



Latest Research

October 2009

Pubmed

- 1) [Observation on therapeutic effect of acupuncture at pain points for treatment of myofascial pain syndrome]
Zhang JF, Wu YC, Mi YQ.
Zhongguo Zhen Jiu. 2009 Sep;29(9):717-20. Chinese.
- 2) [Observation on therapeutic effect of acupuncture for treatment of optic atrophy]
Liu Y, Yang G, Long YS, Jiao Y.
Zhongguo Zhen Jiu. 2009 Sep;29(9):714-6. Chinese.
- 3) [Observation on effective characteristics of acupuncture combined with medicine on depression of different syndrome types]
Wang XJ, Wang LL, Qiao HF, Li JB.
Zhongguo Zhen Jiu. 2009 Sep;29(9):699-702. Chinese.
- 4) [Influence of therapeutic effect of acupoint sticking at Shenque (CV 8) for treatment of stroke patients]
Zhou W, Lü H, Suo FS, Wang LP, Xie Y, Liu M, Feng YW, Li ZL, Liu Y, Liu HX, Zhang SY, Guo J, Gu S, Gao S.
Zhongguo Zhen Jiu. 2009 Sep;29(9):695-8. Chinese.
- 5) The efficacy of acupoint stimulation for the management of therapy-related adverse events in patients with breast cancer: a systematic review.
Chao LF, Zhang AL, Liu HE, Cheng MH, Lam HB, Lo SK.
Breast Cancer Res Treat. 2009 Sep 17.
- 6) Does acupuncture have a place as an adjunct treatment during pregnancy? A review of randomized controlled trials and systematic reviews.
Smith CA, Cochrane S.
Birth. 2009 Sep;36(3):246-53.
- 7) Randomized clinical trials of constitutional acupuncture: a systematic review.
Lee MS, Shin BC, Choi SM, Kim JY.
Evid Based Complement Alternat Med. 2009 Sep;6 Suppl 1:59-64.
- 8) Developing and validating a sham acupuncture needle.
Tough EA, White AR, Richards SH, Lord B, Campbell JL.
Acupunct Med. 2009 Sep;27(3):118-22.
- 9) The acupuncture treatment for postmenopausal hot flushes (Acufash) study: traditional Chinese medicine diagnoses and acupuncture points used, and their relation to the treatment response.
Borud EK, Alræk T, White A, Grimsgaard S.
Acupunct Med. 2009 Sep;27(3):101-108.

- 10) **The therapeutic depth of abdominal acupuncture points approaches the safe depth in overweight and in older children.**
Chen HN, Lin JG, Ying LC, Huang CC, Lin CH.
J Altern Complement Med. 2009 Sep;15(9):1033-7.
- 11) **"Maybe I made up the whole thing": placebos and patients' experiences in a randomized controlled trial.**
Kaptchuk TJ, Shaw J, Kerr CE, Conboy LA, Kelley JM, Csordas TJ, Lembo AJ, Jacobson EE.
Cult Med Psychiatry. 2009 Sep;33(3):382-411.
- 12) **The role of acupuncture and transcutaneous-electrical nerve stimulation for postoperative pain control.**
Meissner W.
Curr Opin Anaesthesiol. 2009 Oct;22(5):623-6.

Other Databases

- 1) Yuanhao D. Jun X. Wei H. Bo L. Lei S.
Medical conditions treated by acupuncture: A preliminary review of randomized controlled trials.
Medical Acupuncture. 21(3)(pp 207-213), 2009. Date of Publication: 01 Sep 2009.

Abstract

Background: Physicians, patients, researchers, healthcare providers, and national health authorities have questioned which medical conditions can be treated by acupuncture. An increasing number of randomized controlled trials (RCTs) have involved acupuncture treatment.

Objectives: To present a preliminary review of RCTs in PubMed and to summarize relevant medical conditions that can be treated by acupuncture.

Design, Setting, and Subject: A PubMed search was performed to identify qualified RCTs From January 1978 to December 2007. Two reviewers independently extracted Data for analysis. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, was used for disease classifications.

Main Outcome Measures: The total number of RCTs for every medical condition, RCTs for every major class, and the percentages of major class.

Results: A total of 587 RCTs were identified; 130 medical conditions covered 16 major groups: diseases of the musculoskeletal system and connective tissue (21 conditions, 16.2% of the total number of conditions); diseases of the nervous system (17, 13.1%); diseases of the genitourinary system (14, 10.8%); mental and behavioral disorders (12, > 9.2%); diseases of the digestive system (12, 9.2%); and injury, poisoning, and other consequences of external causes (12, 9.2%). Each of the remaining systems comprised less than 7%.

Conclusions: Acupuncture has been tested in a wide range of diseases and disorders, with the most studies conducted in diseases of the musculoskeletal system and connective tissue, the nervous system, and the genitourinary system. Based on our analysis, painful conditions occupied a large proportion of acupuncture RCTs whereas little attention focused on diseases of the eye, skin, and infections. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&>.

2) Kuruvilla A.C.

Acupuncture for energy malfunction in urinary bladder.

Medical Acupuncture. 21(3)(pp 183-185), 2009. Date of Publication: 01 Sep 2009.

Abstract

Background: The pathophysiology of interstitial cystitis (IC), a condition of inflammation, and primary enuresis, a condition not generally associated with inflammation, cannot be explained as a single mechanism. However, if it is viewed as energy malfunction of the Urinary Bladder, both conditions can be treated using the same acupuncture approach.

Objective: To describe the acupuncture treatment of 2 women with IC and 3 adolescent males with primary enuresis.

Design, Setting, and Patients: The healing energy is directed at the Urinary Bladder using Kidney Bladder Distinct Meridian, Back Shu and Front Mu combination, and localizing energy points. Two 39-year-old women had IC for 10 years before acupuncture treatment. Three 14-year-old adolescent males with primary enuresis had never been dry in their lives. All patients were treated by the author.

Intervention: Bilateral acupuncture was done on KI 10, BL 40, and BL 10 for 15 minutes. After removing those needles, patients were placed in a lateral position. Both BL 28 and the single CV 3 were needled for 15 minutes and then the needles were removed. Bilateral SP 12, ST 30, and single CV 2, 3, and 6 were needled for 10 minutes. Moxibustion was performed during all 3 phases. The same treatment was repeated once a week for 8 weeks.

Main Outcome Measure: Patient report of symptoms after treatment and for 2 years of follow-up.

Results: The woman with IC whose main symptom was intense pain remains pain-free. The other woman with IC whose main symptom was severe nocturia, up to 20 times a night, is free of nocturia. The 3 adolescents remain dry all night.

Conclusions: Acupuncture energy directed to the Urinary Bladder can successfully treat symptoms of IC and primary enuresis.

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3) Kong S. Hughes A.

Acupuncture as an adjunct to in vitro fertilization: A randomized trial.

Medical Acupuncture. 21(3)(pp 179-182), 2009. Date of Publication: 01 Sep 2009.

Abstract

Background: In vitro fertilization (IVF) is a widely accepted method to treat infertility; however, the average success rate in the United States is only 40.2%. Acupuncture has been shown to increase blood flow to the uterus, so it is reasonable to project that it could aid the success rate of IVF.

Objective: To compare 3 acupuncture methods to evaluate which method is most effective for IVF.

Design, Setting, and Patients: A total of 52 IVF patients aged between 29 and 45 years (mean age, 38) were selected for this study. This study was conducted from 2004 to 2008 at Acupuncture and Chinese Medical Center, Ann Arbor, MI. **Interventions:** Patients were randomly assigned to receive traditional Chinese acupuncture (TCA) plus electroacupuncture (EA), TCA alone (control), or EA alone (second control).

Main Outcome Measures: Comparisons of IVF effectiveness rates were made for each method.

Results: All 3 acupuncture methods increased the success rate for IVF. There was a marked increase with the combination of TCA and EA (81.8% success-twice the US average for IVF alone) ($P < .01$). The success rates for the control groups TCA and EA were 64.3% and 62.5%, respectively ($P > .05$).

Conclusions: Our study suggests that the combination of TCA and EA is a promising new technique for the treatment of infertility with a higher IVF success rate than that of TCA or EA alone.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&>.

- 4) Goddard G. Albers D.
Effects of acupuncture at large intestine 4 (LI 4) on electrical tooth pulp stimulation: A randomized controlled pilot study.
Medical Acupuncture. 21(3)(pp 167-171), 2009. Date of Publication: 01 Sep 2009.

Abstract

Background: Research studies have shown acupuncture to have efficacy in the treatment of dental pain, as confirmed by the 1997 NIH Consensus Conference on Acupuncture.

Objective: To determine if dry needling acupuncture at Hegu Large Intestine 4 acupoint (LI 4) can reduce the dental pulp sensory threshold produced by electrical pulp stimulation of incisor teeth.

Design and Setting: A prospective, randomized placebo-controlled, single-blinded pilot study at the Universidad Mayor (university dental clinic), Santiago, Chile. Participants: A total of 40 healthy adults who had never received acupuncture, who were not receiving anticoagulant medication, nor had any incisor dental restorations. Intervention: Manual stimulation of LI 4 or sham acupuncture with a blunt needle that only touched the skin without penetrating it.

Main Outcome Measures: Dental pulp sensory threshold evoked by pulp stimulation.

Results: No significant differences in pain reduction were found between the volunteers who received real acupuncture and those who received the placebo intervention.

Conclusion: Acupuncture performed at LI 4 did not reduce dental pulp sensory threshold.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&>

- 5) Galantino M.L. Sowers K. Kelly M. Mao J. LaRicca P. Farrar J.
Acupuncture as an adjuvant modality with physical therapy for patients with knee osteoarthritis.
Medical Acupuncture. 21(3)(pp 157-166), 2009. Date of Publication: 01 Sep 2009.

Abstract

Context: Knee osteoarthritis is a prevalent condition that is often accompanied by pain and limited mobility. Acupuncture has been suggested as a potential treatment for osteoarthritis, particularly in conjunction with other modalities such as physical therapy (PT).

Objective: To critically evaluate the literature investigating the efficacy of acupuncture as an adjunctive treatment for knee osteoarthritis in conjunction with or in comparison to PT treatment programs.

Design and Sources: This literature review included studies that incorporated a PT protocol along with true or sham acupuncture. The goal was to identify specific PT and acupuncture protocols used and to determine if a specific treatment had a more beneficial effect on functional mobility or pain. Criteria for article selection included diagnosis of knee osteoarthritis and the use of acupuncture and PT. The following electronic databases were searched between January 2007 and January 2008: EBSCO Host, CINAHL, MEDLINE, Cochrane Database, and Healthsource.

Results: Seven studies were identified for use in this review. There was high variability among the PT and acupuncture protocols used in the studies. Of the 6 studies with published results, only 2 compared acupuncture directly to PT.

Conclusions: Because acupuncture has become popular in the United States, it is important to ascertain effectiveness of acupuncture compared with conventional treatment. There are limited publications concerning the use of acupuncture in combination with or in comparison to PT treatment. Published studies have high variability in protocols for both acupuncture and PT, making it difficult to make accurate conclusions.

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- 6) Pfab F. Behrendt H. Darsow U. Ring J.

Acupuncture in dermatology - Current state of clinical research.

Revista Internacional de Acupuntura. 3(2)(pp 69-71), 2009. Date of Publication: June 2009.

Abstract

Background and aims: The impact of application of acupuncture has grown within the last years. This review lists the current state of clinical research regarding the evidence of acupuncture in the treatment of selected dermatological diseases and symptoms.

Methods: The literature review was based on thorough screening of the databases of MEDLINE and the Cochrane Central Register of Controlled Trials until July 2008.

Results: Due to the limited number of studies so far no recommendation can be given regarding the effectiveness of acupuncture as a means to treat dermatological diseases.

Conclusions: However, using acupuncture to treat such symptoms as nausea, vomiting, postoperative pain and itch has shown beneficial effects. Further studies should be carried out addressing the many open questions. <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&>

- 7) Dorsher P.T. Fleckenstein J.

Trigger points and classical acupuncture points: Part 2: Clinical correspondences in treating pain and somatovisceral disorders.

Revista Internacional de Acupuntura. 3(2)(pp 62-68), 2009. Date of Publication: June 2009.

Abstract

Background: Anatomic comparisons of the locations of myofascial trigger points (mTrPs) to those of classical acupuncture points in the first part of this study showed that at least 238 (93.3%) of 255 common mTrPs described by the Trigger Point Manual have proximate, anatomically corresponding classical acupoints that anatomy references document enter the same muscle regions of those mTrPs.

Objectives: To determine whether these correlated common mTrP/classical acupoint pairs have similar indications for treating pain and somatovisceral disorders.

Methods: The clinical indications of the 238 anatomically corresponding classical acupoints were examined in acupuncture references to determine whether they include indications for treating pain and/or somatovisceral disorders that are comparable to those described for their correlated common mTrPs by the Trigger Point Manual.

Results: 93% (221/238) of the correlated common mTrPs have pain indications described by the Trigger Point Manual. Of their anatomically corresponding classical acupoints, 208/221 (94%) have similar regional pain indications described, and another 6 (3%) of these acupoints have indications for painful conditions in the distributions of their correlated mTrPs described referred-pain. Only 7 classical acupoints that anatomically corresponded to common mTrPs had no comparable pain indications. The Trigger Point Manual describes somatovisceral effects for 60 (24%) of its common mTrPs. Of their anatomically corresponding classical acupoints, 82% (49/60) have definite and another 11% (7/60) have probable clinical correspondences of their somatovisceral effects.

Conclusions: The marked correspondences of the pain indications (up to 97%) and somatovisceral indications (up to 93%) of anatomically corresponding common mTrP/classical acupoint pairs provide a second, clinical line of evidence that trigger points and acupuncture points likely describe the same physiologic phenomena.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&MODE=ovid&PAGE=fulltext&NEWS=n&>