

Latest Research

October 2008

Pubmed

1. **Zhao JS**
[Textual research on the twelve divergent meridians]
Zhongguo Zhen Jiu. 2008 Sep;28(9):691-5. Chinese.
2. **He JS**
[Thinking about syndrome differentiation-based treatment in clinical acupuncture and moxibustion]
Zhongguo Zhen Jiu. 2008 Sep;28(9):685-7. Chinese.
3. **Zhou ZY, Dai TZ**
[Observation on therapeutic effect of acupuncture on complicated facial paralysis in the African patient of HIV/AIDS]
Zhongguo Zhen Jiu. 2008 Sep;28(9):673-4. Chinese.
4. **Chang XH, Zhang LZ, Li YJ**
[Observation on therapeutic effect of acupuncture combined with medicine on Parkinson disease]
Zhongguo Zhen Jiu. 2008 Sep;28(9):645-7. Chinese.
5. **Yue J, Xu SS, Ma L, Yang SM**
[Effects of acupuncture at Neiguan (PC 6) on function of sinoatrial node]
Zhongguo Zhen Jiu. 2008 Sep;28(9):639-41. Chinese.
6. **Zhang ZL, Ji XQ, Zhao SH, Zhang JJ, Kang T, Yang XJ**
[Randomized controlled study on effects of the needling method for regulating spleen-stomach on coronary heart disease complicated by type 2 diabetes mellitus complicated]
Zhongguo Zhen Jiu. 2008 Sep;28(9):629-33. Chinese.
7. **Zhuo LS**
[Analysis on length of meridians and ebb-flow of ying-qi based on ancient Shushu]
Zhongguo Zhen Jiu. 2008 Aug;28(8):591-5. Chinese.
8. **Targino RA, Imamura M, Kaziyama HH, Souza LP, Hsing WT, Furlan AD, Imamura ST, Azevedo Neto RS**
A randomized controlled trial of acupuncture added to usual treatment for fibromyalgia.
J Rehabil Med. 2008 Jul;40(7):582-8.
9. **Cheong YC, Hung Yu Ng E, Ledger WL**
Acupuncture and assisted conception.
Cochrane Database Syst Rev. 2008 Oct 8;(4):CD006920.
10. **Cheuk DK, Wong V**
Acupuncture for epilepsy.
Cochrane Database Syst Rev. 2008 Oct 8;(4):CD005062.
11. **Hervik J, Mjåland O**
Acupuncture for the treatment of hot flashes in breast cancer patients, a randomized, controlled trial.
Breast Cancer Res Treat. 2008 Oct 7. [Epub ahead of print]

12. **Yang CH, Lee BH, Sohn SH**
A possible mechanism underlying the effectiveness of acupuncture in the treatment of drug addiction.
Evid Based Complement Alternat Med. 2008 Sep;5(3):257-66.
13. **Juss JK, Speed CA, Warrington J, Mahadeva R**
Acupuncture induced pneumothorax - a case report.
Acupunct Med. 2008 Sep;26(3):193-6.
14. **Vaghela SA, Donnellan CP**
Acupuncture for back pain, knee pain and insomnia in transverse myelitis - a case report.
Acupunct Med. 2008 Sep;26(3):188-92.
15. **Freedman J, Richardson M**
Setting up an acupuncture knee clinic under Practice Based Commissioning.
Acupunct Med. 2008 Sep;26(3):183-7.
16. **Reinthal M, Andersson S, Gustafsson M, Plos K, Lund I, Lundeberg T, Gustaf Rosén K**
Effects of minimal acupuncture in children with infantile colic - a prospective, quasi-randomised single blind controlled trial.
Acupunct Med. 2008 Sep;26(3):171-82.
17. **Park J, Linde K, Manheimer E, Molsberger A, Sherman K, Smith C, Sung J, Vickers A, Schnyer R**
The status and future of acupuncture clinical research.
J Altern Complement Med. 2008 Sep;14(7):871-81.
18. **Napadow V, Ahn A, Longhurst J, Lao L, Stener-Victorin E, Harris R, Langevin HM**
The status and future of acupuncture clinical research.
J Altern Complement Med. 2008 Sep;14(7):861-9.
19. **Wayne PM, Kerr CE, Schnyer RN, Legedza AT, Savetsky-German J, Shields MH, Buring JE, Davis RB, Conboy LA, Highfield E, Parton B, Thomas P, Laufer MR**
Japanese-style acupuncture for endometriosis-related pelvic pain in adolescents and young women: results of a randomized sham-controlled trial.
J Pediatr Adolesc Gynecol. 2008 Oct;21(5):247-57.
20. **Ernst E**
Acupuncture: What Does the Most Reliable Evidence Tell Us?
J Pain Symptom Manage. 2008 Sep 11. [Epub ahead of print]

Other databases

1. Takakura N. Takayama M. Kawase A. Yajima H.

Double-blind acupuncture needling: Does patient reaction reveal needle authenticity?

Medical Acupuncture. 20(3)(pp 169-174), 2008.

Background: Double-blind (practitioner-patient masking) studies were impossible to perform before the introduction of matched acupuncture needles. Their efficacy in conducting double-blind studies is not well known.

Objective: To investigate whether patients' reactions during double-blind needle insertion reveal needle authenticity to the practitioner.

Design, Setting, and Participants: Thirty healthy volunteers (24 men, 6 women) were needled with a pair of penetrating needles at bilateral TE 5 points. The study was conducted in Tokyo, Japan, in 2002.

Main Outcome Measures: The practitioner, who was informed about the possible use of non-penetrating needles, guessed whether the needle was penetrating after each needle removal. He then provided clues to the needle's authenticity and rated his confidence in identification on a numerical rating scale (0-100).

Results: Of the 60 penetrating needles, 16 (27%) were correctly identified and 44 (73%) were incorrectly identified by the practitioner. Most identifications were made based on the feeling experienced during needle insertion. Of the 11 needles identified only from the participants' reactions, 7 (6 correctly identified) were based on facial expressions (mean [SD] confidence, 40.0 [11.5]), while 4 (all correctly identified) were based on facial expressions and body movements (62.5 [17.1]). Most identifications based on the participants' reactions and the "feeling of needle insertion" were incorrect. In 1 case, bleeding after needle removal unblinded the needle.

Conclusion: There was no significant identification of penetrating vs non-penetrating needles based on participant reactions.

2. Kundu A. Jimenez N. Lynn A.

Acupuncture therapy for prevention of emergence delirium in children undergoing general anesthesia.

Medical Acupuncture. 20(3)(pp 151-154), 2008.

Background: Emergence delirium may be experienced by 12%-50% of children undergoing general anesthesia. Pharmacological interventions used for management of emergence delirium may result in sedation and longer recovery time from anesthesia.

Objective: To evaluate the effectiveness of acupuncture therapy for prevention of emergence delirium.

Design, Setting, and Patients: A retrospective review of the Seattle Children's Hospital anesthesiology department acupuncture database of children diagnosed with emergence delirium after general anesthesia who had acupuncture therapy with needle stimulation at SP 6, HT 7, LR 3, and magnets at ear Shenmen area in a subsequent anesthetic for the same procedure. Patients undergoing different anesthetic techniques or different procedures were excluded. The database included cases from July 2004 to January 2006.

Main Outcome Measures: Symptoms of emergence delirium.

Results: Twelve patients, aged 2 to 17 years (median, 4 years), 58% males, were included. The most common procedure (n = 10) was lumbar puncture with administration of intrathecal chemotherapy and/or bone marrow aspirate done under total intravenous anesthesia with alfentanil and propofol. After the acupuncture intervention, 10 patients (83%) did not exhibit symptoms of emergence delirium, and 2 patients (17%) exhibited milder symptoms with crying and irritability but were able to communicate the source of distress. Additionally, in the total intravenous anesthesia group, patients received less propofol when comparing anesthetic requirements before and after the intervention. No complications were reported in any of the patients.

Conclusion: Our experience suggests that acupuncture therapy is a safe, non-pharmacological option for prevention of emergence delirium in children undergoing general anesthesia.

3. Ye J. Zhu Z. Huang C. Wei J.

Pain management using Han's acupoint nerve stimulator combined with patient-controlled analgesia following neurosurgery: A randomized case control study.

Neural Regeneration Research. 3(7)(pp 809-812), 2008.

Background: Han's acupoint nerve stimulator (HANS) has been frequently used to relieve pain by promoting the central nerve system's release of endogenous opioid peptides through electric stimulation to the body surface. **Objective:** To investigate the pain-relieving effects of HANS, combined with patient-controlled analgesia, following neurosurgery, and to observe adverse reactions and effects.

Design, time and setting: A randomized control observation was performed at the Department of Neurology in the First Affiliated Hospital of Gannan Medical College (Ganzhou, Jiangxi Province, China) from January 2005 to February 2006.

Participants: Forty patients, who were selected for craniotomy and required pain relief following surgery at the Department of Neurology in the First Affiliated Hospital of Gannan Medical College (China), were included in this study. **Methods:** Forty patients underwent neurosurgery and were randomly divided into two groups: patient-controlled analgesia plus HANS (+HANS, n = 20) and patient-controlled analgesia (-HANS, n = 20). Both groups were well matched in baseline data. Automatic syringe infusion pump ZZB-150 was the product of Nantong Aipeng Medical Instruments Co., Ltd. (China). Patient-controlled analgesia consisted of 100 mL 0.02% lappaconitine/ 0.02% metoclopramide. LH-402 HANS instrument was produced in Beijing (China), with a serial number of 402183. The HANS instrumentation was used to stimulate the Hegu-Laogong acupoint on one side and Jiaogan, Shenmen penetrating Shen, Waifei, Naogan penetrating Pizhixia ear acupoints on the affected side for one hour, with 2-hour intervals. The disperse-dense wave was alternating, with a 2/100 Hz frequency of electrical stimulation.

Main outcome measure: The scores of visual analogue scale and incidence of adverse reaction were observed in two groups following surgery.

Results: Compared with the -HANS group, the visual analogue scale scores were remarkably lower in the +HANS group six hours after surgery ($P < 0.01$), and the incidence rate of adverse reactions, such as nausea and vomiting, was also decreased ($P < 0.05$).

Conclusion: The application of HANS to induce body surface stimulation can enhance the effect of pain relief and reduce adverse reactions when used in combination with patient-controlled analgesia following neurosurgery. The effect of combined therapy is superior to patient-controlled analgesia alone.

4. Lo S.-Y. Yen G. Thanh M. Chiu S.-L.

Demonstration of group healing using infrared imaging.

Medical Acupuncture. 20(3)(pp 155-162), 2008.

Background: External Qi has been shown to have a multitude of effects on both animals and humans. Almost all the research on external Qi has been done using experienced Qigong practitioners, who are not always available or willing to participate in Qi research.

Objective: To determine if external Qi can be emitted by people who have little or no training in Qigong.

Design, Setting, and Participants: Seven volunteers were recruited, with 1 serving as the "patient" and the other 6 as "healer participants." We used an infrared imaging system to examine the effects that external Qi had on the patient's and participants' body surface temperature.

Intervention: The 6 participants formed a circle around the patient, standing at a radius of about 3 m. The 6 participants acted as a single coherent group and performed a simple Qigong movement repetitively and in unison. The external environment and the room temperature for taking infrared imaging (24degreesC) were assumed to remain constant.

Main Outcome Measure: Statistical significant differences in maximum temperatures of more than 0.5degreesC were found before and after group healing. These differences were more than 2 standard deviations from the normal fluctuation of 0.1degreesC.

Results: Before the treatment, the infrared images showed that the patient had several hot spots and uneven temperature distribution all over her body, especially in the chest, genitals, and back regions. After 10 minutes of coherent group healing treatment, the entire body surface temperature decreased significantly (>0.5 degreesC), and the body surface temperature was distributed more evenly. The overall body surface temperature fluctuation was 1degreesC, except in the upper and lower back regions. Findings were similar in 2 of the healer participants.

Conclusion: Infrared imaging successfully indicated change in body surface temperature as a result of group Qi healing. Further research in larger groups is necessary.