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Benign Prostatic Hyperplasia

Hyperplasie bénigne de la prostate : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

1.1.1. Fang 2025

Fang W, Wang S, Dong JK, Zhang JY, Li XC, Fu CW, Liu QG. Evaluation of Clinical Effect of Acupuncture on Chronic Prostatitis: Meta Analysis. Am J Mens Health. 2025 Jan-Feb;19(1):15579883241290035. https://doi.org/10.1177/15579883241290035

Aim	This study aims to evaluate the clinical efficacy of acupuncture and moxibustion in CP treatment and assess the quality of clinical literature.
Methods	Controlled clinical trials (CCT) and randomized controlled trials (RCTs) from PubMed, Web of Science, NLM, CNKI, and Wanfang (January 2003 to January 2023) were analyzed. Relevant data were extracted and statistically analyzed using RevMan 5.1 software.
Results	**Twenty high-quality papers (JADAD≥3) involving 1,661 patient**s were included. Meta-analysis showed a significant difference in the overall response rate between the test and control groups in CP treatment (odds ratio [OR] = 4.08 [95% CI = 3.13, 5.33], p < .001). The National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) posttreatment comparison showed significantly better symptom improvement in the acupuncture and moxibustion group (mean difference [MD] = -4.87 [95% CI = -6.145, -3.59]). Acupuncture and moxibustion significantly improve response rates and symptom scores in CP treatment compared with control treatments (drugs, sham acupuncture).
Conclusion	This suggests that acupuncture and moxibustion are effective for CP and worth promoting, though further exploration of their mechanisms is needed.

1.1.2. Zhang 2017 ☆☆

Zhang W, Ma L, Bauer BA, Liu Z, Lu Y. Acupuncture for benign prostatic hyperplasia: A systematic review and meta-analysis. PLoS One. 2017;12(4):. [28350].

PURPOSE	This systematic review and meta-analysis aims to assess the therapeutic and adverse effects of acupuncture for benign prostatic hyperplasia (BPH) in randomized controlled trials (RCTs).

METHODS	We searched the Cochrane Central Register of Controlled Trials (CENTRAL) in The Cochrane Library, MEDLINE, EMBASE, the Chinese Biomedical Database, the China National Knowledge Infrastructure, the VIP Database and the Wanfang Database. Parallel-group RCTs of acupuncture for men with symptomatic BPH were included. Data from the included trials were extracted by two independent reviewers and were analyzed with The Cochrane Collaboration Review Manager software (RevMan 5.3.5) after risk of bias judgments. The primary outcome measure of this review was a change in urological symptoms.
RESULTS	**Eight RCTs, which involved 661 men** with BPH, were included. Follow-up varied from 4 weeks to 18 months. Pooling of the data from three trials that compared acupuncture with sham-acupuncture revealed that in the short term (4-6 weeks), acupuncture can significantly improve IPSS (MD -1.90, 95% CI -3.58 to -0.21). A sensitivity analysis of the short-term endpoint showed the same result (MD -3.01, 95% CI -5.19 to -0.84) with a borderline minimal clinical important difference (MCID). Qmax of the short-term endpoint indicated statistically positive beneficial effects of acupuncture (MD -1.78, 95%CI -3.43, -0.14). A meta-analysis after medium-term follow-up (12-18 weeks) indicated no significant effect on IPSS when the data from two trials were combined (MD -2.04, 95% CI -4.19, 0.10).
CONCLUSION	**Statistically significant changes were observed in favor of acupuncture** in moderate to severe BPH with respect to short-term follow-up endpoints. The clinical significance of these changes needs to be tested by further studies with rigorous designs and longer follow-up times.

1.1.3. Chen 2010 ☆

Chen Yuanwu, Du Yuanhao, Xiong Jun, Sun Pan, Gao Xiang, Lin Xiaomiao, Xiao Li. [Acupuncture and moxibustion versus western medicine for benign prostatic hyperplasia: a systematic review]. China Journal of Traditional Chinese Medicine and pharmacy. 2010;6:902-906. [186926].

Objective	To evaluate the quality of prostate hyperplasia related literature in acupuncture and moxibustion, and to compare the curative effect on prostate hyperplasia between acupuncture and moxibustion and western medicine.
Methods	Retrieving Pubmed, Cochrane Library, CBM database, CNKI database Etc. to collect the literature of prostate hyperplasia of clinical randomized or quasi-randomized control trials of comparative study between western medicine and acupuncture treatment. The data was extracted independently by two valuers from literatures fitting the selection criteria. Cochrane evaluation manual 4. 2. 6 was used to evaluate quality, and RevMan 4. 2. 8 was used in statistical analysis.
Results	**A total of six randomized or quasi-randomized controlled trials (total 546 examples) were adopted**. 6 study adopted the total effective rate of evaluation indexes, Meta-analysis showed that there was a significant difference between acupuncture treatment group and western medicine group [merger RR (fixed effects model) =1. 26, 95%CI (1. 15, 1. 37), Z=5. 13, P<0. 00001]. 3 studies using cure rate for evaluation, Meta-analysis showed that there was a significant difference between acupuncture treatment group and western medicine group [merger RR (fixed effects model) =4. 53, 95%CI (2. 16, 9. 50), Z=4. 00, P<0. 0001].
Conclusion	**Acupuncture treatment of prostate hyperplasia was safe and effective, there was probably a great advantage compared with western medicine**. But because of the limited quality and low quantity of literature, the conclusion was uncertain, it needed further verification by high quality of a double-blind randomized controlled trial.

1.2. Special Acupuncture Techniques

1.2.1. Comparison of Acupuncture techniques

1.2.1.1. Chen 2022

Chen Z, Jiang T, Peng Y, Qiang X, Yang F, Hu H, Liu C, Lee MS. Acupuncture and moxibustion treating lower urinary tract symptoms due to benign prostatic hyperplasia: a systematic review and network meta-analysis. Acupunct Herb Med. 2022 Jun;2(2):84-90. https://doi.org/10.1097/HM9.0000000000000029.|

Objective	Lower urinary tract symptoms (LUTS) caused by benign prostatic hyperplasia (BPH) affect the quality of life of elderly individuals. Acupuncture and moxibustion are used in the clinic in China for improving LUTS symptoms due to BPH. However, there is no evidence to suggest which is the best option. We compared the efficacy of acupuncture and moxibustion to provide evidence for clinical decision-making.
Methods	PubMed, Embase, Cochrane Library, Web of Science, China National Knowledge Infrastructure, Wan Fang Data, and VIP databases were searched from inception to July 2020 to identify the randomized controlled trials (RCTs) of acupuncture and moxibustion for LUTS due to BPH. Two researchers filtered studies and extracted the information independently. This study conducted a network meta-analysis using the Bayesian random method. The interventions ranking was evaluated using the surface under the cumulative ranking curve (SUCRA).
Results	We finally included **40 studies comprising 10 treating therapies and 3655 patients** with LUTS caused by BPH. In terms of the International Prostate Symptom Score, maximum urinary flow rate, and quality of life, electroacupuncture (EA) (MD = −3.6, 95% credible interval [CrI] [−5.5, −1.8], very low certainty of evidence; MD = 2.2, 95% CrI [1.1, 3.3], low certainty of evidence; MD = −1.3, 95% CrI [−2.2, −0.43], very low certainty of evidence) may be consistently the optimal treatment compared with other interventions, with SUCRA values of 84%, 81%, and 89%, respectively.
Conclusions	Of all treatments, EA may have the best efficacy with fewer adverse events for LUTS due to BPH. The quality of evidence supporting this result is low to very low certainty of the evidence due to limitations of primary studies; thus, more high-quality RCTs are needed for further evidence.

1.2.2. Electroacupuncture

1.2.2.1. Chen 2024

Chen R, Huang H, Zhan S, Yi L, Huang L, Yue Z. Efficacy and safety of electroacupuncture for benign prostatic hyperplasia: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Feb 23;103(8):e37324. https://doi.org/10.1097/MD.0000000000037324

Backgound	This study aimed to evaluate the efficacy and safety of electroacupuncture (EA) in the treatment of benign prostatic hyperplasia.

Methods	Seven databases were searched from the inception of each database to March 31, 2023, including PubMed, Web of Science, Cochrane, Embase, China National Knowledge Infrastructure, Wanfang, and China Biology Medicine. The modified Jadad scale was used to assess literature quality, and literature inclusion and exclusion were conducted in strict accordance with the criteria of a score of ≥4. The risk of bias was evaluated using the Cochrane risk of bias tool. The pooled effect size of the binary data was measured by odds ratio (OR) and 95% confidence interval (CI), and the pooled effect size of the continuous data was presented as weighted mean difference (WMD) and 95% CI. If I^2 was larger than 50%, a random effects model was adopted, and otherwise, a fixed effects model was used. Additionally, publication bias assessment and sensitivity analysis were conducted.
Results	A total of 325 records were retrieved, and finally **9 randomized controlled trial** studies were included, involving **1045 patients**. Meta-analysis revealed that the EA group had better improvement than the control group in terms of clinical effective rate (odds ratio = 3.92, 95% CI = 2.38 to 6.47, I^2 = 0%, P < .001), International Prostate Symptom Score (WMD = -4.99, 95% CI = -6.15 to -3.84, I^2 = 76.9%, P < .001), maximum urinary flow rate (WMD = -4.99, 95% CI = -6.15 to -3.84, I^2 = 87.4%, P < .001), and post-void residual volume (WMD = -17.12, 95% CI = -29.49 to -4.75, I^2 = 89.1%, P < .01). There was no statistical significance in prostate volume and adverse events between the EA group and the control group (P > .05).
Conclusion	EA is effective in the treatment of benign prostatic hyperplasia with acceptable overall safety.

2. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

2.1. European Association of Urology (EAU) 2026 Ø

EAU Guidelines. Edn. presented at the EAU Annual Congress London 2026. Arnhem: EAU Guidelines Office; 2026.
https://uroweb.org/guidelines/management-of-non-neurogenic-male-luts/chapter/disease-management Baboudjian M, Creta M, Pyrgidis N, Moris L, Duran MB, de Nunzio C, Elterman D, Hashim H, Herrmann TRW, Karavitakis M, Malde S, Netsch C, Rieken M, Sakalis V, Tutolo M, Schouten N, Cornu JN. Summary Paper on the 2026 European Association of Urology Guidelines on the Management of Non-neurogenic Male Lower Urinary Tract Symptoms. Eur Urol. 2026 Jul;90(1):44-59.
https://doi.org/10.1016/j.eururo.2026.03.020

Posterior tibial nerve stimulation. There is limited evidence for the effectiveness of PTNS in male population (LE: 2). There is no evidence that PTNS cures UUI in male population (LE: 2). No formal recommendation.

2.2. National Institute for Health and Clinical Excellence (NICE, UK) 2010 Ø

Lower urinary tract symptoms in men: management (CG97). Evidence-based recommendations on managing lower urinary tract symptoms (LUTS) in men, London (UK): National Institute for Health and Clinical Excellence (NICE). 2010. [159041]

14.3.1 *In men who report LUTS, what is the effect of acupuncture vs. no acupuncture or other conservative therapy on patient related and biometric outcomes and adverse events?* No clinical or economic studies were identified.
1.8 *Alternative and complementary therapies* 1.8.1 Do not offer homeopathy, phytotherapy or **acupuncture** for treating LUTS in men. [2010]

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