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A Nursing Case Report Postprint of Cupping Therapy for Urinary Incontinence Secondary to Uterine Prolapse

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Abstract

To observe the therapeutic efficacy of cupping therapy for urinary incontinence secondary to uterine prolapse; cupping treatment was administered to a patient with uterine prolapse-induced urinary incontinence, with comparative analysis of the patient's signs before and after treatment conducted for evaluation. Cupping demonstrated significant restorative effects in treating urinary leakage secondary to uterine prolapse, and the procedure is simple, non-invasive, and painless, thereby alleviating the patient's physical suffering and improving their quality of life.

Full Text

Preamble

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Title: A Nursing Case Report on Cupping Therapy for Urinary Incontinence Secondary to Uterine Prolapse

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Abstract

Objective: To observe the therapeutic effect of cupping therapy on urinary incontinence caused by uterine prolapse. **Methods:** Cupping therapy was administered to a patient with urinary incontinence secondary to uterine prolapse. Clinical signs before and after treatment were compared and analyzed for evaluation. **Results:** Cupping therapy demonstrated significant efficacy in improving urinary leakage caused by uterine prolapse. The procedure is simple, non-invasive, and painless, reducing physical suffering and improving quality of life. **Conclusion:** Cupping therapy offers a promising treatment option for urinary incontinence associated with uterine prolapse.

Keywords: Uterine prolapse; Urinary incontinence; Cupping therapy; External treatment of traditional Chinese medicine

Introduction

With the acceleration of modern life pace and changes in sexual behavior, the incidence of uterine prolapse is increasing and showing a trend toward younger patients. Uterine prolapse is a condition in which the uterus descends along the vagina, with the cervical os reaching below the level of the ischial spine or even protruding beyond the vaginal opening [1]. According to surveys, the current incidence of uterine prolapse in China is [missing value]. Although not life-threatening, this condition leads to chronic pelvic pain, urinary incontinence, fecal incontinence, sexual dysfunction, and significantly impacts women's quality of life [2].

Current understanding identifies the main etiological factors as birth trauma, ovarian dysfunction, congenital developmental abnormalities, and increased intra-abdominal pressure [3]. The *Golden Mirror of Medical Orthodoxy* states: "In women, uterine prolapse may result from damage to uterine collaterals, excessive force during childbirth, qi deficiency with sinking, or damp-heat pouring downward." Traditional Chinese medicine (TCM) classifies the syndrome patterns into three categories: qi deficiency with sinking, kidney qi deficiency, and damp-heat in the lower jiao. Current treatment for uterine prolapse remains primarily surgical, with auxiliary methods such as electromagnetic stimulation, though each has limitations.

As a "green" physical therapy, cupping is gaining favor for its safety and efficacy. TCM theory holds that cupping therapy functions to unblock meridians, promote qi and blood circulation, reduce swelling and pain, dispel wind and cold, and remove toxins and heat. It has gained certain clinical recognition and has been applied in the treatment of surgical, internal, pediatric, gynecological, and ENT diseases. Examining the progress of TCM clinical treatment for uterine prolapse, addressing the three syndrome patterns of qi deficiency with sinking, kidney qi deficiency, and damp-heat in the lower jiao through cupping therapy

represents a novel therapeutic approach. This article summarizes the treatment method and clinical outcomes of a patient with urinary incontinence caused by uterine prolapse who was treated with cupping therapy.

1. Case Information

The patient was a female, [age missing] years old, who had given birth to multiple children and experienced imbalance between work and rest. She complained of frequent fatigue and exhaustion. Half a month prior, due to overexertion, she perceived a protruding object at the vaginal opening with a sensation of heaviness. Urinary incontinence occurred during coughing and lifting heavy objects. Additional symptoms included shortness of breath, fatigue, poor appetite, normal bowel movements and urination, pale tongue, and weak pulse.

Gynecological examination revealed a married and parous vulva with the cervix visible protruding from the vagina, [distance missing] cm from the hymenal margin. Bimanual examination showed no significant abnormalities. Diagnosis: TCM diagnosis: Yin Ting (uterine prolapse) with qi deficiency and sinking pattern. Western medicine diagnosis: Grade II uterine prolapse with stress urinary incontinence.

2. Intervention Measures

2.1 TCM Characteristic Nursing: Cupping Therapy

Acupoint Selection: Guanyuan (CV4), Qihai (CV6), Zhongji (CV3), Guilai (ST29), Zigongxue (EX-CA1), Tituoxue (EX-CA2), Diji (SP8), Sanyinjiao (SP6), Shenshu (BL23), Panguangshu (BL28).

Method: The patient was positioned appropriately with the cupping area exposed. After selecting the corresponding acupoints, flash cupping was performed first: the cup was applied and immediately removed, repeated multiple times until the skin became flushed. This was followed by retaining cupping, with cups left in place for [duration missing] minutes before removal. Each treatment session lasted [duration missing] minutes, administered once every three days, with [number missing] sessions constituting one treatment course.

Technique: As stated in the *Inner Classic*, “For excess conditions, use draining methods; for deficiency conditions, use tonifying methods.” This disease results from qi deficiency with sinking, kidney qi deficiency, and damp-heat in the lower jiao; therefore, the tonifying method was selected. Tonifying cupping technique involves shallow suction, gentle manipulation, and following the meridian direction (clockwise along the meridian is tonifying, counterclockwise is draining). Light pressure with heavy lifting was applied using rotational tonification: when

the thumb rotates forward to the left, heavy force is applied; when rotating backward to the right for reduction, light force is applied [4].

Precautions: (1) After treatment, keep warm and avoid bathing for one day to prevent exposure to cold. (2) For elderly or weak patients, retaining cupping time should not be too long, generally [duration missing] minutes. (3) After cupping, drink more warm water than usual; do not drink cold or ice water, as this helps eliminate toxins from the body.

2.2 Pelvic Floor Muscle Training

The patient was instructed to perform Kegel exercises independently to strengthen pelvic floor muscles and reduce urinary incontinence. The specific method: in a standing position, perform levator ani and vaginal contraction exercises. Each contraction should last no less than [duration missing] seconds, with [number missing] repetitions, performed [frequency missing] times daily.

2.3 Dietary Nursing

The patient was advised to consume a protein-rich diet, such as lean meat, fish, and shrimp. Additionally, she could appropriately increase intake of foods containing phytoestrogens, such as soy products, honey, and apples.

2.4 Psychological Guidance

Regular communication was maintained with the patient and her family. The patient was instructed to avoid heavy physical labor, maintain a pleasant mood, and exercise actively. Constipation and chronic cough were actively treated. Prolonged standing or squatting was prohibited.

3. Assessment Methods

3.1 Uterine Prolapse Symptom Assessment

Uterine prolapse was graded according to the following criteria: Grade I mild—cervical os below ischial spine level but not reaching hymenal margin; Grade I severe—cervix reaching hymenal margin but not protruding beyond it, visible in vaginal opening during examination; Grade II mild—cervix protruding beyond vaginal opening but uterine body remains within vagina; Grade II severe—cervix and part of uterine body protruding beyond vaginal opening; Grade III—cervix and entire uterine body protruding beyond vaginal opening. This patient was assessed as Grade II mild before treatment.

3.2 SUI Grading Assessment

Stress urinary incontinence (SUI) grading was based on Mario's clinical scoring system [5], evaluating the degree of SUI according to the circumstances, fre-

quency, and volume of urine leakage. Scoring: 1 point for incontinence during coughing, lifting heavy objects, sneezing, or laughing; 2 points for incontinence when climbing stairs or during sexual intercourse; 3 points for incontinence while running or walking; 4 points for incontinence when changing positions. Frequency scoring: 1 point for weekly episodes, 2 points for daily episodes. Volume scoring: 1 point for using 1-2 pads daily, 2 points for using 3-5 pads daily, 3 points for using 6 or more pads daily. Cumulative scores of 1-5 indicate mild SUI, 6-10 indicate moderate SUI, and 11 or above indicate severe SUI. This patient's pre-treatment SUI score was [score missing] points, assessed as mild SUI.

3.3 Pelvic Floor Muscle Strength Assessment

Pelvic floor muscle strength was evaluated using the perineal muscle test (GR-RUG) method [6], grading muscle strength on a scale of 0-V: 0—no muscle contraction; I—muscle flicker; II—incomplete contraction, 2 repetitions, duration < 2 seconds; III—complete contraction without resistance, 3 repetitions, duration 3 seconds; IV—complete contraction with slight resistance, 4 repetitions, duration 4 seconds; V—complete contraction with sustained resistance, 5 repetitions, duration \geq 5 seconds. Muscle strength below V grade is considered abnormal. This patient's pre-treatment pelvic floor muscle strength was Grade III, indicating abnormal strength.

4. Outcomes

Uterine Prolapse Symptoms: Assessed according to the patient's condition, after 15 days of treatment, uterine prolapse symptoms improved from Grade II mild to Grade I mild, demonstrating significant effect.

SUI Grading: Based on patient self-assessment, after 15 days, the SUI score decreased from [initial score missing] to [final score missing] points, showing significant improvement.

Pelvic Floor Muscle Strength: Assessed according to the patient's condition, after 15 days, pelvic floor muscle strength improved from Grade III to Grade V, demonstrating significant effect (see Table 1).

5. Discussion

Uterine prolapse results from multiple factors including birth trauma, decreased estrogen after menopause, chronic malnutrition, congenital developmental defects, and increased abdominal pressure from chronic cough, constipation, and heavy physical labor [7]. Current Western medicine treatments include supportive therapy, pelvic floor muscle exercises, physical therapy (biofeedback,

electrical stimulation), pessary placement, and surgery [8]. TCM has clear understanding of this disease, categorizing it under “Yin Ting,” “Yin Tu,” or “Yin Tuo.” The *Complete Works of Jingyue* states: “When a woman’s vagina protrudes like a mushroom or fungus, or extends several inches, it is called Yin Ting. This may result from damage to uterine collaterals, excessive strain during childbirth, sinking due to depression and heat, or deficiency and prolapse of qi.” Multiple childbirths and overexertion deplete qi and blood, primarily affecting the spleen—the source of qi and blood production. The spleen resides in the middle jiao, regulating the ascending, descending, entering, and exiting of qi. When spleen qi is damaged, qi mechanism becomes disordered; qi sinking downward leads to uterine prolapse. Alternatively, birth trauma or sexual overindulgence damages kidney qi, causing the Belt Vessel to lose its restraining function and the lifting mechanism to fail, resulting in uterine prolapse. Alternatively, dampness transforms into heat, causing lower jiao damp-heat. In addition to spleen deficiency with qi sinking and kidney deficiency with instability, uterine prolapse is also related to the liver. The liver governs dredging and discharging, which is essential for the spleen’s ascending of clear qi. When liver qi becomes hyperactive and rebels, it horizontally invades the spleen; the spleen fails to ascend clear qi, qi sinks downward, and spleen deficiency leads to insufficient qi and blood production, resulting in qi deficiency that cannot consolidate, thus causing uterine prolapse [9].

The liver stores blood and governs dredging; the spleen governs blood and transportation. The ascending and descending transportation of the spleen and stomach depends on the dredging function of liver qi; therefore, liver disease can damage spleen qi and cause spleen dysfunction, leading to uterine prolapse [10]. Professor Zhang Jingmin [11] proposed that during acute episodes, the condition is primarily pathogenic excess, while during remission it is primarily deficiency. The treatment principle is: “For deficiency of the root, treat the root by strengthening the spleen and kidney to lift the prolapse; for pathogenic excess, treat the branch by clearing heat, dispelling dampness, and resolving stasis.”

Cupping therapy demonstrates good efficacy for Grade I and II uterine prolapse with urinary incontinence. Qing dynasty physician Wu Qian clearly documented the combined use of cupping, acupuncture, and herbal medicine for treating yintype carbuncles in the *Golden Mirror of Medical Orthodoxy*. In recent years, cupping therapy has been widely applied in surgery, internal medicine, pediatrics, gynecology, and ENT departments. Following TCM meridian theory, different acupoints are selected for treatment. Qihai (CV6) and Zhongji (CV3) on the Conception Vessel can tonify kidney yang and regulate the Chong and Ren vessels. Ji Dongmei et al. [12] found that acupuncture combined with Buzhong Yiqi pills significantly improved pelvic floor muscle strength and sexual quality of life in uterine prolapse patients. Dijì (SP8) is the Xi-cleft point of the Spleen Meridian of Foot-Taiyin, which reaches the lower abdomen during its course and has close relationships with the Chong and Ren vessels. The spleen governs transportation and transformation and is the source of qi and blood

production, generating and governing blood that directly provides the material basis for uterine function. Guilai (ST29) promotes smooth flow of organ qi and blood. Sanyinjiao (SP6) is the intersection point of three yin meridians (Spleen, Liver, and Kidney meridians of the foot), with the three foot yin meridian sinews gathering around the genitalia and having close relationships with the Chong, Ren, Du, and Dai vessels. The combined use of these acupoints works synergistically to lift yang, boost qi, and elevate the uterus, thereby alleviating urinary incontinence triggered by uterine prolapse.

In summary, cupping therapy plays an important role in treating uterine prolapse, offering therapeutic advantages including simple operation, minimal side effects, and effective symptom relief. This approach meets patients' diverse needs and warrants broader clinical application.

References

- [1] Xie X, Kong BH, Duan T. *Obstetrics and Gynecology* [M]. 9th ed. Beijing: People' s Medical Publishing House, [year missing].
- [2] Tian XQ, Guo Y. Research progress in non-surgical treatment of pelvic organ prolapse [J]. *Xinjiang Journal of Traditional Chinese Medicine*, [year missing].
- [3] Cui B. Study on ancient literature of Yin Ting and the laws of herbal formula composition and acupuncture point selection [D]. Beijing: Beijing University of Chinese Medicine, [year missing].
- [4] Wang L, Huang ZP, Wang F, et al. Meridian-based cupping therapy for post-stroke constipation [J]. *Integrative Nursing*, [year missing].
- [5] Li WR, et al. Discussion on the same principle of cupping and acupuncture methods [A]. *Acta Chinese Medicine*, [year missing].
- [6] Lawson S, Sacks A. Pelvic floor physical therapy and women' s health promotion [J]. *Journal of Midwifery & Women' s Health*, [year missing].
- [7] Jin CP, Shang YM, Hu TX, et al. Value of pelvic floor electromyography in diagnosis and treatment of postpartum pelvic floor dysfunction [J]. *China Journal of Modern Medicine*, [year missing].
- [8] Ma CC, Zhou Y, Zhang Y, et al. Effect of pessary treatment on generalized anxiety disorder in patients with symptomatic pelvic organ prolapse [J]. *National Medical Journal of China*, [year missing].
- [9] Zhang J, Li XP, Li HW. Risk factors for postpartum uterine prolapse [J]. *Henan Medical Research*, [year missing].
- [10] Zhou YW, Ping Y. Research progress on mechanisms and treatment of pelvic organ prolapse [J]. *Chinese Journal of Clinical Pharmacology and Therapeutics*, [year missing].

- [11] Lv XJ, Zhang L, Tang JS. Clinical observation of magnetic-electrical combination therapy for pelvic organ prolapse in postmenopausal women [J]. *Chinese Journal of Gerontology*, [year missing].
- [12] Ji DM, Cheng SM, Li LX. Effect of acupuncture combined with Buzhong Yiqi pills on pelvic floor muscle and sexual quality of life in uterine prolapse patients [J]. *Shanxi Medical Journal*, [year missing].
- [13] Pan DC, Yang BR, Ma QL, et al. Progress in integrated Chinese and Western medicine treatment of uterine prolapse [J]. *China Medical Herald*, [year missing].
- [14] Tan XL, Yang M, Shi Q. Study on warm acupuncture combined with pelvic floor rehabilitation for uterine prolapse [J]. *Electronic Journal of Clinical Medical Literature*, [year missing].
- [15] Zhang YH, Niu QN. Professor Zhang Jingmin' s experience in treating uterine prolapse with combined acupuncture and medicine [J]. *Chinese Medicine Modern Distance Education*, [year missing].

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