

## Research news: Oct 2005 – Jan 2006

### **Stroke trial: conclusions dependent on the way you analyse the data**

Thirty-three people with stroke and moderate to severe upper-extremity functional impairment were given up to 20 sessions of active or sham acupuncture. The former was described as 'acupuncture tailored to traditional Chinese medicine diagnoses, including electroacupuncture'. Standard analysis techniques for clinical trials (intention-to-treat analyses) found no statistically significant differences in outcomes between the two groups. However, analyses restricted to those subjects who had faithfully followed the study protocol revealed significant improvement in wrist spasticity and both wrist and shoulder range of movement in the active acupuncture group. These subjects also showed benefits in motor function and range of finger movement that did not quite reach statistical significance. So, the conclusions are either wholly negative or rather positive, depending on the way the analysis is done. The numbers were very small and the authors hence very cautious about their results.

Wayne PM, Krebs DE, Macklin EA et al. Acupuncture for upper-extremity rehabilitation in chronic stroke: a randomized sham-controlled study. *Arch Phys Med Rehabil.* 2005 Dec;86(12):2248-55.

### **Shallow vs deep needling effects on muscle blood flow: different results in healthy people and those with muscle pain**

Previous work by this Swedish group showed that acupuncture stimulation increased the blood flow in the Tibialis muscle (and overlying skin) in both healthy subjects and those with fibromyalgia. In this follow-up study they switched to the Trapezius muscle and included a third group: those suffering chronic work-related muscle pain in the Trapezius. In addition there were two modes of needling: deep muscle stimulation and subcutaneous insertion, both into the upper part of the shoulder. Acupuncture promoted blood flow in all three groups, and with both types of needling. For healthy people deep needling was superior in affecting blood flow but this was not the case for the other two groups, where both depths were similar or shallow needling better. Muscle blood flow was positively correlated with pain relief and with neck mobility, though people with more severe symptoms were less responsive. The conclusion was that the intensity of stimulation should be considered when applying local needling in chronic pain conditions [*there was no discussion of deqi though*].

Sandberg M, Larsson B, Lindberg LG, Gerdle B. Different patterns of blood flow response in the trapezius muscle following needle stimulation (acupuncture) between healthy subjects and patients with fibromyalgia and work-related trapezius myalgia. *Eur J Pain.* 2005 Oct;9(5):497-510

## **Evaluation of the Cun measurement system for locating points**

Unreliable point location can produce mixed results for acupuncture research and clinical practice. Currently there are two traditional methods of point location in widespread use, directional (F-cun: takes, for example, the width of the thumb to be 1 cun) and proportional (B-cun: uses fixed proportions of the distances between different anatomical landmarks) methods. Previous Australian research found the F-cun approach to be quite inaccurate but it is possible that anthropometric data may differ in Asian people and other races. Therefore contemporary Korean patients were used in a trial where anthropometric data was measured according to the different cun systems. The F-cun measurements were significantly different from the B-cun measurements and also varied according to which arbitrarily selected F-cun anatomical standard (thumb width, patella height etc) was used. In addition, further differences of F-cun measurements in the extremities of obese subjects were observed. It was concluded that the F-cun method is unreliable and that further research should be conducted to determine a more accurate point-locating method primarily based on the proportional approach.

Yin CS, Park HJ, Seo JC, Lim S, Koh HG. Evaluation of the Cun measurement system of acupuncture point location. *American Journal of Chinese Medicine* 2005;33(5):729-35.

## **College clinic sends them home happy**

The University of Salford Teaching Acupuncture Clinic sent out a retrospective questionnaire to all persons (110) who attended between September 2001-2002. This explored patient satisfaction and experience with the treatment and clinic. 84/110 (76%) returned the questionnaire. 88% gained symptom relief and almost 50% made lifestyle changes. No-one reported negative effects. More than 90% were satisfied with the treatment given though there was some uncertainty around the supervisor's role.

This is one of the first studies to explore patient satisfaction and experiences in a teaching clinical setting.

Xing M, Long AF. A retrospective survey of patients at the University of Salford Acupuncture Clinic. *Complementary Therapies in Clinical Practice*. 12(1):64-71, Feb 2006

## **What it takes to get good results with acne?**

Research in 57 cases of acne was undertaken with the patients being treated with a battery of techniques including ear acupuncture, cupping and plum blossom needling.

The ear apex was bled and 3-4 ear points were needled for 20-30minutes. Plum blossom needling, then cupping over these areas was administered to four back-shu points together with Du 14, with the intention of drawing 2-5 ml of blood. 30 treatments (in courses of 10, daily) typically produced good effects. Cure was defined as complete receding of skin lesions and disappearance of any associated symptoms. A partial improvement was defined as a 30% plus improvements in symptoms. Overall a total effectiveness rating of 93.75% was

reported (though the actual numbers presented in the translated article don't add up). It appears that the ear points were chosen based on a combination of Western physiology and Chinese five phase correspondences, *e.g.* Lung and Large Intestine points for the skin; BI 23 to reduce levels of testosterone secreted

Li Xiao-hui, Ji Li-jing. The treatment of 57 cases of acne with ear acupuncture combined with point piercing and cupping to promote bleeding. *Hei Long Jiang Zhong Yi Yao* 2005; 4:45 [in Chinese; abstracted & translated by Wolfe HL; [www.bluepoppy.com](http://www.bluepoppy.com) – Jan06 online journal]

## **Chinese create first virtual acupuncture human**

Heng PA, Xie Y, Wang X, Chui YP, Wong TT. Virtual acupuncture human based on chinese visible human dataset. *Stud Health Technol Inform.* 2005;119:194-7.

## **Adverse event reports**

### **Skin infections**

Song JY, Sohn JW, Jeong HW, Cheong HJ, Kim HJ, Kim MJ. An outbreak of post-acupuncture cutaneous infection due to *Mycobacterium abscessus*. *BMC Infectious Diseases* 2006, **6**:6

### **Inappropriate lactation**

Campbell A, MacGlashan J. Acupuncture-induced galactorrhoea – a case report. *Acupuncture in Medicine* 2005; 23(3):146

### **Pneumothorax**

Lee WM, Leung HB, Wong WC. Iatrogenic bilateral pneumothorax arising from acupuncture: a case report. *J Orthop Surg (Hong Kong)*. 2005 Dec;13(3):300-2.