, Guanyuan REN-4 and Changyi-M-CA-17, which were needled and connected to electro-stimulation at five hertz, plus Sanyinjiao SP-6 needled manually. The last set included Shenshu BL-23, Zhibian BL-54, Huiyang BL-35, Zhibian BL-54, Weiyang BL-39 and Sanyinjiao SP-6, with Huiyang BL-35 and Zhibian BL-54 needled with three-inch needles with electro-stimulation at 20 hertz. Improvement was seen in NIH-CPSI overall score (reduced from 28.2 to 8.5), pain sub-score (reduced from 14.1 to 4.8), urinary sub-score (reduced from 5.2 to 1.3) and quality of life sub-score (reduced from 8.8 to 2.3), and this was maintained both at 12-week and long-term (33 week average) follow up.

These clinical studies each took a different approach to the treatment of CP/CPPS, and all showed positive results in reducing the symptoms of CP/CPPS. The studies each used a standardised protocol, the first using a neuromuscular approach, the second based on zangfu theory and the last aimed at harmonising the channels in combination with a neuromuscular approach. While these trials are small, they show potential for the acupuncture treatment of the symptoms of CP/CPPS. Larger studies are required to properly examine acupuncture's ability to treat CP/CPPS as well as exploring whether particular approaches are more successful. For the clinician the diversity of the methods used in these trials is reassuring that many approaches have the potential to help patients.

Case studies

Case study 1

TR, a 42-year-old male, came to my office on the recommendation of his urologist. He had been suffering from CP/CPPS symptoms in cycles of flare and remission for the previous five years. Since his first episode five years previously, TR had experienced continuous low-level suprapubic pain and irritation, and a constant mild urge to urinate. His symptoms tended to flare twice per year, with each flare lasting from one to three months. At his first visit, TR had been experiencing a flare for the previous month, including urgent, burning urination and irritation, with discomfort and mild pain in the pelvic floor and genitals. The urge to urinate was constant throughout the day, although at night he only woke once or twice to urinate. Premature ejaculation and increased discomfort after sex also occurred. TR also tended to have loose stools and reported that he experienced anxiety and worry related to his symptoms.

Although urological workups did not reveal the presence of bacteria, during the flares TR had often been prescribed courses of antibiotics. However, there was evidence of prostatic inflammation and therefore TR was diagnosed with CP/CPPS III. At the time of his first visit,

his physician had recommended taking naproxen (a non-steroidal anti-inflammatory drug) for the pain.

TR reported that emotional stress and intercourse were the major factors in flares, and that food and alcohol were not a significant factor. A physical examination did not reveal many active trigger points in his abdomen, lumbar region or buttocks (although he reported experiencing occasional lower back pain). His pulse was slippery (hua) and deep, and his tongue was pale and tooth-marked.

Diagnosis: CPPS due to qi vacuity

Treatment

- Main points: Taixi KID-3, Zhongji REN-3, Guanyuan REN-4 and Dahe KID-12 (without EA).
- Supplementary points: Chize LU–5, Yinlingquan SP-9, unilateral Waiguan SJ-5 (R), Zhigou SJ-6 (R), Baihui DU-20, and auricular Liver and Stomach.
- Treatment was twice weekly. All needles were inserted and stimulated with even technique to elicit deqi and retained for 30 minutes, with a heat lamp over the lower abdomen. Cupping was then applied to the lumbar area at Shenshu BL-23, Yaoyan M-BW-24 and Huangmen BL-51.

"The patient recovered quickly without the use of antibiotics."

Explanation: TR was presenting with signs and symptoms of CPPS due to qi vacuity, including low level pain and discomfort, loose stools and a lack of obvious ashi points. Chize LU-5 and Yinlingquan SP-9 were used to boost the Spleen and move the qi.[19] Taixi KID-3, Guanyuan REN-4, and Dahe KID-12 were included to boost the Kidney qi. Because patients with Spleen qi vacuity can easily accumulate dampness, even though the symptoms were not prominent, Fenglong ST-40 was included to resolve dampness. Baihui DU-20, Waiguan SJ-5 and Zhigou SJ-6 were used to move qi, calm the shen and reduce pain.

Results: After the first visit TR reported an immediate reduction in symptoms of pain and urgency. After three visits, TR considered the flare had passed, and by week five the symptoms were all greatly reduced, although he still experienced a low level of discomfort, particularly after sexual intercourse. At this time, acupuncture treatment was reduced to once per week. By week twelve, his symptoms were minimal and his anxiety and worry about the condition had reduced significantly. During the fourth month of treatment, TR experienced a flare of symptoms which lasted two weeks. Although the intensity of the symptoms was less than in previous flares, the following treatment was given to move qi and blood and rapidly reduce pain, as well as boost the Spleen and Kidneys:

- Main points: Shenshu BL-23, Ciliao BL-32, Zhongliao BL-33 and Huantiao GB-30.
- Supplementary points: Chize LU–5, Yinlingquan SP-9, unilateral Waiguan SJ-5 (R), Zhigou SJ-6 (R), Baihui DU-20, Fuliu KID-7 and Diji SP-8, and auricular Liver and Stomach.

The patient recovered quickly without the use of antibiotics. After resolution of the flare up, TR was prescribed the herbal formula *Bu Zhong Yi Qi Tang* (Tonify the Middle and Augment the Qi Decoction - KPC capsules, three capsules twice daily) to boost the Spleen for a six-month period. Sexual activity uses up qi and jing. Pain after sex is often a sign of underlying qi vacuity. In these patients, the herbal formula *Bu Zhong Yi Qi Tang* can be used to boost the Spleen and lift the qi to resolve these symptoms. TR continued to come for acupuncture once a month for the following year, during which time the symptoms did not return, other than occasional pain in the lower back. He was very relieved to have such a long period without a flare, which in turn helped his anxiety and worry about the condition.

Case study 2

RD, a 26-year-old male, came to my office complaining of CP/CPPS symptoms, which he had experienced on and off for the previous four years. His main complaint was pain in the pelvic floor and penis. RD initially experienced pain for one year, which eventually subsided on its own. Since then he had experienced a number of minor flare-ups, but none had been as intense as the current episode. He was fearful that the current flare - ongoing for the previous week - would continue for an extended period of time. The pain was constant, varying in quality from dull to sharp, and he rated it at a level of seven on a pain scale of zero (no pain) to 10 (excruciating pain). It was worse with an erection, after intercourse and at night, which disrupted his sleep. He also reported experiencing inhibited urination, but without pain or burning. RD reported that sitting for long periods tended to exacerbate the pain, as did stress and the constipation that he occasionally experienced. A urology workup did not find any presence of bacteria or inflammation and therefore RD was diagnosed with CP/CPPS category III.

RD tended to feel hot and reported sweating easily. His pulse was wiry and his tongue was red with a thick, greasy, yellow coat. A physical examination revealed many active ashi points in the areas of Huantiao GB-30, Huangmen BL-51, Huiyang BL-35, Tianshu ST-25, Shuidao ST-28 and Daimai GB-26, as well as in the muscles of the medial thigh.

Diagnosis: CPPS due to qi and blood stasis in the jingjin, Liver qi stagnation and damp-heat.

Treatment

Acupuncture was given twice weekly, alternating between the following two sets of points:

Set 1

- Main points: Shenshu BL-23, EA at Ciliao BL-32 connected to an ashi point in the area of Huangmen BL-51, EA at Zhongliao BL-33 connected to an ashi point in the area of Zhibian BL-54, EA at Huantiao GB-30 connected to Huiyang BL-35, plus Chengfu BL-36 and Taixi KID-3.
- Supplementary points: Diji SP-8, Yanglingquan GB-34 and Weizhong BL-40.

Set 2

- Main points: EA at Yanglingquan GB-34 connected to Taixi KID-3, EA at Zhongji REN-3, connected to right Daimai GB-26, EA at Guanyuan REN-4 connected to left Daimai GB-26, Tianshu ST-25, Qichong ST-30, Waiguan SJ-5 and Zhigou SJ-6.
- Supplementary points: Diji SP-8, ashi points close to Ququan LIV-8 and auricular Shenmen and Bladder.
- Tuina was also applied to the lower back.

Electro-acupuncture treatment was performed with the device set at 10 hertz and the intensity increased to match the patient's tolerance level and readjusted after 10 minutes, for 20 minutes in total. After 20 minutes, EA was stopped and the needles were manually stimulated using the lifting and thrusting method and retained for another 10 minutes.

Explanation

The main points Ciliao BL-32, Zhongliao BL-33 and Huantiao GB-30, and the ashi points at Huangmen BL-51 and Zhibian BL-54 were used to decrease pelvic pain by moving local qi and blood. The abdominal points Daimai GB-26, Tianshu ST-25, Qichong ST-30, Zhongji REN-3 and Guanyuan REN-4 were used to reduce tension in the abdominal oblique muscles. Taixi KID-3 boosts the Kidney to reduce pain and promote smooth urination, and the ashi points close to Ququan LIV-8 and Diji SP-8 were used for the acute pain.

Results

By the patient's fourth visit, his pain had reduced by half and his urination had returned to normal. By the eighth week, RD reported fewer days of pain and a reduced intensity of pain (at a level of two out of 10), and many of the ashi points were resolved. The acupuncture visits were then reduced to once a week. However, upon palpation the ashi points in the medial thighs had remained unchanged. To address this, ashi points in the vicinity of Zuwuli LIV-10, Yinlian LIV-11, Jimen SP-11 and Biguan ST-31 were needled/added to the treatment.

By the fifteenth week of treatment, RD had been pain-free for many weeks and was therefore discharged from acupuncture treatment. I advised him to regularly stretch his hamstrings, lower back and leg adductors, and to practice breathing exercises to reduce his stress. At a six-month follow up, RD had remained healthy without any return of symptoms.

Case 3

CS, a 32-year-old male, attended my clinic having suffered with chronic prostatitis for four months. He had developed a prostatic infection after contracting gonorrhoea. Although he had taken three courses of antibiotics since the initial diagnosis, and tests no longer showed the presence of bacteria or inflammation, CS still experienced persistent pain. His primary complaint was pain in the scrotum. The pain was constant, dull and low-level (rated by the patient at four out of 10), but at times could become very sharp (eight out of 10). The pain was worse after sexual activity. He reported that since the onset of the disease, his urine had become very yellow, although he drank up to six glasses of water per day. There was no pain on urination. Although in general a relaxed person, CS experienced anxiety regarding his symptoms. His pulse was bowstring (xian) and his tongue was red with a sticky yellow coat.

Diagnosis: CP/CPPS from residual damp-heat

Treatment

Acupuncture was given once a week, using the following prescription:

- Main points: Shenshu BL-23, Ciliao BL-32, Zhongliao BL-33, Huantiao GB-30 and Taixi KID-3.
- Supplemental points: Geshu BL-17, Diji SP-8, Baihui DU-20 and Yingu KID-10.

Explanation

Unlike the first two cases, in this case the patient had a confirmed genitourinary infection prior to developing CP/CPPS. Post-infection CP/CPPS is usually suggestive of a pattern of residual damp-heat. In addition, the patient reported experiencing dark-yellow urination, and his tongue coating was thick, yellow and sticky. The main acupuncture points Shenshu BL-23, Ciliao BL-32, Zhongliao, BL-33 and Huantiao GB-30 aimed to quicken the movement of qi and blood in order to reduce pain. Huantiao GB-30 and Taixi KID-3 drain dampness and heat. Yingu KID-10 smoothes urination and Diji SP-8 was used for the acute pain. Geshu BL-18 and Baihui DU-20 were added to move the Liver qi and calm the shen. Electro-stimulation was not used because the patient was anxious anxiety about it.

Results

After three treatments CS rated his pain at two out of 10, although he still experienced the occasional transient sharp pain. At this point, Diji SP-8 was changed to Yinlingquan SP-9, as Diji SP-8 was no longer needed for the acute pain and Yinlingquan SP-9 was required to drain residual dampness in order to help the Spleen qi to recover. By week five, CS was reporting that most days were pain free, although he was still anxious that his pain would return. Sishencong (M-HN-1) was therefore added to the prescription to aid with the anxiety, and I reassured him that the treatment was going well. I advised him to exercise regularly to help relieve stress.

After 10 weekly acupuncture treatments CS no longer experienced any pain. At times he worried that the pain would return, but generally felt reassured after having many weeks pain free, and was exercising regularly to control his stress. At a 6-month follow up visit, CS happily reported that he remained pain free and was no longer concerned the pain would return.

Conclusion

CP/CPPS is a common and complex disorder that significantly affects patients' quality of life, and for which conventional medical therapies often provide little help. Acupuncture is a safe and effective treatment for CP/CPPS with a long clinical history of treating painful urinary symptoms, pelvic pain and sexual dysfunction. Its effectiveness is also supported by the results of recent clinical trials.

Joseph Alban *is a New York State Licensed Acupuncturist and Diplomate in Oriental Medicine. He holds a masters in acupuncture and Oriental medicine from Touro College. Joseph completed extensive post-graduate training at the First Traditional Chinese Medicine Teaching Hospital of the Hunan University of Traditional Chinese Medicine. Joseph has a thriving acupuncture and Chinese medicine practice in New York City, focused on treating chronic pain, skin conditions, and improving health holistically. He can be reached at joseph@albanacupuncture.com.*

References

1 Daniels, N.A, Link, C.L., Barry, M.J. & McKinlay, J.B. (2007). "Association between past urinary tract infections and current symptoms suggestive of chronic prostatitis/chronic pelvic pain syndrome", *J Natl Med Assoc*, 99(5), pp.509-16

2 Konkle, K.S. & Clemens, J.Q. (2011). "New paradigms in understanding chronic pelvic pain syndrome", *Curr Urol Rep.*, 12(4), pp.278-83

3 Nguyen, C.T. & Stokes, D.A. (2008). Evaluation of the Prostatitis Patient. In: Shoskes, D.A. (ed.). *Chronic Prostatitis/Chronic Pelvic Pain Syndrome*. Humana Press: Totowa, NJ

4 Krieger, J.N., Ross, S.O., Penson, D.F. & Riley, D.E. (2002). "Symptoms and inflammation in chronic prostatitis/chronic pelvic pain syndrome", *Urology*, 60(6), pp.959-963

5 Wise, D. & Anderson, R. (2003). *A Headache in the Pelvis*. National Center for Pelvic Research: San Francisco

6 Lee, S.H. & Lee, B.C. (2011). "Use of Acupuncture as a Treatment Method for Chronic Prostatitis/Chronic Pelvic Pain Syndromes", *Current Urology Reports*, 12 (4), pp.288-296

7 Lee, S.H. & Lee, B.C. (2009). "Electroacupuncture relieves pain in men with chronic prostatitis/chronic pelvic pain syndrome: three-arm randomized trial. *Urology*", 73(5), pp.1036-41

8 Capodice, J.L., Jin, Z., Bemis, D.L. et. al. (2007). "A pilot study on acupuncture for lower urinary tract symptoms related to chronic prostatitis/chronic pelvic pain", *Chin Med*, 6(2),1

9 Lee, S.W., Liong, M.L., Yuen, K.H. et.al. (2008). "Acupuncture versus sham acupuncture for chronic prostatitis/chronic pelvic pain", *Am J Med*, 121(1):79.e1-7

10 Chen, R. & Nickel, J.C. (2003). "Acupuncture Ameliorates Symptoms in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome", *Urology*, 61(6), pp.1156-1159

11 Honjo, H., Kamoi, K., Naya, Y., et al. (2004). "The Effects of Acupuncture for Chronic Pelvic Pain Syndrome with Intravenous Congestion: Preliminary Results", *International Journal of Urology*, 11(8), pp.607-612

12 Potts, J. (2008). "*Physical Therapy for Chronic Prostatitis/Chronic Pelvic Pain Syndrome*" In: Shoskes, D.A.. (ed.). *Chronic Prostatitis/Chronic Pelvic Pain Syndrome*. Humana Press: Totowa, NJ

13 Liao, C.H., Lin, H.C., Huang, C.Y. (2016). "Chronic Prostatitis/Chronic Pelvic Pain Syndrome is associated with Irritable Bowel Syndrome: A Population-based Study", *Sci Rep.*, 6:26939

14 Clemens, J.Q., Brown, S.O., Calhoun, E.A. (2008). "Mental health diagnoses in patients with interstitialcystitis/painful bladder syndrome and chronic prostatitis/chronic pelvic pain syndrome: a case/control study", *J Urol.*, 180(4), pp.1378-1382; PMID: 18707716

15 Deadman, P., Al-Khafaji, M. & Baker, K. (2001). *A Manual of Acupuncture*. Journal of Chinese Medicine Publications: Hove, East Sussex

16 O'Conner, J., Bensky, D. (1981). *Acupuncture: A Comprehensive Text*. Eastland Press: Seattle, WA

17 Lao, L., Zhang, R.X., Zhang, G. et.al. (2004). 2A parametric study of electroacupuncture on persistent hyperalgesia and Fos protein expression in rats", *Brain Research*, 1020(1-2), pp.18-29

18 Posadzki, P., Zhang, J., Lee, M.S. & Ernst, E. (2012). "Acupuncture for chronic nonbacterial prostatitis/chronic pelvic pain syndrome: a systematic review". *J Androl*, Jan-Feb; 33(1), pp.15-21

19 As described in Wang Juyi & Robertson, J.D. (2008). *Applied Channel Theory in Chinese medicine: Wang Ju-Yi's Lectures on Channel Therapeutics*. Seattle: Eastland Press