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Renal Colic

Colique néphrétique

Systematic Reviews and Meta-Analysis

1.1. Chen 2023

Chen HT, Kuo CF, Hsu CC, Lai LC, Cheng AC, Sun CK, Hung KC. Clinical efficacy of acupuncture for pain relief from renal colic: A meta-analysis and trial sequence analysis. Front Med (Lausanne). 2023 Jan 9;9:1100014. https://doi.org/10.3389/fmed.2022.1100014.

Background	This meta-analysis aimed at investigating the efficacy of acupuncture for relieving renal colic and reducing the risk of analgesic-related complications.
Methods	Randomized controlled trials (RCTs) comparing the efficacy of acupuncture (acupuncture group) with conventional interventions (control group) were screened from MEDLINE, EMBASE, Cochrane library databases, China Knowledge Network (CNKI), and Airiti Library till July 15, 2022. The primary outcome was the rate of effective pain relief (response rate), while secondary outcomes included the time of onset of pain relief, visual analog scale (VAS) at 30-60 min and risk of side effects.
Results	**Thirteen eligible studies involving 1,212 participants** published between 1992 and 2021 were analyzed. Compared with the control group, patients receiving acupuncture had a higher overall response rate [risk ratio (RR) = 1.12, 95% CI: 1.05-1.19, p = 0.0002, I 2 = 41%, 1,136 patients] (primary outcome) and a faster pain relief [MD = -10.74 min, 95% CI: -12.65 to -8.82, p < 0.00001, I 2 = 87%, 839 patients]. Patients receiving acupuncture had a lower pain score [MD = -0.65, 95% CI: -1.09 to -0.21, p = 0.21, I 2 = 55%, 327 patients] and risk of side effects (RR = 0.11, 95% CI: 0.04-0.26, p < 0.00001, I 2 = 0, 314 patients) compared to those receiving conventional interventions. Results from trial sequence analysis revealed sufficient evidence supporting the beneficial effects of acupuncture on response rate, time to pain relief, and pain score at 30-60 min.
Conclusion	Compared with conventional analgesic-based interventions, acupuncture can more efficiently relieve renal colic with fewer adverse effects. The limited number and quality of included studies warrant more clinical RCTs to support our findings.

1.2. Qu 2022 ☆

Qu Z, Wang T, Tu J, Yao W, Pei X, Jia L, Cao Y, Liu C. Efficacy and Safety of Acupuncture in Renal Colic Caused by Urinary Calculi in Adults: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2022 Jul 4;2022:7140038. https://doi.org/10.1155/2022/7140038

Background	Acute renal colic caused by urinary calculi has a considerable impact on the quality of life. Pain relief is the primary goal in the management of patients with acute renal colic caused by urinary calculi. At present, there is no systematic evaluation of the efficacy and safety of manual acupuncture in the treatment of acute renal colic caused by urinary calculi in adults.

Objective	To evaluate the efficacy and safety of manual acupuncture in the treatment of acute renal colic caused by urinary calculi in adults.
Methods	Databases of PubMed, EMBASE, Cochrane Library, China National Knowledge Infrastructure (CNKI), Wanfang Medical, VIP Database for Chinese Technical Periodicals (VIP), and China Biomedical Literature (SinoMed) were searched for literature and other randomized controlled registration platforms. We searched to identify the relevant randomized controlled trials from the establishment of the database to February 9, 2022. Only randomized controlled trials (RCTs) of manual acupuncture as the therapy for acute renal colic caused by urinary calculi in adults were included, whether or not the blind method is used. The patients were adults diagnosed with urinary calculi and renal colic. The control group was treated with commonly used analgesics and antispasmodics. The experimental group was treated with acupuncture as a monotherapy or as an adjuvant therapy (manual acupuncture combined with analgesics and antispasmodics). Two review authors independently assessed titles and abstracts for relevance and extracted data on study design, participants, interventions, and outcomes from potentially relevant articles. Cochrane risk bias assessment tool was used to evaluate the quality of the included study, and RevMan5.4 software was used for meta-analysis. Our primary outcomes were response rate and time duration before pain remission. Secondary outcomes were the time of complete pain relief, pain variation, need for rescue analgesia, and adverse events.
Results	Out of 1123 records identified, **15 were found** to be of relevance to this study, and **1210 participants** were included in the meta-analysis. The meta-analysis of the results shows that, in terms of response rate, compared with the control group, acupuncture as a monotherapy seems to have a slight advantage (RR = 1.10 (95% CI: 1.03, 1.18), I 2 = 28%, P=0.004), while acupuncture as an adjuvant therapy has no advantage (RR = 1.06 (95% CI: 0.95, 1.20), I 2 = 77%, P=0.30). In terms of duration before pain relief, acupuncture as a monotherapy had an advantage over the control group (MD = -10.28(95% CI: -14.40, -6.17), I 2 = 93%, P < 0.00001). Acupuncture as a monotherapy was similar to positive medication in terms of complete pain relief (MD = -7.13 (95% CI: -20.19, 5.94), I 2 = 95%, P=0.28). Pain variation: VAS scores at 10 min, acupuncture as a monotherapy (MD = -2.47 (95% CI: -3.40, -1.53), I 2 = 84%, P < 0.00001) or as an adjuvant therapy (MD = -3.38 (95% CI: -4.33, -2.43), I 2 = 60%, P < 0.00001) was better than the control group. VAS scores at 30 min, compared with the control group, there was no difference between acupuncture as a monotherapy (MD = -0.27 (95% CI: -1.43, 0.88), I 2 = 88%, P=0.64) and acupuncture as an adjuvant therapy (MD = -1.17 (95% CI: -3.15, 0.81), I 2 = 96%, P=0.25). VAS scores at 60 min, compared with the control group, there was no difference in the acupuncture as a monotherapy (MD = 0.58 (95% CI: -0.28, 1.45), I 2 = 77%, P=0.19), while acupuncture as an adjuvant therapy was better (MD = -1.22 (95% CI: -1.93, -0.51), I 2 = 72%, P=0.0007). VAS scores at 120 min, there was no difference in acupuncture as a monotherapy compared to the control group (MD = -0.24 (95% CI:-1.22, 0.75), I 2 = 0, P=0.64). One study reported on rescue analgesia. Fewer adverse events occurred in the experimental group compared to the control group.
Conclusion	In the course of manual acupuncture treatment of acute renal colic caused by urinary calculi in adults, available evidence suggests that manual acupuncture is as effective as positive treatment drugs, either as a monotherapy or as an adjunctive therapy, with the advantage of acupuncture being its rapid onset of action. However, the number of existing clinical studies is small, and the quality of evidence is generally low, so it is recommended to use it with caution. In order to further verify the above conclusions, more high-quality clinical RCTs need to be carried out.
GRADE	⊕⊕⊕⊖ Moderate ➔ ⊕⊕⊖⊖ Low

1.3. Huang 2020 ☆

Huang Yiyu. [Meta-Analysis of Clinical Efficacy of Acupuncture Versus Drugs in the Treatment of Renal Colic]. Chinese Journal of Surgery of Integrated Traditional and Western Medicine. 2020. [212939].

Objective	To evaluate the efficacy of acupuncture versus drug in the treatment of renal colic.
Methods	Electronic databases including PubMed database, the Cochrane Library, EMbase, CBM, China Knowledge Network (CNKI), VVIP and Wanfang Data were searched (from the publication of the journal to May 2018) and collected the randomized controlled trial of acupuncture and medication for renal colic. Relevant data were extracted and quality evaluation was performed using the Cochrane System Evaluator' s Manual 5. 1, and Meta analysis was performed using Revman Manager 5. 3 software.
Results	A total of **13 RCTs** were included. A total of **1131 case** were involved. The results of Meta-analysis showed that, compared with the control group, the total analgesic effect was higher in the acupuncture group [RR=1. 12, 95% CI (1. 06, 1. 17), P < 0. 00001], and the acupuncture group could shorten the time to start pain relief [MD=-9. 92, 95 % CI (-12. 85, -8. 10), P<0. 00001]. But there was no statistical difference in VAS scores between the two groups after treatment.
Conclusion	Compared with simple drug therapy, acupuncture treatment of renal colic has obvious advantages, simple operation and relatively few side effects. It is worthy of widespread clinical promotion. However, due to the quantitative and qualitative limitations of the included studies, more clinical randomized controlled trials are still needed to verify the above conclusions.

1.4. Hong 2017

Hong Jiahui, Huang Jielong, Lu Zekai. [Acupuncture Therapy for Calculous Renal Colic: A Meta Analysis]. Asia-Pacific Traditional Medicine. 2017;19:59-62. [219451].

Objective	To evaluate the clinical efficacy of Acupuncture in the treatment of calculous renal colic.
Methods	Retrieved from China Knowledge Resources,Chinese Biomdical literature Database and Wanfang Database,randomized or quasirandomized controlled trials about Acupuncture in the treatment of calculous renal colic were collected,the evaluated by the methodological quality,statistical analyzed with RevMen 5.3 software.
Results	**14 studies involving 1357 patients** entered the inclusion criteria. Compared with the control group,the results of meta analysis showed that Acupuncture therapy for calculous renal colic in the total effective rate[OR=6.88,95%CI□4.19,11.28□,P<0.05], onset time[MD=-9.37,95%CI□-11.77,-6.97), P<0.05],and the side effect [OR=0.04,95%CI □0.01,0.14□,P<0.05],the difference was statistically significant.‘Funnel Plot’bias analysis indicate that there may be a potential publication bias.
Conclusion	:Acupuncture therapy for calculous renal colic with exact effect rapid onset,high safety and light side effects,But still need more clinical research to further verify.

1.5. Special Acupuncture Techniques

1.5.1. Qiu Acupoint

1.5.1.1. Qiu 2021

Qiu C, Fu Z, Chen D, Fu L, Zhang C. Meta-analysis of Qiu’s Acupuncture Point as a Complementary Therapy for Acute Ureteric Colic Caused by Calculus. Front Med Sci Res. 2021;3(1):50-55. https://doi.org/10.25236/FMSR.2021.030109

Background	Dr. Yunqiao Qiu from Guangzhou University of TCM has discovered a certain point located near costalspinal angle, which can relieve acute ureteric colic effectively and named it as “Qiu’s point”.
Methods	This paper conducted a meta-analysis of the clinical efficacy of Qiu’s acupuncture point in the treatment of acute ureteric colic caused by ureteral calculus, in order to comprehensively analyze the role of Qiu’s acupuncture point in the relieve of acute ureteric colic. All randomized controlled trials (RCTs) from relevant articles in Chinese and English by October 31, 2019 have been selected, excluding cohort studies and case reports. Statistical analyses are performed using the Review Manager V.5.3 and R packages Metafor. We use the Cochrane risk of bias tool for randomized trials to assess the risk of bias of included studies.
Results/Conclusions	Meta-analysis results demonstrated that Qiu’s acupuncture point have some positive effects for acute ureteric colic caused by ureteral calculus. For acute renal colic, compared with western medicine treatment, Qiu's point has more advantages in analgesic effect and analgesic efficiency. It has no medical restrictions, lower cost, and no serious adverse reactions. It can be used in clinical applications. However, due to the small number of articles and fewer reference indicators, more controlled trials are still needed for further research.

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) 2021 Ø

Türk C, Neisius A, Petřík A, Seitz C, Skolarikos C, Somani B, Thomas K, Gambaro G. EAU Guidelines on Urolithiasis. European Association of Urology. 2021. [172083]. URL

Acupuncture seems to be effective in renal colic alone or in combination, but there is limited data.

3. Randomized controlled trials

3.1. Sources

Systematic reviews and guidelines for a listing of randomized control trials included:

1. **Acudoc2**: Acudoc2 Database.
2. **Chen 2023:** Chen HT, Kuo CF, Hsu CC, Lai LC, Cheng AC, Sun CK, Hung KC. Clinical efficacy of acupuncture for pain relief from renal colic: A meta-analysis and trial sequence analysis. Front Med (Lausanne). 2023 Jan 9;9:1100014. https://doi.org/10.3389/fmed.2022.1100014.
3. **Qu 2022**: Qu Z, Wang T, Tu J, Yao W, Pei X, Jia L, Cao Y, Liu C. Efficacy and Safety of Acupuncture in Renal Colic Caused by Urinary Calculi in Adults: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2022 Jul 4;2022:7140038. https://doi.org/10.1155/2022/7140038
4. **Qiu 2021**: Qiu C, Fu Z, Chen D, Fu L, Zhang C. Meta-analysis of Qiu’s Acupuncture Point as a Complementary Therapy for Acute Ureteric Colic Caused by Calculus. Front Med Sci Res. 2021;3(1):50-55. https://doi.org/10.25236/FMSR.2021.030109

3.2. List

2025	Cao Y, Qu Z, Zhang S, Liu Y, Jia L, Pei X, Wang X, Zhang D, Li B, Lu H, Ding M, Bai Y, Wang S, Yang Y, Hu J, Peng W, Guo W, Xu X, Liu Q. Early acupuncture intervention for pain relief in emergency department patients with suspected acute renal colic caused by urinary calculi: A randomized clinical trial. QJM. 2025 Feb 13:hcaf011. https://doi.org/10.1093/qjmed/hcaf011	sham	Acudoc2
2023	Wu LM, Liu Q, Yin XH, Yang LP, Yuan J, Zhang XQ, Wang YL. Wrist-ankle acupuncture combined with pain nursing for the treatment of urinary calculi with acute pain. World J Clin Cases. 2023 Jun 26;11(18):4287-4294. https://doi.org/10.12998/wjcc.v11.i18.4287		Acudoc2
2022	Tu JF, Cao Y, Wang LQ, Shi GX, Jia LC, Liu BL, Yao WH, Pei XL, Cao Y, Li HW, Yan SY, Yang JW, Qu ZC, Liu CZ. Effect of Adjunctive Acupuncture on Pain Relief Among Emergency Department Patients With Acute Renal Colic Due to Urolithiasis: A Randomized Clinical Trial. JAMA Netw Open. 2022;5(8):e2225735. https://doi.org/10.1001/jamanetworkopen.2022.25735	sham	Qu 2022
2021	S. Sun, X. Z. Kong, and B. Cai. [Observation on the curative effect of acupuncture combined with phloroglucinol in the treatment of renal colic]. Shenzhen Journal of Integrated Traditional Chinese and Western Medicine. 2021;31:37-38.		Qu 2022
	Zhang X, Liu X, Ye Q, Wang X, Chen J, Wang Z, et al. Acupuncture versus lornoxicam in the treatment of acute renal colic: a randomized controlled trial. J Pain Res. 2021;14:3637–48. https://doi.org/10.2147/jpr.s339006	sham	Chen 2023, Qu 2021
2020	Xiao FJ. [To explore the clinical value of acupuncture and moxibustion in the treatment of severe acute renal colic pain]. Electronic Journal of Clinical Medical Literature. 2020; 7:43.		Qu 2022
2018	Beltaief K, Grissa MH, Msolli MA, Bzeouich N, Fredj N, Sakma A, Boubaker H, Bouida W, Boukef R, Nouira S. Acupuncture versus titrated morphine in acute renal colic: a randomized controlled trial. J Pain Res. 2018;11:335-341. https://doi.org/10.2147/jpr.s136299		Chen 2023, Qu 2022
	Hong Jiahui, Study on the mechanism of Qiushi acupoint in the treatment of renal colic based on substance P of painful neuropeptide [D]. Guangzhou University of traditional Chinese Medicine,2018		Qiu 2021
	Lee Bo, HU Yan. [Application of Zhengqing Fengtongning via electroporation to Shenshu and Qiu acupoint in the treatment of renal colic], China Modern Medicine. 2018;25:171-178.		Qiu 2021
	Lu G. [Clinical observation of 30 cases of renal colic treated with acupuncture combined with anisodamine]. Inner Mongolia Journal of Traditional Chinese Medicine. 2018;37:54-55.		Qu 2022
	Wang Zhigang, Qiu Yunqiao. [Analysis of the superiority of Qiu's point in the treatment of acute renal colic], Journal of Chengdu University of Traditional Chinese Medicine. 2018;40:45–48.		Qiu 2021
2017	Chen Zui. Mechanism of Qiu's point in the treatment of renal colic [D]. Guangzhou University of traditional Chinese Medicine.2017.		Qiu 2021
2016	Huang Ml W, Li QD, Tian XY. [Effective observation on treating severe pain of acute renal colic by acupuncture]. Clin J Chinese Med. 2016; 8:38–40.		Chen 2023, Qu 2022
	Xiao Y. [The clinical observation and mechanism of dragon tiger fighting needling method on “qiu’s point. the treatment of acute renal colic]. Ph.D thesis. Guangzhou: Guangzhou University of traditional Chinese Medicine. 2016.		Chen 2023, Qu 2022

2015	Kaynar M, Koyuncu F, Buldu İ, Tekinarslan E, Tepeler A, Karatağ T, İstanbulluoğlu Mo, Ceylan K. Comparison of the efficacy of diclofenac, acupuncture, and acetaminophen in the treatment of renal colic. Am J Emerg Med. 2015;33(6):749-53. https://doi.org/10.1016/j.ajem.2015.02.033		Chen 2023, Qu 2022
2012	Ju B, Niu L. [Analysis of therapeutic effect of acupuncture at neiguan (PC6) and zusanli (ST 36) on acute renal colic]. Chinese Acupunct Moxibustion. 2012 ;32:975–8.		Chen 2023, Qu 2022
2011	Huang L, Li J. Clinical study on the treatment of renal colic by body and auricular acupuncture. J Acupunct Tuina Sci.2011;9:104–6.		Chen 2023
	Yang Wz SQ, Hao XY, Ming YC. [Relative acupoints for relieving pain from renal colic]. J Clin Acupunct Moxibustion. 2011;10:3–5.		Chen 2023, Qu 2022
2008	Xiang ST, Chen Q, Zhang C, Gu CM. [Clinical study on acupuncture treatment of acute renal colic]. National Integrative Medicine Perioperative Research New Progress Study Class and Proceedings of the 3rd National Symposium on Perioperative Medicine of Integrated Traditional Chinese and Western Medicine. 2008: p. 192		Chen 2023, Qiu 2022
2007	Lin Q, Hu Y, Han C, Li Y. [Eye acupuncture for treatment of renal and ureteral colic]. Chinese Acupunct Moxibustion. 2007;27:663–4.		Chen 2023
2006	Qiu Lz LQ, Mai FX, Ning Y, Chen XL. [Observation and nursing of acupuncture at zusanli in the treatment of renal colic]. Modern Nursing. 2006;29:2840		Chen 2023, Qu 2022
2003	Xu JS, MFH, Pan Y. Observation on the efficacy of different methods in the treatment of 75 cases of renal colic. New Tradit Chinese Med. 2003;35:46–7.		Chen 2023, Qu 2022
1993	J. X. Li JX, Xu JS. [Observation on the therapeutic effect of acupuncture on renal colic]. Chinese acupuncture. 1993;2:13-14. gera[38290]		Qu 2022
1992	Lee Y, Lee W, Chen M, Huang J, Chung C, Chang L. Acupuncture in the treatment of renal colic. J Urol. 1992;147:16–8. https://doi.org/10.1016/s0022-5347(17)37121-5		Chen 2023

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