Acupuncture for Overactive Bladder

A randomized, placebo-controlled trial, conducted by Sandra L. Emmons, MD, and Lesley Otto, MD, found that four weekly acupuncture treatments improved urge incontinence and bladder overactivity (Obstetrics & Gynecology, July 2005). At present, frequent urination and urge incontinence are usually treated with medication, such as oxybutynin, and/or physical and behavioral therapy. Oxybutynin can reduce urge incontinence episodes by 69% and urinary frequency by 19%, but less than one-fifth of patients continue taking drugs for bladder overactivity beyond six months because of the side effects. Oxybutynin’s side effects include tachycardia, palpitations, drowsiness, dizziness, hallucinations, rash, nausea, and/or vomiting. Physical and behavioral therapy can reduce urge incontinence episodes by 80% and urinary frequency by 18%, but the improvement decreases within three months of treatment.

Each of the 85 women enrolled in this acupuncture study urinated more than 8 times per day and experienced urge-associated incontinence at least twice during a 3-day period. Women with hematuria or untreated urinary tract infection and those on medication for incontinence or receiving acupuncture for any condition were excluded from the trial. All participants had cystometric testing, kept a three-day voiding diary, and completed an incontinence impact questionnaire, a urinary distress inventory, and validated quality-of-life inventories before treatment began and, again, two to four weeks after completing their acupuncture treatments. Each woman was randomly assigned to the treatment or the placebo group and received one acupuncture treatment for four weeks. Those in the treatment group were needled at points that were expected to improve their bladder symptoms: bilaterally at SP6 (inner legs), BL 39 (outer knee fold), BL 28 (low back) and midline at CV 4 (low-abdomen). Those in the placebo group were given an acupuncture treatment that was intended to promote relaxation only: bilateral sites GB 31 (outer thigh), ST 36 (outer legs), LB 12 (upper back) and midline CV 12 (epigastrum). The number of incontinent episodes declined significantly in both groups: 59% for the treatment group and 40% for placebo group. The difference between the two groups was not significant. However, the bladder treatment group did experience “significant improvements in bladder capacity, urgency, frequency, and quality-of-life scores as compared with women who received placebo acupuncture treatments.” Urinary frequency, for example, declined by 14% in the active group, compared to 4% in the placebo. The authors say that their findings “need to be confirmed with a larger sample, and extended to see whether the effect is sustained.”

Emmons, Sandra L., MD & Otto, Lesley, MD. Acupuncture for Overactive Bladder. Obstetrics & Gynecology July 2005

Cadmium & Kidneys

Swedish researchers discovered that renal tubular damage may occur at lower levels of exposure to cadmium than previously expected (Occup Environ Med 2000;57:668-672). When inhaled or ingested, the heavy metal cadmium tends to accumulate in the kidneys where it damages tubules and glomeruli in the kidneys' nephrons. Cadmium is released into the air and waterways during metal refining, the production of nickel-cadmium batteries and, perhaps most importantly, the production and use of artificial phosphate fertilizers. Food crops and tobacco absorb cadmium from the soil. The cadmium then enters those who eat the crops or who breathe the contaminated tobacco smoke. Shellfish, mussels, lobsters and other water creatures – contaminated by run-off from fertilized fields and industrial pollution that enters surface water – can also accumulate cadmium.