Ryodoraku Treatment of Nocturnal Enuresis

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Abstract: Enuresis nocturna could be either cured or improved by Ryodoraku (electric acupuncture) therapy in a relatively short period of time. Of the 100 subjects treated, 70% wetted the bed every night, and 30% two to three times every week. Treatment was given two to three times a week and was not repeated more than five times per case. As a result of therapy, 71% were completely cured, 15% were improved; only 14% remained unchanged. The therapeutic effects were evaluated on the basis of findings obtained by follow-ups and chart records.

The TERM enuresis nocturna, as defined by Moriya, means urine incontinence or bed-wetting occurring more than two to three times at night every night or several nights per week after the age of 3.

When nocturnal enuresis occurs due to organic disorders such as urethral stone, malformation, inflammation, spinal bifida and disturbances of the central nervous system and hormone secretion, a relatively high rate of cure can be achieved by treating the causative disease. However, the vast majority (90—93%) of nocturnal enuresis cases are due to functional defects or chronic disease. These are very hard to cure.¹²

The author has employed Ryodoraku (electric acupuncture) therapy in the treatment of enuresis nocturna due to functional defect and obtained favorable results.

Enuresis nocturna has long been treated by needle acupuncture therapy in China and in Japan. Dr. Nakatani has been treating it by electric needle therapy, or Ryodoraku. Both therapies consist in the insertion of needles into the acupuncture points. These points have a close relationship with the nerve which governs the bladder so that when electric needles are inserted into the intersections of the points and the nerve, better therapeutic results can be obtained.

The bladder needs a brief anatomical description, for some anatomical knowledge of the bladder is necessary to practice this treatment. According to Okajima,³ Taniguchi et al., the bladder wall consists of three layers. Its activity is governed by the spinal and autonomic nerves. The periphery of the spinal nerve governs the lateral and frontal portions of the bladder, and the autonomic nerve also reaches the bladder, urethra and ureter. The spinal and autonomic nerves are connected with each other by communicating branches.

Technique

The apparatus used in the treatment consists mainly of a so-called Neurometer. An
electric current of 12 volts, 150-200 micro-amperes is applied for 10 seconds intermittently in most cases.

A needle is inserted horizontally into the point laterally apart from the lumbar spine to a depth of about 2 to 2.5 cm (4 to 4.5 cm in adults), aiming at the lumbar median line, and electric stimulation is applied. If the target is hit properly, the patient will experience a sense of numbness at the site. In the same manner, needles are inserted into the nerves of No. 1—No. 5 lumbar vertebrae and sacral foramen. (The 2nd foramen is a most important point, as the main nerve of the bladder is governed by this 2nd sacral nerve).

In the effective treatment of nocturnal enuresis, psychotherapy should always be practiced concomitantly with the treatment mentioned above. It is important to find and remove any psychological factors which could be held responsible for enuresis. In addition, exercise and other manipulative treatments can also be used.

Of the 100 subjects treated, 3 cases were at age 4, 6 cases were age 5, 21 cases were age 6, 5 cases were age 8, 13 cases were age 10, 18 cases were age 11, 28 cases were age 12, 3 cases were age 15, 1 case was 18 years old, another case was 21, and one case was 28 years old.

As for the frequency of urinary incontinence, 70 percent used to wet the bed every night and 30 percent wetted the bed two to three times every week. Treatment was given two to three times a week and was not repeated more than five times per patient. The therapeutic effects were evaluated on the basis of the findings obtained by a follow-up and chart records.

As a result of treatment, 71 percent of the patients were completely cured, 15 percent were improved, and 14 percent remained unchanged.

(During the treatment period, all patients were given 1 vial of vitamin B₁₂ (Methicobal) and 2-3 vials of vitamin B₆ intramuscularly.)

Discussion

Enuresis nocturna could be either cured or improved by Ryodoraku therapy in a relatively short period of time. Psychotherapy and injection therapy which were combined with Ryodoraku treatment may account for some of the good effects, but most of it can be explained by the direct or indirect stimulation of the spinal and autonomic nerves which have a direct relation with the bladder wall. This stimulation increases the tonus of the bladder wall, muscle and sphincter, so that the patient experiences restoration of normal sensation in the case of a full bladder.

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References