



Latest Research

September 2009

Pubmed

1. **Acupuncture for breech version: Principles, technique, mode of action and utility - A literature review.**
Sananes N, Vayssiere C, Helmlinger C, Viville B, Kohler M, Aissi G, Trieu NT, Langer B, Favre R.
J Matern Fetal Neonatal Med. 2009 Aug 27;1-5. [Epub ahead of print]
2. **Electroacupuncture for primary insomnia: a randomized controlled trial.**
Yeung WF, Chung KF, Zhang SP, Yap TG, Law AC.
Sleep. 2009 Aug 1;32(8):1039-47.
3. **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 Aug 29.
4. **Acupuncture management of pain and emergence agitation in children after bilateral myringotomy and tympanostomy tube insertion.**
Lin YC, Tassone RF, Jahng S, Rahbar R, Holzman RS, Zurakowski D, Sethna NF.
Paediatr Anaesth. 2009 Aug 26.
5. **A single point acupuncture treatment at large intestine meridian: a randomized controlled trial in acute tonsillitis and pharyngitis.**
Fleckenstein J, Lill C, Lüdtker R, Gleditsch J, Rasp G, Irnich D.
Clin J Pain. 2009 Sep;25(7):624-31.
6. **Electroacupuncture for refractory obsessive-compulsive disorder: a pilot waitlist-controlled trial.**
Zhang ZJ, Wang XY, Tan QR, Jin GX, Yao SM.
J Nerv Ment Dis. 2009 Aug;197(8):619-22.
7. **Adult degenerative scoliosis treated by acupuncture.**
Liu CT, Chen KC, Chiu EH.
J Altern Complement Med. 2009 Aug;15(8):935-7.
8. **Acupuncture in the treatment of diabetic bladder dysfunction.**
Tong Y, Jia Q, Sun Y, Hou Z, Wang Y.
J Altern Complement Med. 2009 Aug;15(8):905-9.
9. **Evaluation of manual acupuncture at classical and nondefined points for treatment of functional dyspepsia: a randomized-controlled trial.**
Park YC, Kang W, Choi SM, Son CG.
J Altern Complement Med. 2009 Aug;15(8):879-84.

10. **Combination of acupuncture and fluoxetine for depression: a randomized, double-blind, sham-controlled trial.**
Zhang WJ, Yang XB, Zhong BL.
J Altern Complement Med. 2009 Aug;15(8):837-44.
11. **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. 2009 Aug 6.
12. **The effectiveness and safety of acupuncture therapy in depressive disorders: Systematic review and meta-analysis.**
Zhang ZJ, Chen HY, Yip KC, Ng R, Wong VT.
J Affect Disord. 2009 Jul 24.
13. **Efficacy of acupuncture in prevention of postoperative nausea in cardiac surgery patients.**
Korinenko Y, Vincent A, Cutshall SM, Li Z, Sundt TM 3rd.
Ann Thorac Surg. 2009 Aug;88(2):537-42.
14. **Differences in Chinese diagnoses for migraine and tension-type headache: an analysis of the German acupuncture trials (GERAC) for headache.**
Böwing G, Zhou J, Endres HG, Coeytaux RR, Diener HC, Molsberger AF.
Cephalalgia. 2009 Jul 13.
15. **[Influence of acupuncture on postoperative pain, nausea and vomiting after visceral surgery : a prospective, randomized comparative study of metamizole and standard treatment]**
Grube T, Uhlemann C, Weiss T, Meissner W.
Schmerz. 2009 Aug;23(4):370-6. German.

Other Databases

1. Satoh H.

Acute Effects of Acupuncture Treatment with Baihui (GV20) on Human Arterial Stiffness and Wave Reflection

JAMS Journal of Acupuncture and Meridian Studies. 2(2)(pp 130-134), 2009. Date of Publication: June 2009.

Abstract

Objectives: Treatment by manual acupuncture needling affects the vascular wall tone, and hemodynamic parameters for arterial stiffness may be characterized by treatment at the traditional acupuncture point (acupoint) of Baihui (GV20).

Methods: The acute effects of acupuncture treatment on arterial stiffness and wave reflection were investigated and, simultaneously, an augmentation index (AI), as an index of wave reflection, was estimated. These parameters were measured in male volunteers using applanation tonometry during 20 minutes of acupuncture treatment and 40 minutes post-acupuncture.

Results: During treatment, diastolic blood pressure (BP), but not systolic BP, increased significantly. Heart rates (HR) initially tended to increase and then decrease. The AI from radial arteries increased significantly, while central aortic blood pressure (CBP) was unaffected. Post-acupuncture, the effects lasted for 30-40 minutes. The average BP and HR were +10.1+/-0.3% and -7.2+/-0.2%, respectively, and the CBPs were not altered, but the AI decreased markedly; this latter effect presumably resulted from the involvement of neurovascular modulators.

Conclusions: These results indicated that acute treatment at Baihui enhanced arteriosclerotic parameters. In post-acupuncture, the AI profoundly decreased, presumably resulting from the involvement with neurovascular modulators. Copyright 2009 Korean Pharmacopuncture Institute.

2. Soh K.-S.

Bonghan Circulatory System as an Extension of Acupuncture Meridians

JAMS Journal of Acupuncture and Meridian Studies. 2(2)(pp 93-106), 2009. Date of Publication: June 2009.

Abstract

The Bonghan system is a newly-discovered circulatory system, which corresponds to classical acupuncture meridians and was discovered in the early 1960s by Bonghan Kim. Despite its potential importance in biology and medicine, it has been ignored or forgotten for a long time. Only recently have most of its significant parts, such as the Bonghan system (BHS) inside blood or lymph vessels, on the surfaces of internal organs, and in brain ventricles, been confirmed. For this, novel methods using modern technology were necessary because Bonghan Kim did not describe his methods. For example, Among other methods, the discovery of a BHS-specific dye, trypan blue, was one of the most important original contributions that made BHS observation possible. With this technique, the BHS in adipose tissue became traceable, and the BHS was discovered on the fascia surrounding tumor tissues, a finding which may have great significance in relation to serious health problems in modern society, namely, obesity and cancer. Copyright 2009 Korean Pharmacopuncture Institute.

3. Kaikobad V.

Acupuncture diagnosis of President George Washington

Medical Acupuncture. 21(2)(pp 107-110), 2009. Date of Publication: 01 May 2009.

Abstract

In this article, a clinical profile of George Washington's health problems are created by using the Five Element Patterns and System in order to obtain a clearer look at his ailments and put together a protocol that could have helped him. This System is based on the Fiftieth Difficult Issue in the Nan Ching Classic, which identifies 2 Elements in an antagonistic relationship. By this System, simply from reported

symptoms and signs of any case, one can arrive at a dependable diagnosis and treatment protocol.
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4. Keikobad H.

Using acupoint Heart 7: An anatomical approach

Medical Acupuncture. 21(2)(pp 111-113), 2009. Date of Publication: 01 May 2009.

Abstract

Acupuncture point Heart (HT) 7 can be used for a wide variety of cardiovascular conditions. It is usually located at the medial end of the most distal wrist crease, on the medial aspect of the wrist. HT 7 is a source of healing energy specific to cardiovascular illnesses and can be needled on an empirical basis in any condition particular to that system. This article discusses a scientific approach to the location of HT 7, allowing for precise needling. Copyright Mary Ann Liebert, Inc. 2009.

5. Litscher G. Zhang W. Yi S.-H. Wang L. Huang T. Gaischek I. Tian Y.Y. Wang G.J

The future of acupuncture moxibustion: A transcontinental three-center pilot study using high-tech methods

Medical Acupuncture. 21(2)(pp 115-121), 2009. Date of Publication: 01 May 2009.

Abstract

Background: Moxibustion is an Asian healing method that is able to achieve specific warming effects at acupoints. We discuss a new Japanese needle-moxa-system.

Objective: To evaluate the effects of this new system in a transcontinental study using high-tech measuring methods.

Design, Setting, and Participants: The study was conducted in 3 centers (Graz, Austria; Beijing, China; and Seoul, Korea). Beside basic technical temperature measurements in Seoul, 9 investigations were carried out in 6 healthy volunteers (3 women, 3 men; mean [SD] age, 27.2 [5.7] years) using different methods (thermography, laser Doppler flowmetry, laser Doppler imaging, and heart rate variability). Four persons were examined in Graz, 2 in Beijing. Intervention: Moxibustion was always applied at acupoint CV 6 (Qihai). In addition, biosignal registrations were carried out in Graz during painless laser acupuncture of acupoint CV 12 (Zhongwan).

Main Outcome Measures: Changes in temperature, microcirculation, and heart rate.

Results: Temperature distributions, changes in microcirculation (at isolated spots and as a large-area image), and trends of heart rate variability were registered. The dimensions of local and temporal effects of heat stimulation could be visualized objectively.

Conclusions: Effects of the new moxibustion method can be quantified reliably by modern measuring equipment. Using this system, moxibustion under standardized conditions can be performed with a minimum of smoke emission and high degree of safety. Copyright Mary Ann Liebert, Inc. 2009.

6. Shaladi A.M. Crestani F. Saltari R.

Auricular acupuncture plus antioxidants in the treatment of subjective tinnitus: A case series

Medical Acupuncture. 21(2)(pp 131-134), 2009. Date of Publication: 01 May 2009.

Abstract

Background: Subjective tinnitus is the perception of an acoustic sensation that is not audible by other people, without any external sound stimulus.

Objective: To assess the benefit of auricular acupuncture and antioxidants on subjective tinnitus.

Design: A prospective questionnaire including an 11-point scale of the subjective volume, an 11-point scale of the severity of tinnitus, and the Zung Self-Rating Anxiety Scale were used to assess the response to acupuncture.

Patients and Setting: We recruited 13 patients who reported symptoms of tinnitus for 3 to 5 years. We evaluated the patients at 3 times: at baseline, 1 month, and 4 months. The study was carried out during a 10-month period between November 2007 and August 2008 in an outpatient facility in Italy.

Intervention: We treated the patients with oral antioxidants and auricular acupuncture 2 times a week,

for 4 weeks; each acupuncture session lasted 30 minutes.

Main Outcome Measures: The reduction of the subjective volume, of the severity of the tinnitus, and the improvement of the emotional state.

Results: From baseline to 1 month, there was a reduction of 4.25 points ($t = 0.357$; $P = .76$) of the subjective volume of the tinnitus; a reduction of 5 points ($t = 0.544$; $P = .64$) of the severity of the tinnitus; and a reduction of 18.9 points ($t = 0.387$; $P = .74$) on the anxiety scale. No variation was registered between months 1 and 4, but patients reported improved sleep.

Conclusions: Auricular acupuncture plus oral antioxidants nonsignificantly reduced the noise and the intensity of subjective tinnitus in this cohort. Larger trials including randomized treatment are needed to confirm this outcome. Copyright Mary Ann Liebert, Inc. 2009.

7. Takahashi H.

Effects of acupuncture on terminal cancer patients in the home care setting

Medical Acupuncture. 21(2)(pp 123-129), 2009. Date of Publication: 01 May 2009.

Abstract

Background: In the field of palliative care medicine, acupuncture is gaining popularity and has been validated with some scientific evidence. However, given the many treatment modalities associated with acupuncture, the optimal approach has not yet been determined.

Objective: To evaluate the efficacy of acupuncture on various symptoms in terminal cancer patients.

Design, Setting, and Patients: Between September 2005 and February 2008, acupuncture was performed on 12 terminal cancer patients (aged 56-83 years) receiving home care who had been evaluated to live less than 1 month at the time of discharge from hospital. The patients presented with a variety of symptoms, including pain, nausea, vomiting, dyspnea, and general fatigue, and were considered to be deficient in Qi and as having less Yin compared with Yang.

Intervention: Acupuncture treatments included the N[arrow]N+1 treatment along the corresponding energy axes, use of Shu-Mu subsystems, distinct meridian systems, and local acupoints specifically associated with each condition. Treatments were repeated weekly until death of the patient.

Main Outcome Measures: Change in symptoms, need for hospitalization, and patient self-report of quality of life.

Results: All patients survived at least 1 month after the initiation of the acupuncture treatment at home (mean [SD] length of stay at home, 133 [75] days). There was a moderate to significant reduction in the severity of constipation, dyspnea, and general fatigue, although the effects on pain and nausea were variable. No patient required hospitalization for the palliation of symptoms, nor did any patients experience anxiety or other psychological problems that needed further medical attention. All patients were able to remain home until death.

Conclusion: Acupuncture appeared to significantly contribute to the palliation of symptoms experienced by terminal cancer patients. Copyright Mary Ann Liebert, Inc. 2009.

8. Dorsher P.T.

Myofascial meridians as anatomical evidence of acupuncture channels

Medical Acupuncture. 21(2)(pp 91-97), 2009. Date of Publication: 01 May 2009.

Abstract

Background: Conceptually, acupuncture Principal Meridians course through the myofascial layer of the body and send branches to one another and the organs they influence. Recent literature has described the concept of "myofascial meridians" as anatomical pathways that transmit strain and movement through the body's muscle and fascia.

Objective: To qualitatively explore the relationship of acupuncture Principal Meridians to myofascial meridians that have been identified by analysis of human anatomy.

Design and Setting: The 12 acupuncture Principal Meridians were qualitatively compared by visual estimation (using computer software with human figure outlines) with the 9 myofascial meridians to determine whether any correlations existed in their described distributions.

Main Outcome Measure: Overlap of Principal Meridians and myofascial meridians on the simulated

human anatomical model.

Results: In 8 (89%) of 9 comparisons, there was substantial overlap in the distributions of the anatomically derived myofascial meridians with those of the acupuncture Principal Meridian distributions. In addition, the "spiral" myofascial meridian can be described as a combination of 2 acupuncture meridians.

Conclusions: The strong correspondence of the distributions of the acupuncture and myofascial meridians provides an independent, anatomic line of evidence that acupuncture Principal Meridians likely exist in the myofascial layer of the human body. Copyright Mary Ann Liebert, Inc. 2009.