

## ACUPRESSURE TREATMENT IN UNCOMPLICATED DYSURIA WITH U.T.I.

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Article Received on  
20 March 2024,

Revised on 10 April 2024,  
Accepted on 30 April 2024

DOI: 10.20959/wjpr20249-32240



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### ABSTRACT

Urology Dysuria is defined as burning, pain, or discomfort with urination. Dysuria is a very common presenting complaint in family medicine clinics accounting for 5% to 15% of visits. It does occur more commonly in females, but may occur in males as well, especially in older males. Dysuria can be caused by infectious etiologies as well as non-infectious etiologies. Some of these are relatively benign, but some are more serious. Many causes can be identified by history, exam, and simple in-office tests. Dysuria, a commonly encountered medical symptom, refers to the painful or uncomfortable sensation experienced during urination. It is a very prevalent urinary symptom experienced by most people at least once in their lifetime. The causes of dysuria can be divided into 2 categories: infectious and noninfectious. Further laboratory tests and imaging are sometimes required to diagnose more complex or unusual etiologies. Laboratory and imaging studies include urinalysis, urine culture, vaginal smear, vaginal culture, ultrasound, CT scan, MRI, and cystoscopy. Acute cystitis is one of the most common

causes, accounting for roughly 650,000 to seven million office visits per year and can usually be diagnosed accurately on history alone. Acute lower urinary tract infections (UTIs)

are common in adult women, and as many as 6% of members of the adult female population experience or more episodes during a given year. Acupressure is a therapy based on the principles of the nature. In this specific point of the body are systematically pressed to get the desired effect on internal organs having reflex connection with that point WHO is also paying attention to word acupressure and acupuncture in 1979 WHO delegates put forward a list of disease that can be effectively treated with accupressure and acupuncture.

**KEYWORDS:** Dysuria, Urinary Tract Infection, Cystitis, Prostatitis, Pyelonephritis.

## INTDODUCTION

Acute lower urinary tract infections (UTIs) are common in adult women, and as many as 6% of members of the adult female population experience 3 or more episodes during a given year.<sup>[1]</sup> In 1995, an estimated 11.3 million women in the United States received antibiotic treatment for at least 1 presumed UTI, resulting in associated costs of \$1.6 billion during that year.<sup>[2]</sup> Women with frequently recurrent cystitis may need prophylactic antibacterial treatment. However, such treatment may result in development of antimicrobial resistance, which is a medical problem of increasing concern.<sup>[3]</sup>

Dysuria is defined as burning, pain, or discomfort with urination. Dysuria is a very common presenting complaint to family medicine clinics. Approximately 5% to 15% of visits to family medicine clinics are for dysuria.<sup>[4]</sup> One of the most common etiologies of dysuria is acute cystitis accounting for 650,000 to seven million office visits per year.<sup>[5]</sup> However, dysuria can be a presenting complaint of many other etiologies, Urinalysis is the single most useful, yet technically easy test in evaluation of dysuria.

Acupressure is a therapy based on the principles of the nature. In this specific point of the body are systematically pressed to get the desired effect on internal organs having reflex connection with that point. Acupressure is one of the ancient and simplest among the Oriental therapies like zone therapy, Shiatsu, reflexology. The acupressure and acupuncture originated in India and subsequently flourished to countries in Central Asia, Egypt, China etc. through the Buddhist monks, but Chinese claim acupressure and acupuncture to be their own contribution towards health care having a history of about 5000 years.<sup>[6]</sup>

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A recent study indicated that the rate of cystitis among cystitis-prone women treated with acupuncture was one third the rate among untreated women and half the rate among women treated by sham acupuncture (shallow needling outside known acupuncture points).<sup>[8]</sup>

In the present study, we sought to evaluate the effect of acupuncture treatment in preventing uncomplicated recurrent lower UTIs among adult nonpregnant women.

## CAUSE OF DYSURIA

Dysuria may be caused by several etiologies. The patient history will help greatly with diagnosis. One way to classify the causes of dysuria is by dividing the causes into infectious and noninfectious. While cystitis is a very common cause of dysuria, other infections, structural abnormalities, hormonal changes, inflammation, psychogenic, and even neoplastic processes have to be included in the differential.

### Infectious

Urinary tract infections (UTIs) are one of the most common bacterial infections encountered in family medicine with estimates of 650,000 to seven million office visits per year. It is estimated that approximately one-half of women will experience at least one urinary tract infection during their lifetime. A history of diabetes, abnormal bladder function, kidney stones, and enlarged prostate or current pregnancy are risk factors for UTI. UTIs are divided into two main categories: lower urinary tract infections and upper urinary tract infections. Lower UTIs are also referred to as cystitis. Pyelonephritis is an upper urinary tract infection, additional symptoms include low back pain, fever, and nausea and/or vomiting. The majorities of urinary tract infections are acute uncomplicated cystitis and are relatively easy to treat, although increased resistance to some antimicrobials have continued to occur. Pyelonephritis is more difficult to treat and if left untreated, can lead to sepsis.

Other infections to consider include prostatitis, urethritis, cervicitis, epidymo- orchitis, and vulvovaginitis.

### Noninfectious

Aside from infection, many other conditions can cause dysuria. In women, these include estrogen deficiency, endometriosis, and vaginal or vulvar cancer. In men, conditions include benign prostatic hyperplasia, prostate cancer, and penile cancer. A few conditions can exist in both men and women that include urethral strictures or diverticula, renal cell cancer, bladder

cancer, trauma (e.g. catheter placement), inflammatory disorders, medication side effects, and psychogenic conditions such as somatization disorder anxiety, depression, and anxiety.

## METHODS

To be included in the study, women had to have had or more episodes of distal urinary symptoms (i.e., dysuria and frequent urination or suprapubic discomfort) during the previous 12 months, and at least of these episodes had to have been diagnosed and treated as acute lower UTIs by a medical doctor. Women were excluded if they were pregnant or were known to have a complicating illness (e.g., diabetes, cancer, obstruction of the urinary tract).

### Basic principle of acupressure

The body has a form of bio energy known as 'chi' in Chinese which Indians call as 'Prana' or 'Chetna'. It comprises of two forces known as yin, the negative force and yang the positive force. A proper co-ordination, harmony and equilibrium between these two forces result in health and imbalance result in disease. These forces flow through definite channels in the body called as 'jing' in Chinese or also known by the name meridians. There are about 14 meridians out of these 12 occur in pairs bilaterally, situated and two are single and are situated vertically in the central line in front and back of the body. These meridians maintain the flow of bioenergy in the body.

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In disorders of particular organ of the body the whole of its corresponding meridians will not be tender instead only some points lying in that meridian will be tender, because these points act as regulators which regulate the flow of energy in the meridian. The energy flow in this meridian is corrected by stimulating certain points in that meridian and the disease is relieved.

The points which bio-energy is inhibited points lying near the skin the points which can be easily located the points which can be pressure against hard tissue and the sensitive points which relieve the disease quickly are very important and only those points are emphasized.

## ROLL OF ACUPRESSURE

### Acupressure in Urinary disorder

- Burning micturition – Acupressure points 5, 25, 28, 78.
- Kidney ailments- Acupressure points 28, 45, 54, 81.
- Bed wetting in children-Acupressure points 22, 28, 35, 48, 54, 78.

**Point 5:** The point situated on the prominence between the thumb and index finger.

**Point 25:** The points situated between first and second metatarsal bone on the dorsal aspect of foot.

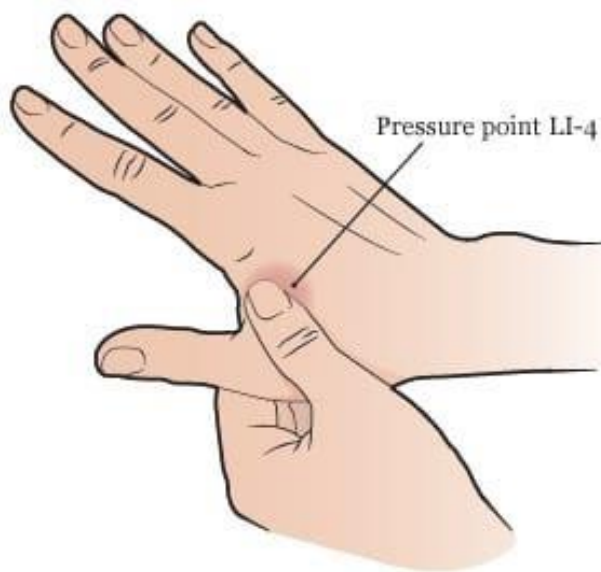
**Point 28:** The point situated four finger width above the medial aspect of prominent ankle joint.

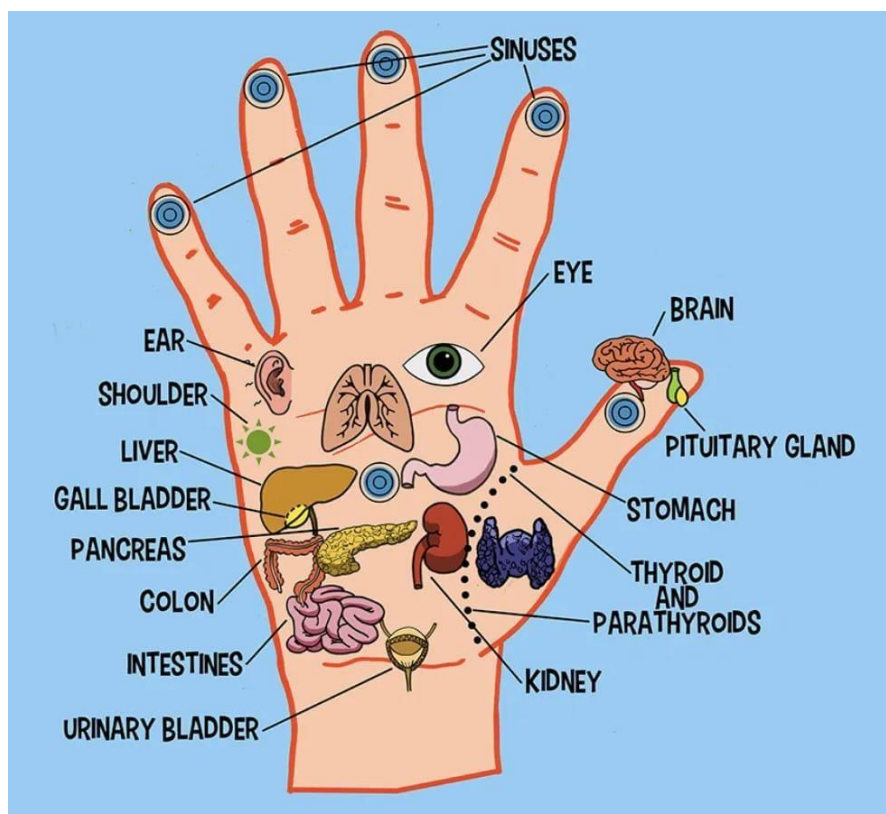
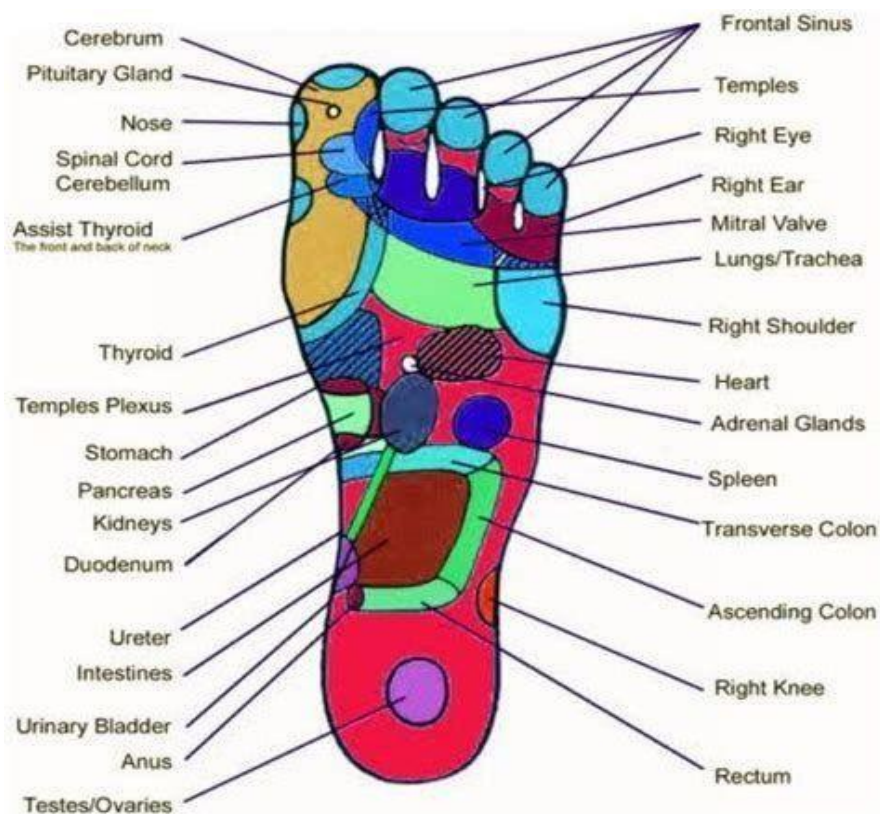
**Point 45:** Two finger width on both the sides of the vertebral column at the level of umbilicus.

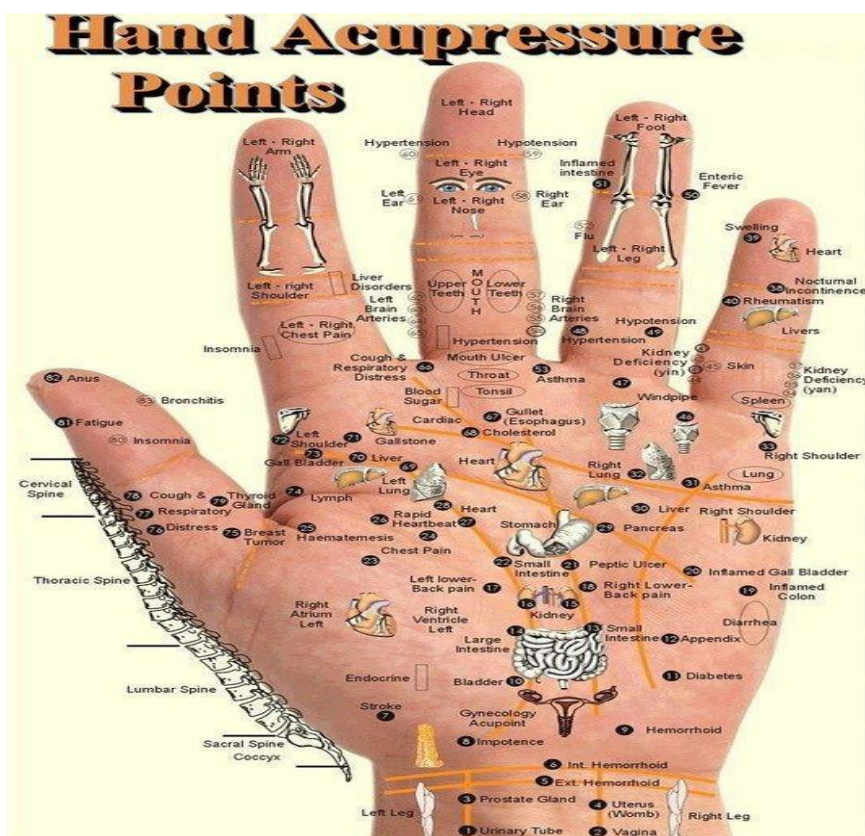
**Point 54:** Point is located at the midpoint of medial malleolus and Achilles tendon.

**Point 78:** The point is situated four thumb width vertically below the umbilicus.

**Point 81:** The point is situated two thumb width vertically below the umbilicus.







## CONCLUSIONS

Acupuncture appeared to be beneficial for treatment and prophylaxis of rUTIs, noting the limitations of the current evidence. Given the growing challenge of antibiotic resistance, there is a need for high-quality RCTs of non-pharmacological interventions such as acupuncture. UTIs are some of the most frequent clinical bacterial infections in women. RUTIs are less common and are mainly caused by reinfection by the same pathogen. Women with RUTIs need to be properly investigated by urinalysis, urine cultures and other radiological techniques in order to rule out causes of recurrence, as well as to assess possible anatomical or functional urinary tract abnormalities. Although standard UTI therapy starts with antimicrobial therapy, alternative strategies are available to reduce exposure to antibiotics, such as the use of methenamine salts, probiotics, cranberry juice, immunoprophylaxis and vaginal oestrogens in post-menopausal women. Continuous antibiotic prophylaxis, postcoital prophylaxis, and acute self-treatment are cost-effective treatment strategies for reducing the number of RUTIs in some patients.

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