Latest Research

May 2010

Pubmed

1) Physician characteristics and variation in treatment outcomes: are better qualified and experienced physicians more successful in treating patients with chronic pain with acupuncture?
Witt CM, Lüdtke R, Wegscheider K, Willich SN.
J Pain. 2010 May;11(5):431-5

2) Acupuncture for pain relief in labour: a systematic review and meta-analysis.
Cho SH, Lee H, Ernst E.
BJOG. 2010 Apr 28

3) Cupping for stroke rehabilitation: A systematic review.
Lee MS, Choi TY, Shin BC, Han CH, Ernst E.
J Neurol Sci. 2010 Apr 30

4) Efficacy of acupuncture in management of premenstrual syndrome: a systematic review.
Cho SH, Kim J.
Complement Ther Med. 2010 Apr;18(2):104-11. Epub 2010 Mar 17

5) A randomized trial of acupuncture for vasomotor symptoms in post-menopausal women.
Venzke L, Calvert JF Jr, Gilbertson B.
Complement Ther Med. 2010 Apr;18(2):59-66. Epub 2010 Mar 23

6) Consecutive acupuncture stimulations lead to significantly decreased neural responses.
Yeo S, Choe IH, van den Noort M, Bosch P, Lim S.
J Altern Complement Med. 2010 Apr;16(4):481-7

7) Effects of acupuncture to treat fibromyalgia: A preliminary randomised controlled trial.
Itoh K, Kitakoji H.
Chin Med. 2010 Mar 23;5:11

8) Acupuncture for primary dysmenorrhoea: a systematic review.
Cho SH, Hwang EW.
BJOG. 2010 Apr;117(5):509-21. Epub 2010 Feb 17

9) Acupuncture in poststroke rehabilitation: a systematic review and meta-analysis of randomized trials.
Wu P, Mills E, Moher D, Seely D.
Stroke. 2010 Apr;41(4):e171-9. Epub 2010 Feb 18. Review

10) The relationship between patient and practitioner expectations and preferences and clinical outcomes in a trial of exercise and acupuncture for knee osteoarthritis.
Foster NE, Thomas E, Hill JC, Hay EM.
Eur J Pain. 2010 Apr;14(4):402-9. Epub 2009 Aug 7

Other Databases

1) Gong W. Zhang T. Cui L. Yang Y. Sun X.
Electro-acupuncture at Zusanli (ST 36) to improve lower extremity motor function in sensory disturbance patients with cerebral stroke: A randomized controlled study of 240 cases
Neural Regeneration Research.4(11)(pp 935-940), 2009

Abstract
Background: Studies have shown that sensory transduction is a way to introduce needle sensation.
Objective: To observe the influence of electro-acupuncture at the "Zusanli" (ST 36) point on lower extremity motor function in various sensory disturbance patients with cerebral stroke.
Design, time and setting: A randomized, controlled, clinical study was performed at the Department of Neurological Rehabilitation, China Rehabilitation Research Centre from September 2006 to June 2008.
Participants: Patients with first-time cerebral infarction or hemorrhage, or with a stroke history, but no neurodysfunction (single damage), were selected for this study. The subjects were right-handed and disease state was stable. A total of 240 inpatients were randomly assigned to the following groups: electro-acupuncture (n = 124) and control (n = 116). The two groups were further assigned into sub-groups: no sensory disturbance, superficial sensory disturbance, deep sensory disturbance, and deep and superficial sensory disturbance.
Methods: On the basis of routine limb function training, the acupoint Zusanli was utilized in all patients from the electro-acupuncture group. Perpendicular acupuncture was 3.0-4.0 cm deep. An electric acupuncture instrument was connected when patients developed the needle sensation, deqi. A stimulation pattern consisting of distant and dense waves of 50 Hz was used to elicit slight dorsal foot extension. Acupuncture was administered 5 times per week, 30 minutes per session, for 6 weeks in total.
Main outcome measures: Fugl-Meyer assessment (FMA) was used to evaluate lower extremity motor function; Ver.1.0 gait analysis to estimate gait (step frequency, step speed, and step scope); lower extremity Composite Spasticity Scale (CSS) to estimate muscle spastic degree.
Results: Following treatment, motor function improved in both groups. Compared with the control group, FMA score, step speed, step frequency, and step scope were increased in the electro-acupuncture group, but there was no difference in lower extremity CSS scores between the electro-acupuncture and the control groups ($P < 0.05$). Compared with the control group, Zusanli (ST 36) electro-acupuncture improved motor function indices as follows: FMA score, step frequency, step speed, and step scope of patients with no sensory disturbance ($P < 0.05$-0.01), step frequency of patients with superficial sensory disturbance ($P < 0.05$), and step frequency and step speed of patients with deep sensory disturbance ($P < 0.05$).
Conclusion: Zusanli (ST 36) electro-acupuncture effects on lower extremity motor function in stroke patients were improved with no muscle tone rise. Therefore, this form of treatment can be used in convalescent treatment. Moreover, effects were different according to various sensory disturbance types, which suggested that sensory input influenced acupuncture effects.

2) Kuo T.-C. Chen Y.-J. Kuo H.-Y. Chan C.-F.
Blood flow effect of acupuncture on the human meridian
Medical Acupuncture. 22(1)(pp 33-40), 2010

Abstract
Background: It has been known for thousands of years that humans have meridian lines.
Objective: To understand the effects of induction of Qi by acupuncture in the meridians.
Design, Setting, and Patients: The study was performed in 56 healthy volunteers who were randomly selected from the university population at Chia-Nan University of Pharmacy and Science, Taiwan. Blood flow at the acupoints of Lieque (LU 7) and Chize (LU 5) of the right hand, or a nonacupuncture point chosen freely near LU 5, was recorded.
Intervention: Acupuncture stimulation of a human LU 7 point for about 15 seconds, until the De Qi sensation was achieved.
Main Outcome Measure: Skin blood flow detected using a laser Doppler flowmeter.

Results: When LU 7 was stimulated by acupuncture, the blood flow was increased after the De Qi sensation; as long as the participant was getting the emergence of a strong De Qi feeling or feeling a flow of numbness to reach LU 5, there was a visible peak of upward LU 5 blood flow.
Conclusions: This hot, numb feeling that developed within a few minutes after acupuncture was most likely caused by the circulation of tissue fluid inside the meridian.

3) Shaladi A. Crestani F. Tartari S. Trombella T.
Treatment of neck pain using Yamamoto New Scalp Acupuncture (YNSA)
Medical Acupuncture. 22(1)(pp 41-44), 2010

Abstract
Background: Cervical pain can be defined as a painful condition of the upper region of the spinal column affecting the neck and shoulders. The conservative treatment for uncomplicated neck pain includes physical and pharmacological measures, together with the provision of advice and manual treatment such as mobilization and manipulation.
Objective: To evaluate the effectiveness of scalp acupuncture in the treatment of neck pain.
Design and Setting: We studied patients with neck pain between June 2007 and January 2008 at Pain Service, San Luca Hospital, Trecenta (Rovigo), Italy. A prospective questionnaire using a visual analog scale (VAS) and the Present Pain Index (PPI) was administered.
Patients: We treated 46 patients (29 women and 17 men) with neck pain. Among them were 25 patients with osteoarthritis diagnosed by radiological examination and 21 patients with myofascial pain syndrome. Intervention: Patients were treated with only 1 session of Yamamoto New Scalp Acupuncture (YNSA) in the Basic Points A 1-7.
Main Outcome Measures: Level of pain at 30 minutes after the session, evaluated with the VAS and PPI.
Results: The degree of reduction of pain was 71% when evaluated with the VAS and 80% with PPI.
Conclusions: YNSA acupuncture was effective in the reduction of neck pain for this group of patients, with only 1 needle in a single session.

4) Greenwood M.T. Burnett R.S.J.
Acupuncture and total joint replacement surgery: An energy strategy for selected patients
Medical Acupuncture. 22(1)(pp 25-32), 2010

Abstract
Venous thromboembolism (VTE), which includes deep vein thrombosis (DVT) and pulmonary embolism (PE), and excessive bleeding are serious albeit rare complications of major joint surgery. Chinese Medicine would relate these phenomena to Qi/Blood stagnation and Spleen Qi deficiency, induced by effects of surgery and drugs. Drawing from acupuncture theory and personal experience, the authors suggest an energetic approach that might enhance current prevention strategies for suitable patients.

5) Chaudhuri G. Krieger R.R.
Acupuncture treatment for refractory hiccups in stroke patients
Medical Acupuncture. 22(1)(pp 53-56), 2010

Abstract
Background: Following a stroke, several patients experienced persistent hiccups for several days that did not resolve with conventional medical treatments. These patients were exhausted from persistent hiccups and also had dysphagia, vomiting, and depression.
Objectives: To report the effectiveness of acupuncture treatment for unrelenting hiccups following stroke.
Design, Setting, and Patients: Case series of 4 patients at Marianjoy Rehabilitation Hospital, Wheaton, IL, following a stroke with refractory, sustained hiccups that were not responsive to conventional medication treatments. Intervention: According to Traditional Chinese Medicine theory, acupuncture

points selected were ST 36, LV 14, LV 13, LV 3, GB 34, and GV 20. The goal of this treatment was to assist in descending of Stomach Qi; smoothing Liver Qi; balancing Liver Yang; normalizing functions of the Liver and Spleen; and calming the mind/spirit.
Main Outcome Measure: Resolution of hiccups.
Results: All patients had complete resolution of intractable hiccups secondary to stroke. Patient 1 needed 2 treatments for resolution. Patients 2, 3, and 4 needed only a single acupuncture treatment each to resolve the hiccups. There was no complication associated with acupuncture treatment.
Conclusions: Intractable hiccups with associated complications such as vomiting, dysphagia, depression, and fatigue in stroke patients can be treated successfully without complications using acupuncture treatment.

6) Cavalla H.
Acupuncture and electroauriculotherapy treatment for infertility.
Medical Acupuncture. 22(1)(pp 49-52), 2010.

Abstract
Background: Acupuncture and electroauriculotherapy treatments may enhance the success rate of the embryo implantation stage of in vitro fertilization (IVF) in the treatment of infertility due to hormonal imbalances.
Objective: To examine the integrated approach of acupuncture and electroauriculotherapy as an adjunct to fertility medication and IVF.
Design, Setting, and Patient: A case report of a 33-year-old woman who was in the beginning of her third IVF cycle, who presented to a private clinic and received a total of 8 treatments over a 1-month period.
Intervention: Acupuncture, electroauriculotherapy, and nutritional supplements.
Main Outcome Measure: Embryo implantation and pregnancy outcomes.
Results: The patient achieved successful embryo implantation and full-term pregnancy. She did not need follow-up care after the treatment period. No complications occurred during pregnancy or at childbirth. No side effects were reported from acupuncture, electroauriculotherapy treatments, or supplements.
Conclusions: Electroauriculotherapy and acupuncture appeared to be useful for this patient as an adjunctive therapy with IVF treatments and fertility medications.

7) Liu M. Lan L. Tang Y. Zeng F. Yin H. Huang M. Liang F.
An acupuncture meta-analysis for optic atrophy: Seven randomized, controlled trials
Neural Regeneration Research. 4(12)(pp 994-1001), 2009

Abstract
Objective: To evaluate the efficacy and safety of acupuncture for optic atrophy.
Data sources: A computer-based online search was conducted in Medline (1966-2008), Embase (1986-2008), the Cochrane Library (up to 2008), Chinese Biomedical Literature Database (1975-2008), China National Knowledge Infrastructure (1994-2008), VIP Database (1989-2008), Wanfang Database (1980-2008) and the National Research Register for ongoing trials.
Data selection: Randomized, controlled trials addressing acupuncture treatment for patients with optic atrophy were included in this review. Inclusion criteria evaluated all forms of acupuncture therapy, such as filiform needle, electro-acupuncture, laser-acupuncture, acupressure, and auricular-acupuncture. Comparisons between acupuncture therapy and no treatment (blank) or placebo or Chinese medicine or Western medicine, as well as between acupuncture as an adjuvant and other treatments, were included. Exclusion criteria included studies comparing different forms of acupuncture therapy, different manipulations of acupuncture, and different acupuncture prescriptions, as well as non-randomized, controlled trials and animal studies. The domain-based evaluation criteria recommended by the guidelines in Chapter 8 of the Cochrane Handbook for Systematic Reviews of Interventions 5.0.1 was used to assess quality of the included studies. According to the type of outcome index, measurement data as assessed by weighted mean difference or standardized mean difference and 95% confidence

interval; numeration data was estimated by relative risk and 95% confidence interval. Heterogeneity was analyzed by Meta-analysis using RevMan 5.0 software.
Main outcome measures: Improved visual acuity and visual field was sought between treatment and control groups in the included articles.
Results: Seven randomized, controlled trials were included after screening and application of inclusion and exclusion criteria. However, the studies were of low methodological quality and lacked comparisons between acupuncture and no treatment or placebo. Applying visual acuity as the outcome index, meta-analysis indicated: the effect of medicine combined with acupuncture was superior to the medicine alone (relative risk = 1.41, 95% confidence interval 1.14-1.70, P <0.01), the efficacy of acupuncture was better than medicine alone (relative risk =1.42, 95% confidence interval 1.14-1.77, P <0.01). Using visual field as the other outcome index, meta-analysis revealed: effectiveness of acupuncture or acupuncture in combination with medicine was superior to medicine alone (relative risk = 1.47, 95% confidence interval 1.27-1.69, P <0.01). The 7 included articles were incorporated in a sensitivity analysis, and the overall effect showed a significant difference (relative risk = 1.35, 95% confidence interval 1.16-1.56, P <0.01). Acupuncture was not associated with any adverse events in any of the studies.
Conclusion: Acupuncture therapy was determined to be superior to medicine in terms of improved visual acuity and visual field. However, well-designed, randomized, controlled trials with adequate controls and scientific rigor are urgently needed.