

A Case of Noninfectious Pelvic Pain Syndrome Following Excessive Pelvic Floor Exercise Successfully Treated with Acupuncture

Victoria Szafranska*, Chi-Ao Yang, Youwen Feng, KwanYuen Cheung, Diane Cao, Bin Xu*, Yemeng Chen*, Dan Li, Zhenji Bai, Donghong Yu, Yuping Jiang, Xunmu Li, and Xiaodeng Chen

New York College of Traditional Chinese Medicine, Mineola, New York, USA.

*Correspondence:

Victoria Szafranska, New York College of Traditional Chinese Medicine, Mineola, New York, USA.

Yemeng Chen, New York College of Traditional Chinese Medicine, Mineola, New York, USA.

Bin Xu, New York College of Traditional Chinese Medicine, Mineola, New York, USA.

Received: 15 Apr 2026; **Accepted:** 19 May 2026; **Published:** 01 Jun 2026

Citation: Victoria Szafranska, Chi-Ao Yang, Youwen Feng, et al. A Case of Noninfectious Pelvic Pain Syndrome Following Excessive Pelvic Floor Exercise Successfully Treated with Acupuncture. J Med - Clin Res & Rev. 2026; 10(6): 1-3.

ABSTRACT

Objectives: Chronic pelvic pain syndrome (CPPS) in men is often misdiagnosed as an infectious condition despite negative laboratory and imaging findings. This report describes a case of noninfectious pelvic pain following excessive pelvic floor exercise and its successful treatment with acupuncture.

Methods: A 54-year-old male presented with urinary urgency, positional pelvic pain, and penile–scrotal dysesthesia following frequent Kegel exercises. Extensive diagnostic evaluation excluded infectious and structural causes. The patient received five acupuncture treatments incorporating scalp, auricular, and body acupuncture targeting pelvic floor dysfunction and autonomic imbalance.

Results: After five sessions, pelvic pain and urinary symptoms resolved completely, with no recurrence reported.

Conclusion: Acupuncture may be an effective therapeutic option for male CPPS associated with pelvic floor overactivity and should be considered in integrative management strategies.

Keywords

Chronic pelvic pain syndrome, Pelvic floor dysfunction, Acupuncture, Urinary urgency, Integrative medicine.

Introduction

Chronic pelvic pain syndrome (CPPS) is defined by pelvic or perineal pain accompanied by lower urinary tract symptoms in the absence of identifiable infection or structural pathology. CPPS accounts for a substantial proportion of urology visits and is frequently associated with repeated emergency department

presentations and empiric antibiotic use despite negative findings [1,2].

Recent evidence implicates pelvic floor muscle hypertonicity and dysfunctional relaxation as key contributors to symptom development [3]. Excessive pelvic floor strengthening exercises may exacerbate this dysfunction. Acupuncture has demonstrated efficacy in randomized controlled trials and meta-analyses for reducing pain and urinary symptoms in CPPS [4-6]. This case illustrates the integrative management of CPPS triggered by excessive pelvic floor exercise.

Case Presentation

A 54-year-old male with a history of hypertension and obstructive sleep apnea presented with a three-week history of urinary urgency, frequency, and genital pain. Symptoms began shortly after performing frequent daily pelvic floor (Kegel) exercises for approximately two weeks.

Symptoms

- Persistent urinary urgency and frequency
- Sensation of incomplete bladder emptying despite a post-void residual of 0 mL
- Constant deep penile shaft pain
- Burning pain of the penis and scrotum with tactile sensitivity
- Bilateral pelvic and perineal discomfort

Symptom Pattern

Symptoms worsened with sitting or lying down and improved with standing or walking. Warmth provided partial relief. The patient denied fever, flank pain, or systemic symptoms.

Physical Examination

External genitalia were normal with no tenderness, swelling, or structural abnormalities. Neurological examination was unremarkable.

Investigations

Multiple urinalyses and urine cultures were negative. Sexually transmitted infection testing was negative. Complete blood count and metabolic panel were within normal limits aside from transient microscopic hematuria. Imaging studies—including CT of the abdomen and pelvis, renal and bladder ultrasound, and scrotal Doppler ultrasound—revealed no pathological findings. Post-void residual volume was 0 mL.

Traditional Chinese Medicine Assessment

Based on the symptom presentation, tongue, and pulse, the condition was differentiated as Liver and Gallbladder Qi Stagnation progressing to Blood Stasis, complicated by Damp-Heat in the Lower Jiao.

Diagnostic Indicators

- Tongue: Purple with a greasy yellow coating.
- Pulse: Wiry and rapid.

TCM Pathomechanism and Rationale

The excessive and repetitive physical strain from frequent Kegel exercises led to an overuse injury of the local sinews. In TCM, the Liver governs the sinews, and the Liver channel distinctly wraps around the external genitalia. The overexertion impaired the smooth flow of Liver Qi, resulting in profound Qi Stagnation in the Lower Jiao. Because "Qi is the commander of Blood", prolonged Qi stagnation inevitably led to Blood Stasis, manifesting as deep, constant penile shaft pain and the distinctly purple tongue. The stagnation of Qi and Blood obstructed the Ren (Conception) and Chong (Penetrating) vessels, explaining why the pain worsened with static postures (sitting or lying down) and improved with

movement (standing or walking), which temporarily invigorates circulation. Furthermore, the partial relief provided by warmth is characteristic of cold or stasis patterns, as heat helps to dilate the vessels, temporarily moving the stagnant Qi and Blood.

Concurrently, the localized stagnation impaired the transformative function of the Lower Jiao, leading to the accumulation of Dampness. Over time, this constrained Dampness transformed into Heat, presenting as Damp-Heat disturbing the Bladder. This is clinically supported by the greasy yellow tongue coating and the rapid, wiry pulse (indicating Heat, Dampness, and Liver constraint/pain). This Damp-Heat is responsible for the urinary urgency, frequency, and the burning pain and tactile sensitivity of the penis and scrotum.

Treatment Principles

- Soothe the Liver and regulate Qi in the Lower Jiao.
- Invigorate Blood to dispel stasis and stop pain.
- Clear Damp-Heat from the Bladder channel.
- Harmonize the Ren and Chong vessels.
- Calm the Shen to reduce neural sensitization.

Acupuncture Treatment Protocol

Five acupuncture sessions were administered. Treatments focused on regulating Qi in the lower burner, clearing Damp-Heat, and restoring proper function of the Bladder and Kidney channels. No adverse effects were reported.

Point Selection and Rationale

Scalp Acupuncture (Central Regulation)

- Bilateral Reproductive Zone and Bladder/Pelvic Zone: Used to regulate the Lower Jiao, harmonize Qi of the Bladder, and restore communication between the brain and pelvic organs.
- DU20 (Baihui): Raises clear Yang, lifts Qi, and calms the Shen.
- DU24 (Shenting) & Yintang: Calms the Shen and pacifies internal Wind, relaxing systemic tension. These points tranquilize the Shen and regulate Qi circulation through the Governing Vessel, addressing the psychological distress associated with chronic pain.

Local/Body Acupuncture (Ren Mai & Lower Jiao Regulation)

- CV3 (Zhongji): Front-Mu point of the Bladder; clears Damp-Heat from the Lower Jiao and regulates bladder function.
- CV4 (Guanyuan): Tonifies Kidney Qi and Yuan Qi, strengthens the Lower Jiao, and benefits the urogenital region.
- CV6 (Qihai): Tonifies Qi and regulates Qi movement in the lower abdomen, directly addressing Qi stagnation.
- KD12 (Dahe): Regulates the Kidney channel, benefits the genital region, and harmonizes the Chong and Ren vessels.

Master Tung Acupuncture (Distal/Empirical)

- Lower Yellow (Xia Huang - 77.19): An empirical distal point highly effective for clearing Damp-Heat, invigorating Blood, and alleviating pain in the pelvic and perineal region.
- Fujian (11.03) & Waijian (11.04): Distal points on the hand that clear Damp-Heat from the Lower Jiao, resolve stasis, and

regulate urinary function.

Auricular Acupuncture (Microsystem & Continuous Stimulation)

- Prostate and Bladder Points (bilateral): Used to regulate Qi in the Lower Jiao and support the functional balance of the urinary and reproductive systems. Ear seeds were applied to these zones for sustained neuromodulation following treatment.

Outcome

After five acupuncture sessions

- Penile and scrotal pain resolved completely.
- Urinary urgency and frequency normalized.
- Positional pain with sitting resolved.
- No symptom recurrence was reported.

Discussion

This case highlights the role of pelvic floor overactivity in CPPS, particularly following excessive pelvic floor exercise. Sustained contraction may lead to myofascial pain, neural sensitization, and urinary dysfunction. From a traditional Chinese medicine perspective, this presentation perfectly illustrates a complex pattern where mechanical overexertion leads to Qi stagnation and Blood stasis, ultimately generating Damp-Heat that disturbs the Lower Jiao and the Bladder and Kidney channels.

A key factor in the rapid and complete resolution of this patient's symptoms was the synergistic combination of acupoints across different channels and therapeutic categories. Rather than relying solely on local points—which could potentially aggravate hypertonic pelvic floor muscles if overstimulated—the treatment utilized a multidimensional approach:

- Master Tung points (Xia Huang, Fujian, Waijian) provided powerful, immediate distal relief. In Tung's acupuncture, distal points are highly effective for drawing pathogenic Qi away from the affected area while strongly clearing Damp-Heat and resolving stasis in the corresponding holographic zones.
- Body points on the Ren Mai (CV3, CV4, CV6) and Kidney channel (KD12) anchored the treatment locally, directly harmonizing the internal organs and restoring the physiological function of the Lower Jiao.
- Scalp acupuncture acted on the central nervous system, effectively downregulating the patient's autonomic hyperarousal and reducing central pain sensitization.
- Auricular ear seeds (Prostate and Bladder) provided

continuous, sustained microsystem stimulation between sessions, effectively prolonging the therapeutic window and preventing the pain-spasm cycle from re-establishing.

In addition to traditional Chinese medicine mechanisms, this combinatory approach aligns well with biomedical pathways. Distal and scalp points heavily modulate central nervous system activity and autonomic balance, while local points improve the coordination and blood flow of the pelvic floor musculature [8,9]. Acupuncture's influence on inflammatory mediators and neuromuscular signaling makes it an ideal intervention for breaking the cycle of chronic pelvic pain.

The favorable outcome in this case aligns with existing clinical evidence supporting acupuncture for CPPS and suggests that a comprehensive, multi-system point prescription is highly effective. It highlights acupuncture's potential role within integrative urology practice when conventional diagnostic evaluation is unrevealing.

Conclusion

Acupuncture may be an effective treatment for male CPPS associated with pelvic floor dysfunction. Early recognition of noninfectious etiologies and integrative intervention utilizing a combination of local, distal, and microsystem acupuncture techniques may improve patient outcomes.

References

1. Nickel JC. Chronic prostatitis/chronic pelvic pain syndrome. *Urol Clin North Am.* 2008.
2. Shoskes DA. Inflammation and CPPS. *World J Urol.* 2013.
3. Anderson RU. Pelvic floor dysfunction in CPPS. *J Urol.* 2005.
4. Zhang W. Optimal acupoint selection for CP/CPPS meta-analysis. *Transl Androl Urol.* 2021.
5. Lee SH. Acupuncture for CPPS systematic review. *Pain Physician.* 2018.
6. Qin Z. Acupuncture vs sham in CPPS. *Ann Intern Med.* 2018.
7. Yamamoto T. *Scalp Acupuncture.* Thieme.
8. Napadow V. Central mechanisms of acupuncture analgesia. *Pain.* 2007.
9. Yeh ML. Auricular acupuncture for chronic pain. *Evid Based Complement Alternat Med.* 2014.
10. Tung C. *Master Tung's Acupuncture.* Blue Poppy Press.