

# Efek Elektroakupunktur titik LI4, PC6, Dan ST36 Terhadap Perbaikan Gejala Acute dan Delayed Chemotherapy Induced Nausea Vomiting Pada Pasien Kanker Dewasa Yang Menjalani Kemoterapi = The Role of Electroacupuncture at LI4, PC6, and ST36 As An Adjunctive Therapy On The Improvement Of Symptoms Of Acute and Delayed Chemotherapy-Induced Nausea and Vomiting In Adult Cancer Patients Undergoing Chemotherapy.

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## Abstrak

**Pendahuluan :** Berdasarkan data 80% pasien kanker akan mengalami mual dan muntah akibat kemoterapi (CINV), dan berpotensi berefek buruk pada sekitar 40% diantaranya. Efek samping kemoterapi bervariasi dari ringan sampai berat tergantung dari faktor kemoterapi salah satu diantaranya adalah regimen kemoterapi. Akupunktur telah terbukti sebagai pengobatan non farmakologis yang potensial pada kasus-kasus onkologi, dan terbukti efektif pada kondisi CINV. Salah satu modalitas yang berpotensi kuat memiliki tingkat efektivitas yang baik dan terukur adalah elektroakupunktur. Tujuan Penelitian ini adalah untuk menilai efektivitas elektroakupunktur dalam mengurangi gejala CINV yang dinilai berdasarkan skor Rhodes Index of Nausea, Vomiting, and Retching (RINVR) pada pasien kanker dewasa yang menjalani kemoterapi  
**Metode :** Desain studi ini adalah uji klinisi acak terkontrol tunggal dengan kontrol sham(plasebo). Penelitian ini diikuti oleh 62 pasien dewasa yang menjalani kemoterapi. Subjek penelitian ini dialokasikan secara acak ke dalam kelompok perlakuan (n=31) dan kontrol (n=31). Pada kelompok perlakuan dilakukan perangsangan elektroakupunktur frekuensi 2 Hz, gelombang kontinyu selama 30 menit di titik LI4, PC6, dan ST36 selama 4 kali, sementara pada kelompok kontrol mendapatkan elektroakupunktur sham tanpa diikuti perangsangan apapun. Selama penelitian seluruh subjek tetap mendapatkan antiemetik standar. Evaluasi mual dan muntah dilakukan setiap hari hingga 6 hari pasca kemoterapi dengan menggunakan kuesioner Rhodes Index of Nausea, Vomiting, and Retching.

**Hasil :** Terjadi penurunan skor RINVR yang signifikan pada CINV akut ( $p = 0,002$ ) maupun delayed ( $p = 0,039$ ) pasca kemoterapi pada kelompok perlakuan dibandingkan dengan kelompok kontrol. Skor RINVR pada 1 hari pemberian kemoterapi, 3 hari, dan 6 hari pasca kemoterapi pada kelompok perlakuan lebih rendah dibandingkan kelompok kontrol, dan perbedaan kedua kelompok berbeda bermakna ( $p = 0,002$ ,  $p = 0,049$ ,  $p = 0,039$ ). Tidak ditemukan efek samping selama penelitian.

**Kesimpulan :** Elektroakupunktur mampu menurunkan skor RINVR pada pasien dewasa yang menjalani kemoterapi terutama untuk yang mendapat regimen emetogenik tinggi, perlu dilakukan penelitian lebih lanjut untuk mengetahui efek pada yang mendapat regimen emetogenik sedang.

.....**Background :** Based on data 80% of cancer patients will experience nausea and vomiting due to chemotherapy (CINV), and it has the potential to get worse in about 40% of them. The side effects of chemotherapy vary from mild to severe depending on chemotherapy factors. One of the main factors is the chemotherapy regimen. Acupuncture has been proven as a potential non-pharmacological treatment in oncology cases, and has been shown to be effective in CINV conditions. One of the modalities that has a strong potential to have a good and measurable level of effectiveness is electroacupuncture. The aim of this

study was to assess the effectiveness of electroacupuncture in reducing CINV symptoms as assessed by the Rhodes Index of Nausea, Vomiting, and Retching (RINVR) score in adult cancer patients undergoing chemotherapy.

**Method :** The study design was a single randomized controlled clinical trial with sham (placebo) control. This study was followed by 62 adult patients undergoing chemotherapy. The subjects of this study were randomly allocated into the treatment (n=31) and control (n=31) groups. In the treatment group, electroacupuncture was stimulated with a frequency of 2 Hz, continuous waves for 30 minutes at points LI4, PC6, and ST36 for 4 times, while the control group received sham electroacupuncture without any stimulation. During the study all subjects continued to receive standard antiemetics. Evaluation of nausea and vomiting was carried out every day for up to 6 days after chemotherapy using the Rhodes Index of Nausea, Vomiting, and Retching questionnaire.

**Result :** There was a significant decrease in RINVR scores in both acute ( $p = 0.002$ ) and delayed ( $p = 0.039$ ) post-chemotherapy CINV in the treatment group compared to the control group. RINVR scores on 1 day of chemotherapy, 3 days, and 6 days after chemotherapy in the treatment group were lower than the control group, and the difference between the two groups was significantly different ( $p = 0.002$ ,  $p = 0.049$ ,  $p = 0.039$ ). No side effects were found during the study.

**Conclusion :** Electroacupuncture has been shown to be effective in reducing RINVR scores in adult patients undergoing chemotherapy, especially for those receiving a high emetogenic regimen, further research is needed to determine the effect on those receiving a moderate emetogenic regimen.