

Acupuncture's Ability to Cure Functional Constipation and Its Safety

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Introduction

Chronic severe functional constipation (CSFC) is defined as reduced frequency of defecation, hard stools, difficulty in defecating and a sensation of incomplete defecation for at least 6 months, with complete spontaneous bowel movements (CSBMs) no more than twice per week. A systematic review reported the prevalence of chronic functional constipation to be approximately 10%–15% in Occident, 12%–19% in North America and 1%–10% in China. Related literature reported that CSFC with poor medical treatment accounts for approximately 10% of chronic functional constipation cases. CSFC causes a psychological burden, lowers physical productivity and decreases the quality of life of individuals. In addition, it imposes a negative economic impact on the general population. For example, in the US, the direct costs of each patient with functional constipation ranges from \$1912 to \$7522 according to a report published in 2013 and the costs of CSFC can be several times higher than those of functional constipation [1]. Therefore, controlling the symptoms of functional constipation is of great significance to improve the quality of life of patients and save social and economic resources.

Description

Currently, there are three kinds of therapies for CSFC, including surgery, pharmacotherapy and non-pharmacotherapy. Because of the strict conditions of surgical treatment, it is not considered a routine treatment. With regard to medication, the World Gastroenterology Organization (WGO) global guidelines on constipation mainly recommend osmotic laxatives, but the effectiveness of this treatment is limited and constipation reoccurs once the drug is stopped. Moreover, the impact of adverse events is often difficult to accept. Lifestyle changes, involving dietary changes and moderate aerobic exercise, are considered the most widespread non-pharmacotherapy measures at present, but some studies have shown that the effects of these are not obvious [2].

Although there are many methods to treat CSFC, many patients are not completely satisfied with the current conventional treatments and an increasing number of patients are seeking effective, safe and non-toxic alternative therapies. Acupuncture, which originated in China, has become increasingly popular among clinical practitioners and patients worldwide in recent decades. Electro-acupuncture (EA) is a new type of acupuncture therapy, which combines traditional acupuncture with electrical stimulation; it retains the traditional advantages of acupuncture such as effectiveness, safety and fewer adverse events, but is easy to implement EA popularize compared with traditional acupuncture. High-quality meta-analysis has increasingly been regarded as a key tool for achieving evidence. At present, there are no

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studies comparing CSFC treatment effects with and without EA. Therefore, it is necessary to systematically review the literature on the efficacy and safety of EA therapy vs. sham EA (a placebo, balancing for psychological biases against the results of studies) for CSFC to contribute to the development of future research [3,4].

Current evidence-based guidelines recommend a logical stepwise approach, from specialized dietary and lifestyle modifications to pharmacological therapies (such as standard laxatives, secretagogues and 5-hydroxytryptamine 4 agonists) and even colonic surgery in extreme cases. However, these treatments are imperfect due to their limited improvement of symptoms and high FC relapse rates. Moreover, the adverse effects, including diarrhea, insomnia, headache and dizziness, cannot be neglected. Therefore, a growing number of patients turn to alternative treatments [5]. One European survey of chronic constipation revealed that almost half of respondents were using alternative treatments and nearly 90% expressed interest in new therapies.

Conclusion

EA had favorable effects on CSFC and the longer the treatment duration was, the better was the effect, but the effect showed a certain period of validity. However, the results may be influenced by the clinical heterogeneity of acupuncture points, depth of needling, intensity and frequency of EA.

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Conflict of Interest

No potential conflict of interest was reported by the authors.

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