



Latest Research

March 2009

Pubmed

1. **Loh YL, Reilly A, Chen W, Coeytaux RR**
Incorporating Acupuncture in a University-Based Family Medicine Center: Lessons Learned.
J Altern Complement Med. 2009 Jan 15.
2. **Xu J, Niu YX, Piao XM, Liu Z, Wu LZ, Liang RL**
Effect of acupuncture on blood oxygen saturation in patients of obstructive sleep apnea-hypopnea syndrome.
Zhongguo Zhen Jiu. 2009 Jan;29(1):84-6. Chinese.
3. **Xu KS, Huang MW, Yao LY, Chen J, Su J, Zheng JQ**
Clinically randomized controlled trials of moxibustion with salt in bamboo circle for treatment of periarthritis of shoulder.
Zhongguo Zhen Jiu. 2009 Jan;29(1):77-80.
4. **Peng ZF, Zhao JS, Yang F, Wang Y, Zhang LJ, Ran SQ**
Progresses of studies on disease factors influencing the therapeutic effect of acupuncture and moxibustion on bronchial asthma.
Zhongguo Zhen Jiu. 2009 Jan;29(1):72-6.
5. **Jiang DS, Ding D**
Clinical observation on acupuncture combined with medication for treatment of continuing unovulation infertility.
Zhongguo Zhen Jiu. 2009 Jan;29(1):21-4.
6. **Reheman A, Liu HS, Kang MF**
Clinical study on acupuncture combined with moxibustion on temperature-sensitive points for treatment of Bell palsy in the acute stage.
Zhongguo Zhen Jiu. 2009 Jan;29(1):17-20.
7. **Chen ZX**
Control study on acupuncture and medication for treatment of primary simple premature ejaculation.
Zhongguo Zhen Jiu. 2009 Jan;29(1):13-5.
8. **Qian XP, Xu F, Song JL, Zhao JH**
Influence of different frequencies of acupuncture on therapeutic effect in patients with cerebral infarction at convalescence.
Zhongguo Zhen Jiu. 2009 Jan;29(1):7-9.
9. **Sima L, Wang X**
Therapeutic effect of acupuncture on cisplatin-induced nausea and vomiting.
Zhongguo Zhen Jiu. 2009 Jan;29(1):3-6.

10. Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR
Acupuncture for tension-type headache.
Cochrane Database Syst Rev. 2009 Jan 21;(1):CD007587.
11. Miller E, Maimon Y, Rosenblatt Y, Mendler A, Hasner A, Barad A, Amir H, Dekel S, Lev-Ari S
Delayed Effect of Acupuncture Treatment in OA of the Knee: A Blinded, Randomized, Controlled Trial.
Evid Based Complement Alternat Med. 2009 Jan 5
12. Fu LM, Li JT, Wu WS
Randomized Controlled Trials of Acupuncture for Neck Pain: Systematic Review and Meta-Analysis.
J Altern Complement Med. 2009 Feb 13.
13. Zhou J, Qu F, Sang X, Wang X, Nan R
Acupuncture and Auricular Acupressure in Relieving Menopausal Hot Flashes of Bilaterally Ovariectomized Chinese Women: A Randomized Controlled Trial.
Evid Based Complement Alternat Med. 2009 Feb 2.

Other databases

1. Yang H. Liu T. Wang Y. Ying S. Zheng C. Kuai L. Gao M. Min Y.
Acupoint electrogymnastics therapy in stroke hemiplegia.
Neural Regeneration Research. 3(10)(pp 1145-1151), 2008

Background: Electrogymnastics can offer a range of proprioceptive, motor, and cutaneous sensation impulses to the central nerve system. The center receives perception of the paralyzed muscle through the aid of these impulses. During this process, functional reorganization of connecting network between segment and intersegment takes place.

Objective: To observe the therapeutic efficacy of acupoint electrogymnastics and traditional electroacupuncture on stroke hemiplegia.

Design, time and setting: A multicenter, randomized, controlled, blinded, clinical study was performed at the College of Acu-moxibustion and Massage in Shanghai University of Traditional Chinese Medicine from May 2004 to September 2006.

Participants: A total of 153 patients suffering from stroke hemiplegia, comprising 83 males and 70 females, aged 63-70 years, were admitted to outpatient and inpatient at LongHua Hospital Affiliated Shanghai University of Traditional Chinese medicine, Putuo District Traditional Chinese Medicine Hospital and Changqiao Street Community Health Service Center of Shanghai.

Methods: The patients were randomly divided into treatment (n = 77) and control (n = 76) groups. They were treated with acupoint electrogymnastics and traditional electroacupuncture, respectively. In the treatment group, two pairs of positive and negative JD-2008 type electrodes from a hemiplegia treatment apparatus were directly pasted on the Shousanli (LI 10) and Waiguan (SJ 5) acupoints of the upper limb, as well as the Zusanli (S 36) and Yanglingquan (GB 34) acupoints of the lower limb, respectively. In the control group, needles were consecutively inserted into the above acupoints. Using the method of lifting-inserting and twisting-rotating, the needle was manipulated with small amplitude of 5-7 mm and a fast frequency of 80-120 times/min when the needle was inserted to a suitable depth. When the sensation of needling was attained, the two pairs of positive and negative electrodes of type G6805-II electro-acupuncture apparatus were connected to the Shousanli (LI 10) and Waiguan (SJ 5) acupoints of the upper limb, as well as the Zusanli (S 36) and Yanglingquan (GB 34) acupoints of the lower limb, respectively.

Main outcome measures: The Fugl-Meyer evaluation method was used to assess upper limb movement, lower limb movement, sensory stimulation of all limbs, balance, and joint range of motion.

Results: Upper-lower limb motor function, limb sensory function, balance, and joint range of motion were significantly ameliorated following treatment, compared with pre-treatment ($P < 0.01$). There was no significant difference in various indexes between the two groups after treatment ($P > 0.05$).

Conclusion: Acupoint electrogymnastics and traditional electroacupuncture exhibited similar curative effects in the treatment of stroke hemiplegia.

2. Liu H.-L. Zhang Y. Li J.-D. Cheng P. Wang L.-P.
Design and practice of acupuncture placebo-controlled method in clinical studies of acupuncture.
Chinese Journal of Evidence-Based Medicine. 8(12)(pp 1133-1135), 2008

Based on the conclusion of recent clinical research conducted by foreign countries, there is no statistical difference in outcomes between real and placebo acupuncture. This paper analyzes the weaknesses of methods currently being used by foreign countries to compare the effects of real and placebo acupuncture, striving for a new way to test for the placebo effect; a way that is more scientific, more suitable for the current conditions of China, while at the same time capable of being recognized internationally. This paper describes a new acupuncture placebo-controlled method. Under the condition of complete patient trust, we may ensure an ideal placebo effect to the greatest extent by minimizing the potential curative effects in the placebo group. From the actual clinical practice, by randomized controlled trial comparing acupuncture and medicine, using the concept as the double-dummy clinical trial, this paper explores the "double-dummy - non-specific sites - random sampling"

method in the clinical setting as a way to form a new acupuncture clinical research model of comparison between acupuncture and medicine.

3. Paterson C. Britten N.

The patient's experience of holistic care: Insights from acupuncture research.

Chronic Illness. 4(4)(pp 264-277), 2008.

Objectives: To characterize the diverse nature of peoples' experiences of acupuncture treatment for chronic health problems. Specifically, the paper addresses how this analysis deepens our understanding of holism and its relation to the therapeutic theory base.

Methods: A secondary analysis of five longitudinal interview studies using a constant comparative method. Patients experienced different types of acupuncture - traditional (based on Chinese medicine) and Western-style (based on biomedicine) in a variety of settings in the UK and Australia.

Results: The markedly different experiences of acupuncture treatment were best characterized in relation to the concept of holism. Being treated 'as a whole person' was associated with traditional acupuncture in both private and NHS practice, but not within a research trial setting. In the trial, both patients and practitioners 'played their part' in a scientific experiment. Holism was especially important to people with several health problems.

Discussion: The findings suggests that the experience of holistic care, in the sense of 'being treated as a whole person' is dependent on four factors: (a) the therapeutic theory that underpins the treatment; (b) structural factors such as time and setting; (c) the intention of the practitioner; and (d) the intention and needs of the patient.

4. Schockert T.

Yamamoto Scalp Acupuncture as diagnostic and therapeutic tool in an emergency case of acute dyspnea.

Deutsche Zeitschrift fur Akupunktur. 51(4)(pp 40-42), 2008.

A patient suffering from acute dyspnea was seen at home by an emergency doctor. Yamamoto's New Scalp Acupuncture was administered diagnostically as well as therapeutically. Besides a local infiltration with Lidocain 2 % no other therapeutic regimen was needed in order to treat this case of blockage of the thoracal spine. There was no need to hospitalize the patient.

5. Mayor D.F.

Electroacupuncture for sciatica: A Literature trawl using the clinical studies database at www.electroacupunctureknowledge.com.

Deutsche Zeitschrift fur Akupunktur. 51(4)(pp 34-39), 2008

Background: This article introduces the electroacupuncture (EA) clinical studies database at www.electroacupunctureknowledge.com and demonstrates how it can be used in conjunction with other available literature to develop a treatment protocol for a common condition such as sciatica.

Methods: A comprehensive search strategy was developed and raw material (studies) gathered from personal collections, bibliographic databases, and hand-searching runs of periodicals held in specialist libraries. Data was extracted from these according to a defined protocol. The resulting database concentrates on treatment with EA and other nontraditional forms of acupuncture. Studies located on back pain and sciatica were analysed for the acupoints and treatment parameters used (other data types recorded included study type, numbers and subgroups of subjects, endpoint measures used, and outcome).

Results: So far, data have been entered from well over 8000 studies originally published in Chinese, Russian, Ukrainian, English and other Western and Eastern European languages, by 23 different individuals, including acupuncture practitioners and students, researchers and translators. Of these studies, 206 were on sciatica (or low back pain with sciatica), 34 being RCTs and 43 CTs. When using EA, the traditional pattern of using local and distal points along BL and GB channels has been retained, with EA applied locally or distally, or both. Most used points were BL-23 shenshu, huatuojiaji and ashi points locally, with distal points on the BL, GB (or ST) channels. Most used parameters for EA were LF

or DD stimulation 'to tolerance' for around 25 minutes, and strong but comfortable HF or intermittent stimulation for 30 minutes or more for TEAS/TENS.

Conclusions: The database at www.electroacupunctureknowledge.com can provide information that is useful for developing baseline clinical or experimental protocols, as in the current example of sciatica. The challenge now is to obtain funding so that the database can be refined and updated, with better definition of the resulting protocols. copyright 2008 Elsevier GmbH.

6. Streitberger K. Steppan J. Plaschke K. Maier C. Hill H. Bacs J.
Placebo-controlled investigation of cerebral and vegetative effects of acupuncture at LI 4.
Deutsche Zeitschrift fur Akupunktur. 51(4)(pp 12-19), 2008.

Background and Aims: Many neurophysiologic effects have been observed during acupuncture. So far there is no placebo-controlled trial studying the correlation between changes in the central nervous system and vegetative effects. In consideration of a reliable blinding of the volunteers, the aim of this study was to examine specific cerebral and vegetative effects of verum-acupuncture (VA) compared to placebo-acupuncture (PA).

Methods: Healthy volunteers received either VA at LI 4 (Hegu) with a verum-needle or PA at a non-acupuncture point with a placebo needle. EEG and ECG recordings were performed in parallel followed by an evaluation of pain, skin penetration and vegetative effects.

Results: The feeling of skin penetration was not significantly different ($p = 0.057$). Vegetative effects and Deqi occurred significantly more often during VA ($p = 0.022$). Pain was increased during VA-stimulation compared to PA ($p > 0.01$). Verum stimulation markedly increased occipital EEG power ($p < 0.03$). The increase in the fast alpha1 waves was accompanied by a decrease in the theta frequencies and the ratio alpha1/theta was shifted to the benefit of alpha1 ($p < 0.04$). This was paralleled by a short increase of the ECG ratio between low frequency (LF) and high frequency (HF) ($p < 0.02$), followed by an increase of HF-power ($p < 0.04$).

Conclusions: Volunteers were unable to distinguish between VA and PA. The EEG and ECG changes measured during VA stimulation are pointing towards a modulation of cerebral functions by vegetative acupuncture effects compared to PA.

7. Wang W.-Z. Zhao L.
Acupuncture treatment for spontaneous polyhidrosis.
Journal of Traditional Chinese Medicine. 28(4)(pp 262-263), 2008.

Objective: To compare the therapeutic effects of acupuncture and western medicine on spontaneous polyhidrosis.

Methods: Acupuncture at Huatuoji points was used to treat 30 cases of spontaneous polyhidrosis and the western medicine was used to treat 26 cases for comparison.

Results: The total effective rate of the former was 96.7% and that of the latter 57.7%. The difference in therapeutic effect between the two groups was significant ($P < 0.01$).

Conclusion: The therapeutic effect of acupuncture at Huatuoji points on spontaneous polyhidrosis was better than that of western medicine.