

## How Do You Treat *Urinary Incontinence* in Your Practice?

**U**RINARY INCONTINENCE CONSISTS of the loss of bladder control, which may be considered according to five types consisting of stress, urge, overflow, functional, and emotional/anxiety incontinence. Urinary incontinence can often be attributed to one or a combination of six main causes. The muscles of the bladder may be either weak, or overactive, or there may be blockage of the urinary physiology, caused by enlargement of the prostate. Urinary incontinence may also result from spinal injury, because nerve damage produces weakness of the urinary bladder. Medical problems, such as Parkinson's disease, multiple sclerosis (MS), and bladder infections, also affect the regularity of bladder function. Finally, psycho-spiritual problems, such as anxieties, neuroses, fears, phobias, and spiritual disorders, may all contribute to urinary incontinence.

There are five recommendations in the treatment and management of urinary incontinence. Patients should practice bladder control training consistently, and supplement this training with an additional strengthening program, such as the Kegel series of pelvic-floor exercises. Nutritional and herbal therapies, including calcium, magnesium, vitamin C, Jian Kui Shen Qi Wan, and Gi Ji Kidney Nourishing tablets, are very helpful for regulating patients' urinary systems. Body stretching and mental and spiritual exercises, including yoga, Qigong, t'ai chi chu'an, and meditation, on a regular basis, offer patients extensive benefits for improving their quality of life (QoL). Certainly, medical acupuncture therapy is highly recommended for reducing a patient's urinary incontinence and restoring the regularity of bladder function.

The most effective medical acupuncture treatment involves syndrome differentiation according to the following four approaches: (1) The General Constitutional Approach; (2) The Specific Medical Condition Approach; (3) The Body, Mind, and Spirit Approach; and (4) The Wholistic Approach.

The General Constitutional Approach is threefold. First, improve the general body constitution, using the acupuncture points CV 4, CV 6, CV 17, GV 4, and GV 7. Second, strengthen the Lower Energizer, using the acupuncture points CV 5, CV 12, BL 22x2, BL 39x2, LR 13x2, and ST 43x2. Third, foster body, mind, and spirit alignment, with the acupuncture points EXHN 3, GV 4, PC 6x2, and TE 5x2.

The Specific Medical Condition Approach addresses six underlying etiological factors producing urinary inconti-

nence. First, weak bladder muscles should be treated with the acupoints CV 3, CV 4, CV 12, BL 28x2, BL 40x2, BL 59x2 (Xi Cleft with Yang Qiao), BL 63x2 (Acute), and SP 9x2. Second, overactive bladder muscles can be soothed with the acupoints CV 12, GV 20, BL 40x2, BL 63x2, (Acute), LI 11x2, and SP 21x2. Third, weakness in Kidney Qi or Essence affecting sphincter control of the urethra can be treated with the acupoints GV 4, BL 23x2, KI 3x2 (Yin), KI 5x2 (Acute), KI 6x2 (Essence), KI 7x2 (Yang), KI 9x2 (Xi Cleft with Yin Wei), and KI 10x2 (Qi). Fourth, blockage caused by an enlarged prostate can be reduced with the acupoints CV 5, BL 57x2, ST 8x2, ST 40x2, and ST 43x2. Fifth, spinal injuries can be treated with the acupoints KI 3x2, KI 6x2, KI 7x2, KI 10x2, PC 6x2, SI 3x2 (Loo's Points), and SI 6x2, to improve QoL. Sixth, for additional medical conditions producing urinary incontinence in addition to the urinary incontinence acupoints discussed other acupoints can be added. For Parkinson's disease, the EXHN 1x4, GV 4, GV 20, KI 3x2, KI 6x2, KI 7x2, and KI 10x2 can be added. For MS, the acupoints GV 14, LI 11x2, SP 6x2, SP 9x2, SP 10x2, and ST 36x2 can be added.

The Body, Mind and Spirit Approach addresses four psycho-spiritual aspects of a patient with urinary incontinence. First, the physical body should be treated as above, according to the patient's general constitution and specific medical conditions. Second, the mind-emotion, or mental aspect, of the patient should be treated with the acupoints CV 14 (Heart Chakra), BL 14x2, BL 15x2, HT 3x2 (Chronic), HT 6x2 (Acute), HT 7x2 (Relaxation), PC 6x2, and TE 5x2. Third, the spiritual aspect of the patient should be treated with CV 14, BL 15x2, BL 17x2, BL 46x2, GB 41x2, and HT 5x2. Fourth, the patient's emotional fear should be addressed by grounding the Kidney, to promote better sphincter control, with the acupoints KI 3x2 (Yin), KI 5x2 (Acute), KI 6x2 (Essence), and KI 10x2 (Qi).

The Wholistic Approach addresses the constituent elements of the whole body in six ways. First, improve the body constitution with the acupoints CV 4, CV 6, CV 17 and GV 4. Second, restore the organ systems with the acupoint CV 12 and GV 9 for the Fu Hollow Organs and GV 7 and LR 13x2 for the Zang Solid Organs. Third, ensure the smooth flow of Qi with LR 3x2. Fourth, ensure the smooth flow of Blood with SP 10x2. Fifth, balance the whole body with LI 11x2 (Physical parameter), EXHN 1x4 (Mental parameter),

and GB 41x2 (Spiritual parameter). Sixth, balance the Yin and Yang elements within the body with SP 21x2 (Meridian level).

To treat urinary incontinence successfully, it is important to also approach the mental and spiritual components of this disorder, beyond a patient’s physical problem. For patients’ continued stability, auricular acupuncture, scalp acupuncture, and hand and foot acupuncture are excellent micro-systems for treating urinary incontinence. If auricular acupuncture is used, important acupoints include Shenmen, Brain, Brainstem, Sympathetic, Kidney, Bladder, and Occiput. For scalp acupuncture, MS 4, and Autonomic Nervous System lines are useful. For hand and foot acupuncture, Nocturea 1 and 2 are essential. While initially treating patients with body acupuncture points is effective, maintenance with microsystem acupuncture is very helpful.

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**T**HE TWO MOST COMMONLY ENCOUNTERED types of incontinence are stress and urgency. Treatment is type-specific but usually involves a combination of pelvic-floor exercises (Kegel); medications such as anticholinergics, selective serotonin reuptake inhibitors, or  $\alpha$ -agonists; and incontinence pads. Surgery is reserved for more-serious cases in which pelvic-floor weakness is a significant factor.

Acupuncture can be a valuable addition to the mix, and, indeed, has been shown to be beneficial in several randomized trials.<sup>1</sup> Traditional Chinese Medicine attributes incontinence to a decline in Lung, Spleen, or Kidney Qi,

which is often associated with aging. The Lungs support the Qi in general, control the water passages, and support the Bladder to effect Qi transformation; the Spleen raises the Qi (a sinking of Spleen Qi may lead to leakage); and the Kidneys control urination through their direct Yin–Yang connection with the Bladder.

From an anatomical standpoint, the parasympathetic nerve supply to the bladder comes from S2/4, while the sympathetic supply comes from L1/2. Thus, one logical acupuncture approach has been to target the sacral parasympathetic outflow by inserting a needle directly into the S3 sacral foramen (BL 33 [Zhongliao]). However, because this involves laying the patient prone and performing some deep needling into the S3 foramen, a simpler option can be to stimulate the tibial nerve, which contains fibers originating from S3. This technique—percutaneous tibial nerve stimulation (PTNS)—uses electrical stimulation of points near KI 2 (Rangu) and KI 7 (Fuliu), and is particularly elegant because it integrates anatomical considerations with the TCM principle of Kidney tonification.<sup>2</sup>

To perform PTNS, lay the patient supine, with feet together and knees abducted. Picure KI 2, then KI 7, about 2 inches deep between the tibia and the soleus muscle. Attach the black lead on KI 2 and the red lead on KI 7, and apply low-frequency tonification (10–20 Hz) for 20 minutes, increasing the intensity until the patient’s toes curl or fan out. If desired, add a couple of other points such as CV 3 (Zhongji), CV 4 (Guanyuan), St 36 (Tsusanli), GV 20 (Baihui), and/or constitutional points based on the most likely TCM pattern (Table 1). A course of 12 treatments, once or twice per week, would seem reasonable. The protocol is flexible and can easily be converted to a formal N–N+1 treatment, and/or the patient placed in a prone position for needling of Back Shu points.<sup>3</sup>

Clearly, acupuncture should be regarded as just one aspect of an integrated program that might include things such as Kegel exercises, biofeedback, and avoidance of irritants, such as alcohol, carbonated drinks, or chocolate. Herbs can also be useful both to stop leakage and to strengthen the Qi gradually. Begin with Sang Piao Xiao San and Suo Quan Wan (Restore Integrity) for a few weeks before switching to

TABLE 1. POINTS AND HERBS FOR URINARY INCONTINENCE

	<i>General treatment</i>	<i>Other points</i>	<i>Herbs</i>
PTNS	KI2 → KI7: @ 20 Hz	CV3,4, GV20, St 36, BL33	Restore Integrity
<i>TCM Pattern</i>	<i>Symptoms</i>	<i>Constitutional points</i>	<i>Herbs</i>
↓ Lung Qi	Fatigue, sweating, weak voice	LU9, LI4, ST36, BL13	Wise Judge
↓ Spleen Qi	Fatigue, loose stools, prolapse	Sp3,6, St 36, CV6, GV20, BL20	Arouse Vigor
↓ Kidney Yang	Weak back/knees, copious urine, feeling of cold	KI 3, BL23, CV4, GV4 (moxa)	Dynamic Warrior
↓ Kidney Yin	Five palms hot, anxiety, insomnia	KI 6, MH6, HT7 , GV20	Quiet Contemplative

PTNS, percutaneous tibial nerve stimulation.

a more constitutional formula. For example, for Deficient Lung Qi, try Sha Shen Mai Dong Yin and Sheng Mai San (Wise Judge); for Deficient Spleen Qi, try Bu Zhong Yi Qi Tang (Arouse Vigor); for Deficient Kidney Yang, try Jin gui shen qi wan (Dynamic Warrior); for Deficient Kidney Yin try Liu Wei Di Huang Tang (Quiet Contemplative). All of these are all available from Kan Herbs (www.kanherb.com).

## DISCLOSURE

Dr. Greenwood has no financial interest in Kan Herbs.

## REFERENCES

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**U**RINARY INCONTINENCE IN A PATIENT means that the individual is unable to control the excretion of urine, so that it leaks or overflow becomes involuntary. In the acupuncture clinic at FES-Iztacala-UNAM (National Autonomous University of Mexico), women between 40 and 70 are seen with sphincter incompetence, which manifests as stress urinary incontinence with an immediate loss of urine, without bladder contraction, linked to coughing, straining, or laughing, and usually related to laxity of ligaments or pelvic floor.

Initial assessment of these patients is done assess urine volume and moment of each episode of urinary incontinence.

Initially the patients are treated with a weight loss regimen and Kegel exercises. In women younger than 75, the cure rate is 10%–25%, and even if they take agents, such as phenylpropanolamine, and are given acupuncture to enhance the therapeutic effect.

Treatment involves using items (see below for specific points and areas) related to pelvic nerves from S2 and S3; sympathetic fibers from T11 to L2 that travel through the hypogastric nerve plexus, sympathetic, and parasympathetic bladder; and somatic fibers of voluntary muscle of the sphincter.

Selected points used are BL 23 (associated with sympathetic fibers going to the hypogastric nerve), BL 32 and BL 33 (located in the sacral foramina), the Ren 2 channel (associated with iliohypogastric nerve branches in the suprapubic area), and the Kidney 3 channel (the point projection area of dermatomes L 4 and BL 40 at the center point projection popliteal of S2).

The areas used for puncture needles are: points on the Bladder channels (BL 23, BL 32, and BL 33; the point Ren 2 on the Renmai channel on the anterior midline of the pelvic region; K 3 point yuan of the Kidney channel; and point BL 40 of the Bladder channel. The clinical relationship in acupuncture with respect to urinary disorders and neurological screening points, as well as the clinical outcomes justify the management of urinary incontinence in medical practice with these acupuncture points. In acupuncture, these points are part of therapeutic programs related to the divergent channels.

Needles (0.4 mm diameter and 80 mm length) are inserted bilaterally and stimulated with electroacupuncture at 100 Hz per minute for 40 minutes. Two applications are performed per week for 6 weeks.

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