

## Research news items June-July 2005

### TCM practitioners diagnose the same patients differently

A previous study at the University of Maryland's Centre for Integrative Medicine found rather low levels of agreement of TCM pattern diagnoses for rheumatoid arthritis (RA) patients between different practitioners. This paper reports on a repeat study, using a different sample of clinicians. Three TCM practitioners examined the same 40 RA patients separately, following the traditional Four Diagnostic Methods. Patients filled out questionnaires and physical examinations, including observations of the tongue and palpation of radial pulse, were conducted by the 3 practitioners. Each practitioner then provided a TCM diagnosis. The most commonly used assessments in arriving at these diagnoses were inquiry about factors affecting pain and pulse diagnosis. The average agreement among the 3 TCM practitioners was 31.7 % (range, 27.5-35%) - which was at the same low level as previously reported. No association was found between the diagnostic methods used and the consistency of diagnosis. [The practitioners involved here were acupuncturists with at least 5 years' experience and educated in Chinese herbs. Based on their diagnoses they also provided a herbal prescription and these were compared with textbook recommendations for each diagnosis. For this there was a high degree of agreement: 91.7%.]

Zhang GG, Lee W, Bausell B, Lao L, Handwerger B, Berman B.  
*Variability in the Traditional Chinese Medicine (TCM) Diagnoses and Herbal Prescriptions Provided by Three TCM Practitioners for 40 patients with Rheumatoid Arthritis.* J Altern Complement Med. 2005 Jun;11(3):415-21.

### 'Mother-Son' treatment for stroke rehabilitation

This Chinese study investigated the value of using acupuncture based on the Law of Mother-Son in addition to choosing Yangming channel points (LI and St). 66 stroke patients were randomly assigned to receive either Yangming treatment alone (the control group) or both this and Mother-Son treatment. For the latter, the appropriate 5 Shu points were reinforced or reduced depending on pulse readings at the Cunkou (radial arteries) or Renying (St9) areas. The same arterial locations were used to monitor the effects of treatment according to blood flow velocity (by trans-cranial Doppler ultrasonic measurement). Both this and general clinical recovery were markedly superior in the Mother-Son group.

Wang, L. and YAN, D. Y. [*Observation on clinical therapeutic effect of ""mother-son"" reinforcing-reducing method on stroke at restoration stage*] [Chinese Acupuncture & Moxibustion] 2005; 25(5): 309-11 [in Chinese]

### Is there any energy transfer during acupuncture?

The researchers treated 20 normal healthy subjects with acupuncture and measured changes in the direct current (DC) potential between the stomach meridian points ST-39 and ST-37 in response to invasive insertion of a needle at ST-36. The

practitioner performed the procedure on each subject once with bare (uncovered) hands and once wearing surgical gloves to shield the electric energy transfer. Bare-handed needling elicited a significantly higher response potential than did gloved needling, suggesting that there may be bio-energy (Qi) transfer during acupuncture along the meridians. This could act as an electromotive force, to remove the stagnation or blockage of energy and restore an equilibrium state. [*So what about all those practitioners around the world who nowadays wear gloves for clean needling purposes?*]

Lee MS, Lee YH, Shin BC, Jeong DM, Kim MK, Eo YG, Ko SB.  
*Is there any energy transfer during acupuncture?* Am J Chin Med. 2005;33(3):507-12.

### **Response to acupuncture for smoking depends on your genes**

The dopamine receptor gene DRD2 has different variants that have been studied in respect of their liability to various illnesses and behavioural characteristics. The DRD2 TaqI A polymorphism exists in 2 versions (alleles), A1 and A2, with smokers having a higher frequency of the A1 allele. In this South Korean experiment 231 smokers were given 3 auricular acupuncture sessions and then separated into high (28.6% of them), intermediate (55.4%) and low (16.0%) responders. DNA from blood samples was analysed (by restriction fragment length polymorphism, RFLP – a standard procedure for such genetic investigations) to determine the frequencies of the different versions of the gene in the high and low groups. The low responders had a higher frequency of the A1 allele, and vice-versa, suggesting that response to acupuncture in this respect does have some genetic predisposition.

Park HJ, Kim ST, Yoon DH, Jin SH, Lee SJ, Lee HJ, Lim S.  
*The Association Between the DRD2 TaqI A Polymorphism and Smoking Cessation in Response to Acupuncture in Koreans.* J Altern Complement Med. 2005 Jun;11(3):401-5.

### **Acupuncture cuts tension headache rates by almost half**

[This was the actual title used by the BMJ in their email news briefing and also the slant taken up by the national media – which is perhaps the most interesting thing about this paper. It could just as easily have been called ‘Acupuncture no better than sham for tension headache’]

In one of the series of large German trials 270 patients received either TCM acupuncture (semi-standardised, deqi obtained), sham acupuncture (non-points, shallow insertion, no deqi) or no treatment for 12 sessions over 8 weeks. The number of days with headaches decreased by 7 in the ‘real’ acupuncture group, 6.6 in the sham and 1.5 for the waiting list control – from a starting point of about 15 days. The advantages in the 2 acupuncture groups were largely maintained for months after the end of treatment. The proportion of responders (more than 50% reduction in headache days) was largest for real acupuncture (45%, v 36% for sham). The authors draw the following conclusions: 1) the location of the points and other aspects of traditional Chinese acupuncture do not make a big difference for tension headache, 2) acupuncture produces results just as good as those of existing conventional treatments.

Melchart D, Streng A, Hoppe A et al. *Acupuncture in patients with tension-type headache: randomized controlled trial.* BMJ, doi:10.1136/bmj.38512.405440.8F (published 29 July 2005)

**Other recent randomized controlled trials:** all those entered into the Medline database in July 2005

**Abdominal pain:** acupuncture better than no treatment

**Stroke:** acupuncture + tissue manipulation + medication better than acupuncture + medication, better than medication alone

**Social and psychological variables:** acupuncture better than sham

**Insomnia:** acupuncture better than no treatment

**Chemo-induced nausea and vomiting:** acup + drugs better than drugs

**Infertility (sperm quality):** acupuncture better than no treatment

**Knee OA:** acupuncture better than sham, better than no treatment

**Fibromyalgia:** acupuncture same as sham

**IBS:** acupuncture same as sham

**Overactive bladder:** acupuncture better than sham

**Post-operative vomiting:** transcutaneous electrical acupoint stimulation (TEAS) same as medication (but fewer side effects), and better than no treatment

Hong YR. *[The effects of hand-acupuncture therapy on intermittent abdominal pain in children.]* Taehan Kanho Hakhoe Chi. 2005 Jun;35(3):487-93. [in Korean]

Zhang RY. *[Clinical observation on treatment of cerebral infarction by combined therapy of acupuncture with extremities tissue separating manipulation]* Zhongguo Zhong Xi Yi Jie He Za Zhi. 2005 Jun;25(6):496-8. [in Chinese]

He D, Hostmark AT, Veiersted KB, Medbo JI.

*Effect of intensive acupuncture on pain-related social and psychological variables for women with chronic neck and shoulder pain--an RCT with six month and three year follow up.* Acupunct Med. 2005 Jun;23(2):52-61.

da Silva JB, Nakamura MU, Cordeiro JA, Kulay LJ. *Acupuncture for insomnia in pregnancy--a prospective, quasi-randomised, controlled study.* Acupunct Med. 2005 Jun;23(2):47-51.

Reindl TK, Geilen W, Hartmann R, Wiebelitz KR, Kan G, Wilhelm I, Lugauer S, Behrens C, Weiberlenn T, Hasan C, Gottschling S, Wild-Bergner T, Henze G, Driever PH. *Acupuncture against chemotherapy-induced nausea and vomiting in pediatric oncology. Interim results of a multicenter crossover study.* Support Care Cancer. 2005 Jul 14; [Epub ahead of print]

Pei J, Strehler E, Noss U, Abt M, Piomboni P, Baccetti B, Sterzik K. *Quantitative evaluation of spermatozoa ultrastructure after acupuncture treatment for idiopathic male infertility.* Fertil Steril. 2005 Jul;84(1):141-7.

Witt C, Brinkhaus B, Jena S, Linde K, Streng A, Wagenpfeil S, Hummelsberger J, Walther HU, Melchart D, Willich SN. *Acupuncture in patients with osteoarthritis of the knee: a randomised trial.* Lancet. 2005 Jul 12;366(9480):136-43.

Assefi NP, Sherman KJ, Jacobsen C, Goldberg J, Smith WR, Buchwald D. *A randomized clinical trial of acupuncture compared with sham acupuncture in fibromyalgia.* Ann Intern Med. 2005 Jul;143(1):10-9.

Forbes A, Jackson S, Walter C, Quraishi S, Jacyna M, Pitcher M.

*Acupuncture for irritable bowel syndrome: A blinded placebo-controlled trial.* World J Gastroenterol. 2005 Jul 14;11(26):4040-4.

Emmons SL, Otto L. *Acupuncture for overactive bladder: a randomized controlled trial.* Obstet Gynecol. 2005 Jul;106(1):138-43.

Kabalak AA, Akcay M, Akcay F, Gogus N. *Transcutaneous electrical acupoint stimulation versus ondansetron in the prevention of postoperative vomiting following pediatric tonsillectomy.* J Altern Complement Med. 2005 Jun;11(3):407-13.